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“The Gendered Impacts of COVID-19”

Presented by

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PART I: THE GENDERED IMPACTS OF COVID-19

A. INTRODUCTION

The COVID-19 pandemic, caused by the novel coronavirus SARS-CoV-2, will have lasting effects on all aspects of the Organization for Security and Co-operation in Europe (OSCE)'s mandate, which spans the politico-military, economic and environmental and human dimensions. These effects include impacts on the cross-dimensional issue of gender equality. While men appear at greater risk of severe outcomes from the disease, early evidence indicates that the effects of the pandemic may serve to increase existing inequalities for women and girls as well as other vulnerable and marginalized groups.¹ During my years as Special Representative on Gender Issues to the OSCE Parliamentary Assembly (PA), I have noted advancements in the area of gender equality across the OSCE region, ranging from women's political participation to their representation in peace processes. This year, which marks the 25th anniversary of the *Beijing Declaration and Platform for Action*, should have been an opportunity to take stock of these advances and make further commitments.² Unfortunately, as will be explained in this report, COVID-19 risks undermining and even rolling back many of these gains.

The gendered impacts of COVID-19 touch on all aspects of gender equality, including: women's health, gender-based violence, women's economic equality, women's representation in politics and other decision-making roles, and the Women, Peace and Security agenda. These impacts must be assessed with an intersectional lens which takes into account the different experiences of certain groups of women, men and gender diverse people.³ These groups include indigenous women, senior women, women living with disabilities, refugee and migrant women, racialized minority women, and lesbian, gay, bisexual, transgender and intersex (LGBTI) individuals. It is important to note that the issues described in this report are not new, but instead that the COVID-19 pandemic has served to exacerbate these issues and in turn make them more visible.

The negative consequences of the pandemic on gender equality represent not only a risk for the individual security of women and girls but also for the collective security of all participating States. After all, the OSCE acknowledges that gender equality is essential to sustainable democracy and economic development, and thus the security and stability of the OSCE region.⁴ Going forward, it is critical that all participating

¹ Clare Wenham, Julia Smith and Rosemary Morgan, "[COVID-19: the gendered impacts of the outbreak](#)," *The Lancet*, 6 March 2020.

² Signed by 189 countries, the *Beijing Declaration and Platform for Action* was the first major international agreement dedicated exclusively to advancing the rights of women and girls. United Nations [UN], [Beijing Declaration and Platform for Action](#), 15 September 1995.

³ The concept of intersectionality:

promotes an understanding of human beings as shaped by the interaction of different social locations, e.g., 'race'/ ethnicity, Indigeneity, gender, class, sexuality, geography, age, disability/ability, migration status, religion. These interactions occur within a context of connected systems and structures of power, e.g., law, policies, state governments, religious institutions, media. Through such processes, interdependent systemic bases of privilege and oppression derived from colonialism, imperialism, racism, homophobia, ableism and patriarchy are created.

Olena Hankivsky and Anuj Kapilashrami, "[Beyond sex and gender analysis: an intersectional view of the COVID-19 pandemic outbreak and response](#)," *Policy Brief*, University of Melbourne and Queen Mary University of London, 2020.

⁴ Organization for Security and Co-operation in Europe [OSCE], [Gender equality](#).

States recognize the distinct gendered impacts of the COVID-19 crisis, ensure women's equal participation in the pandemic response and implement policies that are gender-sensitive. The current situation, while dire, also presents an opportunity to implement long-awaited measures that will address gender equality not just temporarily but also well into the future.

In the following report, I will shine a light on the many gendered impacts of COVID-19 and provide ideas for gender-sensitive policy responses. I invite all participating States to continue providing important feedback and sharing best practices with each other on this issue. Working together via multilateral forums such as the OSCE PA will ensure that our responses to the current crisis protect and advance gender equality for women across the OSCE region.

B. GENDER-BASED VIOLENCE

One gendered impact of the COVID-19 pandemic that has received considerable attention is the potential increase in gender-based violence (GBV), which is defined as “violence that is committed against someone based on their gender identity, gender expression or perceived gender.”⁵ GBV is a priority area in my work as Special Representative on Gender Issues and for the OSCE as a whole, forming part of its comprehensive approach to security which recognizes not just traditional security but also the security of the individual.⁶

Women and girls as well as other vulnerable groups including migrants, refugees, LGBTI people, and Indigenous people are disproportionately impacted by GBV. It should be noted that “GBV is not limited to physical abuse but includes words, actions, or attempts to degrade, control, humiliate, intimidate, coerce, deprive, threaten, or harm another person.”⁷ GBV is rooted in harmful gender stereotypes and patriarchal social norms that perpetuate inequality and power imbalances, particularly between men and women.

Even in normal times, GBV is worryingly common all over the world. Estimates from the United Nations (UN) indicate that 35% of women worldwide have experienced either physical and/or sexual intimate partner violence (IPV) or sexual violence by a non-partner at some point in their lives.⁸ This shocking figure does not include other forms of GBV, including sexual harassment and verbal abuse, indicating that the prevalence of GBV as a whole worldwide is likely much higher. For example, a 2019 OSCE study of GBV in Eastern Europe discovered that 70% of women in the region “have experienced some form of sexual harassment, stalking, intimate partner violence, or non-partner violence (including psychological, physical or sexual violence) since the age of 15.”⁹

⁵ Status of Women Canada, [About Gender-Based Violence](#).

⁶ OSCE, [Combating violence against women in the OSCE region – A reader on the situation in the region, good practices and the way forward](#), August 2017.

⁷ Status of Women Canada, [About Gender-Based Violence](#).

⁸ UN Women, [Facts and figures: Ending violence against women](#).

⁹ OSCE, [OSCE-Led Survey on Violence against Women: Well-Being and Safety of Women – Facts and Figures at a Glance](#), 2019.

Studies have demonstrated that GBV can increase during and after disasters and public health emergencies such as pandemics. For example, during the Ebola virus disease crisis in Sierra Leone in 2014, the rate of domestic violence increased.¹⁰ The mandated lockdowns, worsening economic hardships and lack of access to health and legal services resulting from the epidemic were cited as contributing factors to this increase. Following the crisis, many women and girls were forced into transactional sex to cover their basic needs after losing relatives to the virus.¹¹

Unfortunately, the current COVID-19 pandemic appears to be following a similar pattern. Early reports from Canada, the United States, France, Australia and China, among other countries, indicate that frontline workers have recorded significant increases in GBV cases compared to the same time last year.¹² Discussions with frontline organizations in Canada, for example, revealed that rates of GBV, including IPV, appear to have risen by 20% to 30% in some regions, with some crisis hotlines and shelters reporting a 400% increase in calls for help. Similarly, media reports in France and the United Kingdom indicate that rates of domestic violence have increased by 30% and 25%, respectively.¹³

In addition, certain groups continue to be disproportionately at risk of this rise in GBV. These include those that are more vulnerable to poverty and discrimination, including Indigenous Peoples, LGBTI individuals, Roma, women and girls in conflict zones and migrants.¹⁴ Potential reasons for this rise in GBV are outlined below.

1. PROLONGED CONFINEMENT AND SOCIAL ISOLATION

First, the COVID-19 pandemic has prompted the vast majority of OSCE countries to adopt measures requiring varying degrees of personal confinement and physical distancing.¹⁵ These measures often mandate residents to stay in their homes as much as possible and restrict all non-essential activity. An unintended consequence of such measures has been to confine victims of IPV, primarily women, with their abusers.¹⁶ The stressors that accompany lockdowns and mandatory physical distancing, such as financial insecurity, can also lead to increased violence in the home.¹⁷ For example, financial insecurity can increase feelings of powerlessness, particularly among men under pressure of social

¹⁰ UN Development Programme, [Assessing Sexual and Gender Based Violence during the Ebola Crisis in Sierra Leone](#), 26 October 2015.

¹¹ Amber Peterman et al., [Pandemics and Violence Against Women and Children](#), Center for Global Development, April 2020.

¹² Raisa Patel, "[Minister says COVID-19 is empowering domestic violence abusers as rates rise in parts of Canada](#)," *CBC News*, 27 April 2020; June Kelly and Tomos Morgan, "[Coronavirus: Domestic abuse calls up 25% since lockdown, charity says](#)," *BBC News*, 6 April 2020; "[Domestic violence cases jump 30% during lockdown in France](#)," *Euronews*, 28 March 2020; and Amber Peterman et al., [Pandemics and Violence Against Women and Children](#), Center for Global Development, April 2020.

¹³ June Kelly and Tomos Morgan, "[Coronavirus: Domestic abuse calls up 25% since lockdown, charity says](#)," *BBC News*, 6 April 2020; and "[Domestic violence cases jump 30% during lockdown in France](#)," *Euronews*, 28 March 2020.

¹⁴ Teresa Wright, The Canadian Press, "[Violence against Indigenous women during COVID-19 sparks calls for MMIWG plan](#)," *CTV News*, 10 May 2020; United Nations Office of the High Commissioner for Human Rights, [COVID-19 and the Human Rights of LGBTI People](#), 17 April 2020; and OSCE, [Persistent Roma inequality increases COVID-19 risk, human rights head say](#), News release, 7 April 2020.

¹⁵ OSCE Parliamentary Assembly [PA], [Overview of the OSCE Participating States' Responses](#), 7 May 2020.

¹⁶ Women's Aid, [Domestic abuse is a gendered crime](#).

¹⁷ Organisation for Economic Co-operation and Development [OECD], [Women at the core of the fight against COVID-19 crisis](#), 1 April 2020.

expectations to “provide” for their families. As explained by one expert, “[v]iolence against women is a means of resolving this crisis [of male identity] because it allows expression of power that is otherwise denied.”¹⁸

Prolonged confinement and social isolation can also lead to negative mental health outcomes, which have already been documented during the current crisis.¹⁹ According to the Center for Global Development, “poor mental health, mental disorders and related factors, including alcohol abuse, have been shown to increase risk of” violence against women and children.²⁰

Victims who are confined with their abusers may also find it more difficult to contact a friend, social worker or other support person for help or to escape as their abuser is always present. IPV is already one of the most underreported crimes, and the COVID-19 pandemic threatens to further conceal this problem’s prevalence.²¹ Indeed, despite the apparent increase in rates of GBV, some crisis hotlines and shelters organizations have reported a drop in calls, and they worry this decrease is due to victims being unable to seek help due to being confined with their abusers.²²

2. ECONOMIC INSECURITY

Economic insecurity and loss of income can also lead to increased financial dependence among victims on their abusers, restricting victims’ ability to leave. As women have been disproportionately affected by job loss during the COVID-19 pandemic, and during regular times are more likely to earn less money than men and live in poverty, this issue is particularly important.²³ As stated earlier, the socioeconomic impacts of COVID-19 are more pronounced among certain groups who are more likely to work in low-income or precarious work. In Canada, for example, youth, women and new immigrants have been the hardest hit financially by the COVID-19 crisis.²⁴ It follows that these groups may not have the financial means to escape violence in the home.

Economic insecurity and job loss relating to measures to mitigate the spread of COVID-19 may also make certain groups more susceptible to human trafficking, and subsequently GBV. Women and girls, particularly those escaping conflict, are disproportionately vulnerable to being trafficked, most often for sexual purposes.²⁵ As explained by the UN Office on Drugs and Crime:

¹⁸ Rachel Jewkes, “[Intimate partner violence: causes and prevention](#),” *The Lancet*, 20 April 2002.

¹⁹ World Health Organization, “[Substantial investment needed to avert mental health crisis](#),” News release, 14 May 2020.

²⁰ Amber Peterman et al., “[Pandemics and Violence Against Women and Children](#),” Center for Global Development, April 2020.

²¹ Ibid.

²² Raisa Patel, “[Minister says COVID-19 is empowering domestic violence abusers as rates rise in parts of Canada](#),” *CBC News*, 27 April 2020.

²³ OECD, “[Women at the core of the fight against COVID-19 crisis](#),” 1 April 2020.

²⁴ Statistics Canada, “[Labour Force Survey, April 2020](#),” *The Daily*, 8 May 2020.

²⁵ UN Office on Drugs and Crime [UNODC], “[Global Report on Trafficking in Persons](#),” 2018.

Dramatic increases in unemployment and reductions in income, especially for low wage and informal sector workers, mean that significant numbers of people who were already vulnerable find themselves in even more precarious circumstances. From the garment industry, agriculture and farming, to manufacturing and domestic work, millions of people who were living in subsistence conditions have lost their wages. Those who continue to work in these sectors, where trafficking is frequently detected, may also face more exploitation because of the need to lower production costs due to economic difficulties, as well as due to less controls by the authorities.²⁶

What is more, lockdown and confinement measures may reinforce traffickers' control of their victims' movements, making identifying and rescuing victims of trafficking even more difficult.²⁷

3. ACCESS TO SERVICES

Victims of GBV may encounter difficulty in accessing vital services due to the pandemic. In normal circumstances, victims already face barriers in accessing shelters, health services, legal services and other supports for a variety of reasons, including fear of reprisal from their abuser, shame and stigma, perceived impunity for perpetrators, financial barriers, and distrust or lack of awareness of the support services available.²⁸ These barriers are especially pronounced for certain groups, including people with disabilities and migrant women.²⁹ The COVID-19 pandemic risks further closing off these important supports by either forcing their closure or diverting their resources to address the current crisis.

The significant strain placed on health care providers by the pandemic has negative outcomes for victims of GBV. As explained by the Center for Global Development, “[h]ealth providers and emergency first providers are often the first point of contact for women experiencing violence, as well as sources of short-term physical protection for women experiencing a severe violent episode.”³⁰ As health care services may close or resources may be reallocated to address the pandemic, victims of GBV may face barriers to important services such as emergency contraception and psychosocial support. Furthermore, victims might even avoid seeking necessary medical care due to fear of contracting the virus itself in a health care environment.³¹

Legal services have also faced constraints due to the pandemic. Women and other victims of GBV already encounter difficulty in accessing these services, and legal systems across the OSCE region have long had issues with responding efficiently and effectively to their needs.³² This lack of effectiveness leads to low

²⁶ UNODC, [Impact of the COVID-19 Pandemic on Trafficking in Persons](#).

²⁷ Ibid.

²⁸ Tia Palermo, Jennifer Bleck and Amber Peterman, “[Tip of the Iceberg: Reporting and Gender-Based Violence in Developing Countries](#),” *American Journal of Epidemiology*, 1 March 2014.

²⁹ OECD, [Women at the core of the fight against COVID-19 crisis](#), 1 April 2020.

³⁰ Amber Peterman et al., [Pandemics and Violence Against Women and Children](#), Center for Global Development, April 2020.

³¹ Ibid.

³² OSCE, [Combating violence against women in the OSCE region – A reader on the situation in the region, good practices and the way forward](#), August 2017.

conviction rates and in turn discourages victims from reporting incidents in the first place. In many OSCE countries, court proceedings have been postponed while physical distancing orders remain in place.³³ These and other pandemic-related delays to the provision of legal services could seriously impact GBV victims' ability to seek justice.

Various social services vital for victims of GBV may also be more difficult to access during the current crisis. As explained by the Center for Global Development:

First responders, crisis hotlines, and civil society organizations such as women's groups who often serve as first points of call, intermediaries connecting women to legal channels, crisis support and safety planning, and foundations of housing and financial assistance are all critical as women navigate departure from abusive partners. ... With social distancing measures instituted, as well as economic strains, these organizations may be less active and able to support women and children in need.³⁴

Certain groups could be affected more than others by this loss of services. These groups include women and girls seeking asylum in OSCE countries that have implemented restrictive migration policies and border closures in response to the pandemic. Not only would they lose access to important health, legal and social services by being denied asylum, but they could find themselves at greater risk of violence and exploitation.³⁵ Other affected groups include sex workers, who may not seek out care due to social stigma and fear of criminalization.³⁶ LGBTI individuals may avoid health and social services due to legitimate fears of discrimination, judgment and mistreatment.³⁷ For migrants and refugees, language barriers, lack of awareness of services available to them and other challenges resulting from their social and economic exclusion can also prevent access to services.³⁸ Seniors are more likely to not have Internet and/or be socially isolated, posing barriers to accessing services.³⁹ These are just some examples of the intersectional impacts of lack of access to services that must be addressed in any pandemic response.

C. WOMEN'S HEALTH

Public health emergencies like the COVID-19 pandemic have health consequences that men and women experience differently. From a medical perspective, early evidence indicates that men are at greater risk than women of dying or experiencing severe cases of COVID-19.⁴⁰ This is a grave concern to us all. At the

³³ OECD, [Women at the core of the fight against COVID-19 crisis](#), 1 April 2020.

³⁴ Amber Peterman et al., [Pandemics and Violence Against Women and Children](#), Center for Global Development, April 2020.

³⁵ Ibid.

³⁶ Steven P. Kurtz et al., "[Barriers to Health and Social Services for Street-Based Sex Workers](#)," *Journal of Health Care for the Poor and Underserved*, 2005.

³⁷ National LGBT [Lesbian, Gay, Bisexual and Transgender] Health Education Center, [Providing Inclusive Services and Care for LGBT People](#).

³⁸ Eurodiaconia, [Access to social and health services for migrants in Europe: overcoming the barriers](#), October 2014.

³⁹ Government of Canada, [Report on the Social Isolation of Seniors](#), 2014.

⁴⁰ Clare Wenham, Julia Smith and Rosemary Morgan, "[COVID-19: the gendered impacts of the outbreak](#)," *The Lancet*, 6 March 2020.

same time, it is also important to examine the wider health consequences of the pandemic on women. Around the world, women are the majority of frontline health care workers dealing directly with COVID-19 patients, which threatens both their mental and physical well-being.⁴¹ In addition, women depend on access to sexual and reproductive health care services, which could be seriously under-resourced during this pandemic. As well, as discussed above, women’s physical and mental health are jeopardized by increases in GBV.

I also want to remind participating States that certain groups of women, like those living in extreme poverty, women with disabilities, women migrants and refugees, are at increased risk compared to the general population of catching COVID-19 and of experiencing negative health outcomes because of socioeconomic factors.⁴²

1. WOMEN WORKERS IN THE HEALTH CARE SECTOR

Women represent 70% of the health and social sector workforce worldwide; they work closely with communities and patients, which puts them at higher risk of exposure to COVID-19 than the general population.⁴³ Around the world and in OSCE participating States, there have been tragic deaths among health care professionals – doctors, nurses, patient care attendants, and others – who have contracted the virus while working.⁴⁴ Health care workers have also reported anxiety about passing the infection on to their families.⁴⁵

When elements of the health care system become strained because of a shortage of staff due to an overload of COVID-19 cases, there are enormous mental and physical pressures placed on the health care workforce, which can cause anxiety, depression, insomnia, distress and other challenges to mental health.⁴⁶ According to *The Lancet*, “reports from medical staff describe physical and mental exhaustion, the torment of difficult triage decisions, and the pain of losing patients and colleagues, all in addition to the infection risk.”⁴⁷

The UN Population Fund says that “all health workers, including women, responding to COVID-19 must have personal protective equipment.”⁴⁸ However, a key challenge for many workers in the health sector

⁴¹ UN Population Fund, [COVID-19: A Gender Lens – Protecting Sexual and Reproductive Health and Rights, and Promoting Gender Equality](#), March 2020.

⁴² Ibid.

⁴³ Ibid.

⁴⁴ For example, Sarah Marsh, “[Doctors, nurses, porters, volunteers: the UK health workers who have died from Covid-19](#),” *The Guardian*, 22 May 2020; and Christina Jewett and Liz Szabo, Kaiser Health News, “[Coronavirus is killing far more US health workers than official data suggests](#),” *The Guardian*, 15 April 2020.

⁴⁵ “[COVID-19: protecting health-care workers](#),” Editorial, *The Lancet*, 21 March 2020.

⁴⁶ Ibid.

⁴⁷ Ibid.

⁴⁸ UN Population Fund, [COVID-19: A Gender Lens – Protecting Sexual and Reproductive Health and Rights, and Promoting Gender Equality](#), March 2020.

is personal protective equipment (PPE) – which is worn to minimize exposure to the coronavirus – that is poorly fitting or incorrectly sized. Reports from certain OSCE participating States indicate that some pieces of PPE are specifically designed for and tested on men of a specific build, despite women making up the majority of health care professionals worldwide. This leads to ill-fitting PPE which puts some health care professionals, in particular female workers, at increased risk of contamination while treating COVID-19 patients.⁴⁹

During this pandemic, workers in the paid care sectors, such as patient attendants in senior care homes, have been recognized for their work protecting the most vulnerable in society. However, this sector, where most workers are women, often migrant women and women of colour, is known for having low pay and poor working conditions.⁵⁰ For instance, women make up 90% of the long-term care workforce across Organisation for Economic Co-operation and Development (OECD) countries.⁵¹ Not only should these workers receive a permanent salary increase that reflects the value of their work, they should be provided with the necessary PPE to keep them safe from infection.

While women make up the majority of health care workers, they are underrepresented in health care decision-making bodies in many countries worldwide.⁵² Nonetheless, as examined later in this report, this crisis has highlighted the work of many exemplary female leaders, as they provide important public health advice and support during a difficult time.

2. WOMEN'S ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH CARE

Women's access to sexual and reproductive health care, and the protection of this access as a basic right, is a significant public health issue that requires attention during this pandemic. If human and financial resources are diverted away from women's sexual and reproductive health care, in order to tackle the high number of COVID-19 cases, this will inevitably hurt women's health and well-being.⁵³ I remind participating States that women must be able to receive appropriate health care during and after pregnancies, throughout childbirth, and to address other reproductive and sexual health issues. Furthermore, efforts must be made to protect supply chains to ensure the provision of family planning and other sexual and reproductive health commodities, including menstrual health items, because these are central to women's health and empowerment.⁵⁴

⁴⁹ British Medical Association, "[In harm's way](#)," *News and opinion*, 11 May 2020.

⁵⁰ International Labour Organization [ILO], [Care work and care jobs for the future of decent work](#), 28 June 2018.

⁵¹ OECD, [Women at the core of the fight against COVID-19 crisis](#), 1 April 2020.

⁵² Ibid.

⁵³ UN Population Fund, [Sexual and Reproductive Health and Rights, Maternal and Newborn Health & COVID-19](#), 23 March 2020; and UN Population Fund, [COVID-19: A Gender Lens – Protecting Sexual and Reproductive Health and Rights, and Promoting Gender Equality](#), March 2020.

⁵⁴ Ibid.

In May 2020, a joint *Statement on Protecting Sexual and Reproductive Health and Rights and Promoting Gender-Responsiveness in the COVID-19 Crisis* was issued on behalf of the governments of 58 countries – including many OSCE participating States.⁵⁵ The statement says:

Funding sexual and reproductive health and rights should remain a priority to avoid a rise in maternal and newborn mortality, increased unmet need for contraception, and an increased number of unsafe abortions and sexually transmitted infections. Around the world, midwives, nurses and community health workers are essential to contain COVID-19 and they require personal protective equipment. Safe pregnancy and childbirth depend on all these health workers, adequate health facilities, and strict adherence to infection prevention. Respiratory illnesses in pregnant women, particularly COVID-19 infections, must be [a] priority due to increased risk of adverse outcomes. As our national and international supply chains are impacted by this pandemic, we recommit to providing all women and girls of reproductive age with reproductive health commodities. And we call on governments around the world to ensure full and unimpeded access to all sexual and reproductive health services for all women and girls.⁵⁶

During this pandemic, extra precautions must be taken in the field of sexual and reproductive health care to protect workers and patients from infection. For instance, PPE must be provided to all health care employees, including midwives and community health workers. As well, the health care system must respond to the special needs of women with disabilities, HIV-positive persons, adolescents, elderly, Indigenous people, ethnic and racial minorities, LGBTI individuals and refugees and migrants.⁵⁷

D. WOMEN'S ECONOMIC WELL-BEING

The COVID-19 pandemic is having serious economic effects. The International Monetary Fund has estimated that the global economy will contract by 3% in 2020.⁵⁸ The current situation, as explained by UN Women, is that “markets and supply chains have been disrupted, businesses are required to close or scale back operations, and millions have or will lose their jobs and livelihood.”⁵⁹

Evidence from past crises suggests that economic downturns affect men and women's economic well-being differently, reflecting in part the gendered division of labour in the workforce. For instance, the 2008 global recession led to significant early job losses in male-dominated sectors in the economy, such as construction and manufacturing.⁶⁰ During the 2014–2016 Ebola virus disease outbreak in

⁵⁵ Government of Canada, Global Affairs Canada, [Statement on Protecting Sexual and Reproductive Health and Rights and Promoting Gender-Responsiveness in the COVID-19 Crisis](#), April 2020.

⁵⁶ Ibid.

⁵⁷ UN Population Fund, [Sexual and Reproductive Health and Rights, Maternal and Newborn Health & COVID-19](#), 23 March 2020.

⁵⁸ International Monetary Fund, [World Economic Outlook, April 2020: The Great Lockdown](#), April 2020.

⁵⁹ UN Women, [UN Secretary-General's policy brief: The impact of COVID-19 on women](#), 9 April 2020.

⁶⁰ Monika Queisser, Willem Adema and Chris Clarke, VOX CEPR [Centre for Economic Policy Research], [COVID-19, employment and women in OECD countries](#), 22 April 2020.

Sierra Leone, Guinea and Liberia, women were particularly affected since many of their sources of employment, such as the local trade and the production of fruits and vegetables, were disrupted.⁶¹

Across the globe, early evidence during this pandemic indicates that women's economic well-being will be disproportionately and differently affected than that of men. Based on emerging data, UN Women states that:

[I]t is possible to project that the impacts of the COVID-19 global recession will result in a prolonged dip in women's incomes and labor force participation, with compounded impacts for women already living in poverty.⁶²

It is important that participating States apply a gender lens to pandemic-related fiscal stimulus packages and social assistance programs, in order to prevent the widening of gender inequality.

1. UNEMPLOYMENT

According to the International Labour Organization (ILO), the economic crisis caused by the coronavirus pandemic could lead to more than 25 million lost jobs.⁶³ In the initial round of layoffs, job losses have been concentrated in the service sector, including retail, hospitality and tourism, where women are overrepresented.⁶⁴ Across OECD countries, which include many OSCE participating States, women make up approximately 53% of workers in food and beverage services, and 60% in accommodation services. In the retail sector, 62% of workers are women, while that number rises to 75% for some OSCE participating States, like Latvia, Lithuania and Poland.⁶⁵

The ILO anticipates that the four sectors at risk of severe job losses and decline in working hours during this pandemic are: accommodation and food services; real estate, business and administrative activities; the wholesale/retail trade; and manufacturing. According to 2020 data, 527 million women (41% of total female employment) are employed in these sectors, compared to 35% of total male employment.⁶⁶ In high-income and upper-middle-income countries, 50% and 40% of women, respectively, are employed in these sectors.

⁶¹ UN Development Programme, [Assessing the socio-economic impacts of the Ebola Virus Disease in Guinea, Liberia and Sierra Leone: The Road to Recovery](#), December 2014.

⁶² UN Women, [UN Secretary-General's policy brief: The impact of COVID-19 on women](#), 9 April 2020.

⁶³ ILO, [Almost 25 million jobs could be lost worldwide as a result of COVID-19, says ILO](#), News release, 18 March 2020.

⁶⁴ UN Women, [UN Secretary-General's policy brief: The impact of COVID-19 on women](#), 9 April 2020.

⁶⁵ VOX CEPR Policy Portal, [COVID-19, employment and women in OECD countries](#), 22 April 2020.

⁶⁶ ILO, [The COVID-19 response: Getting gender equality right for a better future for women at work](#), Policy Brief, May 2020.

As discussed later in this report, because of social norms and inequalities in the workplace, more women than men may quit their jobs to take on increased unpaid care work responsibilities, particularly childcare and homeschooling with the widespread closure of schools and childcare centres.⁶⁷

However, some female workers are protected for the immediate future. For women who work as public sector employees, these jobs offer stability and security as governments around the world seek to deal with the health, social and economic outcomes of this crisis. Across the OECD, women are 60% of public sector workers, rising to 70% in some OSCE participating States like Denmark, Finland, Norway and Sweden.⁶⁸

2. FINANCIAL INSECURITY AND POVERTY

Women are at greater risk than men of being unable to support themselves and their families if they experience a sudden loss of income during the economic downturn caused by the COVID-19 pandemic. Data from OECD countries indicate that, when compared to men, women's incomes are lower, they hold less wealth, and their poverty rates are higher.⁶⁹ There are two main reasons for this reality.

Firstly, while employment should lift women out of poverty, some employment sectors, and certain types of work (precarious, informal, and part-time) do not provide workers with adequate earnings, job security and safe working environments.⁷⁰ Many of the job losses or reduced work hours during this pandemic have been in low-paid and part-time employment sectors, of which women form the greatest share of workers. For instance, in the European Union, 30% of women work in part-time jobs, compared to nearly 9% of men.⁷¹ As well, part-time, precarious, and informal employment often provide workers with little job protection and limited ability to access employment insurance benefits.⁷²

Secondly, women have lower financial savings than men (for emergencies or retirement), which they can depend on during economic downturns.⁷³ Most people set aside savings during working years, but women are less likely than men to be employed, and if they are working, they typically work fewer years. For instance, the ILO reports that the global labour force participation rate was 49% for women, compared

⁶⁷ Clare Wenham, Julia Smith and Rosemary Morgan, "COVID-19: the gendered impacts of the outbreak," *The Lancet*, 6 March 2020; and Abi Adams-Prassl et al., *Inequality in the Impact of the Coronavirus Shock: Evidence from Real Time Surveys*, Cambridge-INET Institute, 23 April 2020.

⁶⁸ VOX CEPR Policy Portal, *COVID-19, employment and women in OECD countries*, 22 April 2020.

⁶⁹ Ibid.

⁷⁰ ILO, *The working poor or how a job is no guarantee of decent living conditions*, April 2019.

⁷¹ Zsuzsa Blaskó et al., "How will the COVID-19 crisis affect existing gender divides in Europe?," *JRC Science for Policy Report*, European Commission, 2020.

⁷² UN Women, *UN Secretary-General's policy brief: The impact of COVID-19 on women*, 9 April 2020.

⁷³ Andrea Hasler and Annamaria Lusardi, *The Gender Gap in Financial Literacy: A Global Perspective*, Global Financial Literacy Excellence Center, July 2017; and OECD, *Women and Financial Literacy: OECD/INFE Evidence, Survey and Policy Responses*, Russia Trust Fund for Financial Literacy and Education, June 2013.

to 75% for men in 2017.⁷⁴ As well, women earn less than men over their lifetime, giving them less income to save.⁷⁵

Some groups of women are more likely than others to experience extreme poverty and may struggle to afford basic necessities like food during this economic crisis. Migrant and refugee women are at higher risk than other women of living in poverty due in part to widespread social exclusion which limits access to basic services and the labour market.⁷⁶

Single parents, the majority of whom are women, are also particularly vulnerable as they rely on a sole income to support their families. With physical distancing and lockdown measures in place, single parents will also find it challenging to balance care for their children with work responsibilities.⁷⁷

Senior women are also at risk of financial insecurity as they have limited access to income, either through employment, assets such as land and property, or through pension provision, compared to men.⁷⁸ Global data indicate that women represent almost 65% of people above retirement age without a regular pension. According to the UN:

The downturn of the economy and other broader consequences of COVID-19 may leave many older persons, particularly older women and older persons with disabilities, disadvantaged, with limited job opportunities and inadequate pensions and social protection. The lessons from the [Middle Eastern Respiratory Syndrome] outbreak suggest that older workers can experience higher unemployment and underemployment rates, as well as decreased working hours, than younger workers.⁷⁹

Sex workers, whose work is both precarious and informal, are among the most marginalized, invisible and stigmatized members of society and face significant risks during this pandemic. Many sex workers will have ceased working due to physical distancing and lockdown measures established to halt the spread of COVID-19. Some sex workers have moved their work online, while others have continued working in-person out of financial necessity. As noted in recent research, “stigma and criminalisation mean that sex workers might not seek, or be eligible for, government-led social protection or economic initiatives to support small businesses.”⁸⁰ Furthermore, I point out that sex workers who are migrants, homeless, or live

⁷⁴ ILO, [The gender gap in employment: What's holding women back?](#), March 2018.

⁷⁵ Stephanie Lane, [The scary facts behind the gender pension gap](#), World Economic Forum, 7 March 2018.

⁷⁶ European Parliament, “[Workshop on Main Causes of Female Poverty](#),” *Workshop for the FEMM* [Committee on Women's Rights and Gender Equality] *Committee*, 2015.

⁷⁷ VOX CEPR Policy Portal, [COVID-19, employment and women in OECD countries](#), 22 April 2020.

⁷⁸ UN, [Policy Brief: The Impact of COVID-19 on older persons](#), May 2020.

⁷⁹ Ibid.

⁸⁰ Lucy Platt et al., “[Sex workers must not be forgotten in the COVID-19 response](#),” *The Lancet*, 15 May 2020.

with addictions or mental health challenges, are vulnerable to both extreme poverty during this pandemic and severe health outcomes if they catch COVID-19.

International migrant workers, including temporary foreign workers, are also some of the most marginalized workers, and they face significant barriers in accessing health services in host countries during this pandemic. The situation is particularly concerning for the world's 67 million domestic workers – of whom 80% are women and 75% are informal workers.⁸¹ The ILO states that for these workers:

Unemployment has become as threatening as the virus itself. Many have not been able to work, whether at the request of their employers or in compliance with lockdowns. Those who do continue to go to work face a high risk of contagion, caring for families in private households. For the 11 million migrant domestic workers the situation is even worse.⁸²

3. THE GENDER WAGE GAP

In recent history, the gender wage gap – often understood as the ratio of the wage of a woman to that of a man – has narrowed in some OSCE countries, while it has remained relatively unchanged in others.⁸³ However, any progress that has been made towards closing the worldwide gender wage gap is at risk of being reversed during this coronavirus pandemic. There is early evidence that public health measures, such as “stay at home” policies, and the economic crisis will likely contribute to the factors that uphold the gender wage gap.⁸⁴

During this pandemic, unpaid care work has increased – more children are at home, family members are sick and the elderly require care – and this burden will likely increase the number of women taking time away from work or leaving employment altogether. This additional time spent by women out of the workforce contributes to the gender wage gap.⁸⁵

Furthermore, in many OSCE participating States, initiatives to recruit and advance women in the upper echelons of business – led by states, not-for-profits or companies themselves – have been established to address the underrepresentation of women in leadership positions, another contributor to the gender wage gap. However, during economic downturns, diversity becomes a secondary consideration for both companies and governments.⁸⁶ I am concerned that efforts to recruit and advance women, people of colour,

⁸¹ ILO, [Contagion or starvation, the dilemma facing informal workers during the COVID-19 pandemic](#), 7 May 2020; and ILO, [Domestic Workers](#).

⁸² ILO, [Contagion or starvation, the dilemma facing informal workers during the COVID-19 pandemic](#), 7 May 2020.

⁸³ ILO, [Understanding the Gender Pay Gap](#), 2019.

⁸⁴ Christine Murray, Thomson Reuters, [Why coronavirus could reverse progress on closing the gender wage gap](#), World Economic Forum, 2 April 2020.

⁸⁵ Ibid.

⁸⁶ Ibid.

and other marginalized groups in the workforce may not be actively pursued during this pandemic and we will lose that momentum and progress.

Participating States should incorporate efforts to address the gender wage gap in their economic recovery plans during this economic crisis. After all, when women earn the same as men, this increases their purchasing power which, in turn, stimulates consumer spending and the economy.

4. WOMEN'S UNPAID CARE WORK

Beyond the world of employment, women are responsible for unpaid care work in the home, unrecognized work that requires both time and energy. Women worldwide, and in every OSCE participating State, remain responsible for a higher proportion of unpaid care work than men.⁸⁷ According to the ILO, women perform 76% of the total amount of unpaid care work.⁸⁸ The unpaid care work burden is a “key factor in determining both whether women enter into and stay in employment and the quality of jobs they perform.”⁸⁹ It should be acknowledged that unpaid care work is most intensive for certain groups of girls and women, such as those with lower educational achievement, those who reside in rural areas, and those with children under school age.⁹⁰

During public health emergencies, unpaid care work can increase significantly and suddenly. Both early analysis of this crisis and research from previous outbreaks of disease⁹¹ indicates that this increase in unpaid care work falls on the shoulders of women. The uneven division of labour is a result of gender norms that maintain women in caregiving roles, the distribution of care duties in most families which reflect those norms, and gender inequalities in the workforce.⁹² While I acknowledge that care work can be rewarding, when in excess – like during a public health emergency – the work can harm the caregiver’s access to education, economic and employment opportunities and general well-being.

Women are likely taking greater responsibility than men for the care, and homeschooling, of their children during this pandemic.⁹³ The widespread closure of schools by governments around the world – including in many OSCE participating States – with the goal of containing the spread of COVID-19 has impacted the great majority of the world’s student population.⁹⁴ According to the UN Educational, Scientific and Cultural Organization, at the international level, more than 1.5 billion students (87%) were home due to COVID-19 school closures in March 2020.⁹⁵ Furthermore, many childcare centres are also closed, and

⁸⁷ ILO, [“The COVID-19 response: Getting gender equality right for a better future for women at work,”](#) *Policy Brief*, May 2020.

⁸⁸ ILO, [Care work and care jobs for the future of decent work](#), 28 June 2018.

⁸⁹ Ibid.

⁹⁰ Ibid.

⁹¹ See, for example, UN Educational, Scientific and Cultural Organization [UNESCO], [The Implications of HIV and AIDS on women’s unpaid labour burden](#), 2010.

⁹² UN Women, [UN Secretary-General’s policy brief: The impact of COVID-19 on women](#), 9 April 2020.

⁹³ Zsuzsa Blaskó et al., [“How will the COVID-19 crisis affect existing gender divides in Europe?”](#), *JRC Science for Policy Report*, European Commission, 2020.

⁹⁴ UNESCO, [COVID-19 Educational Disruption and Response](#).

⁹⁵ UNESCO, [UNESCO rallies international organizations, civil society and private sector partners in a broad Coalition to ensure #LearningNeverStops](#), 26 March 2020.

informal childcare options, such as care by grandparents, may not be available due to social distancing measures. As well, any increase in time spent in the home due to isolation measures is likely to lead to increased routine housework, including cooking and cleaning, which will again increase the unpaid care burden on women.⁹⁶

As well, women are likely to be primarily responsible for the care of adult family members during this crisis. General health and social services have been scaled back, meaning that individuals with disabilities or chronic health conditions may need additional assistance from family. In addition, seniors are particularly vulnerable during this pandemic as the severity of COVID-19 increases for individuals over the age of 60 years. Therefore, seniors may choose to respect strict physical distancing measures and may depend on family for help more than they otherwise would. In situations where hospitals become overwhelmed during the pandemic, individuals who are sick with COVID-19 or other conditions, may not be admitted and will need care at home as they recover.⁹⁷

During this pandemic, the adverse consequences of care work may be amplified. A caregiver's mental and physical well-being may be negatively affected as they care for family members. Without paid leave or flexible work arrangements, a caregiver may have to reduce paid work and refuse advancement opportunities to care for family members. This is particularly challenging for single mothers, who make up the great majority of lone-parent households worldwide.⁹⁸ Recent research states that "another likely outcome is that one spouse will temporarily have to quit work, which based on the existing division of labor would again be much more likely to be the wife."⁹⁹

According to some experts, the COVID-19 pandemic could possibly contribute to a long-term change in gender norms around unpaid care work. The OECD states that:

[O]ne potential upshot of widespread school/facility closure and the shift to mass teleworking is that many men will be exposed to the double burden of paid and unpaid work often faced by women. At the very least, many men will witness first-hand the total amount of work their partners put in. But it is also likely that many men will themselves increase their unpaid work through the crisis, boosting their experience and confidence in this area. In cases where their partner is, for example, an essential service work[er], some men may take on the totality of unpaid work. This has the potential to help trigger a shift in gender norms around unpaid domestic and care work. While the situations are not identical, evidence from studies on fathers taking parental leave suggests that sharp exposure to domestic and care work can have long-lasting effect on men's engagement in unpaid work.¹⁰⁰

⁹⁶ OECD, [Women at the core of the fight against COVID-19 crisis](#), 1 April 2020.

⁹⁷ UN Women, [UN Secretary-General's policy brief: The impact of COVID-19 on women](#), 9 April 2020.

⁹⁸ Steve Crabtree and Sofia Kluch, [How Many Women Worldwide Are Single Moms?](#), Gallup, 5 March 2020.

⁹⁹ Titan M. Alon et al., "[The Impact of COVID-19 on Gender Equality](#)," *National Bureau of Economic Research*, April 2020.

¹⁰⁰ OECD, [Women at the core of the fight against COVID-19 crisis](#), 1 April 2020.

Another positive outcome for women who work in higher-paid sectors is that the crisis could normalize remote and flexible working, making it easier for women and men in the future to balance family responsibilities and work.¹⁰¹

A number of experts have noted that women's socially prescribed care role can put them in an ideal position to identify trends at a local level signalling the beginning of a disease outbreak; for this reason, among others, incorporating women's voices in outbreak preparedness and response could strengthen global health security.¹⁰²

E. WOMEN, PEACE AND SECURITY

While 2020 is undoubtedly the year of COVID-19, it also represents the 20th anniversary of UN Security Council Resolution (UNSCR) 1325 on Women, Peace and Security. UNSCR 1325 was the first UNSC resolution that recognized the necessity of including women in decision-making processes at all stages of conflict. Since UNSCR 1325, the UN Security Council has adopted nine additional resolutions relating to Women, Peace and Security (WPS), thereby strengthening the WPS agenda and providing a blueprint for the OSCE's ongoing work in this area.¹⁰³

In the early days of the pandemic, UN Secretary-General Antonio Guterres called for an immediate ceasefire worldwide, stating:

Our world faces a common enemy: COVID-19. ... It attacks all, relentlessly.

Meanwhile, armed conflict rages on around the world. The most vulnerable – women and children, people with disabilities, the marginalized and the displaced – pay the highest price. They are also at the highest risk of suffering devastating losses from COVID-19.

Let's not forget that in war-ravaged countries, health systems have collapsed. Health professionals, already few in number, have often been targeted. Refugees and others displaced by violent conflict are doubly vulnerable.¹⁰⁴

Many OSCE States have reiterated this call. Unfortunately, conflicts have continued, including in the OSCE region. In responding to these conflicts in the time of COVID-19, it is important that we do not lose progress made on WPS. After all, involving women in peace processes and considering their interests and needs in the resolution of conflict has been shown to increase the likelihood of lasting peace.¹⁰⁵ The principles of the WPS agenda – prevention of gender-based violence, promotion of women's

¹⁰¹ Christine Murray, Thomson Reuters, [Why coronavirus could reverse progress on closing the gender pay gap](#), World Economic Forum, 2 April 2020.

¹⁰² Clare Wenham, Julia Smith and Rosemary Morgan, "COVID-19: the gendered impacts of the outbreak," *The Lancet*, 6 March 2020.

¹⁰³ UN Security Council, [Resolution 1325 \(2000\)](#), 31 October 2000.

¹⁰⁴ UN, [Secretary-General Calls for Global Ceasefire, Citing War-Ravaged Health Systems, Populations Most Vulnerable to Novel Coronavirus](#), News release, 23 March 2020.

¹⁰⁵ Government of Canada, [Women, peace and security](#).

participation, protection of women and girls, and the importance of gender-sensitive responses – can and should also guide our response to the pandemic, in both conflict and non-conflict situations.

As the UN Secretary-General pointed out, people living in conflict zones are already affected by impoverishment, displacement and lack of access to essential services. The presence of COVID-19 only serves to magnify these consequences of conflict. Worse still, many groups that are more susceptible to COVID-19 – including the elderly, those with weakened immune systems, and individuals with disabilities – are already disproportionately impacted by conflict.¹⁰⁶

Internally displaced persons (IDPs), migrants, asylum seekers and refugees living in refugee camps or conflict zones live in cramped and precarious conditions, with limited access to essential services, making them more vulnerable to contracting COVID-19 in the event of an outbreak. According to the UN High Commissioner for Refugees, among this already vulnerable group, women and girls “are among those most at-risk” of GBV, including IPV and being trafficked into the sex trade.¹⁰⁷

Indeed, all women and girls in conflict-affected areas are more susceptible to GBV than those in non-conflict areas,¹⁰⁸ and the pandemic risks exacerbating this reality for the reasons outlined above. In Ukraine, for example, the number of calls to the National Hotline on Combatting Domestic Violence increased by almost 26% in the first two weeks of quarantine compared to the prior two-week period. Demand for mental health and psychosocial support services has also skyrocketed “as families struggle with anxiety, economic stress and close quarters.”¹⁰⁹ Unfortunately, these services have had to move primarily online and via telephone, which can be difficult for those living in Ukraine’s conflict zones to access.¹¹⁰

To mitigate these impacts on the most vulnerable in conflict-affected areas, it is critical that governments and organizations prioritize the second pillar of the WPS agenda, which is the promotion of women’s participation in key peace-building initiatives. The positive impacts of women’s participation in peace processes have been documented. One study, for example, found that peace agreements are 20% more likely to last at least two years, and are 35% more likely to last 15 years, when women fully participate.¹¹¹ As will be discussed in the next section, women’s participation in the COVID-19 response in both conflict and non-conflict contexts is also critically important.

¹⁰⁶ Cordula Droege, [Covid-19 response in conflict zones hinges on respect for international humanitarian law](#), International Committee of the Red Cross Blog (*Humanitarian Law & Policy*), International Committee of the Red Cross, 16 April 2020.

¹⁰⁷ UN High Commissioner for Refugees, [Displaced and stateless women and girls at heightened risk of gender-based violence in the coronavirus pandemic](#), News release, 20 April 2020.

¹⁰⁸ Siân Herbert, [Links between gender-based violence and outbreaks of violent conflict](#), GSDRC Applied Knowledge Services, April 2014.

¹⁰⁹ UN Population Fund, [When quarantine is unsafe: Domestic violence survivors seek help in Ukraine](#), 15 April 2020.

¹¹⁰ Lily Hyde, [“COVID-19 turns the clock back on the war in Ukraine, as needs grow,”](#) *The New Humanitarian*, 20 April 2020.

¹¹¹ Laurel Stone, “Annex II, Quantitative Analysis of Women’s participation in Peace Processes,” in Marie O’Reilly, Andrea Ó Súilleabháin and Thania Paffenholz, *Reimagining Peacemaking: Women’s Roles in Peace Processes*, International Peace Institute, New York, June 2015.

F. WOMEN'S LEADERSHIP

Given the unique gendered impacts of COVID-19 outlined above, it is clear that any response to the crisis must be gender-sensitive and developed in consultation with women and marginalized groups. Women's representation in decision-making roles is often lacking despite the clear value of their voices and perspectives. For example, women remain significantly underrepresented in parliament in the OSCE region and beyond. Worldwide, the Inter-Parliamentary Union reports that women hold 25% of parliamentary seats; in Europe, this figure stands at 30%.¹¹² In addition, while women represent the majority of health care workers, they occupy only a minority of decision-making and leadership positions in health.¹¹³

I note, however, that the women that are in these positions of power have been demonstrating the value and importance of their voices during the current crisis. Numerous media outlets have remarked that some of the countries with the best outcomes for COVID-19 thus far are led by women, including Germany, New Zealand, Denmark, Finland, Iceland, Norway and Taiwan.¹¹⁴ Female leaders in health, including Canada's chief medical officer and the head of South Korea's centre for disease control, have also highlighted the value of women's leadership.¹¹⁵ Of course, while an interesting observation, this success among a small sample of women leaders does not prove a direct link between gender and an effective COVID-19 response. Experts agree that numerous factors could be at play. However, traditional gender roles can influence policymaking. In the case of the COVID-19 response, commentators observe that policies that are defensive and cautious – traits that are typically seen as “feminine” – have had more success. Male leaders may avoid such approaches due to feeling bound by traditional concepts of masculinity that require them to appear aggressive and treat COVID-19 as ‘the enemy.’¹¹⁶ The presence of a female leader has also been associated with an increase in diverse perspectives at the decision-making table, which can be crucial for a successful pandemic response.¹¹⁷

All of this is not to say that a female leader is required to successfully respond to the current crisis, but that the involvement of women and other diverse voices is essential for a well-rounded and effective response. In addition, research indicates that women and girls are empowered to seek leadership roles when they see more women leaders.¹¹⁸ While the current pandemic is expected to adversely affect gender equality in many ways, the increased visibility of women leaders is one positive outcome that may pave the way for more female participation in leadership roles in the future.

¹¹² Inter-Parliamentary Union, [Women in Politics: 2020](#).

¹¹³ OECD, [Women at the core of the fight against COVID-19 crisis](#), 1 April 2020.

¹¹⁴ Amanda Taub, [“Why Are Women-Led Nations Doing Better With COVID-19?”](#), *New York Times*, 18 May 2020; Jon Henley and Eleanor Ainge Roy, [“Are female leaders more successful at managing the coronavirus crisis?”](#), *The Guardian*, 25 April 2020; and Tomas Chamorro-Premuzic, [“Are Women Better At Managing The Covid19 Pandemic?”](#), *Forbes*, 10 April 2020.

¹¹⁵ Jon Henley and Eleanor Ainge Roy, [“Are female leaders more successful at managing the coronavirus crisis?”](#), *The Guardian*, 25 April 2020; and Sadiya Ansari, [“Canada’s chief medical officers put women’s leadership in spotlight.”](#) *Policy Options*, 2 April 2020.

¹¹⁶ Jon Henley and Eleanor Ainge Roy, [“Are female leaders more successful at managing the coronavirus crisis?”](#), *The Guardian*, 25 April 2020; and Amanda Taub, [“Why Are Women-Led Nations Doing Better With COVID-19?”](#), *New York Times*, 18 May 2020.

¹¹⁷ Maimuna S. Majumder and Devi Sridhar, [“Modelling the pandemic.”](#) *British Medical Journal*, 21 April 2020.

¹¹⁸ KPMG, [KPMG Women’s Leadership Study](#), 2015.

G. WAYS FORWARD

As this report has made clear, the COVID-19 pandemic risks exacerbating inequalities among men and women and reversing many of the gains participating States have made regarding gender equality in recent decades. It is critical, therefore, that all participating States resolve to address the gendered impacts of COVID-19 in their responses to the crisis. In this section, I highlight measures that could mitigate the negative impacts of COVID-19 on gender equality. I note with appreciation that many participating States have already begun to implement these and other measures in their response planning, and I encourage all participating States to continue sharing their observations and best practices regarding this issue.

First and foremost, women must be equally represented in all COVID-19 response planning and decision-making. Not only should diverse women be consulted and included, but also women's organizations who are often on the front lines and have a wealth of information and expertise to contribute. State partnerships with civil society are especially important not only in the immediate response to COVID-19 but in our continued efforts to achieve gender equality.

To address the impacts of COVID-19 on women's health, participating States as well as the OSCE, including the OSCE PA, must first pay special attention to the needs of women health care workers, who represent the majority of individuals working in this field. Measures addressing this population should include the provision of well-fitting PPE as well as targeted psychosocial support that takes into account the diverse experiences of women on the front lines. In addition, provisions must be made to ensure the continuation of standard health services for women, particularly sexual and reproductive health care.

Additional measures should also be put in place to protect women and girls from GBV, which appears to be on the rise due to lockdown and economic responses to the pandemic. Such measures include designating domestic violence shelters as essential services and increasing resources to them and other front-line civil society organizations so they can assist the greatest number of victims of GBV as possible and adapt their responses to a pandemic context.¹¹⁹ For example, the Government of Canada is providing C\$50 million to women's shelters and sexual assault centres in order to bolster their capacity to manage or prevent an outbreak in their facilities.¹²⁰

It is also imperative that participating States ensure victims can access vital assistance, particularly when their ability to report their abuse is made more difficult by being confined with their abuser. The UN, for example, has recommended that governments designate safe spaces for women to report abuse, including in grocery stores or pharmacies, and ensure that GBV services are available online.¹²¹ Increased access to GBV crisis telephone hotlines should also be prioritized for victims who do not have Internet access, particularly those living in conflict zones or rural areas. Another useful practice to protect women is

¹¹⁹ UN Women, [UN Secretary-General's policy brief: The impact of COVID-19 on women](#), 9 April 2020.

¹²⁰ Government of Canada, [Supporting women's shelters and sexual assault centres during COVID-19](#), 19 May 2020.

¹²¹ Ibid.

to raise awareness of pre-determined hand signals, such as a closed fist, that victims can deliver on a video call with family or friends to silently indicate they are facing violence in the home, without raising the suspicion of their abuser.¹²² Participating States, as well as the OSCE (including the OSCE PA), should also continuously raise public awareness of the problem of increased GBV during public health emergencies, and ensure that victims are aware of the services available to them.

Economic recovery and social assistance plans must account for the fact that women represent the majority of workers in industries most affected by COVID-19–related shutdowns. They must also provide protections for informal workers, most of whom are women, as well as women-led businesses. Participating States should also enact policies to support women and other workers with caring responsibilities, such as providing public childcare options to essential service workers and promoting flexible working arrangements for families. Single-parent households, which are predominantly led by women, should be given special attention in the development of these policies.¹²³

Furthermore, participating States should not only apply a gender lens when developing COVID-19 policies but also an intersectional lens. As has been explained in this report, certain groups including women and girls in conflict zones, migrants and refugees, LGBTI individuals, senior women, women with disabilities, indigenous groups and racial and ethnic minorities, are disproportionately affected by the gendered impacts of COVID-19.¹²⁴ We must ensure that our responses to the pandemic take into account these important intersectional considerations at every step.

Finally, the current crisis is ever evolving, and governments are having to continuously change their responses as a result. It is critical that governments collect data that are not only disaggregated by sex but also by intersectional factors such as race, sexuality, age, disability, socioeconomic status and migratory status. Analysis of this data should focus on both the direct effects of the current crisis on health outcomes as well as its indirect effects on economic security, sexual and reproductive rights, gender-based violence and other areas. The collection of such data is crucial in ensuring that COVID-19 policies are gender-sensitive and target those that are most vulnerable and at risk.¹²⁵

H. CONCLUSION

The COVID-19 pandemic will represent a significant threat to gender equality. Not only does this pandemic threaten to stall progress towards gender equality, it could roll back many of the rights we've fought so hard to gain. However, I believe that OSCE participating States can tackle this enormous challenge: together throughout the OSCE region, and in our own countries, we can ensure that our responses to this pandemic incorporate the voices and perspectives of women from all different groups.

¹²² See, for example, Canadian Women's Foundation, [Signal For Help](#).

¹²³ OECD, [Women at the core of the fight against COVID-19 crisis](#), 1 April 2020, pp. 15, 17 and 19.

¹²⁴ See also Olena Hankivsky and Anuj Kapilashrami, "[Beyond sex and gender analysis: an intersectional view of the COVID-19 pandemic outbreak and response](#)," *Policy Brief*, University of Melbourne and Queen Mary University of London, 2020.

¹²⁵ UN Women, [COVID-19: Emerging gender data and why it matters](#).

While the current crisis represents a significant and age-defining threat, it is also exposing deeply entrenched inequalities that existed long before the pandemic arrived. The current crisis, therefore, represents a unique opportunity to implement measures to build on gender equality now and once COVID-19 is behind us. I urge all participating States and the OSCE (including the OSCE PA) to seize this opportunity.

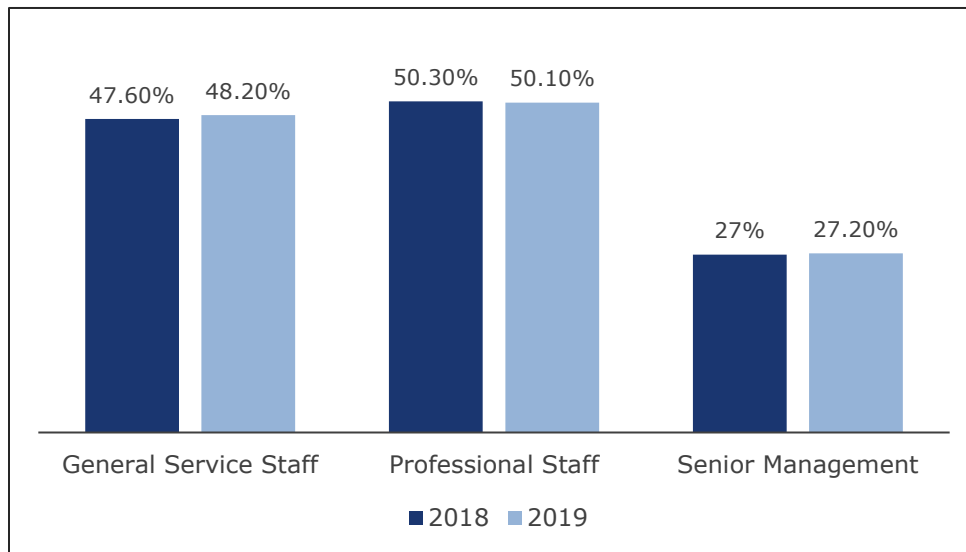
PART II: ANALYSIS OF GENDER IN THE OSCE

A. GENDER IN THE OSCE GOVERNMENTAL STRUCTURES

The analysis of gender balance throughout the OSCE governmental structures – discussed in the following pages – is based on the statistics provided by the Gender Section and the Department of Human Resources of the Office of the Secretary General of the OSCE, which show the representation of women and men in the OSCE Secretariat, Institutions and Field Operations as of **31 December 2019**.

Excluding the Staff Members of the Special Monitoring Mission to Ukraine, the OSCE maintained a staff of 2,285 members, with women representing 48.4% of the total workforce, a slightly increased share from the previous year (48.1%).¹²⁶

Figure 1 – Positions Held by Women in the OSCE in 2018 and 2019 without SMM Staff (%)



The following analysis includes the Staff Members of the Special Monitoring Mission to Ukraine.¹²⁷

As of 31 December 2019, the OSCE maintained a staff of 3,605, with women representing 41.7% of the total workforce. The overall strongest female representation in the Secretariat, Institutions and Field Operations was among the General Service Staff (48.2%), followed by Professional positions (National Professional Officers, P1 to P4, S, S1 and S2)¹²⁸ where women represented 36.5% of the total workforce. In 2019, Senior Management positions continued to be held primarily by men (72.6%), while

¹²⁶ See Table A.1 in Appendix A.

¹²⁷ See Table A.2 in Appendix A.

¹²⁸ The OSCE offers fixed term contracts for positions at the Secretariat, Institutions, and to a limited extent and mainly in the area of administration, at its missions. Remuneration package and terms of employment are similar to those of the United Nations Common System: General Service (G1 to G7), Professional Staff (NPOs, S, S1, S2, P1 to P4) and Senior Management Staff (S3+, P5+, D, Heads and Deputy Heads of Field Operations and Institutions).

women representation, despite being the lowest compared to the other two staff categories, now accounts for 27,3%, increased by 2% since 2018 (25.3%). Within the Secretariat and Institutions, women held 7 out of the total 28 senior management positions (25%).¹²⁹

From the year 2014 until the year 2019, only 13 women have served as Heads of Field Operations, in sharp contrast to the 49 men who held such a position during that period. In 2019, the number of Field Presences headed by women increased from 2 to 3, with the appointment of Ambassador Kathleen Kavalec as Head of the OSCE Mission to Bosnia and Herzegovina last September. The OSCE Mission to Montenegro and the OSCE Center in Ashgabat continue to be headed by women.

In 2019, the number of female Deputy Heads of Mission was also increased by 1, with the appointment of Ms. Antje Kristin Grawe as Deputy Chief Monitor of the OSCE Special Monitoring Mission to Ukraine. Currently, there are 3 Missions accounting for women deputies, the OSCE Mission to Montenegro, the Special Monitoring mission to Ukraine and the Programme Office in Nur-Sultan. The overall percentage of women holding Senior Management positions within Field Operations has increased from 21% in 2018 to 28.5% in 2019.

1. OSCE SECRETARIAT¹³⁰

In total, women accounted for 54.6% of the OSCE Secretariat's workforce presenting a decrease of 3,8% since 2018 (58.4%). In seconded positions (S), female representation displayed a slight decline (0.45%) despite an increase in absolute figures (from 31 in 2018 to 39 in 2019). During a year, the number of women in professional positions (P+) was reduced by 9.6% (from 53.4% to 43.8%), now representing less than half of Professional Staff positions in the Secretariat. In 2020, 3 out of 7 Director-level positions (D) are held by women, up from 2 in 2018¹³¹. The post of the Secretary General is held by a man, as has always been the case since the first Secretary General of the OSCE Secretariat was appointed in 1993.

2. OFFICE FOR DEMOCRATIC INSTITUTIONS AND HUMAN RIGHTS (ODIHR)¹³²

In 2019, women represented the 60.8% of the total workforce in the Office for Democratic Institutions and Human Rights (ODIHR), increased by 3.4% since the previous reporting period. This represents the second highest female representation among the OSCE Secretariat and Institutions after HCNM. Almost 3 out of 4 General Service positions (71.2%) were held by women, up from 68.8% in 2018. Female seconded personnel amounted for 67% this year, increased by 7% since 2018 and by 17% since 2017. The overall number of female employees in the professional category increased to 47.5%,

¹²⁹ See Table A.3 in Appendix A.

¹³⁰ See Table A.4 in Appendix A.

¹³¹ D-level appointments of 2020 do not appear in the Appendix A.5 graph.

¹³² See Table A.5 in Appendix A.

representing a 3.2% increase since the last reporting period (44.3%). The only Director-level position of the Office was held by a woman, while the Head of the Institution was, and still is, also a woman.

3. OFFICE OF THE HIGH COMMISSIONER ON NATIONAL MINORITIES (HCNM)¹³³

In 2019, women represented 61.1% of the workforce in the Office of the High Commissioner on National Minorities (HCNM), representing the highest female representation among the Secretariat and Institutions. Women held 80% of S-level positions, a significant increase compared to the 66.7% reported in 2018 and to only 25% reported in 2017. Additionally, they represented 43.7% of employees in P-level positions, also a significant increase from the 33.3% in 2018. The position of the Head of Institution continues to be held by a man.

4. OFFICE OF THE REPRESENTATIVE ON FREEDOM OF THE MEDIA (RFOM)¹³⁴

In 2019, the total workforce of the Office of the Representative on Freedom of the Media (RFoM) remained predominantly composed by women (58.3%). Their representation in S-level positions accounted for 75% of the total (3 out of 4), nevertheless only 1 out of 4 P-level employees was a woman. D-level positions and the Head of the Institution remained without female representation.

5. SECONDED POSTS IN THE SECRETARIAT, INSTITUTIONS AND FIELD OPERATIONS¹³⁵

As of 31 December 2019, the OSCE had a total of 1,224 seconded staff members from 47 participating States, of whom 26.8% were women.

The seconding States with the highest number of female secondees were the United States (39 women out of 101, representing 38.6%), Germany (32 women out of 71, representing 45.7%) and Italy (32 out of 76, representing 42.1%). Switzerland was the only State where parity was achieved among the seconded posts (8 female and 8 male secondees), followed by Georgia (14 female and 15 male secondees). The widest gender gaps in favor of men were observed among the staff seconded by the Russian Federation (2 female secondees and 48 male secondees), Ireland (1 female secondees and 14 male secondees) and Turkey (1 female secondees and 14 male secondees) with the latter improving its position since the previous year (17 male secondees). There was no female representation among the seconded staff of Belgium (2 male secondees), Estonia (3 male secondees), Kazakhstan (7 male secondees), Lithuania (1 male secondee), Luxembourg (1 male secondee) and Ukraine (1 male secondee).

¹³³ See Table A.6 in Appendix A.

¹³⁴ See Table A.7 in Appendix A.

¹³⁵ See Table A.8 in Appendix A. Please note that seconded SMM members are included.

6. FIELD OPERATIONS: GENDER BALANCE OF STAFF MEMBERS¹³⁶

As of 31 December 2019, the OSCE comprised 16 Field Missions with a grand total of 3,016 staff members, out of which women represented 38.9%.

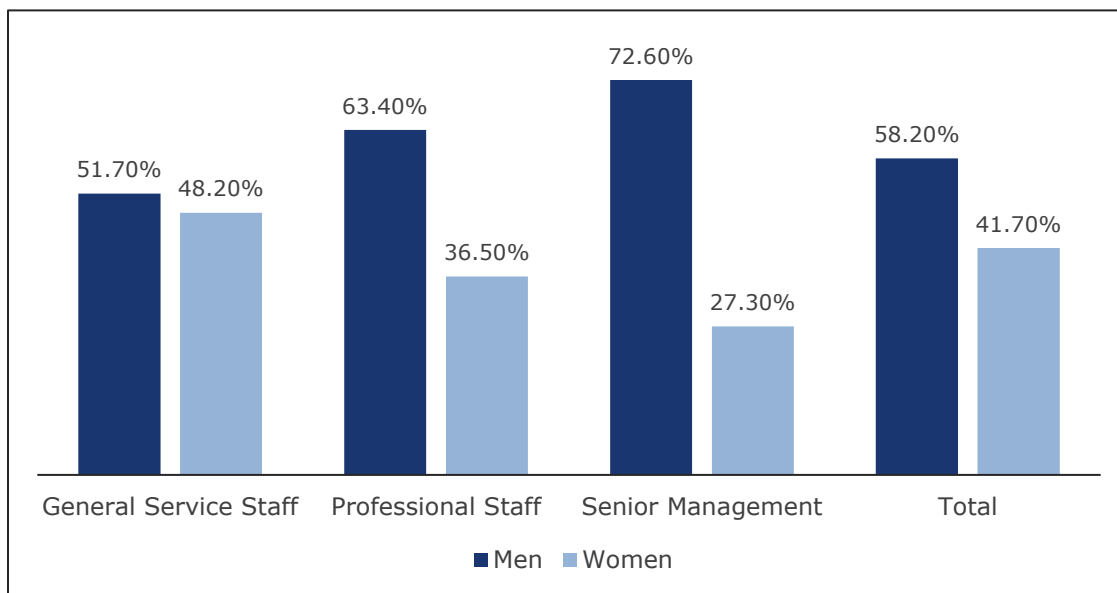
Depending on the Field Operation and its mandate, the OSCE employed a certain number of local staff members. In 2019, the largest staffed OSCE Field Operations were the Special Monitoring Mission to Ukraine (1,320 members, including 30.2% of women) and the Mission in Kosovo (462 members, including 35% of women), with the latter presenting a minor increase from the previous year (34%). The OSCE Field Operations with the highest proportion of women continue to be the OSCE Project Co-ordinator in Ukraine (64.5%), the OSCE Mission to Montenegro (61%), the OSCE Presence in Albania (61%) as well as the OSCE Mission to Serbia (53%). Other Field Operations where women represented the majority of the workforce included the OSCE Project Co-ordinator in Uzbekistan (51.5%), the OSCE Mission to Bosnia and Herzegovina (51%) and the OSCE Centre in Ashgabat (50%). With a few exceptions such as the OSCE Mission in Kosovo (35%), the OSCE Special Monitoring Mission to Ukraine (30.2%), the Personal Representative of the CiO on the Conflict dealt with by the OSCE Minsk Conference (29.5%) and the Observer Mission at the two Russian Checkpoints (22%), the OSCE Field Operations appeared close to finding an equal gender balance, as most staff proportions were within 40% and 60%.

Within Field Operations¹³⁷ women represented 44.7% of General Service Staff and 34.2% of Professional Staff, with the most important variation identified among Senior Management Staff, where female representation increased by 8% (from 21.5% in 2018 to 28.5% in 2019).

¹³⁶ See Table A.9 in Appendix A.

¹³⁷ See Table A.10 in Appendix A.

Figure 2 – Post Distribution in the OSCE Secretariat, Institutions and Field Operations by Staff Category and with SMM Staff 2019 (%)



7. LATEST GENDER-RELATED DEVELOPMENTS IN THE OSCE

In July 2019, the OSCE Secretary General, Mr. Thomas Greminger presented the 2018 Annual Progress Report on the Implementation of the OSCE 2004 Action Plan on the Promotion of Gender Equality to the organization’s Permanent Council.¹³⁸ The report noted several areas of progress regarding gender equality in the organization, including:

- the release of the OSCE-led [Survey on the Well-being and Safety of Women](#), which provides much needed data on the prevalence of violence against women in South-eastern and Eastern Europe;
- the production of the documentary film [A Dark Place](#) by the OSCE Representative on Freedom of the Media, which highlights the experiences of female journalists affected by online harassment;
- an increase in efforts to combat sexual harassment and sexual exploitation and abuse within the organization and its activities in addition to ongoing gender mainstreaming training of OSCE Staff;
- the development of the OSCE Gender Parity Strategy 2019–2026, with the goal of achieving gender parity across all levels of the OSCE by 2026; and
- the banning of male-only panels at OSCE events.

¹³⁸ Organization for Security and Co-operation in Europe [OSCE], [2018 Annual Progress Report on the Implementation of the OSCE 2004 Action Plan on the Promotion of Gender Equality](#)

B. FEMALE REPRESENTATION IN THE SPECIAL MONITORING MISSION TO UKRAINE

1. GENDER EQUALITY ACTION PLAN

The SMM Gender Focal Point (GFP) Network was introduced in 2015 to address the gender aspects of the work of the mission as well as to incorporate gender mainstreaming in the SMM agenda and activities. The Network is led by the Senior Gender Adviser residing in Kyiv and coordinating the efforts of all the GFPs in the field.

The first Gender Equality Action Plan (GEAP) of the SMM was developed in 2016 as a part of its overall strategy and had three key objectives: integration of gender equality principles into the SMM structures and working environment; gender mainstreaming in the SMM monitoring and reporting work and in the other mandated activities; coordination and liaising with international and national stakeholders, including civil society, on gender equality issues.¹³⁹

The recently concluded Gender Equality Action plan for 2018–2019 envisioned *four outputs*:

1. Gender perspective mainstreamed in all SMM activities enabling the SMM to address human security challenges more effectively.
2. Coordination and liaison with national and international stakeholders, including civil society, on gender equality issues as an established practice making effective information-sharing possible.
3. Improvement of gender balance in all spheres and levels of the SMM and ensuring of equal opportunities and diversity in the working environment.
4. Ensuring of a regular evaluation process identifying progress, best practices, and remaining challenges in implementing the Plan.¹⁴⁰

The Gender Unit is currently under consideration of a new GEAP.

2. GENDER BALANCE AMONG THE SMM STAFF MEMBERS

Although the implementation of the GEAP contributes to the improvement of the situation, particularly in mainstreaming the gender agenda in the current SMM activities and the security challenges, there remains a lot more to be done, especially regarding gender balance among staff members. As of 31 December 2019, the SMM comprised 1,320 staff members, of which only 30.2% were women.¹⁴¹

The SMM has encouraged participating States to nominate female candidates for managerial positions in the Mission. However, according to statistical data on recruitment provided by the SMM Chief Monitor

¹³⁹ OSCE, [2016 Annual Progress Report on the Implementation of the OSCE 2004 Action Plan on the Promotion of Gender Equality](#), p. 30.

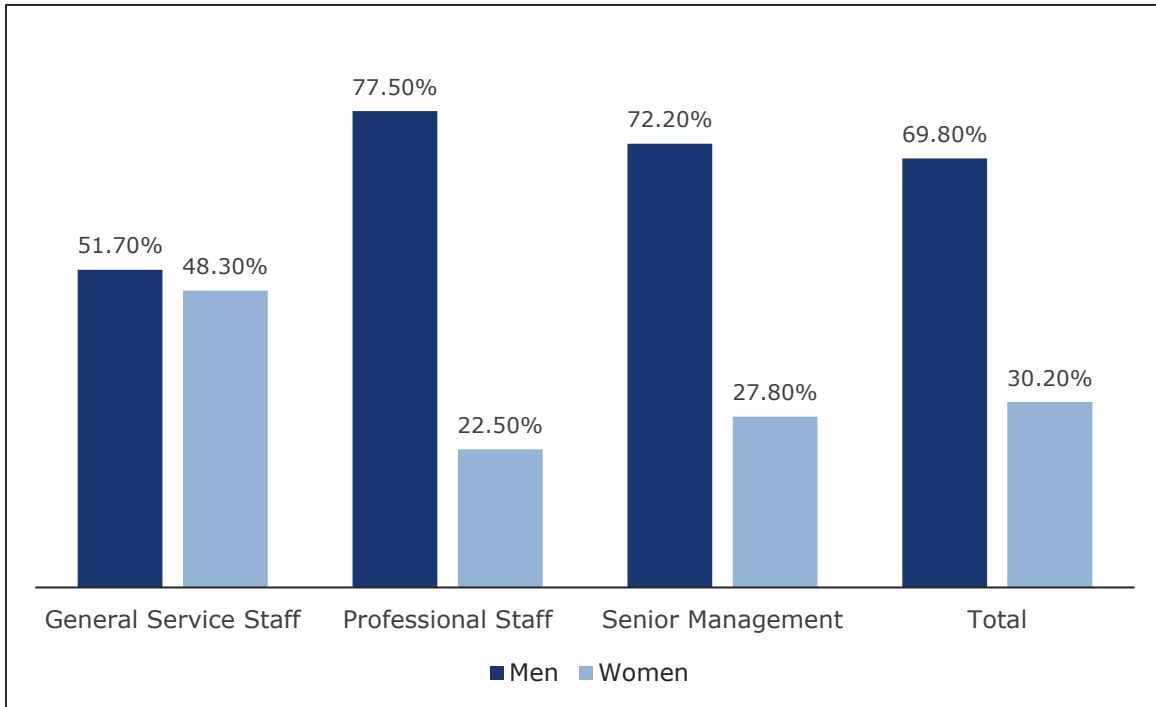
¹⁴⁰ OSCE Special Monitoring Mission to Ukraine: Informal security briefing for the participating States, 22 May 2018.

¹⁴¹ See Table A.11 in Appendix A.

in his recent report of 23 April to the Permanent Council,¹⁴² for the reporting period 17 January 2020–3 April 2020, the number of female applicants for managerial and technical positions remained low, accounting for only 15% of total applications.

Among all Mission members, as of 31 December 2019, women represented less than a third of employees (30.2%). They represented 48.3% of G-level positions, 22.5% of P-level positions and 27.8% of Senior Management positions.

Figure 3 – Post Distribution of Staff in the Special Monitoring Mission to Ukraine 2019 (%)



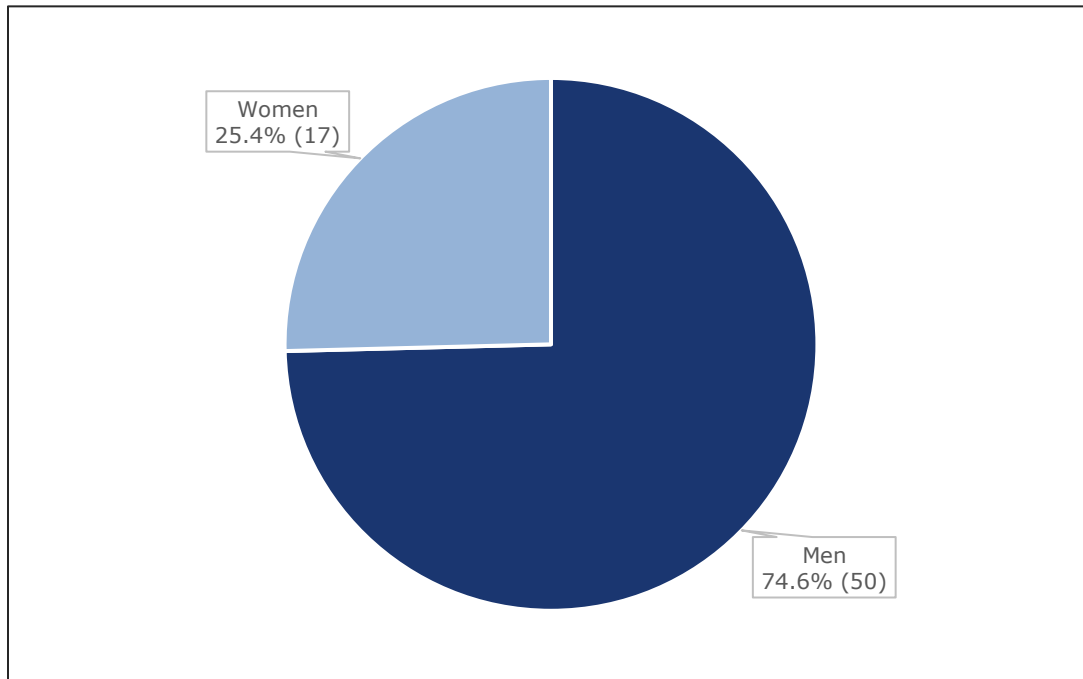
C. GENDER AMONG THE VIENNA-BASED AMBASSADORS AND PERMANENT REPRESENTATIVES TO THE OSCE PERMANENT COUNCIL

The analysis of the gender of the OSCE Ambassadors and Permanent Representatives – discussed in the following Section – shows the representation of women and men among the Ambassadors/Permanent Representatives to the OSCE Permanent Council based in Vienna as of **1 June 2020**. It comprises the Ambassadors/Permanent Representatives of the 57 participating States (plus the EU Ambassador), the Ambassadors of the eleven OSCE Partners for Co-Operation and the Ambassador of the OSCE Parliamentary Assembly.

¹⁴² OSCE Special Monitoring Mission to Ukraine: Report of the Chief Monitor to the OSCE Permanent Council, 23 April 2020 (PC.FR/9/20)

There are currently 70 Permanent Representations to the OSCE Permanent Council based in Vienna, with women Ambassadors/Permanent Representatives representing 25.4% of the plenary, which shows significant under-representation.¹⁴³

Figure 4 – Ambassadors and Permanent Representatives to the OSCE Permanent Council as of June 2020¹⁴⁴



D. GENDER IN THE OSCE PA

During the Vilnius Annual Session in 2009, the Standing Committee amended the OSCE PA’s Rules of Procedure, agreeing to introduce a new sub-clause to Rule 1 stating that “each national Delegation should have both genders represented.”

In 2011, the OSCE PA adopted a resolution on “Women’s representation at the OSCE Parliamentary Assembly” calling on national parliaments to improve the representation of women in the National Delegations to the Assembly. The Resolution noted with concern that, as of February 2011, 17 of the 57 national delegations to the OSCE PA were comprised of men only, that only ten women were Heads of Delegation and that, out of the 307 delegates, only 73 (23.7%) were women.

¹⁴³ See Table A.12 in Appendix A.

¹⁴⁴ Ambassadors/Permanent Representatives of Georgia, Monaco and the European Union are not counted as replacements are currently pending.

Since then, positive efforts have been made by the national delegations to improve gender balance within the Parliamentary Assembly. Currently there are only 3 delegations primarily comprised by men.¹⁴⁵

The OSCE PA has been particularly engaged in reinforcing and expanding dialogue on gender-related topics while promoting the consideration of gender perspectives in all parliamentary legislative work of the OSCE participating States. During last year's Annual Session held in Luxembourg, gender-related resolutions accounted for 2 out of the 15 adopted in total by OSCE PA members.¹⁴⁶ These reflected key and timely relevant topics such as on the advantages of the digitalization process on gender policies as well as on gender and youth-related considerations in climate change policy agendas. In 2020, following the COVID-19 health crisis and its effect on rising incidents of domestic violence across the region, the OSCE PA, together with the OSCE Secretariat and ODIHR urged governments to consider specific measures in order to ensure the protection of women and children.¹⁴⁷ In parallel, as part of its series of Web Dialogues, initiated as a response to the COVID-19 pandemic, the OSCE PA will dedicate their 6th round on gendered impacts of the health crisis.

During the 2020 OSCE PA Winter Meeting, the Special Representative on Gender Issues to the OSCE PA, The Hon. Dr. Hedy Fry, presented a report on the recent developments and initial ideas for the 2020 Gender Report, as she does every year.

1. MEMBER DIRECTORY STATISTICS¹⁴⁸

As of June 2020, there is an overall male majority within the OSCE PA. Regarding gender balance in the delegations, almost three quarters of both regular OSCE PA Members, including Heads and Deputy Heads of Delegations, and OSCE PA Alternate Members are men (74%), holding a combined number of 369 out of 499 positions. Observations from 2019 (369 men out of 482 positions) and 2018 (362 men out of 487 positions) indicate no major changes in female representation to the Assembly. Currently, there are two OSCE PA delegations, Serbia and Belgium, where female delegates outnumber their male colleagues, (accounting for 57.1% and 54.5% respectively). Delegations of Albania, Armenia, Liechtenstein, Norway and Portugal have currently achieved absolute gender parity among their members.

Delegations' Secretariats are mostly comprised of women. Currently, 54 out of the total 84 delegation secretaries are women, representing the majority (64.3%) of positions in this category.¹⁴⁹

¹⁴⁵ See Table A.18 in Appendix A.

¹⁴⁶ See [2019 Luxembourg Declaration](#)

¹⁴⁷ [Press Release](#), April 2, 2020

¹⁴⁸ The OSCE PA Member Directory is available on request from the International Secretariat.

¹⁴⁹ See Table A.13 in Appendix A. Co-Secretaries and Deputy of Delegation have also been included in this category.

Figure 5 – Gender Balance of the OSCE PA as of June 2020

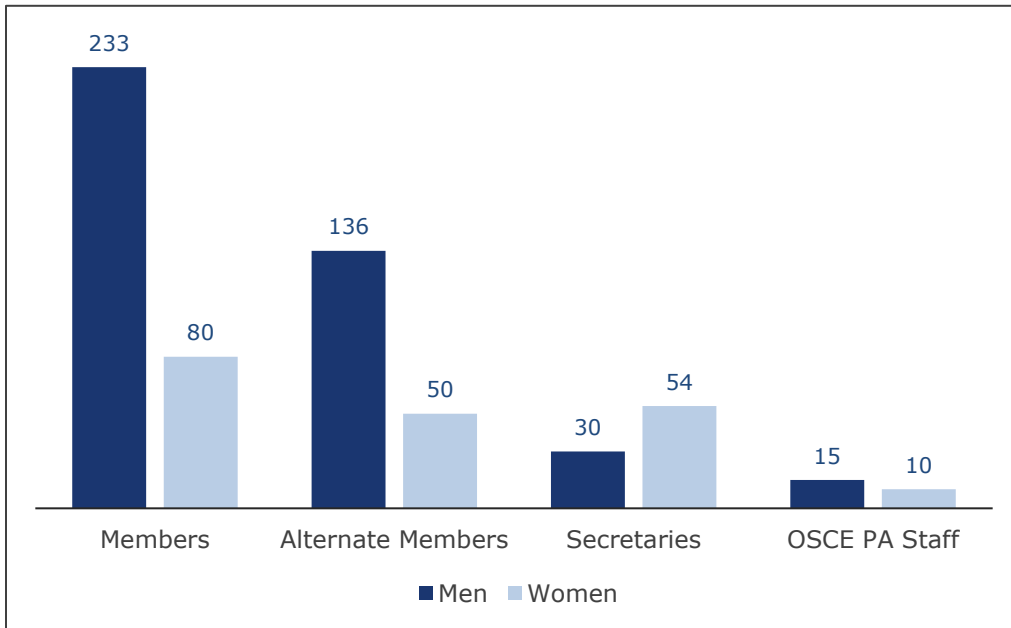
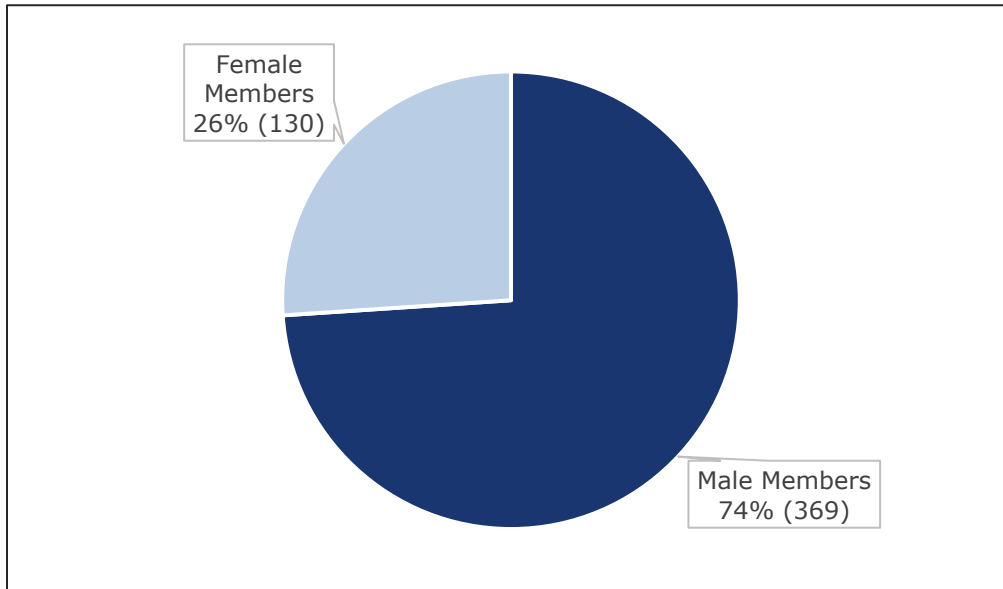


Figure 6 – Gender Balance of the OSCE PA Members (HoD, DHoD, Members, Alternate Members) as of June 2020

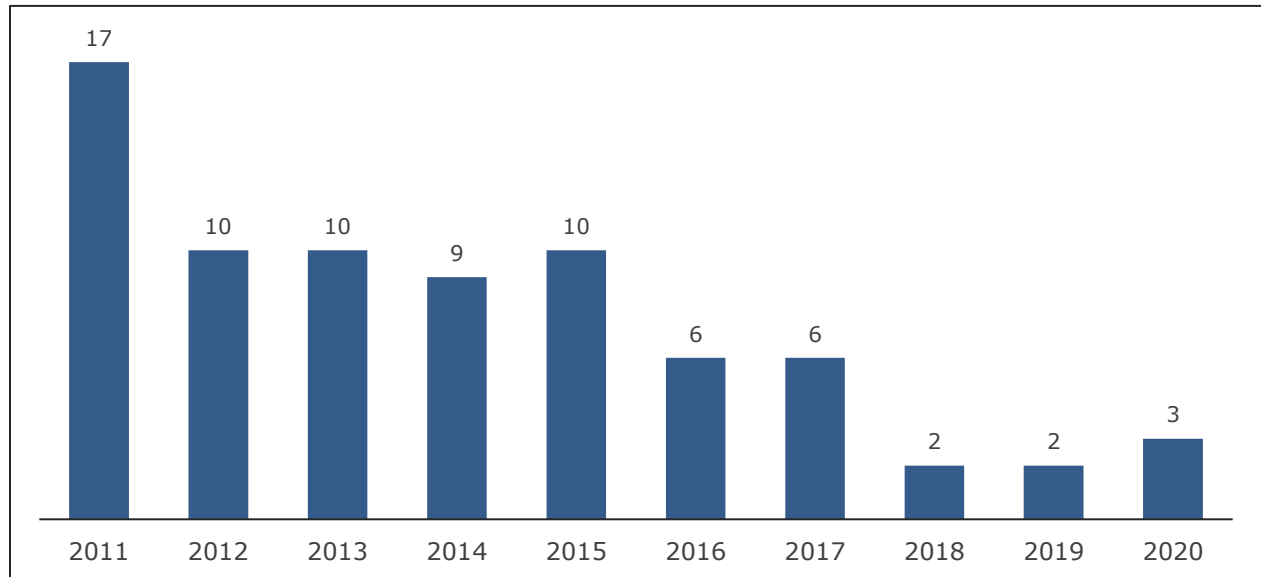


2. INITIATIVE TO BOOST WOMEN'S PARTICIPATION

Efforts undertaken by the National Delegations to comply with Article 1.4 of the OSCE PA Rules of Procedure have led to a significant decrease in the number of delegations with no female representation.

The number dropped from 17 in 2011 to 10 in 2012 and 2013, and further to 9 in 2014, before rising again to 10 in 2015, and decreasing to 6 in 2016 and 2017. As of June 2020, only 3 delegations remain without female representatives, increased by 1, since 2018-2019. During the past 9 years, male-dominated delegations presented a considerable decrease.

Figure 7 – Delegations with no Female Delegates (2011 – 2020)



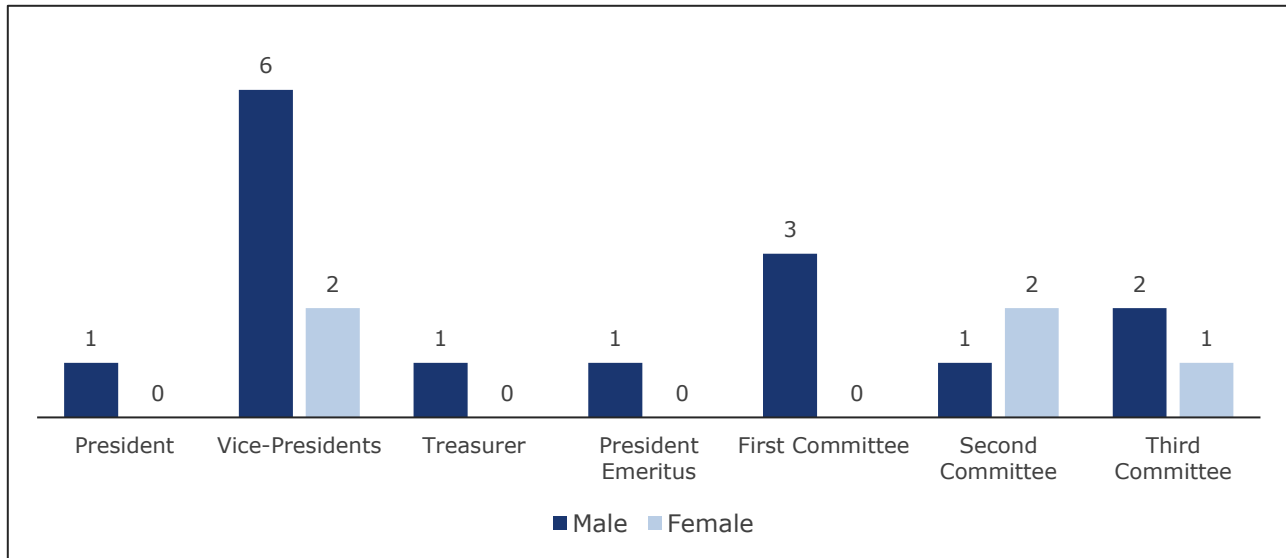
As of June 2020, there are 15 OSCE PA National Delegations currently led by women, a number decreased by 10 since the previous reporting period.

3. GENDER IN THE BUREAU

The Bureau is composed of the President, 8 Vice-Presidents, the Treasurer, and the President Emeritus, as well as the 3 Officers of each of the General Committees. As of June 2020, the Bureau comprised 20 members – 5 of whom are female – providing for a 75% to 25% ratio in favour of men. Compared to 2019 statistics of the gender balance in the Bureau, there has been a decrease of 13% in female representation. The numbers of 2020 are 5% below the targeted goal of 30% suggested in 2011.¹⁵⁰

¹⁵⁰ See Address by The Hon. Dr. Hedy Fry, Special Representative on Gender Issues to the OSCE Parliamentary Assembly, 10th Winter Meeting, 24–25 February 2011, Vienna, Austria.

Figure 8 – Gender Balance of Bureau Members as of June 2019



(a) FEMALE PRESIDENTS AND VICE-PRESIDENTS IN THE OSCE PA

The statistics regarding female Presidents and Vice-Presidents have changed since the previous reporting years.

In May 2017, the President of the OSCE PA was a woman, Ms. Christine Muttonen (Austria), and among the eight Vice-Presidents only one, Isabel Santos (Portugal), was female. Since November 2017, the OSCE PA President has been a man, George Tsereteli (Georgia). Currently, 2 out of the 8 Vice-President positions are held by female delegates, Ms. Margareta Cederfelt (Sweden) and Ms. Kari Henriksen (Norway) (decreased by 1 since the last reporting period). Ms. Doris Barnett (Germany) was replaced by Mr. Peter Juel-Jensen (Denmark) as the Treasurer for the Bureau.¹⁵¹

(b) OFFICERS OF THE OSCE PA GENERAL COMMITTEES

Compared to the 2019 reporting period, the current number of women in the leadership of the General Committees has decreased. Women currently hold 3 out of the total 9 Committee officer posts, whereas women held 4 positions in 2019 and 2 positions in 2018. Since March 2020, 1 female delegate, Ms. Doris Barnett (Germany) has held the position of Chair of the Second Committee.

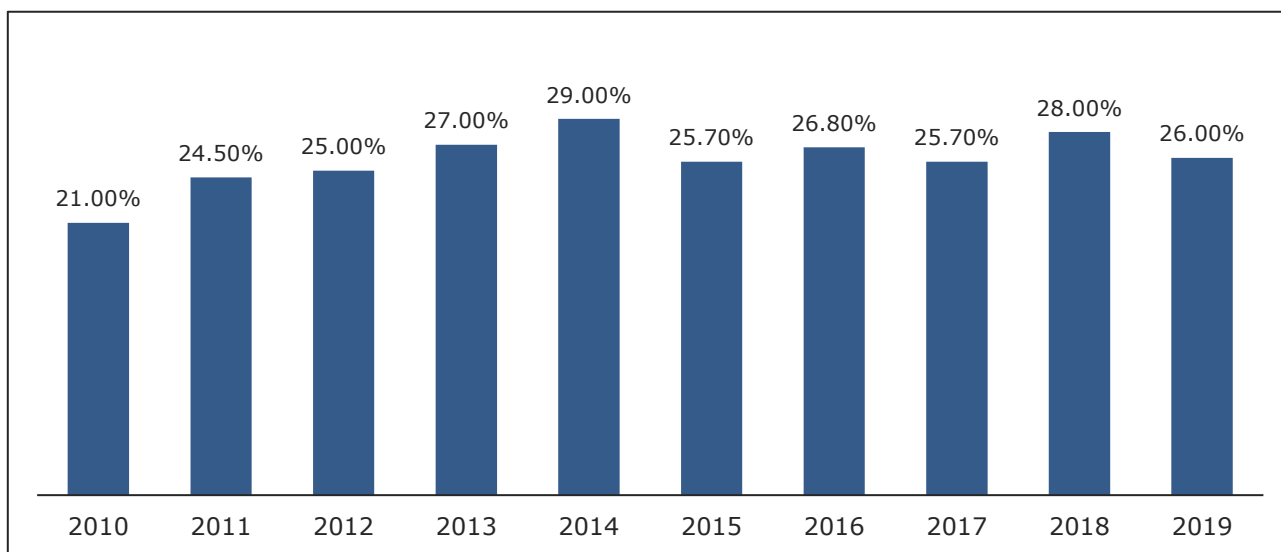
4. FEMALE PARTICIPATION IN THE OSCE PA ANNUAL SESSIONS AND WINTER MEETINGS

The charts below show the percentage of female parliamentarians who participated in the OSCE PA Annual Sessions and Winter Meetings.

¹⁵¹ See Table A.14 in Appendix A.

For the past 5 years, female participation in Annual Sessions varied between 26% to 28%. The 2017 Annual Session observed a slight decrease in female participation compared to the previous reporting period (from 26.8% to 25.7%) followed by a 2.3% increase during the following Annual Session (28%). Female representation in the 2019 Luxembourg Annual Session reached 26% (accounting for 70 out the total 270 delegates).¹⁵²

Figure 9 – % Female Parliamentarian Participation in OSCE PA Annual Sessions 2010–2019



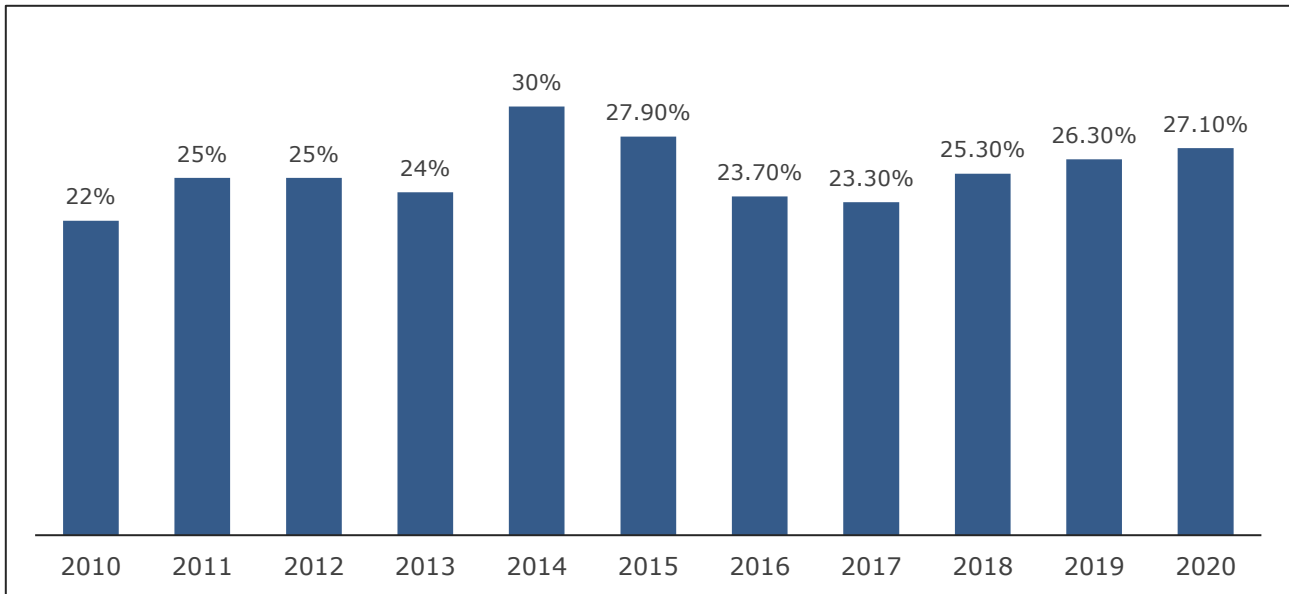
The overall percentage of female participation in the OSCE Winter Meetings¹⁵³ has decreased since the 2014 OSCE PA Winter Meeting, which saw the highest percentage of female participants in the last ten years (30%).¹⁵⁴ Nevertheless, since 2016, female participation is presenting a growing trend, with the 2020 Winter Meeting reaching the highest percentage of female delegates (27.1%) among the last 5 sessions (2016 – 2020).

¹⁵² See Table A.15 in Appendix A.

¹⁵³ See Table A.16 in Appendix A.

¹⁵⁴ See OSCE PA Gender Balance Report, July 2014.

Figure 10 – % Female Parliamentarian Participation in OSCE PA Winter Meetings 2010–2020



5. FEMALE PARTICIPATION IN THE OSCE PA ELECTION MONITORING 2019–2020¹⁵⁵

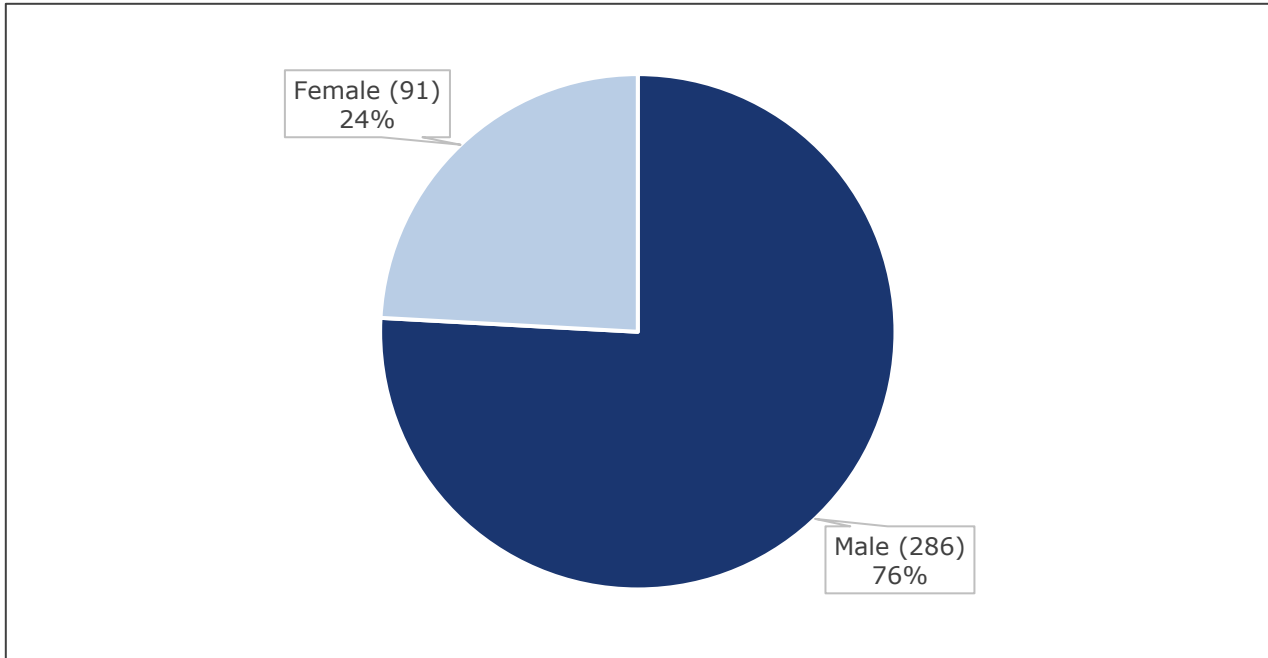
Women take part in election observation conducted by the OSCE PA every year. The figures concerning female participation in OSCE PA election monitoring show that, during the 2019 reporting period, the overall number of female observers was 83 (24%), representing approximately a quarter of the total number of observers deployed (339) during the year.

During the first half of 2020, the OSCE PA conducted one election observation mission, with an overall number of 8 female observers (21%) out of the total 38 observers. In general, female participation for the 2019-2020 reporting period accounts for 91 female observers (24%) out of the total 377 deployed.

Overall, during the 2019-2020 reporting period, women held 50% of election observation leadership positions (8 out of 16), comprising Special Co-ordinators designated by the Chairman-in-Office to lead short-term observers and Heads of OSCE PA Election Observation Missions.

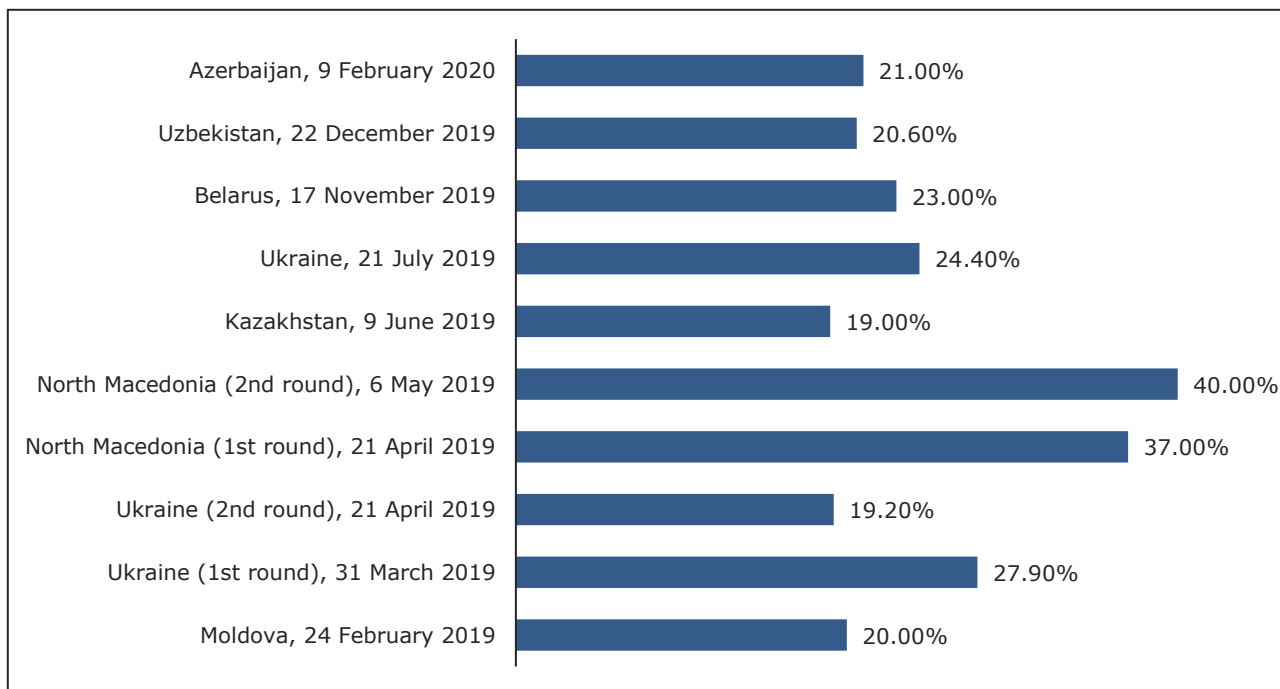
¹⁵⁵ See Table A.17 in Appendix A.

Figure 11 – % Female Participation in the OSCE PA Election Monitoring 2019-2020



Note: Diagram includes Heads of Delegations, Special Co-Ordinators of Delegations and Members of Delegations. Diagram covers OSCE PA Election Monitoring as of 1 June 2020

Figure 12 – Female Delegate Representation in Election Monitoring 2019–2020 (%)



6. PERMANENT STAFF OF THE OSCE PA INTERNATIONAL SECRETARIAT

Currently, the Permanent Staff of the OSCE PA International Secretariat, including the Vienna Liaison Office, is comprised of 25 individuals, of whom 10 are women, increased by 4 since the last reporting period. The posts of the OSCE PA Secretary General and two Deputies are still held by men as in the previous year.

7. THE INTERNATIONAL RESEARCH ASSISTANT PROGRAMME

The International Secretariat of the OSCE Parliamentary Assembly conducts a Research Assistant Programme, in which it engages graduate students for a period of six months each to give them an opportunity to gain practical experience in the field of international affairs. There are currently 3 Research Assistants working at the International Secretariat in Copenhagen, and four in the Vienna Liaison Office – two men and five women.

8. FEMALE REPRESENTATION IN NATIONAL PARLIAMENTS OF OSCE PARTICIPATING STATES

According to the data provided by the Inter-Parliamentary Union (IPU), female representation in OSCE participating States' legislative bodies has increased by 1.5% (from 27,9% in 2019 to 29,4% in 2020). Within the OSCE participating States, **Liechtenstein** becomes the country with the least female representation, accounting for only 12% of women delegates followed by **Hungary** (12.06%), **Malta**

(13.43%) and **Georgia** (14.09%). **Sweden** (47%), **Andorra** (46.43%), **Finland** (46%) and **Spain** (41.8%)¹⁵⁶ report the highest female proportionality in their respected legislative bodies.¹⁵⁷

9. PARLIAMENTARY WEB DIALOGUES 2020

The Parliamentary Assembly, in an effort to promote inter-parliamentary dialogue on relevant security developments pertaining to the ongoing COVID-19 crisis, introduced in April 2020, a series of regularly conducted online meetings for Members of the Assembly, covering a broad range of issues of all 3 general dimensions. The Web Dialogues were initiated as an attempt to foster dialogue between members as well as with experts, allowing for reflection on key policy challenges while promoting the exchange of good practices among lawmakers across the OSCE region. So far, the OSCE PA has conducted the following 5 Web Dialogues:

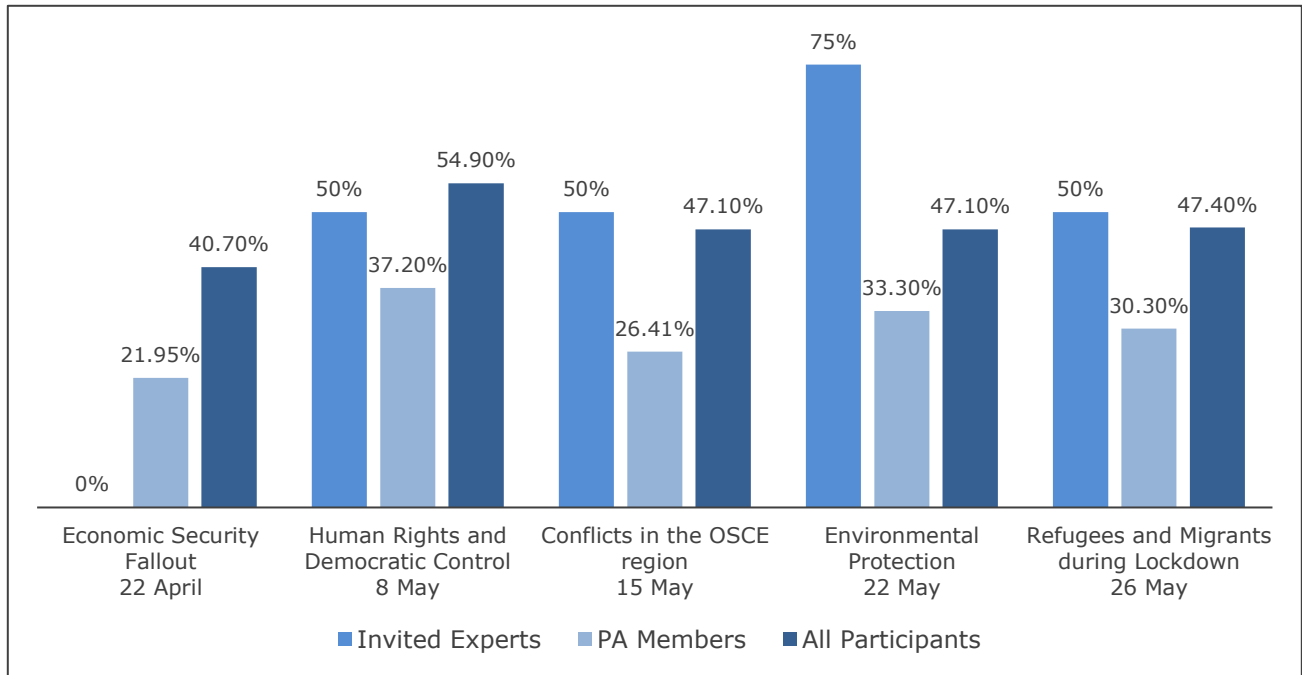
- “The Economic Security Fallout of the COVID-19 Pandemic” (22 April)
- “Respecting human rights and maintaining democratic control during states of emergency” (8 May)
- “COVID’s impact on conflicts in the OSCE region” (15 May)
- “COVID-19: a turning point for environmental protection” (22 May)
- “Protecting refugees and migrants during the pandemic: Camps and closed centres under lockdown” (26 May)

According to final registrations, almost half (47.98%) of the Web Dialogue participants were women (262 out of 546). Female participants accounted for 5 out of the total 12 invited speakers (41.6%), and for 66 out of the 220 registrations of female Members of Delegations (30%).

¹⁵⁶ Calculation of female representation in the 2 legislative bodies combined

¹⁵⁷ See Table A.18 in Appendix A.

Figure 13 – % Female Participation in OSCE PA Web Dialogues 2020¹⁵⁸



Note: Figures are based upon registration confirmations and do not represent the final number of participants attending the Web Dialogues

¹⁵⁸ See Table A.19 in Appendix A.

APPENDIX A

Table A.1

Post Distribution of Staff in the OSCE 2019 without SMM Members				
Category	Men	Women	Total	% Women
General Service Staff	659	614	1,273	48.20%
Professional Staff	472	474	946	50.10%
Senior Management	48	18	66	27.30%
Total	1,179	1,106	2,285	48.40%
Post Distribution of Staff in the OSCE 2018 without SMM Members				
Category	Men	Women	Total	% Women
General Service Staff	670	610	1280	47.60%
Professional Staff	466	472	938	50.30%
Senior Management	51	19	70	27%
Total	1187	1101	2288	48.10%

Note: Figures as of 1 December 2018 and 31 December 2019, respectively.

Table A.2

Post Distribution of Staff in the OSCE 2019 with SMM Members					
Category	Men	Women	Total	% Men	% Women
General Service Staff	861	803	1,664	51.70%	48.20%
Professional Staff	1,178	679	1,857	63.40%	36.50%
Senior Management	61	23	84	72.60%	27.30%
Total	2,100	1,505	3,605	58.20%	41.70%

Note: Figures as of 31 December 2019.

Table A.3

Post Distribution of the OSCE Staff in the OSCE Secretariat, Institutions and Field Operations, Including SMM Members 2019				
Secretariat and Institutions Staff				
Category	Men	Women	Total	% Women
General Service Staff	97	184	281	65.40%
Professional Staff	140	140	280	50.00%
Senior Management	21	7	28	25.00%
Total	258	331	589	56.10%
Field Operations Staff				
Category	Men	Women	Total	% Women
General Service Staff	764	619	1,383	44.70%
Professional Staff	1,038	539	1,577	34.20%
Senior Management	40	16	56	28.50%
Total	1,842	1,174	3,016	38.90%

Note: Figures as of 31 December 2019.

Table A.4

Post Distribution of the OSCE Staff in the OSCE Secretariat 2019												
Category	G1–G7	G in %	NP	S	S in %	P1–P5	D1	D2	Head of Inst.	P+ in %	Total	Total in %
Women	123	62.40%	0	39	48.75%	53	0	0	0	43.80%	215	54.60%
Men	74	37.60%	0	41	51.25%	64	3	0	1	56.20%	179	45.40%
Total	197	100%	0	80	100%	117	3	0	1	100%	394	100%

Note: Figures as of 31 December 2019.

Table A.5

Post Distribution in the Office for Democratic Institutions and Human Rights (ODIHR) 2019												
Category	G1–G7	G in %	NP	S	S in %	P1–P5	D1	D2	Head of Inst.	P+ in %	Total	Total in %
Women	47	71.21%	0	12	67%	26	1	0	1	47.46%	87	60.84%
Men	19	28.79%	0	6	33%	31	0	0	0	52.54%	56	39.16%
Total	66	100%	0	18	100%	57	1	0	1	100%	143	100%

Note: Figures as of 31 December 2019.

Table A.6

Post Distribution in the Office of the High Commissioner on National Minorities (HCNM) 2019												
Category	G1–G7	G in %	NP	S	S in %	P1–P5	D1	D2	Head of Inst.	P+ in %	Total	Total in %
Women	11	73%	0	4	80.00%	7	0	0	0	43.75%	22	61.10%
Men	4	27%	0	1	20.00%	7	1	0	1	56.25%	14	38.80%
Total	15	100%	0	5	100%	14	1	0	1	100%	36	100%

Note: Figures as of 31 December 2019.

Table A.7

Post Distribution in the Office of the Representative on Freedom of the Media (RFOM) 2019												
Category	G1–G7	G in %	NP	S	S in %	P1–P5	D1	D2	Head of Inst.	P+ in %	Total	Total in %
Women	3	100%	0	3	75%	1	0	0	0	20.00%	7	58.30%
Men	0	0%	0	1	25%	3	0	0	1	80.00%	5	41.60%
Total	3	100%	0	4	100%	4	0	0	1	100%	12	100%

Note: Figures as of 31 December 2019.

Table A.8

Seconded Staff by Country and Gender				
Seconding Country	% Women	Men	Women	Total Seconded Staff
Albania	25.00%	9	3	12
Germany	45.70%	39	32	71
The United States	38.60%	62	39	101
Armenia	42.80%	4	3	7
Austria	40.00%	15	10	25
Azerbaijan	20.00%	4	1	5
Belarus	14.20%	6	1	7
Belgium	0.00%	2	0	2
Bosnia and Herzegovina	25.70%	52	18	70
Bulgaria	17.20%	48	10	58
Canada	32.60%	31	15	46
Croatia	28.50%	10	4	14
Denmark	9.00%	10	1	11
Spain	59.00%	9	13	22
Estonia	0.00%	3	0	3
Finland	30.00%	21	9	30
France	28.00%	18	7	25
Georgia	48.20%	15	14	29
United Kingdom	17.30%	62	13	75
Greece	7.40%	25	2	27
Hungary	7.70%	24	2	26
Ireland	6.60%	14	1	15
Iceland	100.00%	0	2	2

Seconded Staff by Country and Gender				
Seconding Country	% Women	Men	Women	Total Seconded Staff
Italy	42.10%	44	32	76
Kazakhstan	0.00%	7	0	7
Kyrgyzstan	17.20%	24	5	29
Latvia	22.20%	7	2	9
Lithuania	0.00%	1	0	1
Luxembourg	0.00%	1	0	1
North Macedonia	30.40%	32	14	46
Moldova	11.60%	53	7	60
Montenegro	16.60%	5	1	6
Norway	39.10%	14	9	23
Netherlands	14.20%	6	1	7
Poland	26.00%	34	12	46
Portugal	66.60%	1	2	3
Romania	11.10%	32	4	36
Russian Federation	4.00%	48	2	50
Serbia	26.00%	17	6	23
Slovakia	22.20%	14	4	18
Slovenia	100.00%	0	1	1
Sweden	27.50%	21	8	29
Switzerland	50.00%	8	8	16
Tajikistan	42.10%	11	8	19
Czech Republic	10.50%	17	2	19
Turkey	6.60%	14	1	15
Ukraine	0.00%	1	0	1

Seconded Staff by Country and Gender				
Seconding Country	% Women	Men	Women	Total Seconded Staff
Grand Total	26.80%	895	329	1224

Note: Figures as of 31 December 2019.

Table A.9

Gender Balance of Staff in OSCE Field Operations						
Field Operations	Women	In %	Men	In %	Total	
OSCE Presence in Albania	50	61.00%	32	39.00%	82	
OSCE Centre in Ashgabat	15	50.00%	15	50.00%	30	
OSCE Programme Office in Nur-Sultan	12	48.00%	13	52.00%	25	
OSCE Centre in Bishkek	52	49.50%	53	50.50%	105	
OSCE Mission to Bosnia and Herzegovina	157	51.00%	152	49.00%	309	
OSCE Mission in Kosovo	161	35.00%	301	65.00%	462	
OSCE Mission to Moldova	25	49.00%	26	51.00%	51	
OSCE Mission to Montenegro	19	61.00%	12	39.00%	31	
OSCE Mission to Serbia	71	53.00%	63	47.00%	134	
OSCE Programme Office in Dushanbe	64	42.00%	88	58.00%	152	
OSCE Mission to Skopje	64	42.00%	88	58.00%	152	
OSCE Project Co-ordinator in Ukraine	58	64.50%	32	35.50%	90	
OSCE Observer Mission at the two Russian Checkpoints	5	22.00%	18	78.00%	23	
OSCE Project Co-ordinator in Uzbekistan	17	51.50%	16	48.50%	33	
OSCE Special Monitoring Mission to Ukraine	399	30.20%	921	69.80%	1,320	
Pers. Rep. of the CiO on the Conflict dealt with by the Minsk Conference	5	29.50%	12	70.50%	17	
Grand Total	1,174	38.90%	1,842	61.10%	3,016	

Note: Figures as of 31 December 2019.

Table A.10

Post Distribution in Field Operations				
Category	Men	Women	Total	% of Women
General Service Staff	764	619	1,383	44.70%
Professional Staff	1,038	539	1,577	34.20%
Senior Management Staff	40	16	56	28.50%
Total	1,842	1,174	3,016	38.90%

Note: Figures as of 31 December 2019. Please note that SMM Staff Members are included.

Table A.11

Post Distribution of Staff in the SMM to Ukraine					
Category	Men	Women	Total	% Men	% Women
General Service Staff	202	189	391	51.70%	48.30%
Professional Staff	706	205	911	77.50%	22.50%
Senior Management	13	5	18	72.20%	27.80%
Total	921	399	1,320	69.80%	30.20%

Table A.12

Gender Balance Among the Vienna-Based Ambassadors/Permanent Representatives to the OSCE Permanent Council by Country		
Participating State	Participating States with a Male Ambassador/ Permanent Representative	Participating States with a Female Ambassador/ Permanent Representative
Albania	1	0
Andorra	1	0
Germany	0	1
The United States	1	0
Armenia	1	0
Austria	1	0
Azerbaijan	1	0
Belarus	0	1
Belgium	1	0
Bosnia and Herzegovina	1	0
Bulgaria	0	1
Canada	0	1
Cyprus	0	1
Croatia	1	0
Denmark	1	0
Spain	1	0
Finland	0	1
Estonia	1	0
France	0	1
Georgia	-	-
The United Kingdom	1	0
Greece	1	0
Hungary	1	0
Ireland	1	0
Iceland	1	0
Italy	1	0
Kazakhstan	1	0

Gender Balance Among the Vienna-Based Ambassadors/Permanent Representatives to the OSCE Permanent Council by Country

Participating State	Participating States with a Male Ambassador/ Permanent Representative	Participating States with a Female Ambassador/ Permanent Representative
Kyrgyzstan	1	0
Latvia	1	0
North Macedonia	1	0
Liechtenstein	1	0
Lithuania	1	0
Luxemburg	1	0
Malta	0	1
Moldova	1	0
Monaco	-	-
Mongolia	0	1
Montenegro	1	0
Norway	1	0
Uzbekistan	1	0
Netherlands	1	0
Poland	1	0
Portugal	1	0
Romania	1	0
The EU	-	-
Russian Federation	1	0
San Marino	0	1
Holy See	1	0
Serbia	0	1
Slovakia	1	0
Slovenia	0	1
Sweden	0	1
Switzerland	1	0
Tajikistan	1	0
Czech Republic	1	0

Gender Balance Among the Vienna-Based Ambassadors/Permanent Representatives to the OSCE Permanent Council by Country

Participating State	Participating States with a Male Ambassador/ Permanent Representative	Participating States with a Female Ambassador/ Permanent Representative
Turkmenistan	1	0
Turkey	1	0
Ukraine	1	0
Afghanistan (Partner for Co-operation)	0	1
Australia (Partner for Co-operation)	1	0
Japan (Partner for Co-operation)	1	0
Republic of Korea (Partner for Co-operation)	1	0
Thailand (Partner for Co-operation)	0	1
Algeria (Partner for Co-operation)	0	1
Egypt (Partner for Co-operation)	1	0
Israel (Partner for Co-operation)	1	0
Jordan (Partner for Co-operation)	0	1
Morocco (Partner for Co-operation)	1	0
Tunisia (Partner for Co-operation)	1	0
OSCE PA	1	0
Grand Total	50	17

Note: Figures as of June 2020. Ambassadors/Permanent Representatives of Georgia, Monaco and the European Union are not counted as replacements are currently pending.

Table A.13

OSCE Parliamentary Assembly as of June 2020					
Category	Women	In %	Men	In %	Total
OSCE PA Members	80	25.60%	233	74.40%	313
OSCE PA Alternate Members	50	26.90%	136	73.10%	186
OSCE PA Secretaries	54	64.30%	30	35.70%	84
OSCE PA Staff	10	40.00%	15	60.00%	25
Grand Total	194	32.00%	414	68.00%	608

Table A.14

Gender Balance of Bureau Members as of June 2020			
Category	Women	Men	Total
President	0	1	1
Vice-Presidents	2	6	8
Treasurer	0	1	1
President Emeritus	0	1	1
First Committee	0	3	3
Second Committee	2	1	3
Third Committee	1	2	3
Grand Total	5	15	20

Table A.15

Parliamentarian Participation in the OSCE PA Annual Sessions (2010–2019)										
Category	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Women	50	55	61	67	74	63	75	60	79	70
Men	186	169	185	178	180	182	205	173	202	200
% Women	21%	24.50%	25%	27%	29%	25.70%	26.80%	27.50%	28%	26%
Grand Total	236	224	246	245	254	245	280	233	281	270

Note: Calculations include Members and Alternate Members of Delegations and do not include Staff of Delegations, the OSCE PA and the OSCE Secretariats, Observers, Guests, International Parliamentary Organizations and Partners for Co-operation.

Table A.16

Parliamentarian Participation in the OSCE PA Winter Meeting (2010–2020)											
Category	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Women	49	58	60	50	64	61	58	53	59	62	61
Men	174	172	180	159	151	157	186	174	174	174	165
% Women	22%	25%	25%	24%	30%	27.90%	23.70%	23.30%	25.30%	26.30%	27.10%
Grand Total	223	230	240	209	215	218	244	227	233	236	225

Note: Calculations include Members and Alternate Members of Delegations and do not include Staff of Delegations, the OSCE PA and the OSCE Secretariats, Observers, Guests, International Parliamentary Organizations and Partners for Co-operation.

Table A.17

OSCE PA Election Monitoring 2019 - 2020			
Elections Observed	MPs	Women	% of Women
Parliamentary elections, Moldova (24.02.2019)	30	6	20.00%
Presidential elections (first round), Ukraine (31.03.2019)	86	24	27.90%
Presidential elections (second round), Ukraine (21.04.2019)	26	5	19.20%
Presidential elections (first round), North Macedonia (21.04. 2019)	27	10	37.00%
Presidential elections (second round), North Macedonia (06.05.2019)	5	2	40.00%
Presidential elections, Kazakhstan (09.06.2019)	42	8	19.00%
Parliamentary elections, Ukraine (21.07.2019)	41	10	24.40%
Parliamentary elections, Belarus (17.11.2019)	48	11	23.00%
Parliamentary elections, Uzbekistan (22.12.2019)	34	7	20.60%
Parliamentary elections, Azerbaijan (9.02.2020)	38	8	21.00%
Total	377	91	24.13%

Note: Figures as of June 2019; Calculations include Heads of the OSCE PA Delegations, Special Co-Ordinators of the Observer Missions and Members of Delegations.

Table A.18

Women in Parliament in the OSCE Countries as of 1 May 2020										
Global Rank	Country	Lower or Single House			Upper House or Senate			Women OSCE PA Delegate Members		
		Seats	Women	%	Seats	Women	%	Members	Women	%
7	Sweden	349	164	46.99%	–	–	–	16	6	37.50%
10	Andorra	28	13	46.43%	–	–	–	4	1	25.00%
11	Finland	200	92	46.00%	–	–	–	12	3	25.00%
13	Spain	350	154	44.00%	264	103	39.02%	10	4	40.00%
16	Switzerland	200	83	41.50%	46	12	26.09%	8	3	37.50%
17	Norway	169	70	41.42%	–	–	–	12	6	50.00%
21	Belgium	150	61	40.67%	60	27	45.00%	11	6	54.50%
22	Belarus	110	44	40.00%	60	15	25.00%	12	2	16.70%
"	North Macedonia	120	48	38.30%	–	–	–	6	1	16.70%
"	Portugal	230	92	40.00%	–	–	–	8	4	50.00%
25	Denmark	179	71	39.66%	–	–	–	12	3	25.00%
26	France	577	228	39.51%	348	116	33.33%	13	3	23.00%
28	Austria	183	72	39.34%	61	22	36.07%	5	2	40.00%
31	Iceland	63	24	38.10%	–	–	–	6	1	16.70%
32	Serbia	247	93	37.65%	–	–	–	7	4	57.10%
35	Italy	630	225	35.71%	320	110	34.38%	13	1	7.70%
39	United Kingdom	650	220	33.85%	795	216	27.17%	24	3	12.50%
"	Monaco	24	8	33.33%	–	–	–	3	1	33.30%
"	Netherlands	150	50	33.33%	75	29	38.67%	14	6	42.80%
44	Uzbekistan	150	48	32.00%	97	24	24.74%	6	2	33.30%
46	San Marino	60	19	31.67%	–	–	–	4	1	25.00%

Women in Parliament in the OSCE Countries as of 1 May 2020

Global Rank	Country	Lower or Single House			Upper House or Senate			Women OSCE PA Delegate Members		
48	Germany	709	221	31.17%	69	25	69.23%	26	11	42.30%
"	Latvia	100	30	30.00%	–	–	–	3	1	33.30%
"	Luxembourg	60	18	30.00%	–	–	–	10	2	20.00%
54	Montenegro	81	24	29.63%	–	–	–	5	1	20.00%
55	Albania	122	36	29.51%	–	–	–	2	1	50.00%
56	Canada	338	98	28.99%	99	48	48.48%	6	2	33.30%
57	Estonia	101	29	28.71%	–	–	–	5	1	20.00%
58	Poland	460	132	28.70%	100	24	24.00%	16	5	31.25%
63	Slovenia	90	25	27.78%	40	4	10.00%	6	1	16.70%
65	Kazakhstan	107	29	27.10%	47	5	10.64%	12	3	25.00%
68	Bulgaria	240	64	26.67%	–	–	–	10	4	40.00%
"	Turkmenistan	124	31	25.00%	–	–	–	6	2	33.30%
78	Republic of Moldova	101	25	24.75%	–	–	–	6	1	16.70%
80	Lithuania	141	34	24.11%	–	–	–	5	2	40.00%
82	Tajikistan	63	15	23.81%	31	7	22.58%	6	2	33.30%
83	United States of America	429	102	23.78%	100	25	25.00%	24	3	12.50%
84	Armenia	132	31	23.48%	–	–	–	6	3	50.00%
89	Czech Republic	200	45	22.50%	81	12	14.81%	8	1	12.50%
"	Ireland	160	36	22.50%	49	15	30.61%	7	1	14.30%
92	Romania	329	72	21.88%	136	20	14.71%	14	1	7.10%
94	Bosnia and Herzegovina	42	9	21.43%	15	3	20.00%	3	1	33.30%
100	Ukraine	423	88	20.80%	–	–	–	16	2	12.50%
101	Greece	300	62	20.67%	–	–	–	10	2	20.00%

Women in Parliament in the OSCE Countries as of 1 May 2020										
Global Rank	Country	Lower or Single House			Upper House or Senate			Women OSCE PA Delegate Members		
		Seats	Women	%	Seats	Women	%	Seats	Women	%
"	Slovakia	150	30	20.00%	–	–	–	8	2	25.00%
112	Cyprus	56	11	19.64%	–	–	–	4	1	25.00%
115	Croatia	151	29	19.21%	–	–	–	6	1	16.70%
116	Kyrgyzstan	120	23	19.17%	–	–	–	6	1	16.70%
122	Azerbaijan	121	21	17.36%	–	–	–	6	2	33.30%
123	Mongolia	75	13	17.33%	–	–	–	6	1	16.70%
124	Turkey	589	102	17.32%	–	–	–	8	0	0.00%
133	Russian Federation	450	71	15.78%	170	29	17.06%	16	3	18.75%
145	Georgia	149	21	14.09%	–	–	–	4	0	0.00%
147	Malta	67	9	13.43%	–	–	–	6	0	0.00%
159	Hungary	199	24	12.06%	–	–	–	6	1	16.70%
158	Liechtenstein	25	3	12.00%	–	–	–	4	2	50.00%
Grand Total								498	130	26.10%

Note: Figures correspond to the number of seats currently filled in Parliament. The data in this table has been compiled by the Inter-Parliamentary Union on the basis of information provided by National Parliaments.

Source: Inter-Parliamentary Union, Women in national parliaments (situation as of 1 May 2020).

Table A.19

Gender participation of OSCE PA Web Dialogues												
	Invited Experts		Total	% Women	PA Members		Total	% Women	All Participants		Grand Total	% Women
	Men	Women			Men	Women			Men	Women		
Economic Security Fallout (22/4)	3	0	3	0%	32	9	41	21.95%	48	33	81	40.70%
Human Rights and Democratic Control (8/5)	1	1	2	50%	32	19	51	37.20%	55	67	122	54.90%
Conflicts in the OSCE region (15/5)	1	1	2	50%	39	14	53	26.41%	74	66	140	47.10%
Environmental protection (22/5)	1	2	3	75%	28	14	42	33.30%	56	50	106	47.10%

Gender participation of OSCE PA Web Dialogues

	Invited Experts		Total	% Women	PA Members		Total	% Women	All Participants		Grand Total	% Women
	Men	Women			Men	Women			Men	Women		
Refugees and Migrants during lockdown (26/5)	1	1	2	50%	23	10	33	30.30%	51	46	97	47.40%
Grand Total	7	5	12	41.60%	154	66	220	30.00%	284	262	546	47.98%