

THE COVID-19 SEX-DISAGGREGATED DATA TRACKER

NOVEMBER UPDATE REPORT

Regional Report

Africa

Findings of the November Update

The [COVID-19 Sex-Disaggregated Data Tracker](#) reports data from 186 countries, which account for more than 99% of global cases and deaths due to COVID-19. Globally, only 53% of countries reported any sex-disaggregated data on their epidemics during the month of November. At the end of the month, the Tracker had sex-disaggregated data for 55% of all cases and 72% of all deaths reported to the World Health Organization (WHO).

This regional update reports on all 47 countries of the [WHO Africa Region](#) (AFRO). At the end of November 2020, [sex-disaggregated data was available for 78% of cases and 65% of deaths in the region](#). Globally, sex-disaggregated data is available for a smaller proportion of cases (58%) than the Africa region, but a greater proportion of deaths (74%) reported to WHO.



KEY TAKEAWAYS

- 1 Of the 47 countries in the AFRO region, 22 (47%) have never reported sex-disaggregated data on confirmed COVID-19 cases and 35 countries (75%) have never reported such data on deaths. Incomplete and irregular reporting of data by sex poses a challenge in designing and monitoring effective COVID-19 responses.
- 2 Over half of the sex-disaggregated data that is reported in the AFRO region for confirmed cases is also disaggregated by age. Data is not available for other intersectional characteristics like employment or socioeconomic status.
- 3 The gender distribution of cases and deaths varies significantly across the region, and in comparison to global figures. In South Africa, which is home to two-thirds of all confirmed deaths in the region, the number of deaths in men and women is roughly the same. Across the other countries reporting, men account for a much greater proportion (70%) of all deaths.

Availability of sex-disaggregated data on COVID-19 in the AFRO region

Data from our tracker indicate that during the month of November, seven of the 47 AFRO countries (15%) reported sex-disaggregated data for both COVID-19 confirmed cases and deaths. These countries are: Chad, Equatorial Guinea, Kenya, Liberia, Malawi, Nigeria, and South Africa. Another 11 countries (23%) reported data by sex only on cases, while the remaining 29 countries (62%) did not report data on COVID-19 cases or deaths disaggregated by sex in the past month.

In November, fewer countries reported sex-disaggregated data than had ever reported over the course of the pandemic. Over half of the AFRO countries (25) have reported sex-disaggregated data on COVID-19 cases at least once, yet just 18 did so in the past month (Table 1). Similarly, 12 countries have ever reported sex-disaggregated data for deaths; seven of these countries were found to be reporting this data in the past month.

In November, two countries began reporting sex-disaggregated data for deaths. No new countries began reporting sex-disaggregated data on confirmed cases.

Of the 25 countries that have ever reported sex-disaggregated data on cases, nine also disaggregate this data by age. Of the 12 that have reported sex-disaggregated data on deaths, five countries also disaggregate this by age. These data are not available for other intersectional characteristics like employment or socioeconomic status. Equatorial Guinea is the only country in the region that has been found to report on cases among healthcare workers by sex.

Table 1. Number of countries reporting sex-disaggregated data, Globally and in the AFRO Region as of 30 November

Sex-disaggregated indicator	Global Data (186 Countries)			African Region (47 Countries)		
	Countries that ever reported	Reported in past month	% Reported past month / Total	Countries that ever reported	Reported in Past Month	% Reported past month / Total
Testing	10	9	5%	1	0	0%
Confirmed cases	127	91	49%	25	18	38%
Confirmed cases disaggregated by sex and age	60	52	28%	11	9	19%
Confirmed cases among healthcare workers	10	4	2%	1	1	2%
Hospitalisations	24	13	7%	3	1	2%
ICU admissions	16	10	5%	0	0	0%
Deaths	99	72	39%	12	7	15%
Deaths disaggregated by sex and age	54	44	24%	8	5	11%
Confirmed cases and deaths at same time point	85	63	34%	11	7	15%

Of the three countries that ever reported hospitalisation admissions by sex, only South Africa reported such data in November. We have not identified any country in the AFRO region that is publicly reporting sex-disaggregated data on Intensive Care Unit (ICU) admissions.

Table 2 presents the 15 countries with the highest caseload in the AFRO region, of which six reported data on confirmed cases by sex and three reported data on deaths by sex over the past month.

Table 2. Availability of sex-disaggregated data in November for 15 countries reporting the highest number of cases in the AFRO Region

Country	World Bank Income Group	WHO Cumulative Cases	WHO Cumulative Deaths	Reporting Cases by Sex	Reporting Deaths by Sex
South Africa	Upper middle income	769,759	20,968	Yes	Yes
Ethiopia	Low income	106,203	1651	No	No
Kenya	Lower middle income	77,785	1392	Yes	Yes
Algeria	Lower middle income	75,867	2294	Yes	No
Nigeria	Lower middle income	66,439	1168	Yes	Yes
Ghana	Lower middle income	50,941	323	Yes	No
Cameroon	Lower middle income	23,869	436	No	No
Côte d'Ivoire	Lower middle income	21,148	131	No	No
Uganda	Low income	18,165	181	No	No
Zambia	Lower middle income	17,454	357	No	No
Madagascar	Low income	17,341	251	No	No
Senegal	Lower middle income	15,897	330	No	No
Mozambique	Low income	15,109	126	Yes	No
Angola	Lower middle income	14,634	337	No	No
Namibia	Upper middle income	13,897	145	No	No

Sources: [World Bank](#). [World Health Organization](#).

The full data-table can be viewed [here](#).

Snapshot of regional gender differences along the COVID-19 clinical pathway

By the end of November, the Tracker had captured 1,134,296 cases reported by sex across the 47 countries in the AFRO region. Among these cases, 47% are men and 53% are women. Among the 21,309 deaths for which sex-disaggregated data was available, 54% were men and 46% were women.

South Africa accounts for 53% of all cases and 64% of all deaths from COVID-19 in the AFRO region. Given that some countries in the region are not reporting sex-disaggregated data, South Africa contributes 68% and 84% of the total sex-disaggregated cases and deaths in the region.

This is notable particularly because South Africa's sex distribution along the COVID-19 clinical pathway is not consistent with data reported elsewhere in the region. Figures 1 and 2 show that while South Africa reports that women account for more cases and a similar proportion of deaths to men, data across the rest of the AFRO region indicates that men account for a much larger share of cases and deaths than women.

Excluding South Africa, men in the AFRO region also account for a much larger proportion of cases and deaths than at the global level (Figure 1).

Three countries in the region have reported hospitalisation data disaggregated by sex. The irregularity of reporting however does not allow for generalisation across the region.

Fig 1. Sex distribution of confirmed cases, hospitalisations and deaths in the AFRO Region, South Africa and Globally (% male), as of 30 November

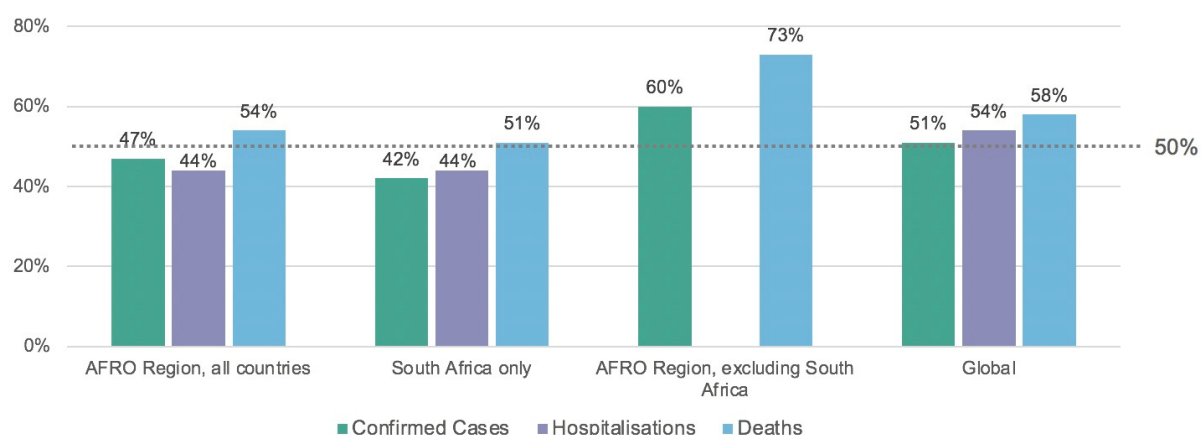
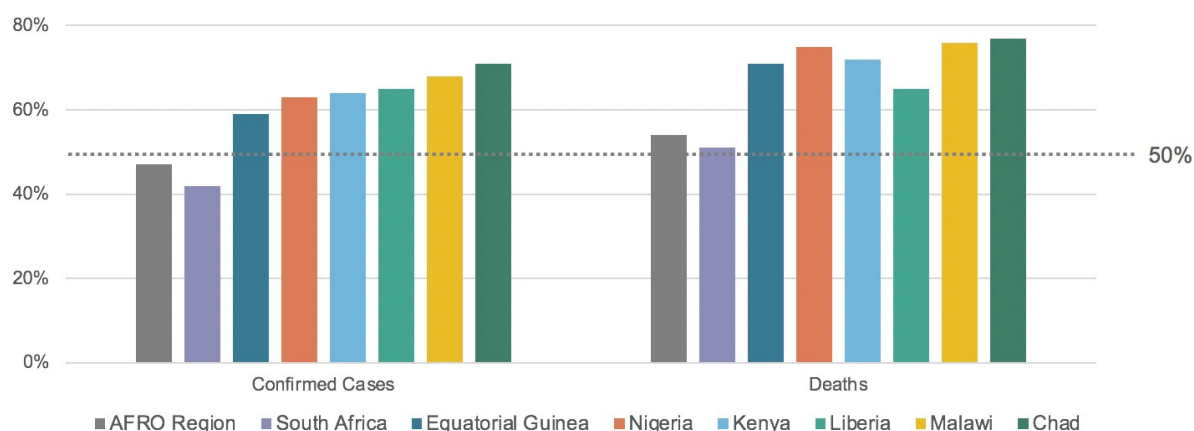


Fig 2. Sex distribution of confirmed cases and deaths across reporting countries in the AFRO Region (% Male), as of 30 November



MOVING FORWARD

Countries should prioritise the collection, publication and use of gender data and the inclusion of women in decision-making processes to fulfil their long-standing commitment to addressing inequality in the 2030 Agenda for Sustainable Development. Countries that are collecting sex-disaggregated data on COVID-19 which has not been made publicly available are encouraged to publish this data.

Funding agencies should include resources for gender data in funding for COVID-19 responses to improve country capacity to monitor the pandemic through complete reporting systems and to strengthen surveillance of future epidemics. The integration of technology in national and sub-national response plans may be a feasible approach to strengthen capacity to collect sub-national data.

In addition to ensuring gender-responsive health sector policies, countries should apply a gender lens in the programme design and implementation of short-term social protection measures such as subsidized health insurance schemes, policy measures such as food relief, and cash benefits for COVID-19 and other pre-existing inequalities.

About the COVID-19 Sex-Disaggregated Data Tracker

The COVID-19 Sex-Disaggregated Data Tracker is the world's largest database of sex-disaggregated data on COVID-19 health outcomes. The tracker currently collects data on testing, confirmed cases (including among health workers), hospitalisations, intensive care unit (ICU) admissions, and deaths among women and men. It is also tracking the availability of data disaggregated by other social and demographic characteristics as well as data on pre-existing comorbidities. Data is collected directly from official national sources, including ministry of health websites, national statistics sites, death registers and government social media accounts. The Tracker is updated every two weeks.

About the Sex, Gender and COVID-19 Project

The Sex, Gender and COVID-19 Project is a partnership of Global Health 50/50, the International Center for Research on Women, and the African Population and Health Research Center. Together, these partners are investigating the roles sex and gender are playing in the pandemic, building the evidence base of what works to tackle gender disparities in COVID-19 health outcomes, and advocating for effective gender-responsive approaches to COVID-19.

Learn more about sex, gender and COVID-19 and explore the Sex-Disaggregated Data Tracker here: <https://globalhealth5050.org/the-sex-gender-and-covid-19-project/>

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If you are aware of countries that are reporting data that we have not been able to locate or collect, we would be grateful if you could make us aware by emailing us at info@globalhealth5050.org and sharing a link to where the data can be found.

Engage with us: [@Globalhlth5050](#) [@APHRC](#) [@ICRW](#)