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

Findings of the December Update

We are currently tracking the availability of data for **186 countries.** Countries we track account for over 99% of global cases and over 99% of global deaths. Only **half** of the countries we track reported any sex-disaggregated data on their COVID-19 epidemics over the past month. in October, we found that 54% of countries reported some form of sex-disaggregated data, compared to 50% this month.

As global cases and deaths have continued to rise, the proportion of total cases and deaths for which we have located data by sex has remained fairly constant. As of the 15 December 2020, our data tracker had sex-disaggregated data for just **58% of the global cases and 72% of the global deaths** reported to the World Health Organization, meaning that **the sex of almost half a million deaths and close to 30 million cases of COVID-19 are currently unknown (Figures 1-2).** No countries are explicitly reporting data among non-binary or transgender populations.

If reporting of sex-disaggregated data does not increase, and if COVID-19 cases and deaths continue to grow, the number of cases and deaths where sex is unknown will continue to rise.

KEY TAKEAWAYS FROM THE LATEST DATA UPLOAD

1 The world reached a grim milestone during the month of December, when deaths due to COVID-19 surpassed 1.5 million. In the throes of the pandemic, **half of countries fail to report up-to-date sex-disaggregated data**; worryingly some countries that had been reporting have stopped.

2 The number of cases for which we have not been able to locate data by sex has grown to **almost 30 million and the sex of almost half a million deaths is also unknown.**

3 Two of the top 10 countries with the highest COVID-19 caseloads, Russia and India, reported no sex-disaggregated data in the past month. Data from these two countries would help identify the sex of a large proportion of cases and deaths.

4 Globally, confirmed cases are evenly distributed between men (50%) and women (50%). However, we continue to see that men comprise a higher proportion of hospitalisations (54%), ICU admissions (68%) and deaths (58%) than women.

5 A small handful of countries have begun reporting sex-disaggregated data on COVID-19 vaccinations. We plan to begin tracking the availability of this data systematically.

Fig 1. Number of Global COVID-19 Cases where the Sex is Known, October - December 2020
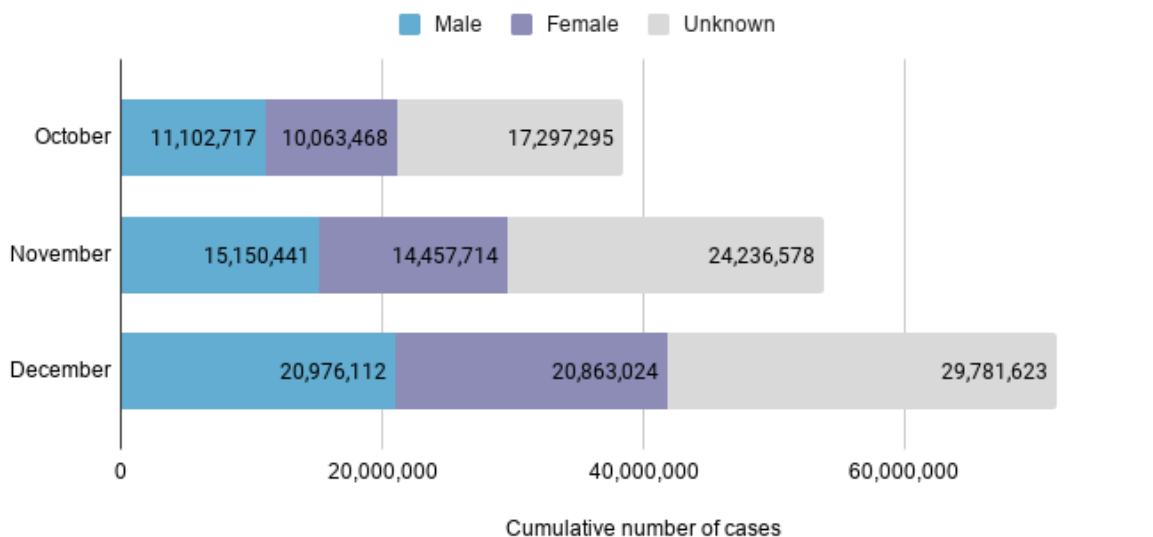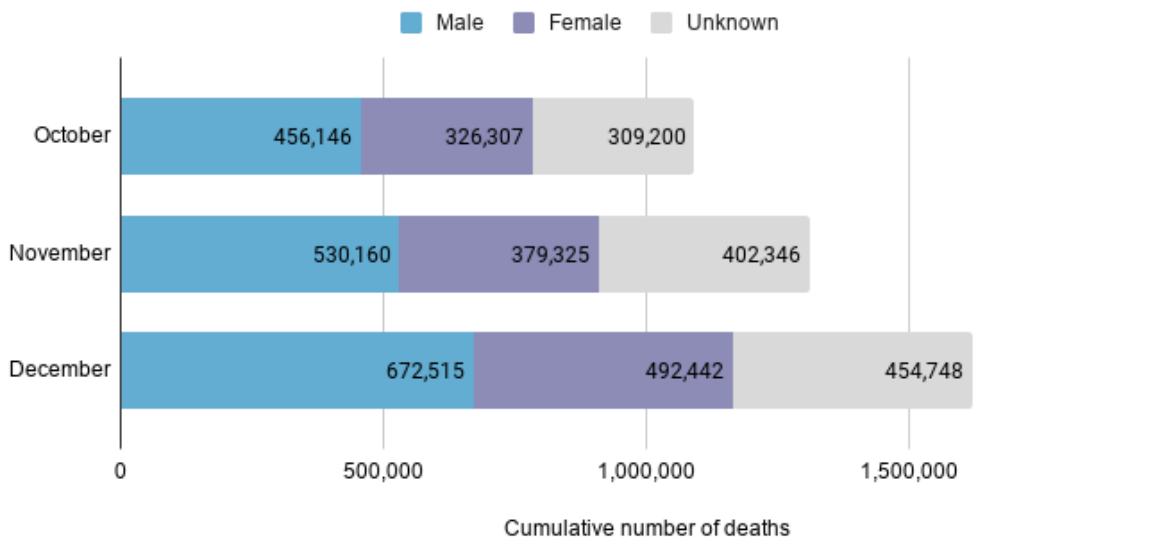

Fig 2. Number of Global COVID-19 Deaths where the Sex is Known, October - December 2020

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

Figure 3 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 confirmed cases. The gender gap grows further along the pathway, with men accounting for a higher proportion of hospitalisations (54%), ICU admissions (68%) and deaths (58%) (Figure 3). These proportions vary significantly by country, but the global picture has been relatively stable. Country-data on each of these variables can be explored here.

Fig 3. Global COVID-19 Clinical Pathway, % male / % female, as of December 2020
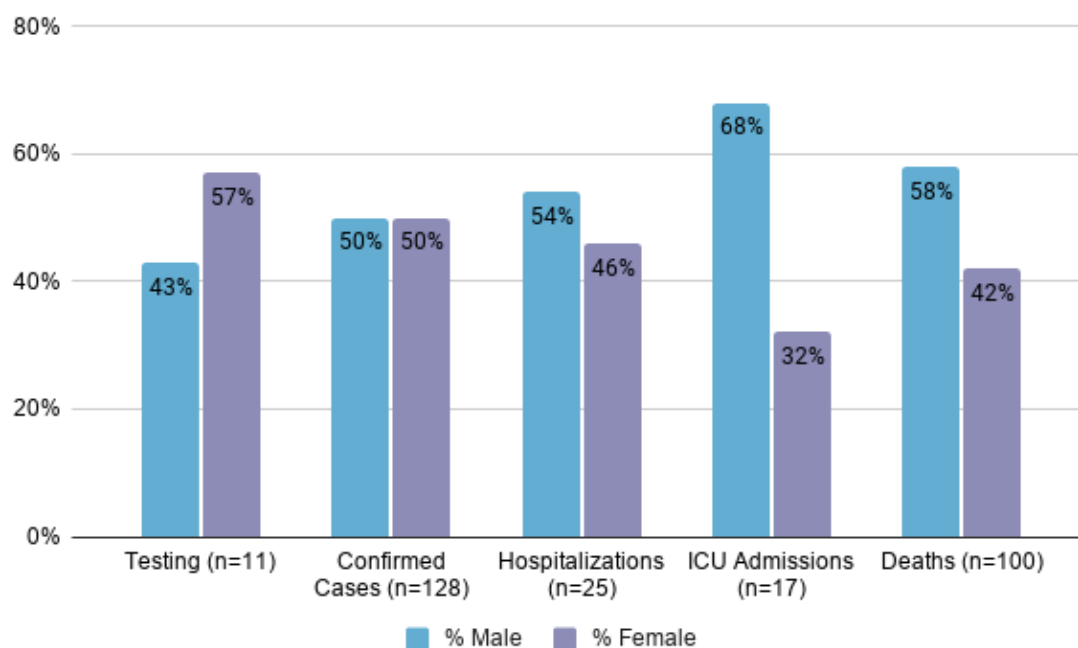
Availability of nationally-reported sex-disaggregated data on COVID-19

At the time of this upload, across the 10 countries with the highest number of confirmed cases globally, **8** reported sex-disaggregated data on cases and deaths within the past month (Table 1). Russia has never reported any sex-disaggregated data on cases or deaths. We have not been able to locate sex-disaggregated data in India for cases since early September and deaths since May 2020. Sex-disaggregated data from these two countries would help fill a large proportion of unknown global cases and deaths.

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

Country	Cases	Deaths
USA	Reporting	Reporting
India	Sept 2020	May 2020
Brazil	Reporting	Reporting
Russia	Never	Never
France	Reporting	Reporting
United Kingdom [2]	Reporting	Reporting
Italy	Reporting	Reporting
Spain	Reporting	Reporting
Argentina	Reporting	Reporting
Colombia	Reporting	Reporting

1 According to the World Health Organization, https://covid19.who.int/, as of 15 December 2020
2 Data for the United Kingdom is reported separately for England, Northern Ireland, Scotland and Wales in the COVID-19 Sex-Disaggregated Data Tracker. The availability of data varies by country.
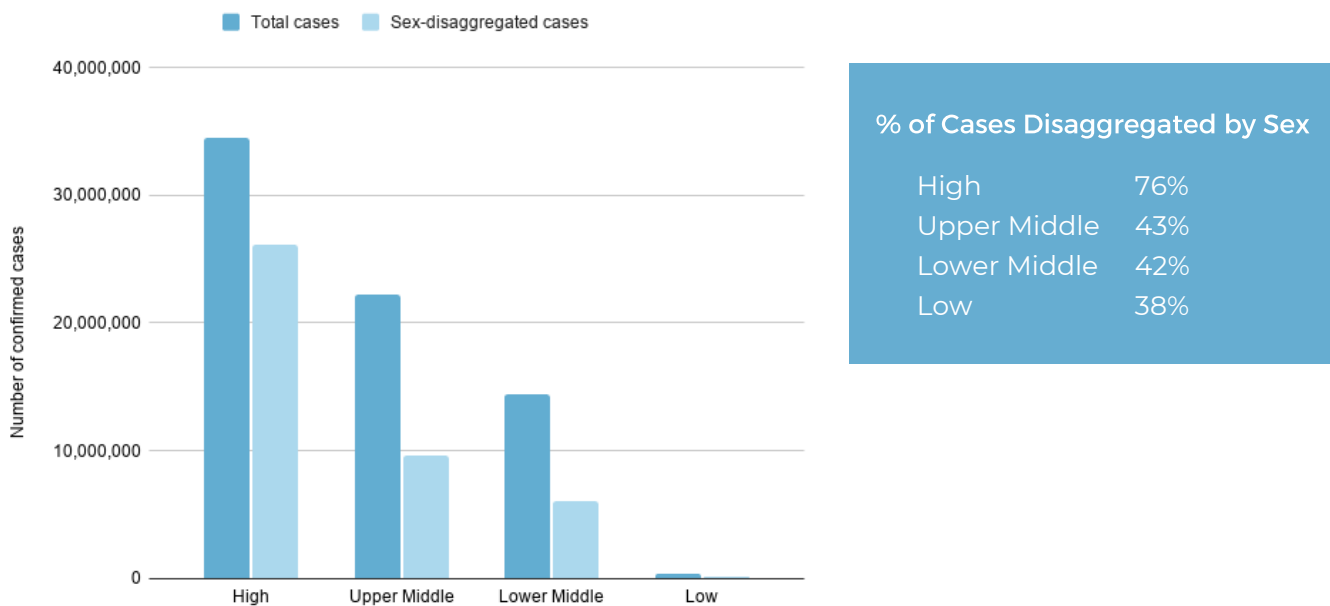
Countries report sex-disaggregated data inconsistently and incompletely across all key indicators. A notably smaller proportion of countries reported sex-disaggregated data in the past month than have ever reported such data over the course of the pandemic (Figure 4).

Fig 4. Number of Countries Reporting Sex-Disaggregated Data by Indicator, Ever and in the Past Month, across 186 Countries as of December 2020
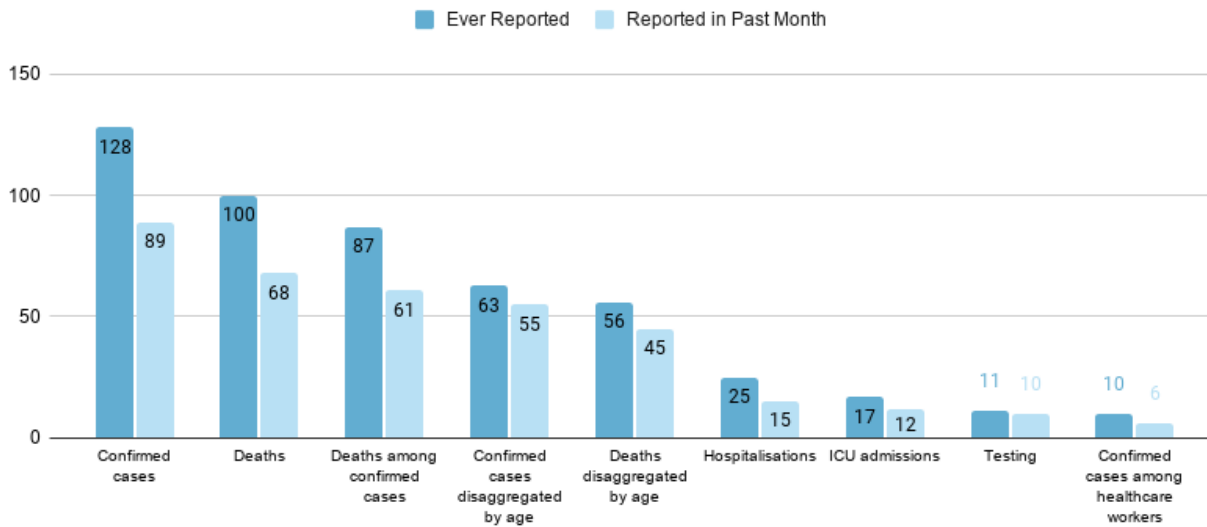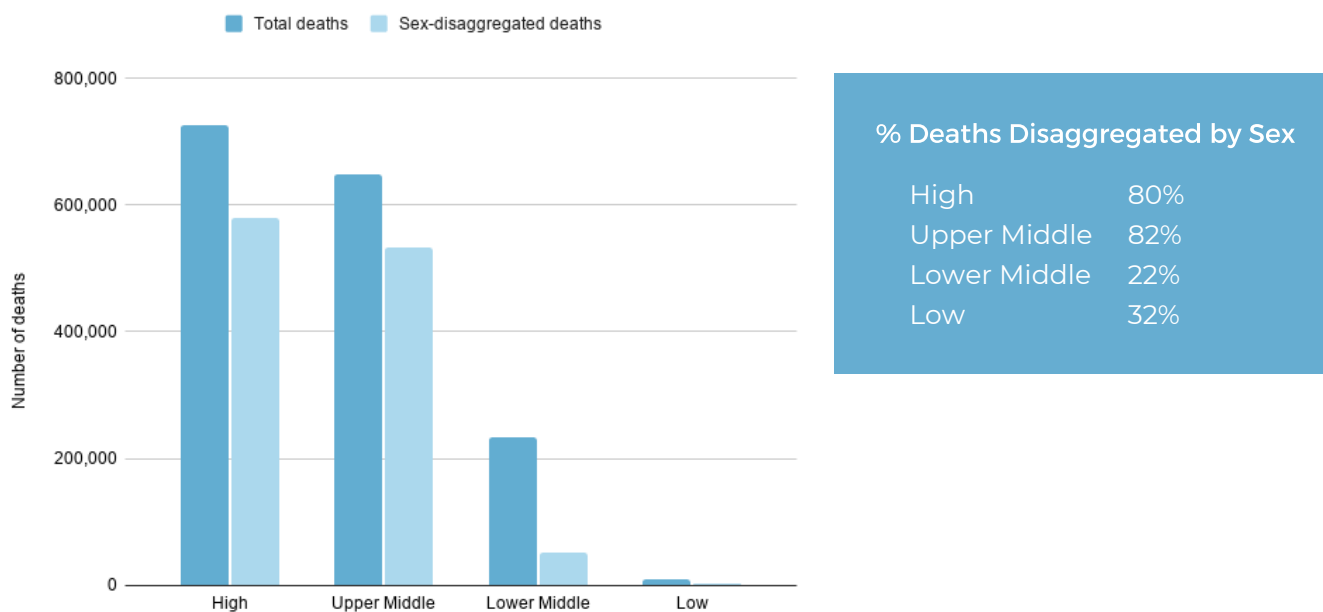

The availability of sex-disaggregated data on COVID-19 further varies by World Bank country income groupings (Figures 5-6), ranging from 76% of all cases in high-income countries for which data is sex-disaggregated to 38% across low-income countries.

Fig 5. Availability of Sex-Disaggregated Data on COVID-19 Confirmed Cases, by World Bank Income Level, as of 15 December

% of Cases Disaggregated by Sex	
High	76%
Upper Middle	43%
Lower Middle	42%
Low	38%

Fig 6. Availability of Sex-disaggregated Data on COVID-19 Deaths, by World Bank Income Level, as of 15 December

% Deaths Disaggregated by Sex	
High	80%
Upper Middle	82%
Lower Middle	22%
Low	32%

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

Subnational Sex-Disaggregated Data Availability

We are currently tracking the availability of sex-disaggregated data at the sub-national level for certain countries in South Asia (Afghanistan, India and Nepal) and Kenya. This data can be found via country pages on the dashboard.

Despite evidence of stark differences within countries, most are not publishing subnational sex-disaggregated data (e.g. at the state province, district or other administrative level).

Regional briefs

In December 2020, we published our first regional briefs presenting findings from the WHO African Region and 11 countries from the WHO South-East Asia & Eastern Mediterranean Region. These will be released monthly, and can be found here.

More on how data is collected, limitations to the data and notes on the recent upload can be found here.

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, 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.[3]

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/

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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

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3 In December, one update was conducted. As of January 2021 we resume our biweekly updates.