UPDATE AUGUST 2021

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

Findings of the August Update

This month sees the addition of one new country (Dominica), meaning that, at the time of this upload, we are tracking the availability of sex-disaggregated COVID-19 data for 201 countries, which together account for 99.9% of all COVID-19 confirmed cases and reported deaths globally.

The tracker looks for sex-disaggregated data along the clinical pathway, which includes testing, vaccinations, confirmed cases, confirmed cases among healthcare workers, hospitalisations, ICU admissions and deaths. It also collects sex- and age-disaggregated data on cases, deaths and vaccinations.

As of mid-August 2021, 45% of countries tracked provided sex-disaggregated data for cases and/or deaths in the past month. Until recently, it was very unusual for countries to report on any other indicators if they were not reporting on cases or deaths. However four additional countries reported sex-disaggregated data for vaccinations but not on cases or deaths in the past month.

KEY TAKEAWAYS FROM THE LATEST DATA UPLOAD

- Across 201 countries tracked globally since the pandemic began, 140 (70%) have ever reported sex-disaggregated case data, with 91 countries (45%) updating this data in the past month. Globally almost 1 in 3 countries have never reported sex-disaggregated case data.
- 2 109 countries (54%) have ever reported sexdisaggregated death data, with 67 countries (33%) updating this data in the past month. Almost 1 in 2 countries have never reported sex-disaggregated death data.
- Just 47 countries (22%) have ever reported vaccination data disaggregated by sex.
- The number of countries reporting sexdisaggregated data each month has been declining since August 2020.
- While gender differences in the global data have remained stable over time, differences vary widely by country and region. This can be explored in a new series of regional of briefs covering <u>each WHO region available</u> here.

Global availability of sex-disaggregated data

Globally, as of mid-August, the sex of roughly 6 in 10 confirmed cases and 7 in 10 deaths from COVID-19 was known, up from 5 out of 10 cases and 6 out of 10 deaths in January 2021, though it has declined from June 2021, when the sex of roughly 7 in 10 cases and 8 in 10 deaths was known (Figs 1 and 2). Globally, the number of countries reporting sex-disaggregated data has been declining since August 2020.

These gaps can continue to be filled if countries continue to report this data, and those who have not been reporting consistently or at all begin or resume reporting this data.

Fig 1. Number of Global COVID-19 Cases where the Sex is Known, Jan 2021 - Aug 2021

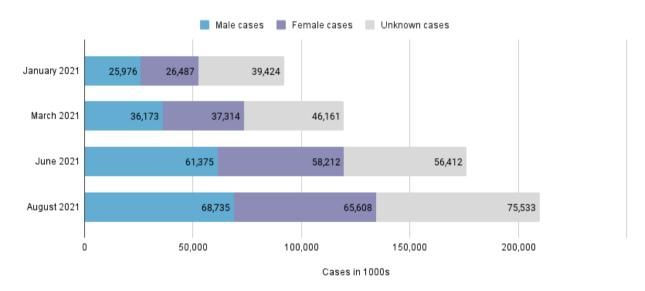
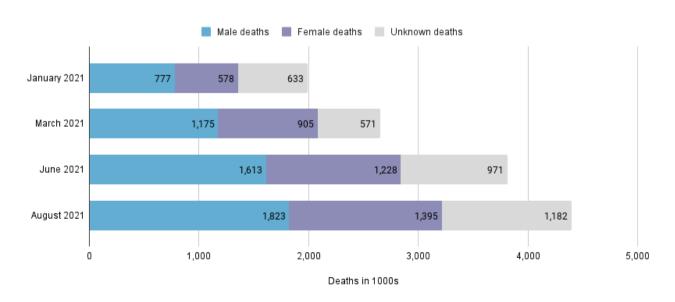


Fig 2. Number of Global COVID-19 Deaths where the Sex is Known, Jan 2021 - Aug 2021



Regional availability of sex-disaggregated data

There is substantial variation in the availability of sex disaggregated data across WHO world regions.

In the Southeast Asia region, the sex of 8 in 10 cases is known, compared to only 3 in 10 in the Western Pacific region. In the Americas region, the sex of 9 out of 10 deaths is known, while the sex of only 2 in 10 deaths in the Western Pacific region and 3 in 10 deaths in the Southeast Asia region is known.

Regional briefs detailing data availability and summarising gender differences found in key clinical indicators can be found here.

Gaps in the availability of nationally-reported sex-disaggregated data on COVID-19

At the time of this upload, across the 10 countries with the highest number of confirmed cases globally, there are four countries with notable gaps in the availability of sex-disaggregated data (Table 1).

Russia has never reported any sex disaggregated data on cases or deaths. India updated their sex-disaggregated case data in May 2021 but we have not been able to locate sex disaggregated data for deaths since May 2020. We have not found sex-disaggregated data for either cases or deaths for Turkey since October 2020, or case data for Brazil since December 2020.

Table 1. Availability of Sex-Disaggregated Data within the Past Month amongst Countries with the Highest COVID-19 Caseload as of this August 2021

Date indicates the last month where sex-disaggregated data was located for that country.

Country	Cases	Deaths
USA	Reporting	Reporting
India	May 2021	May 2020
Brazil	Dec 2020	Reporting
Russia	Never	Never
France	Reporting	Reporting
The United Kingdom ²	Reporting	Reporting
Turkey	Oct 2020	Oct 2020
Argentina	Reporting	Reporting
Colombia	Reporting	Reporting
Spain	Reporting	Reporting

¹ According to the World Health Organization, https://covid19.who.int/

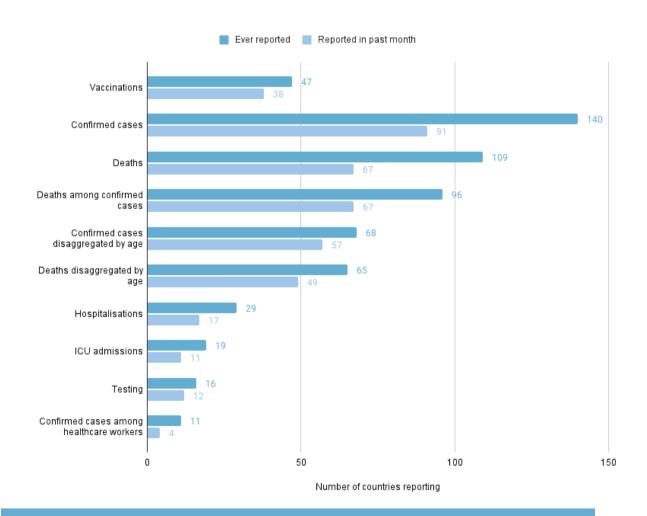
² Data for the United Kingdom is reported separately for England, Northern Ireland, Scotland and Wales in the COVID-19 Sex-Disaggregated Data Tracker. All are currently reporting sex-disaggregated data on cases and deaths.

Availability of sex-disaggregated data along the clinical pathway

Countries report sex-disaggregated data inconsistently and incompletely across all key indicators. A notably smaller proportion of countries reported sex-disaggregated data in the past month than have ever reported such data over the course of the pandemic (Figure 3).

In the past month, 45% (91) of the 201 countries being tracked reported sex-disaggregated case data and 33% (71) reported sex-disaggregated death data, reflecting a slight decline from June and May this year. 49 countries that previously reported case data by sex have not updated their data in over a month and 33 of these countries have not updated their sex-disaggregated data in 2021. 39 countries that previously reported death data by sex have not updated their data in over a month and 19 of these countries have not updated sex-disaggregated data in 2021.

Figure 5. Number of Countries Reporting Sex-Disaggregated Data by Indicator, Ever and in the Past Month, across 201 Countries as of August 2021



The full list of countries reporting on each variable and the corresponding data can be found here.

Global gender differences along the COVID-19 clinical pathway

Figure 4 shows the distribution of testing, confirmed cases, hospitalisations, ICU admissions and deaths in men and women across all available global data. This distribution varies along the pathway, with more women than men getting tested for COVID-19, and men and women accounting for similar numbers of vaccinations (at least one dose) and confirmed cases. The gender gap grows further along the pathway, with men accounting for a higher proportion of hospitalisations (54%), ICU admissions (64%) and deaths (57%) (Figure 4).

Globally, these proportions have remained fairly stable over time. Proportions vary widely <u>by country</u> and WHO region (Figure 5). These differences are explored further in a series of regional briefs which are available <u>here.</u>

Figure 4. Gender differences along the COVID-19 clinical pathway, August 2021

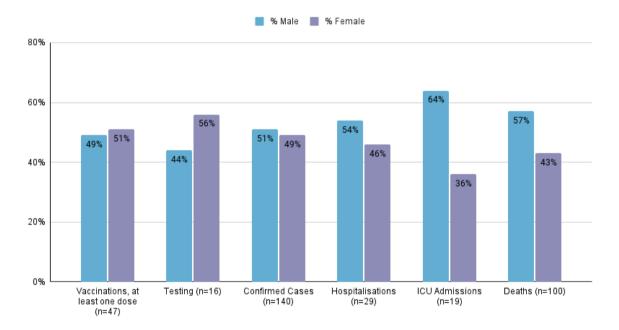
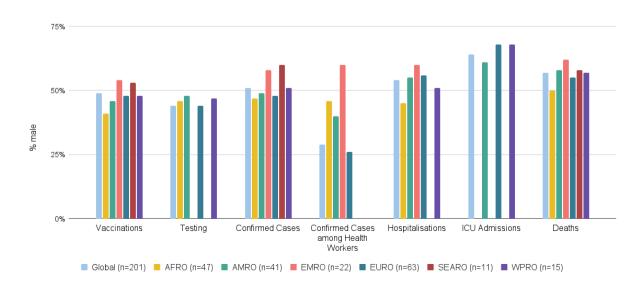


Fig. 5. Percent of Males Reported for Clinical Pathway Indicators by WHO Region, August 2021



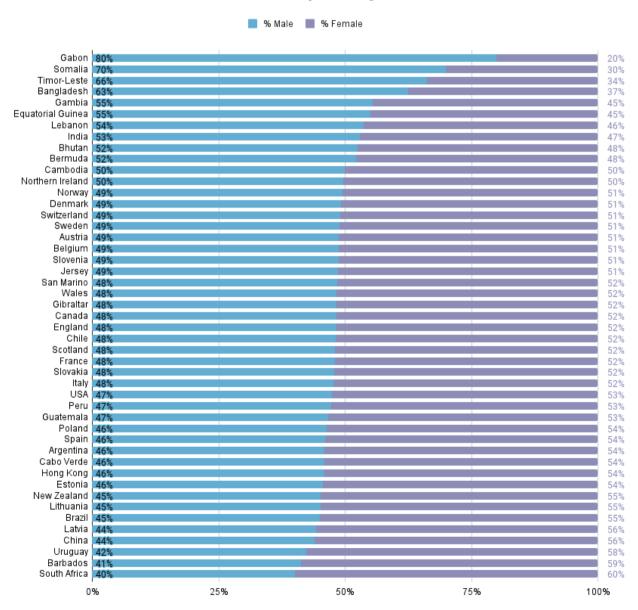
Gender differences in COVID-19 vaccination distribution

Globally, 47 countries have reported on the sex breakdown of individuals receiving COVID-19 vaccinations. Nine of those countries had not updated their data in the past month.

Amongst those reporting, slightly more women have received at least one dose than men with women making up 51% of individuals vaccinated globally. This was consistent with findings from our earlier updates. However this varies across countries, ranging from South Africa where 60% of vaccinated (at least one dose) are women to Gabon where women comprise 20% of individuals with at least one dose (Fig 6).

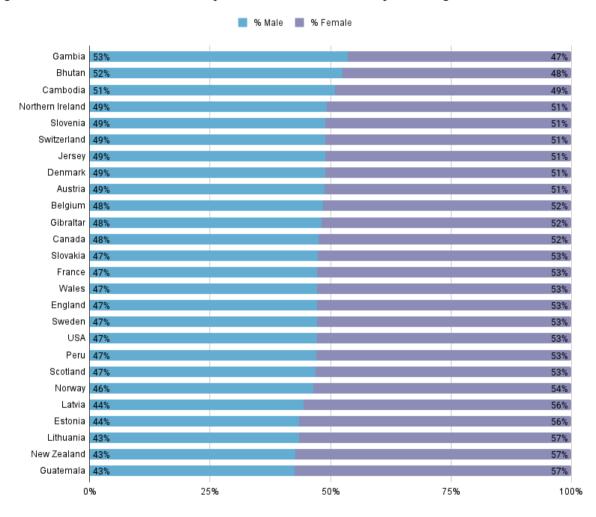
India and Austria also report vaccinations for non-binary people.

Figure 6. Vaccine Distribution, at least one dose, by Sex, August 2021



Of the 47 countries reporting vaccination data, 26 provide data on individuals who are fully vaccinated. More women than men have been fully vaccinated; 53% of fully vaccinated individuals for whom there is sex data were women. The proportion of fully vaccinated individuals who are female varies across these 26 countries, spanning 47% in Gambia to 57% in Guatemala (Fig 7). This range has shrunk considerably since June, where the percent of individuals fully vaccinated who were women ranged from 46% to 70%.

Figure 7. Vaccine Distribution, fully vaccinated/two doses, by Sex, August 2021



Dose definitions

'At least one dose' refers to individuals who have received at least one dose of a COVID-19 vaccine. This includes individuals who have received one dose of a two dose vaccine as well as individuals who have received a single dose vaccine. Fully vaccinated refers to individuals who have received all doses of required of their vaccine. This includes individuals who have received two doses of a two dose vaccine and individuals who have received a single dose of a single dose vaccine. Fully vaccinated individuals are counted in both 'at least one dose' and 'fully vaccinated'.

Gender differences in COVID-19 vaccination coverage

Vaccination coverage varied between the sexes across countries. Vaccination coverage (at least one dose) (see Fig 8) was higher among women in 31 of 47 countries (six countries have equal coverage for men and women). Vaccination coverage for fully vaccinated individuals (see Fig 9) was also higher in women across 21 of the 26 countries reporting data on full vaccination by sex (coverage was nearly equal in two countries). Given the variation in the age groups vaccinations are being distributed to across countries, we look at coverage for the total population (all age groups) for comparability.

Fig 8. Vaccine Population Coverage, at least one dose, by Sex, August 2021

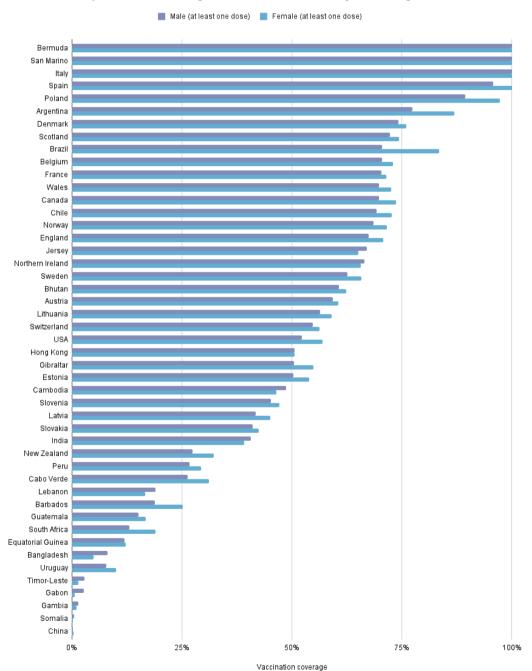
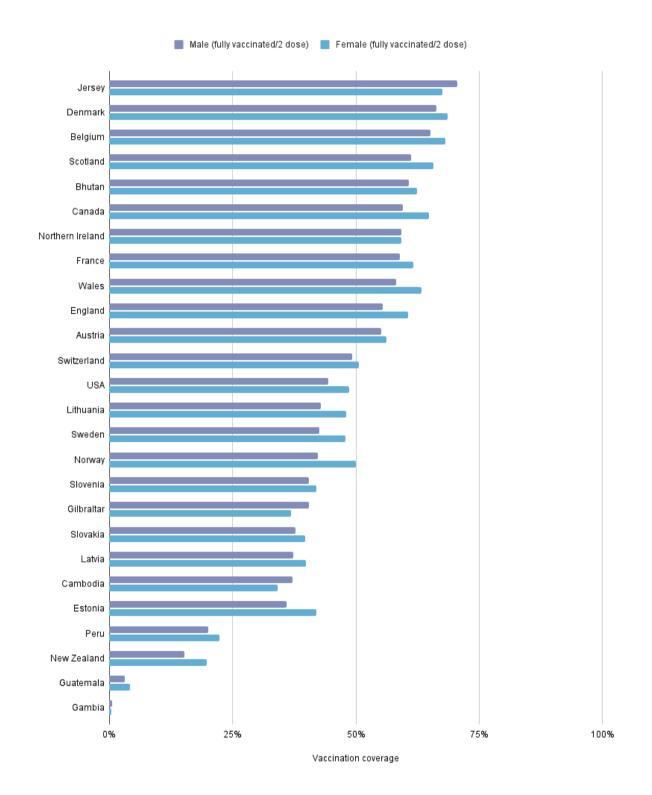


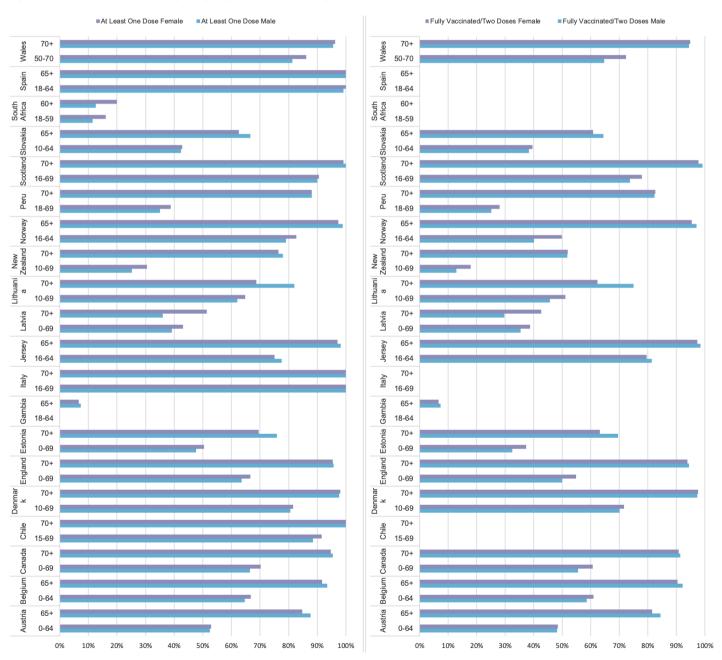
Fig 10. Vaccine Population Coverage, fully vaccinated, by Sex, August 2021



Gender differences in vaccinations by age and sex

Twenty countries provide data by age and sex which allows for further analysis of gender disparities in vaccination, particularly given the age-specific roll-out of vaccines in many locations. Many of the countries reporting vaccination data by age and sex have attained high levels of coverage and in most cases coverage dose not differ by more than a few percentage points between men and women in particular age groups, though there are some notable exceptions where women are experiencing higher coverage rates (for example, Scotland, Wales, England and Belgium all have higher proportion of women who are fully vaccinated in their older age groups, and Spain and Norway have higher coverage of at least one dose in their older age groups).

Fig 11. Vaccination Coverage, by Age and Sex, August 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 sex-disaggregated data on vaccinations, testing, confirmed cases (including among health workers), hospitalisations, ICU admissions and deaths, as well as by age for selected indicators. 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 month.

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 outbreak, 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/

For further information contact:

Anna Purdie, info@globalhealth5050.org Abhishek Gautam, agautam@icrw.org Sylvia Muyingo, smuyingo@aphrc.org



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