THE COVID-19 SEX-DISAGGREGATED DATA TRACKER
APRIL UPDATE REPORT

Regional Report
South-East Asia & Eastern Mediterranean

Findings of the April Update

As of April 2021, The COVID-19 Sex-Disaggregated Data Tracker reported data from 196 countries, which together account for more than 99% of global cases and deaths due to COVID-19. At the global level, slightly more than half of the countries reported any sex-disaggregated data on their COVID-19 epidemics over the past month. The number of countries reporting any sex-disaggregated data has reduced from 54% in October 2020 to 51% in April 2021.

This regional update reports on nine countries of the South-East Asia Region (SEARO) that are included in the Tracker (Bangladesh, Bhutan, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, and Thailand). It also includes two Eastern Mediterranean (EMRO) countries, Afghanistan and Pakistan, given their proximity to the SEARO countries.

KEY TAKEAWAYS

1 Among 11 countries in the SEARO and EMRO regions, only six reported sex-disaggregated COVID-19 data on both cases and deaths in April 2021.

2 As of April, the Tracker had cumulative sex-disaggregated data for roughly 3 in 10 cases and 3 in 10 deaths reported in this region to date. This is compared to roughly 6 in 10 cases and 7 in 10 deaths at the global level where the sex is known.

3 Only two countries (India and Bangladesh) in this region are reporting sex-disaggregated data on COVID-19 vaccinations. This data shows that more men than women have received at least one dose of a COVID-19 vaccine as of April 2021 in both India (63%) and Bangladesh (52%). This differs from global data, where at present more women than men have received at least one dose of a COVID-19 vaccine (53% female).

4 Sub-national data is available for Nepal (only cases), Afghanistan (only hospitalisation) and 3 states of India (2 reporting only cases and 1 reporting both cases and deaths), with one Indian state currently reporting data on transgender populations.

5 Sub-national data from Afghanistan shows that 20 provinces have registered an increase in the percentage of hospitalisations among women during the last six months.

## Regional availability of sex-disaggregated data

Of the 11 countries tracked in this region, six reported sex-disaggregated data on both COVID-19 cases and deaths during this reporting period. Afghanistan is the only country amongst the 11 to report sex-disaggregated data for hospitalisation both at national and sub-national level. None of the countries reported sex-disaggregated data on testing, intensive care unit (ICU) admissions or cases among healthcare workers during this period. Sri Lanka is the only country in this region that has never reported any sex-disaggregated data on COVID-19. India and Bangladesh are the only two countries from this region to report data by sex for vaccinations (at least one dose).

Figure 1 presents the regional scenario on the availability of sex-disaggregated data for cases and deaths reported to the World Health Organization. The gap in availability of sex-disaggregated data on cases and deaths has widened over the last six months. Among the total cases and deaths reported to WHO from this region as of April 2021, we do not know the sex of more than 13 million cases and more than 190,000 deaths. This means that regionally, the sex of roughly 7 in 10 cases and 7 in 10 deaths is not known - far higher than at the global level, where the sex of roughly 4 in 10 cases and 3 in 10 deaths is not known.

Fig 1a. Number of COVID-19 Cases where the Sex is Known, December 2020 - April 2021
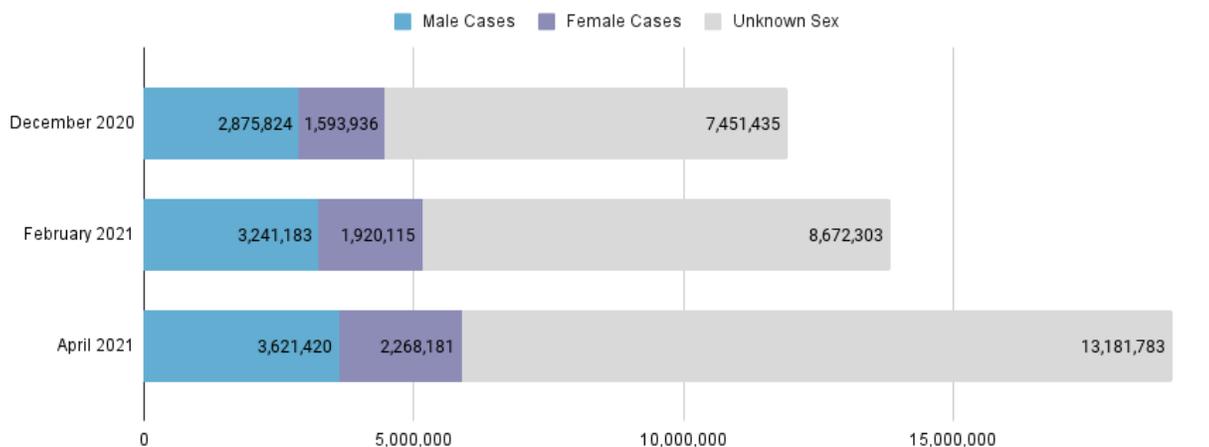
**Fig 1b. Number of COVID-19 Deaths where the Sex is Known, December 2020 - April 2021**
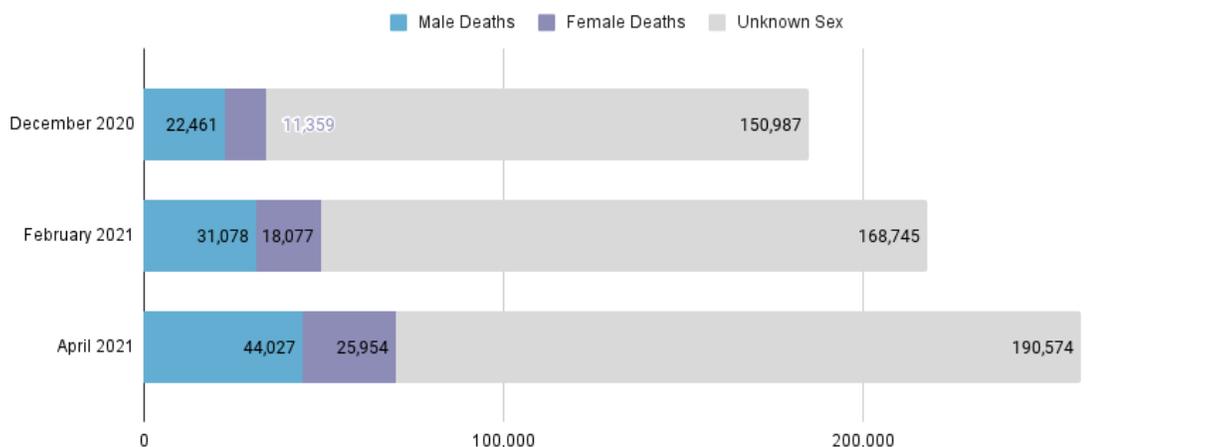
Snapshot of gender differences along the COVID-19 clinical pathway

At the end of April 2021, the Tracker had data on the sex of 58,89,600 cases and 69,981 deaths from the 11 countries included in this brief. The data included in the Tracker from this region shows that 61% of confirmed cases and 63% of deaths are male.

Two countries (India and Pakistan), with highest number of confirmed cases in this region have not reported any sex-disaggregated data for the last few months. Inconsistent reporting of data from these two countries has a major contribution to the extensive gap in sex-disaggregated data in the region.

Fig 2a. Gender differences along the COVID-19 clinical pathway in SEARO/EMRO countries, % male / % female (n=countries reporting)
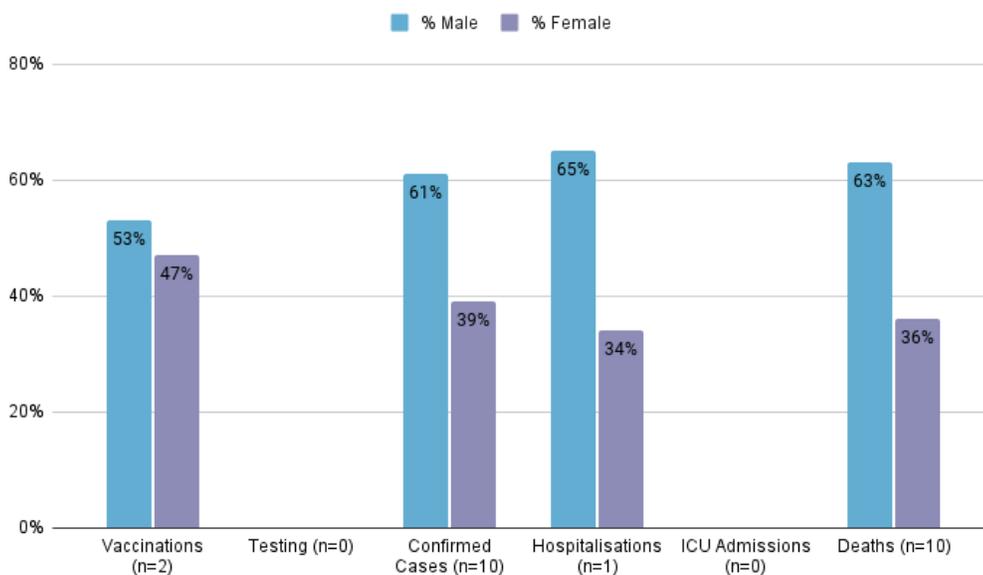
Country-specific data on each of these variables can be explored here.

Fig 2b. Gender differences along the COVID-19 clinical pathway, Globally, % male / % female (n=countries reporting)


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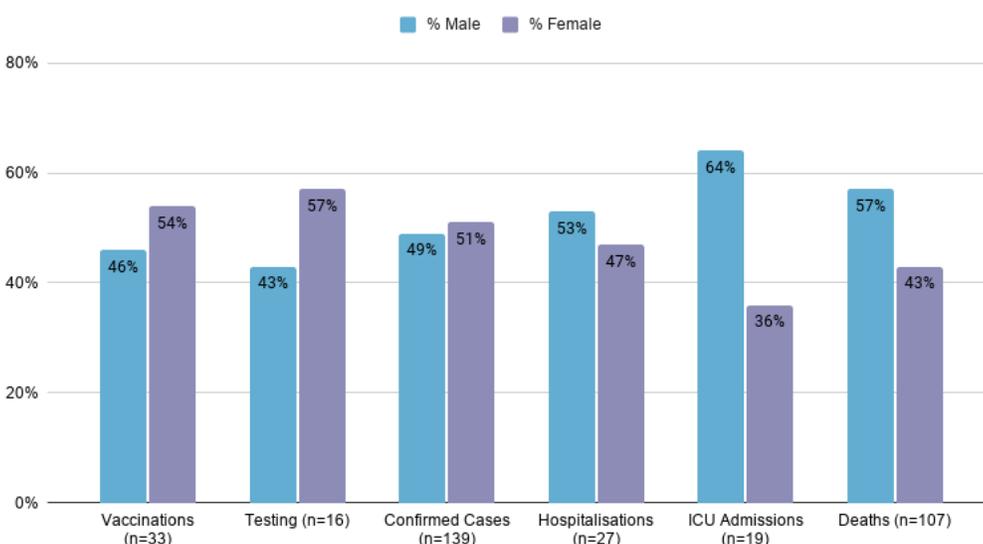
Gender Differences in COVID-19 Vaccination

Out of 11 countries of SEARO/EMRO region, only two countries (India and Bangladesh) are reporting sex-disaggregated data on vaccination (at least one dose). The sex distribution of people who received at least one dose of vaccine till April 2021 shows that percentage of men (52% in India, 63% in Bangladesh) is higher than women in both the countries.

Figure 3 presents the proportion* of the total population of men and women that have been vaccinated in India and Bangladesh. In India, the same proportion of the populations of women and men have received vaccination (at least first dose). In Bangladesh, a slightly higher proportion of men have received at least one dose than women.

Figure 3: Proportion* Vaccinated (at least one dose) in India and Bangladesh till April 2021
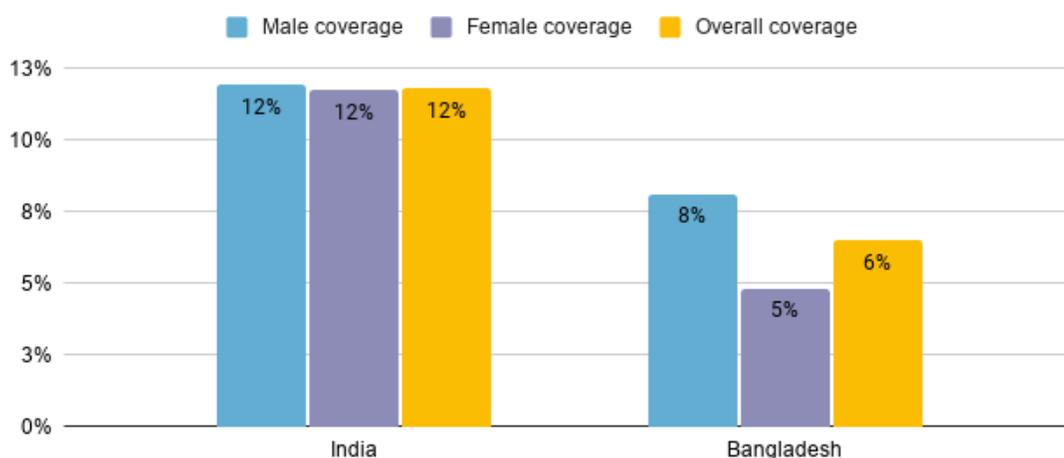
Sub-national sex-disaggregated COVID-19 data availability

Out of the 11 countires in the region only India, Nepal and Afghanistan are reporting sex-disaggregated data at sub-national level. In India, four states were reporting sex-disaggregated data but one of the states has stopped. Of the three states publishing sex-disaggregated data, one state (Haryana) reports on both cases and deaths, and two (Odisha and Karnataka) report only on cases. Haryana is the only state which is consistently reporting data on transgender populations. Nepal publishes sex-disaggregated data on confirmed cases and Afghanistan reports hospitalisation data for all provinces.

Regular updates on sub-national sex-disaggregated data will contribute towards understanding the impact of COVID-19 on men and women from different locations within the same country. For example, sub-national sex-disaggregated data can be used as a key monitoring tool when India registered a huge surge in cases in April 2021.

Sub-national data collected to date shows a consistently higher percentage of men being hospitalised in all provinces of Afghanistan (Figure 4). In Afghanistan, 64% of hospitalisations associated with COVID-19 are men but the percentage varies from 50% to 85% within the

* The proportion is calculated using Single year age data from UN Population Prospects (2019) after removing data for age below 18

country (by province). Only one province (Farah) reported a higher percentage of women being hospitalised (56%) than men in November 2020, although this has reduced to 50% in April 2021 (Figure 4). At the national level, the overall proportion of those hospitalised who are female is much lower than hospitalised males. However, the sub-national data shows that there are 20 provinces that have registered an increase in the percentage of women being hospitalised between November 2020 and April 2021.

Figure 4: Hospitalisation among confirmed cases in Province of Afghanistan, November 2020 & April 2021
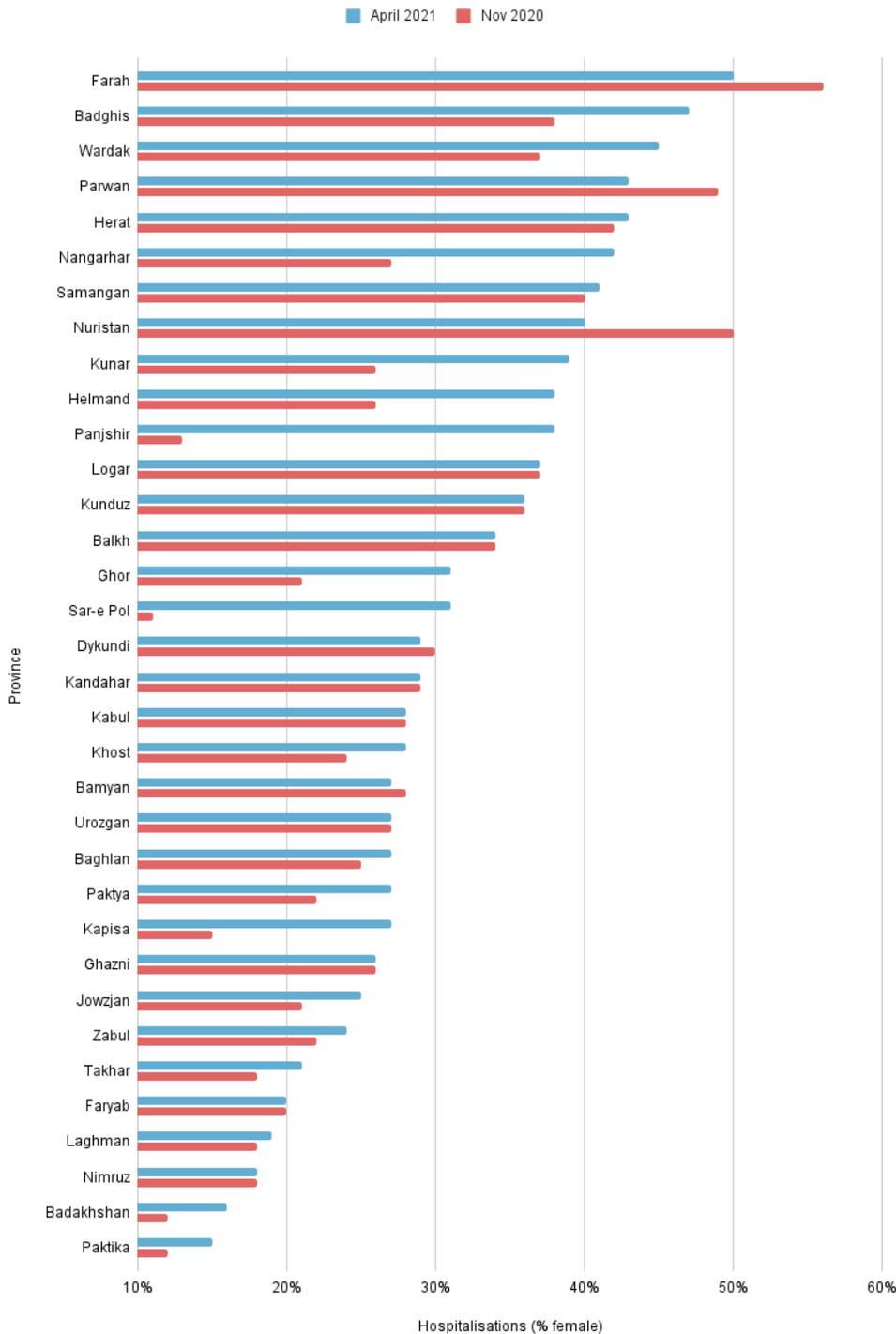
About the COVID-19 Sex-Disaggregated Data Tracker

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