



Key Findings
2021 Women Leadership and COVID-19 in the Indo-Pacific
International Women's Day Webinar
March 8, 2021

In celebration of International Women's Day on March 8, 2021, the Pacific Forum held a virtual webinar in partnership with US Indo-Pacific Command. The 90-minute webinar explored the importance of women's leadership in responding to the ongoing COVID-19 pandemic. The discussion was attended by over 65 individuals from Australia, Canada, Indonesia, Japan, the Philippines, Taiwan, Thailand, and the US. Individuals from various sectors, including the military, the government, academia, and research institutes, joined the virtual webinar.

The webinar touched on a range of different topics, including measures taken by women leaders in responding to the health and economic crises caused by the pandemic, how women-led countries have performed in containing the virus, and the importance of ensuring that crisis relief and recovery plans incorporate women's needs and empower women in the short- and long-term. The webinar was structured around three presentations given by Dr. Lin Ching-yi from Chung Shan Medical University Hospital in Taiwan, Dr. Siouxsie Wiles from the University of Auckland in New Zealand, and Ms. Khara Jabola-Carolus, executive director of the Hawai'i State Commission on the Status of Women. Each speaker provided a unique perspective based on their area's experience handling the pandemic.

Key findings from this meeting are described below.

I. Women's Leadership and COVID-19

Women's leadership is associated with lower COVID-19 case numbers and mortality rates

Taiwan and New Zealand, both women-led nations, have handled the COVID-19 outbreak exceptionally well. Taiwan has recorded 969 cases in total and just 10 fatalities, with few instances of community transmission. New Zealand has experienced two major outbreaks so far. At its peak, the first outbreak caused around 80 new cases per day, and a more recent outbreak resulted in 15 new cases per day. However, this figure has fallen, and New Zealand currently records between 1-5 new cases per day and has experienced 26 COVID-19 deaths out of a population of 4.9 million. Both Taiwan and New Zealand are now functioning normally.

Recent research has established a connection between women's leadership and the successful containment of COVID-19. A study of 194 countries revealed that nations led by women are associated with fewer case numbers and fatalities compared to those led by men. The sample did

not include outliers with disproportionately high or disproportionately low death rates, such as the US, the UK, Taiwan, and New Zealand. Moreover, a [recent analysis](#) of US states found that states with women governors encountered fewer hospital admissions and deaths than those governed by men.

Factors contributing to women's success

Taiwan's President Tsai Ing-wen and New Zealand's Prime Minister Jacinda Ardern both acted swiftly to prevent the spread of the virus. Tsai harnessed lessons learned from Taiwan's 2003 SARS outbreak. She took prompt action to ensure that all hospital workers had access to personal protective equipment (PPE) and commissioned companies to manufacture PPE. Tsai also closely monitored migrant workers entering Taiwan from countries in Southeast Asia. Ardern rapidly introduced a strict national month-long lockdown, with only essential workers (e.g., shop assistants, healthcare workers, electricity providers) allowed to work. Ardern also closed New Zealand's borders, with anyone entering the country placed into mandatory quarantine at government-managed hotels. Individuals who test positive are transported to alternative sites where their health can be observed. Ardern used New Zealand's lockdown to consolidate resources and strengthen test and contact tracing capacities. New Zealand currently has in place a "Swiss Cheese Model," which consists of a large number of interventions, including border closures and isolation for arrivals, expedient testing, contact tracing, limited movement, physical distancing, and personal hygiene.

The unique approaches women take to leadership may have contributed to their success in controlling the outbreak. Women in positions of power tend to be highly receptive to expert information instead of being overly reliant on their own knowledge and abilities. For example, Tsai placed great trust in professional public health experts. Transparency, communication, and compassion are common characteristics of the responses taken by Tsai and Ardern. Both leaders emphasized that governments maintain a line of communication with the general public to prevent panic and unite all citizens in the fight against COVID-19. Gender expectations that require women to be more empathetic may have led to more compassionate responses, with women like Ardern and Tsai underscoring the importance of prioritizing health.

Women leaders encounter criticism as a result of their gender

Women leaders and women who have acted as advisors to governments are systematically undermined as a consequence of their gender. Women leaders of countries that have effectively contained the virus are often belittled, and their success is often attributed to factors other than their leadership. Dr. Siouxsie Wiles' own experiences speak to this—she discussed receiving intense public scrutiny after appearing with her male colleague for an interview to discuss New Zealand's recovery plans. The online reaction focused on her lack of credibility as a researcher and criticized her appearance, despite her credentials as a microbiologist being more relevant to the issue than her colleague's. She also noted that her male colleague received far less online abuse

than she did. The insults directed at her, particularly the critical remarks about her research abilities, distracted from the important discussion that had taken place regarding New Zealand's recovery policies.

II. Women in Covid-19 Relief and Recovery

The pandemic has distinct gendered impacts

The pandemic has specific gendered health risks that governments must be aware of to design effective countermeasures. In contrast to Taiwan's 2003 SARS outbreak, which had higher transmission rates among women than men, cases of COVID-19 in Taiwan have been low among women (just 1 in 10 cases were women). Men are at elevated risk of carrying the virus in Taiwan due to large numbers of male migrant workers arriving from Southeast Asia. However, women are usually overrepresented in high-risk jobs—for example, 90 percent of Taiwanese nurses are women. In addition, middle-aged women constitute the majority of Taiwan's hygiene workers in hospitals and other public spaces. Women are overrepresented in similar jobs in New Zealand. This became apparent during the most recent outbreak of COVID-19 in New Zealand, which is believed to have started when a woman who does laundry for international flights contracted the virus. Moreover, sexual and reproductive health services, which are critical to women's well-being, have been compromised by the pandemic. For instance, restrictions on inter-island travel in Hawai'i has made it extremely difficult for women residing in remote islands to obtain abortions.

The economic fallout of the pandemic is disproportionately affecting women. Women are more likely to work in sectors severely impaired by the virus, including hospitality and tourism. In Taiwan, women account for the majority of restaurant workers and a large proportion of small-business owners are women. Women have also been burdened with increasing childcare responsibilities, causing them to leave or lose their jobs. Widespread unemployment has provoked a rise in sex work among women and gender-diverse individuals. In the United States, a large number of people have reverted to earning money by selling online erotic content through websites.

The pandemic has also triggered a steep rise in gender-based violence globally. Strict lockdown measures have led to social isolation, causing a global spike in domestic violence. Periods of extreme turbulence, such as economic depressions, often lead to a surge in domestic violence because perpetrators seek to regain a sense of control by abusing family members and partners. Domestic violence has increased in Taiwan, New Zealand, and the US since the onset of the outbreak. Hawai'i has also seen a rise in sex trafficking during the pandemic, which disproportionately affects undocumented individuals and native Hawaiian communities.

Recommendations for women's inclusion in pandemic relief and recovery

Given the pandemic's gendered impacts, it is critical that governments and policymakers make women's needs and voices an integral component of relief and recovery plans. Granting women meaningful roles in the creation of these plans also contributes to long-term stability and prosperity.

First, governments must ensure that women in high-risk jobs have access to adequate protection to prevent them from contracting and transmitting the virus. Taiwan acted swiftly to ensure that all hospital workers, including medical staff, hospital technicians, and hygiene workers, received PPE. Taiwan's plans highlighted middle-aged women in frontline jobs who may not otherwise have gained access to PPE.

Recovery policies must also address the pandemic's economic toll on women. Despite New Zealand having a gender-diverse government, recovery plans have prioritized "shovel-ready" construction projects, which tend to employ male workers. However, given that women are losing their jobs more readily than men, these plans should support women-dominated industries and women-led small and medium enterprises, such as restaurants and shops. Taiwan has attempted to keep life as normal as possible so that lockdown measures do not disproportionately harm women working in restaurants and other hospitality-sector jobs. Moreover, Taiwan has sought to empower women economically in the long term by using its recovery plans to alter economic models that disadvantage women.

The Hawai'i State Commission on the Status of Women published a comprehensive [Feminist Economic Recovery Plan](#), which offers guidance for developing recovery policies that engage with a broad spectrum of socioeconomic gender-based disparities. When Hawai'i's first economic recovery plan made no mention of women or childcare, the Commission decided to construct the plan. It was created from the understanding that inequality in Hawai'i and elsewhere stems from a history of white supremacy and colonialism. It interrogated how the current economy impacts working-class women and other women who are not helped by the state. It also aimed to address the atomized nature of modern society, which places the responsibility of care with individual families. The commission ensured that the plan included women's voices by consulting women from a wide range of economic backgrounds.

It offers policy recommendations for addressing the underlying causes of inequality through COVID-19 relief and recovery. Some of these recommendations are unique to Hawai'i. They attempt to alter the state's economic reliance on tourism and the military, which result in high levels of low-paid work and sex work for women and gender-diverse individuals. The recommendations responded to aspects of the pandemic disproportionately impacting women. For example, they emphasized making childcare free for children between the ages of 0-5. They also focused on restructuring paid family leave by making it available to both women and men, incentivizing fathers and male guardians to undertake childcare. Its policy recommendations also

focused on lowering barriers to sexual and reproductive healthcare, and best practices for responding to the current rise in violence against women.

III. Conclusions

Women's leadership is associated with fewer cases and hospital admissions. A common feature of women leader's responses has been expedience. In addition, women tend to approach leadership differently than their male counterparts--they tend to be more open to expert advice, more communicative with the public, and more compassionate, which may have all influenced their success in containing the virus and protecting human health.

The pandemic and its accompanying economic crisis are impacting women and girls differently than men and boys. In order to lessen the severity of these effects, governments must consult women and integrate their needs into relief and recovery plans.

This document was prepared by Jennifer Howe and Maryruth Belsey Priebe. For more information, please contact Dr. Crystal Pryor (crystal@pacforum.org), Director of Nonproliferation, Technology, and Fellowships at Pacific Forum. These preliminary findings provide a general summary of the discussion. This is not a consensus document. The views expressed are those of the speakers and do not necessarily reflect the views of all participants. The speakers have approved this summation of their presentation.