



COVID-19 and the participation of women and women's rights organisations in decision-making

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Question

- *What evidence is there that women and Women's Rights Organisations are being marginalised in decision-making processes in the context of COVID-19?*
- *What evidence is there that the exclusion of women and Women's Rights Organisations in COVID-19 decision-making is leading to gender gaps in the response?*

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1. Summary

This rapid review examines available evidence around the political representation of women and women's rights organisations in COVID-19 decision-making. There is a focus on quantitative data as much as possible, in order to verify reports made to DFID from civil society actors that women and women's rights organisations are being marginalised in the COVID-19 response. The review finds moderate evidence that women and women's rights organisations are not included in decision-making. The review finds moderate evidence that the participation of women and women's rights organisations in decision-making leads to a more gendered response, drawing on evidence from previous outbreaks and emergencies, such as Ebola.

In terms of the participation of women and women's rights organisations in COVID-19 decision-making, the review finds the following:

- There is strong evidence that there are low levels of female participation at senior-level decision-making in COVID-19, across countries from the Global North and South. In a survey of 30 countries, on average, women made up 24% of national-level committees established to respond to COVID-19 (Fuhrman and Rhodes, 2020).
- Women's rights organisations are suffering from decreased funding during the COVID-19 crisis (Fuhrman and Rhodes, 2020).
- There is mixed evidence with regards to women's rights organisations participating in COVID-19 decision-making. Some evidence finds they are being marginalised, and some finds that they are being included or consulted.
- At the local and community levels, CARE's rapid gender analyses show that women are being left out of COVID-19 response decision-making (Fuhrman and Rhodes, 2020).

This review finds that women are at significant risk of the following secondary effects of COVID-19: gender-based violence, a reduction in sexual and reproductive health services, reduced livelihoods and economic opportunities and reduced access to education. Despite these hardships and risks women face, in a survey of 30 countries, 7 were found to have made no commitment to women in their COVID-19 responses (Fuhrman and Rhodes, 2020).

One significant challenge in the delivery of a gendered COVID-19 response is the lack of age and gender disaggregated data. In fact, only 40% of confirmed COVID-19 cases around the world included age and sex disaggregation, which hinders the ability to analyse the gendered implications of the virus (World Health Organisation, 2020).

This rapid literature review does not find any evidence that the exclusion of women from decision-making is leading to gender gaps in the COVID-19 response. There is some moderate evidence showing women's inclusion in COVID-19 decision-making is more likely to lead to a gender-sensitive response (Fuhrman and Rhodes, 2020; Toulemonde, 2020; ActionAid, 2020a). Due to limited evidence from the COVID-19 pandemic, research from other emergency responses, such as disease outbreaks and natural disasters, was consulted. Evidence shows that women and women's rights organisations are more likely to understand and address the specific needs of women, particularly in relation to gender-based violence (ActionAid, 2020a).

In terms of how to better engage women in the COVID-19 response, the United Nations Inter-Agency Network on Women and Gender Equality (IANWGE) suggests that women's leadership and participation is treated as a critical cross-sector issue (IANWGE, 2020). Women's rights

organisations and networks have put forward many recommendations for how to include women in COVID-19 planning, including:

- Develop consultative mechanisms with women and their organisations
- Champion and fund women and women’s rights organisations
- Collect disaggregated data and conduct gender analyses and gender sensitive research
- Build towards a gender transformative response
- Peacebuilding funding and interventions should not de-prioritised

Overall, evidence on the research questions was somewhat scarce, which is expected considering the recent and evolving nature of COVID-19. This review found much grey literature representing the stories and voices of women’s rights organisations and women activists. A selection of this grey literature in the form of opinion pieces and blogs has been included as an annex to this review.

This review consists of five sections. Section 1, this section, is a summary of the overall findings. In section 2, available evidence of women’s participation in the COVID-19 response is presented. Section 3 provides a summary of the gendered consequences of COVID-19. Section 4 presents available evidence that the inclusion of women in decision-making leads to a more gendered response. Finally, section 5 presents some recommendations on how to better engage women in the COVID-19 response.

2. Women’s participation in decision-making in the COVID-19 response

Senior-level decision-making

Looking at female participation in senior-level decision-making, there are notable gaps in the numbers of women on national-level or international COVID-19 decision-making bodies, as shown in Table 1 below. This extends to countries in the Global North as well as countries in the Global South. There is a critical gap of gender specialists who can influence decision-making and the World Health Organization (WHO) framework for governance of outbreaks of infectious disease does not require a gender specialist to be involved in decision-making task forces (CARE and IRC, 2020).

In a survey of 30 countries (selected to represent each region of the world, from the Global South and Global North) conducted by CARE, on average, women made up 24% of national-level committees established to respond to COVID-19. Canada had the highest percentage of women in national-level committees at 52%, and Brazil had the lowest, at 3.7%. 74% of countries had fewer than one-third female membership (Fuhrman and Rhodes, 2020).

Table 1: Female representation on national and global COVID-19 decision-making bodies

Women make up 10% of the United States Coronavirus Task Force (Women in Global Health, 2020). The original task force contained no women at all (Care and IRC, 2020).

Women make up 16% of the WHO-China joint mission on COVID-19 (Women in Global Health, 2020)

Women made up 0% of Prime Minister Johnson's initial team to lead the United Kingdom's COVID-19 response (O'Donnell, 2020)

Women make up 18% of Vietnam's COVID-19 Task Force (Janoch, 2020)

Women make up 20% of the WHO Emergency Committee on COVID-19 (Women in Global Health, 2020)

On average, women make up 24% of national-level committees established to respond to COVID-19 (Fuhrman and Rhodes, 2020)

Despite the figures above showing low levels of female participation in national and global COVID-19 decision-making bodies, it is worth noting that women make up the majority of those on the frontlines of the crisis. In CARE's rapid gender analyses of 27 countries, women were found to make up between 70 and 80% of the nursing and frontline healthcare staff (Janoch, 2020). **Analysis of the global health workforce published by the WHO (2019) found that women made up 70% of the frontline health workforce but just 25% of leaders in the health sector.** Additionally, only 25% of humanitarian organisations (across all sectors) are led by women, despite women comprising the majority of the humanitarian workforce (Black et al., 2017).

There have been reports on the link between female leaders and effective COVID-19 responses; this has recently been confirmed by some quantitative studies. Fioramonti et al. (2020) ran statistical analyses with data from 35 countries, finding:

- Countries with governments led by women suffered six times fewer confirmed deaths from COVID-19 than countries with governments led by men
- Female-led governments have been more effective and rapid at flattening the epidemic's curve, with peaks in daily deaths about six times lower than in countries led by men
- The average number of days with confirmed deaths was 34 in countries led by women and 48 in countries led by men

In another quantitative study involving analysis of publicly available data from 210 countries, Leung et al. (2020) found clear evidence of the importance of women's role in managing public health outcomes, with strong positive effects of gender equity and the proportion of women in legislature on public health expenditure. This in turn showed significant impact on the number of diagnosed and critical cases, although not on the number of deaths.

Women's rights organisations

Women's rights organisations are at risk of decreased funding during the COVID-19 crisis, and several studies, outlined below, indicate that women's rights organisations are receiving less funding and they have concerns about funding. There is, however, mixed evidence with regards to women's rights organisations participating in COVID-19 decision-making.

Focusing on 30 countries representing each region of the world, CARE found that local women's rights organisations are being excluded from decision-making related to COVID-19, and are also not receiving a fair share of funding (Fuhrman and Rhodes, 2020).

In early April 2020, LINC surveyed 125 civil society organisations (CSOs) from low- and middle-income countries (LMICs) in Asia, Africa, South Eastern Europe and Latin America, across a range of technical sectors – including gender and human rights. 65% of CSOs reported that they are currently conducting activities to respond to the COVID-19 crisis while two thirds have already taken some kind of cost-cutting action – and 50% reported that they would have to close within 3 months without additional funding. Organisations were concerned about future delays in funding, lost revenue from shuttered social enterprises and cancelled fundraising campaigns (LINClocal, 2020).

UN Women (2020a) conducted a rapid consultation with women's rights organisations and activists from Kosovo and 17 countries in Central Asia, Eastern Partnership and Western Balkans and Turkey sub-regions. Participants reported 'insufficient engagement of women's organizations in national COVID-19 response planning' (p. 3). It was found that none of the Western Balkans and Turkey and the Eastern Partnership countries involved civil society actors in developing their national response plans.

In the first half of April 2020, UN Women (2020b) conducted a rapid assessment to understand the works and challenges being faced by women's CSOs in the Association of Southeast Asian Nations (ASEAN). 100 CSOs from across the region responded, and areas of focus reported by organisations included violence against women, women migrant workers, women's legal services and women living in conflict-affected communities. The assessment found that most organisations were continuing to provide services – 15% responded that they are fully operational and 71% that are partially operational, with 12% saying they had completely suspended operations. Restrictions on staff presence and the ability to mobilise teams to remote areas is impacting services, but CSOs are continuing to provide referral services, hotlines and emergency aid. In terms of engaging in national COVID-19 response efforts, 60% of CSOs responded positively when asked about coordination activities with governments, 23% reported no participation, 12% not sure and 5% indirect contributions. The CSOs who responded said that they were able to contribute by discussing with local authorities, sharing information on migrant workers in different countries of destination, writing petitions and letters to the government and providing inputs through a coalition platform.

Additionally, Monash University (2020) conducted a survey of women's rights organisations and activists in the Indo-Pacific region, receiving 139 completed surveys. 52% of respondents reported being involved in local task forces for COVID-19 response and recovery. However, respondents reported loss of funding and income for their existing women, peace and security work, and the greatest long-term concerns that respondents had for their work or organisation was found to be funding (34% of respondents). Although 68% of respondents have had to re-orient their programmatic focus because of COVID-19, the vast majority did not receive any funding to support their COVID-19 response. 25% of respondents received less funding from international organisations or donors and 17% had received less funding from government during the COVID-19 crisis, despite their being a significant need for their work, for example to support victims of domestic violence.

Women's rights organisations face limitations to their ability to advocate and campaign through restrictions to civic space created by the COVID-19 response. The Count Me In!

Consortium (CMI!), after consultation with partners and funders, has expressed concern that emergency laws and policy to deal with the pandemic risk affecting and restricting civic space and human rights, and places women human rights defenders at particularly high risk. In some countries, decision-making can be seen to have 'moved, even further, behind closed doors' as civil societies' ability to mobilise is limited. CMI! drew attention to the tightening of abortion laws in Poland during COVID-19 as an example (CMI!, 2020). **A UN Women brief (UN Women, 2020c) also highlights risks to women's human rights caused by COVID-19 response legislation** for example by restricting the right to protest, and heightened risk of gender-based harassment and other human rights violations due the enforcement of lockdowns by police and security services who are not sensitive to women's needs (UN Women, 2020c)

Community-level

Women's frontline interaction with their communities and their roles as caregivers¹ mean that women are often well placed to identify needs at the local level and to disseminate communications about the outbreak (CARE and IRC, 2020), however they seem to be largely excluded from community-level decision-making. **CARE's rapid gender analyses have shown that at the local and community levels, women are consistently being left out of COVID-19 response decision-making and the crisis is only exacerbating barriers to their participation (Fuhrman and Rhodes, 2020).** In some contexts, social norms and gender roles often prevent women's ability to participate in decision-making processes (CARE and IRC, 2020).

During the 2013-2016 Ebola outbreak in West Africa, not only were women largely excluded from decision-making, they also appeared to be excluded from meetings on Ebola where information was shared (Carter et al., 2017; Harman, cited in World Bank, 2020; Wenham et al., 2020). In Sierra Leone, gendered social norms limited women's participation and involvement in the response, since they were more likely than men to stay at home, they were less likely to participate freely in front of men and they were sometimes not invited to meetings (Carter et al., 2017).

3. Gendered consequences of COVID-19

Men are at greater risk of developing more severe cases of COVID-19 than women and are at greater risk of death from the disease (Jian-min et al., 2020). However, **the below presents some of the secondary effects of the pandemic, which the evidence shows women are more likely to experience than men.**

For a further look at the secondary impacts of the pandemic on women, with a focus on Sub-Saharan Africa, please see the K4D Helpdesk report 'The Secondary Impacts of COVID-19 on Women and Girls in Sub-Saharan Africa' by Rafaeli and Hutchinson.²

¹ Women perform 76.2% of the total amount of unpaid care work, 3.2 times more than men (ILO, 2018)

² <https://opendocs.ids.ac.uk/opendocs/handle/20.500.12413/15408>

Limited disaggregated data

The World Health Organisation (2020) have reported limited availability of sex- and age-disaggregated data; as of 6 May 2020, only 40% of confirmed COVID-19 cases around the world included age and sex disaggregation. This hinders analysis of the gendered implications of COVID-19 and the development of appropriate responses (World Health Organisation, 2020). Women's rights organisations from central Asia reported a lack of gender disaggregated data and information on the impact of COVID-19 which could then allow for a gender-responsive identification of needs and priorities (UN Women, 2020a).

Gender-based violence

The World Health Organisation (2020) have reported increases in incidents of intimate partner violence and domestic violence in several countries. Women's rights organisations are concerned that social distancing and confinement have increased the risk of domestic violence. In some cases, women have felt unable to call for assistance due to the closeness of the perpetrator. In Turkey, 21 women were murdered during quarantine in March 2020 (World Health Organisation, 2020). Through their rapid gender analyses, CARE found that reports of gender-based violence to hotlines in Colombia increased by 90% during lockdown and that cases trebled in Zimbabwe (Janoch, 2020). ActionAid (2020b) found there was a seven-fold increase in domestic violence cases in Nigeria and the Occupied Palestinian Territories compared to previous years before the pandemic, and a ten-fold increase in domestic violence cases in Bangladesh. **Quarantine and restrictions on movement make it harder to track gender-based violence cases, so numbers of cases will undoubtedly be more than those reported, and it is more challenging for women to access the right support** (Janoch, 2020).

Access to sexual and reproductive health services

As healthcare systems are stretched, there have been reports of restricted access to sexual and reproductive health services (Fuhrman and Rhodes, 2020), which can result in an **increased risk of unwanted pregnancies, maternal mortality and other adverse sexual and reproductive health outcomes among women and girls** (WHO, 2020). The Ebola crisis in West Africa reduced access to healthcare services by 50% (Parpia et al., 2016). The closure of maternal health clinics led to the maternal mortality rate, which was already one of the highest in the world, to increase by 75% (Davies and Bennet, 2016). During the Ebola outbreak in Sierra Leone, more women died from obstetric complications than from the disease itself (ActionAid, 2020b).

In addition to there being restrictions on access to sexual and reproductive health services due to the effects of COVID-19, some humanitarian donors, such as USAID³, are advocating for funding for sexual and reproductive health services to be scrapped entirely (ActionAid, 2020b).

³ See <https://www.usaid.gov/news-information/press-releases/may-18-2020-acting-administrator-john-barsa-un-secretary-general-antonio-guterres>

Livelihoods and economic opportunities

Coronavirus lockdowns have negatively affected women's livelihoods and economic opportunities (Fuhrman and Rhodes, 2020). A recent article from The Economist (2020) claims that women have been more affected by men by the economic disruption caused by COVID-19, which may reflect the fact that women are more likely than men to have jobs that involve close contact with other people. The closure of schools across many countries has limited the ability for women to engage in paid work, since they provide most of the informal care within families. Travel restrictions have caused challenges and uncertainty for domestic workers in South East Asia (who are mostly female), many of whom travel for work (Wenham et al., 2020). Additionally, the majority of workers in the non-agricultural informal sector are women, leaving them vulnerable to loss of livelihoods due to COVID-19 lockdowns or restrictions of movement (Bali et al., 2020).

Girls' education

Closures of schools around the world have presented a risk for girls' education and their safety, especially for the most marginalised girls. Drawing on data from the Ebola outbreak, the Malala Fund (2020) have projected that around 10 million more secondary school-aged girls in low- and lower-middle-income countries will be out of school following the COVID-19 crisis. With the closure of schools, many countries have moved towards technology-supported learning. In countries where women are less likely to use technology than men, there is a risk that girls will be left behind (Malala Fund, 2020).

Beyond falling behind in their education, the closure of schools may mean that girls are more vulnerable and exposed to gender-based violence, exploitation, early marriages and unwanted pregnancies (Equality Now, 2020).

Country-level commitment to address the gaps

Through CARE's survey of 30 countries, seven countries were found to have made no commitment (monetary or policy-level) for gender-based violence, sexual reproductive health services or economic assistance for women. Despite clear evidence of the pandemic on gender-based violence and sexual reproductive health, 54% of countries do not seem to have taken action on gender-based violence and 33% of countries do not seem to have addressed sexual reproductive health (Fuhrman and Rhodes, 2020).

4. Women's participation in decision-making leading to a more gender-sensitive response

This review has found no evidence that the exclusion of women from decision-making is leading to gender gaps in the COVID-19 response. There is some moderate evidence showing women's inclusion in COVID-19 decision-making is more likely to lead to a gender-sensitive response (Fuhrman and Rhodes, 2020; Toulemonde, 2020; ActionAid, 2020a). Looking to other emergency responses, such as disease outbreaks and natural disasters, evidence shows that women and women's rights organisations are more likely to understand and address the specific needs of women, particularly in relation to gender-based violence (ActionAid, 2020a).

More generally, there is limited quantitative research that makes causal relationships between women's or feminist activism and policy development. However, one project, the Gates Foundation funded research project 'Movements, Markets and Transnational Networks: Feminist Protest and Women's Economic Empowerment Worldwide' has developed a mixed methods measurement approach for assessing the likely influence of feminist movements on political, economic and social outcomes – with data for 126 countries over 50 years. Analysis found that **feminist mobilisation is associated with the design and implementation of policies that can strengthen women's economic opportunities - including with expanded economic rights for women, government action on sexual harassment, land rights and more egalitarian employment law** (Weldon et al, 2020). Earlier research, drawing in part on the same data, found that in 70 countries from 1975 to 2005 the most consistent factor impacting the adoption of policy working against violence against women is feminist activism, more important than left-wing parties, numbers of women legislators, or even national wealth (Weldon and Htun, 2013).

Although women can and do advance other women's interests, not all women leaders advance other women's interests (O'Neil and Domingo, 2016). O'Neil and Domingo (2016) emphasise that **it is important to have the right women in decision-making positions who might advocate for other women and also to have the right conditions so that women are empowered to act on any specific needs of women.**

Evidence from COVID-19

CARE found evidence that countries that have more women in leadership (as measured by the Council on Foreign Relations Women's Power Index) are more likely to have a gender-sensitive COVID-19 response (Fuhrman and Rhodes, 2020).

In Cox's Bazar in Bangladesh, home to almost 850,000 Rohingya refugees, research has shown that the majority of women and girls in refugee camps believe women would be good leaders and would be able to represent their issues. Where female leaders had been elected, consultations with women and girls showed there was greater recognition of their rights and needs (Toulemonde, 2020).

ActionAid is working with local women's protection action groups in Jordan, Lebanon and the Occupied Palestinian Territories, and have found that local women leaders have been able to disseminate crucial information and messages related to COVID-19 and are acting as points of contact for women experiencing gender-based violence (ActionAid, 2020a).

Evidence from other emergencies and humanitarian programming

Experience from many other emergency responses, such as disease outbreaks and natural disasters, shows that local women-led organisations are more likely to understand and address the specific needs of women, particularly in relation to gender-based violence (ActionAid, 2020a).

As part of Oxfam's Rapid Gender Assessment of Sierra Leone during the Ebola outbreak, high-level policymakers and decision-makers within the Ebola response were consulted. All 25 male policymakers argued against a gendered response plan, but all 11 female decision-makers agreed with the need to have targeted actions to respond to women's specific needs (Carter et al., 2017).

One positive case study is of an NGO in Sierra Leone, The Social Enterprise Network for Development (SEND), which facilitated a women's governance network, including over 100 women's groups. During the Ebola crisis, this network pivoted to provide gender-sensitive care and surveillance. This led to women's needs being prioritised and women's positions as leaders at the centre of the response being reinforced. An evaluation of SEND's Ebola response programme found the projects to be highly successful due to local community members (particularly women) being at the heart of programming (Smith, 2019).

Another case study from a different crisis is from the Central Sulawesi province of Indonesia, which was struck by a series of powerful earthquakes in September 2018, followed by a tsunami. ActionAid worked with a series of partners including women-led organisations to meet immediate needs of those affected, particularly women and girls. ActionAid undertook research to understand the challenges and opportunities for a women-led response. They found that despite limited visibility within formal response efforts, women and women-led organisations were some of the first to respond to the crisis in Central Sulawesi. In addition to providing key services for the community, the women and women-led organisations identified and supported the specific needs of women and girls. For example, they set up safe spaces for women, provided psychosocial services and created opportunities for women and children to come together and share their experiences and concerns. The women and women's rights organisations successfully advocated on these key concerns with local authorities and implementing agencies (ActionAid, 2019).

Research by CARE (2018) considered how the humanitarian sector is ensuring the participation and leadership of women responders. Based on a literature review and interviews with humanitarian actors and communities in Malawi and Vanuatu, the research found that women responders are able to contribute to more contextualised and effective humanitarian protection initiatives. Core contributions identified included access to the most marginalised populations, a high-level contextual understanding, increased reach and contributing to the possibility of interventions becoming both gender transformative and more sustainable.

5. How to better engage women in the COVID-19 response

High-level political actors, women's rights organisations and UN agencies have made a series of recommendations for how to better engage women and how to integrate gender considerations into COVID-19 response planning.

The United Nations Inter-Agency Network on Women and Gender Equality (IANWGE) has produced a compendium which brings together messages and recommendations from across 31 UN entities and high-level gender experts. It ensures that **women's leadership and participation is treated as a critical cross-sector issue** (IANWGE, 2020). UNDP's Gender and Recovery Toolkit includes a guidance note on how to promote the participation and leadership of women and women's rights organisations in crisis and recovery – drawing on experiences in peace and security and disaster risk reduction principles. Recommendations include:

- The development of fully inclusive consultation mechanisms
- Working in partnership with civil society and ensuring that women's rights organisations have access to adequate, reliable and sustained funding

- Addressing barriers to women’s participation and leadership through measures that address economic, social and political barriers to participation (UNDP, 2019)

Engagement with women and women’s rights organisations could also build on the work of organisations and activists involved in work on women, peace and security, particularly around the implementation of Security Council Resolution 1325, which provides valuable guidance on the need for women’s rights and leadership to be at the forefront of recovery (UN Women 2020c).

Women’s rights organisations and networks have put forward many recommendations for how to include women in COVID-19 planning, and how to support women and women’s organisations to continue and adapt their advocacy.

Here we consolidate key themes in the recommendations:⁴

- **Develop consultative mechanisms with women and their organisations** at national and local level. Take action to remove barriers to participation and ensure that they have the information and resources required to participate meaningfully and as equals.
- **Champion and fund women and women’s rights organisations.** Funding should target existing women’s rights organisations and acknowledge their expertise. Funding mechanisms should provide core funding and allow for self-defined priorities in the COVID-19 response.
- **Collect disaggregated data and conduct gender analyses and gender sensitive research** – particularly with the most vulnerable and disadvantaged groups. Ensure that a gender analysis is conducted in all sectors.
- **Build towards a gender transformative response** that challenges social norms around women’ political leadership and resists attempts to roll back women’s rights.
- **Peacebuilding funding and interventions should not de-prioritised.** Programmes should ensure that COVID-19 responses are gender- and conflict-sensitive, and peacebuilding actors can continue their work while supporting the COVID-19 response.

⁴ Recommendations compiled from UN Women (2020), Fuhrman and Rhodes (2020), O’Neil and Domingo (2016), UK based Gender and Development Network (GAD, 2020), ActionAid (2020) and the Gender Action for Peace and Security Network (GAPS, 2020)

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Annex – Relevant grey literature

- The Transformative Power of Women Leaders within the COVID-19 response, From the Grassroots to Government: Perspectives from Yemen:
<http://www.sddirect.org.uk/media/1916/covid-19-what-has-wps-got-to-do-with-it-002.pdf>
- UN Trust Fund to End Violence Against Women – In Focus: Ending violence against women in the context of COVID-19: <https://untf.unwomen.org/en/news-and-events/in-focus-covid-19>
- Are young women leaders in the Pacific being heard during the COVID-19 crisis:
<https://www.dlprog.org/opinions/are-young-women-leaders-in-the-pacific-being-heard-during-the-covid-19-crisis>
- Women, peace and security in the time of corona:
<https://blogs.lse.ac.uk/covid19/2020/05/15/women-peace-and-security-in-the-time-of-corona/>
- Global Institute for Women's Leadership at Kings College London collection of essays on equality and COVID-19: <https://www.kcl.ac.uk/giwl/assets/essays-on-equality-2020.pdf>
- Surviving COVID19: Why we need to listen to African women's organisations':
<https://medium.com/@AWDF/surviving-covid19-why-we-need-to-listen-to-african-womens-organisations-525825503661>
- Women Leaders Needed at the High Table During COVID-19 and Beyond:
<https://www.wilsoncenter.org/article/women-leaders-needed-high-table-during-covid-19-and-beyond>
- Operation 50/50: Women's Perspectives Saves Lives:
<https://www.womeningh.org/operation-50-50>

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