THE COVID-19 SEX-DISAGGREGATED DATA TRACKER

APRIL UPDATE REPORT

Regional Report
Africa

Findings of the Update

This regional update reports on all 47 countries within the WHO AFRO Region. As of April 2021, sex-disaggregated data was available for 73% of COVID-19 confirmed cases and 73% of deaths reported in the region.

Globally, sex-disaggregated data is available for a smaller proportion of cases (59%) than in the AFRO region and a similar proportion of deaths (74%) of those reported to the World Health Organization.

KEY TAKEAWAYS

1. Of the 47 countries in the AFRO region, 29 (62%) have ever reported sex-disaggregated data on confirmed COVID-19 cases. 21 (45%) countries reported case data by sex in the past month. Just 15 countries have ever reported sex-disaggregated death data, 9 of which reported it in the past month.

2. Only three countries ever reported hospitalisations by sex and two of those have stopped updating this data. We are unable to make any generalisations across the region due to the irregularity in reporting on this indicator.

3. The sex of roughly 3 in 10 cases and deaths are not known in the AFRO region.

4. In the two countries reporting vaccinations by sex, men continue to receive more vaccinations than women, though vaccine coverage remains very low in the region due to shortage of supplies.

5. Lack of consistency and transparency in reporting data for all indicators poses a challenge to ensuring equitable access to services and is a missed opportunity to inform COVID-19 national responses. No data are available publicly for other intersectional characteristics.

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

Data from our tracker indicate that during the month of April, eight (17%) of the 47 countries being tracked reported sex-disaggregated data for both cases and deaths. These countries include Chad, Guinea-Bissau, Eswatini, Kenya, Liberia, Nigeria, Rwanda and South Africa. These countries represent 60% of cases and 74% of deaths in the AFRO region. Another 13 countries (28%) reported sex-disaggregated data on cases only in the past month. The remaining 26 (55%) did not report sex-disaggregated data for cases or deaths in the past month.

Fewer countries have reported sex-disaggregated data than had ever reported over the course of the pandemic. Two-thirds (21) of the 29 the countries that had ever reported sex-disaggregated data for cases at least once have reported data by sex in the last month. Similarly, of the 15 countries that were reporting data on deaths by sex, only 9 (57%) have continued to do so in the last month. No new countries began reporting on deaths in the past month.

Of the 29 countries that have ever reported data on confirmed cases, 13 have also ever reported by age and sex with 12 (92%) of these reporting this data within the past month. Of the 15 that have ever reported data on deaths by sex, 12 of these have also reported this data disaggregated by both age- and sex with 6 (50%) reporting this in the past month. One new country (Cabo Verde) began reporting data by age in the past month. Equatorial Guinea remains the only country in the region publicly reporting data on confirmed cases among health workers by sex.

Of the three countries that have ever reported hospitalisations, South Africa is the only country reporting hospitalisation admissions by sex in the past month. None of the countries in the AFRO region are publicly reporting ICU admissions by sex. These data are not available for other intersectional characteristics like employment or socio-economic status for all countries being tracked.

Figure 1. Number of countries reporting sex-disaggregated data in the AFRO Region as of 24th April 2021

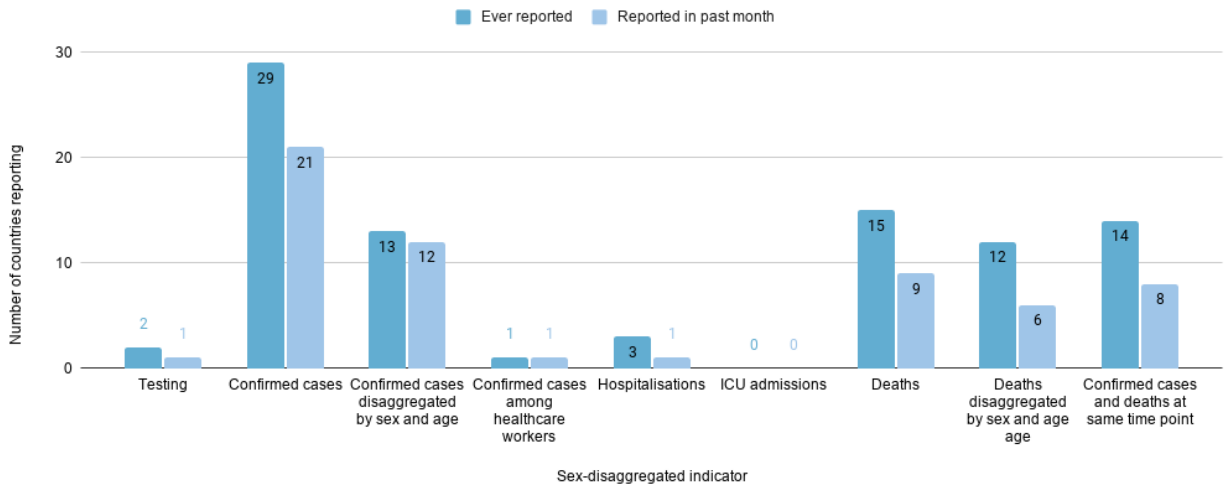


Table 1 presents the 15 countries with the highest caseload in the AFRO region, of which eight reported data on confirmed cases by sex and three reported data on deaths by sex over the past month.

Table 1. Availability of sex-disaggregated data in April for 15 countries reporting the highest number of cases in the AFRO Region

Country	No. Cases	No. Deaths	Cases	Deaths
South Africa	1567513	53757	Reporting	Reporting
Ethiopia	243631	3392	No	No
Nigeria	164303	2061	Reporting	Reporting
Kenya	151894	2501	Reporting	Reporting
Algeria	119805	3160	Reporting	No
Ghana	91709	771	Reporting	No
Zambia	90942	1236	No	No
Mozambique	69228	800	Reporting	No
Cameroon	61731	919	No	No
Namibia	46773	604	No	No
Côte d'Ivoire	45560	274	No	No
Botswana	44702	684	No	No
Uganda	41396	339	Reporting	Sept 2020
Senegal	39821	1091	Reporting	No
Zimbabwe	37859	1553	No	No

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

By April 27th 2021, of the 3,236,379 cases reported by 47 countries in the AFRO region to the WHO, the tracker captured data on sex for 2,375,568.00 cases, representing 73% of all cases reported in the region. Of the total number of cumulative cases where sex is known 48% are men and 52% are women. A total of 80,944 cumulative deaths had been reported by April 27th in the region, and sex was known for 73% of those individuals (59,334 deaths). Regionally, 50% of deaths were men and 50% were women.

South Africa remains the country with the highest caseload in Africa, contributing 48% of all cases and 66% of all deaths in the region. South Africa contributes to a large proportion of sex-disaggregated data; nearly half (48%) of cases and two thirds (66%) of deaths.

In South Africa the sex distribution of outcomes along the clinical pathway is unique from the other countries in the AFRO region. The majority of the countries in the region report that more men than women die from the disease. In South Africa, women account for a larger proportion of cases (58%) but data shows no difference in deaths by sex (see Figure 2).

Excluding South Africa, men account for a larger share of cases (60%) and deaths (67%), much higher than at the global level at 49% and 57%, respectively. In Nigeria and Kenya, the two other countries with the highest caseload contributing data by sex, men account for a larger proportion of cases at 69% and 61% and deaths at 70% and 69%, respectively (see Figure 3).

Fig 2. Percent male confirmed cases, hospitalisations and deaths in the AFRO Region, South Africa and Globally, as of 27 April 2021

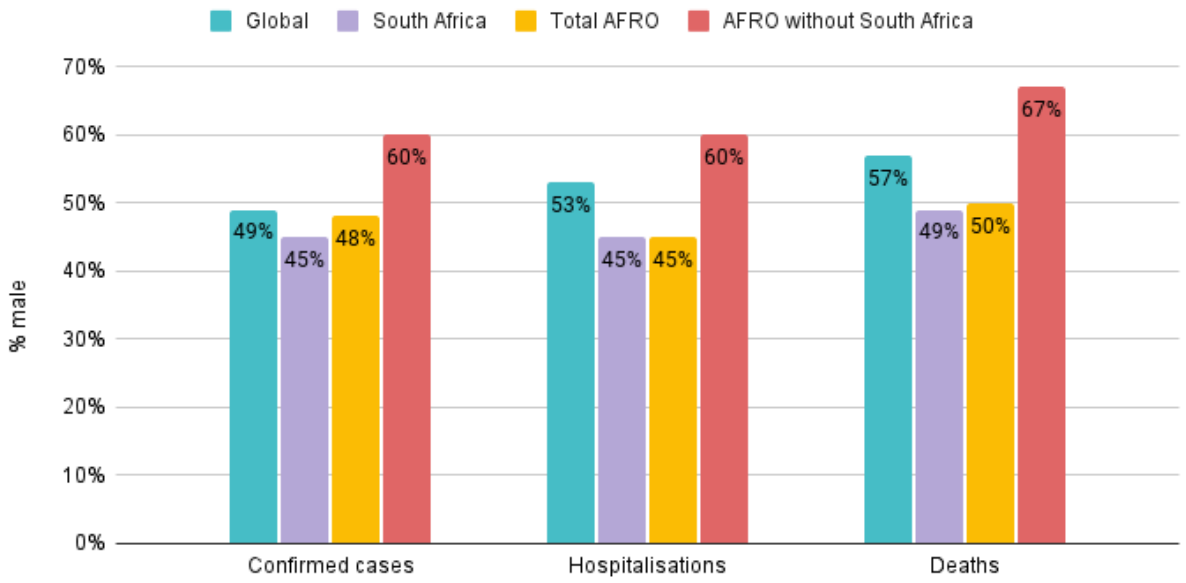
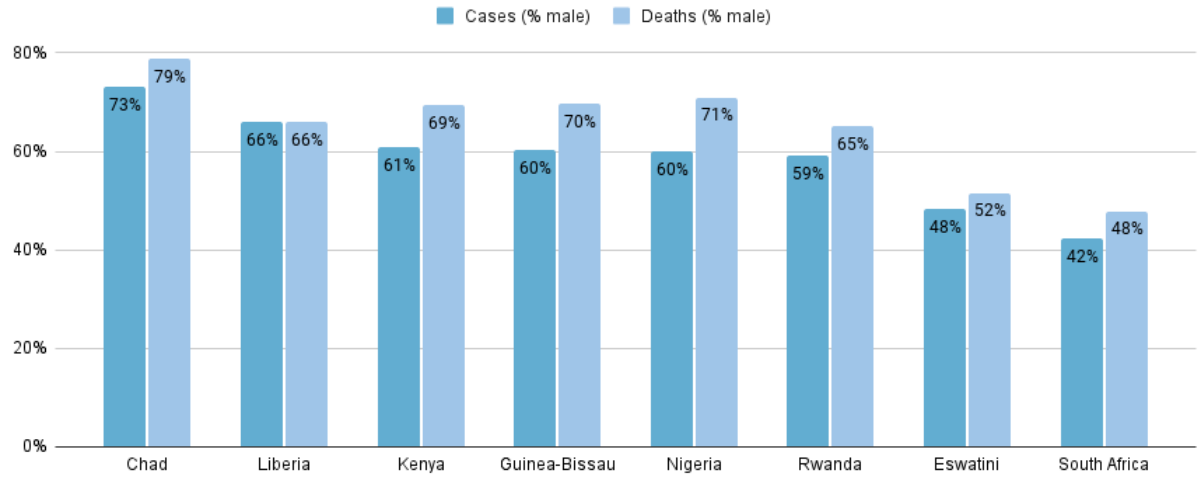


Fig 3. Percent male confirmed cases and deaths in the AFRO Region across countries reporting in the past month, as of 27 April 2021



Gender differences in COVID-19 vaccinations

Most countries in the AFRO region are still at the early stages of COVID-19 vaccine roll outs. As of 5 May 2021, according to the African Union Centers for Disease Control and Prevention, 22.4M doses have been administered. Just two countries have been found to be reporting sex-disaggregated vaccination data. As of April 21st Equatorial Guinea had vaccinated 38,024 individuals with at least one dose, 59% of whom were male. Gabon had vaccinated a total of 5765 with at least one dose, 79% of whom were male.

Moving forwards

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.

As vaccines become available, sex-disaggregated testing and vaccination data can provide a window into gender inequalities in access to and longer term effects of vaccines.

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.

With limited face to face interaction during the COVID-19 pandemic, complete reporting systems become an essential tool. Countries should explore regional cooperation and advocacy, specifically among high level data experts, policy, planners and donors, to strengthen gender-responsive data systems.

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.

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