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

Regional Report
South-East Asia & Eastern Mediterranean

Findings of the December Update

As of January 2021, The COVID-19 Sex-Disaggregated Data Tracker reported data from 187 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. In October, 54% of countries reported sex-disaggregated data on some indicators, while in in December and January only half of countries did, 50% and 51% respectively.

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

- Among 11 countries in the SEARO and EMRO regions, only **six (55%)** reported sexdisaggregated COVID-19 data on both cases and deaths in January.
- By the end of January, the sex of 60% of COVID-19 cases and 70% of COVID-19 deaths reported to the WHO globally are known.
- In contrast, the sex of just 38% of cases and 24% of deaths across the 11 countries included in this report are known. In this region, this means there are 8.3 million cases and more than 150,000 deaths where the sex is now known.
- Age-sex distribution of cases and deaths are available for Afghanistan, Nepal, Maldives and Bangladesh (but are updated inconsistently). The data show that cases are equally distributed among men and women till age 10 years but are skewed towards men in older ages.
- Sub-national data is available only from Nepal (cases), Afghanistan (hospitalisations) and 4 states of India (3 reporting only cases and 1 reporting both cases and deaths), with two Indian states also reporting data on transgender populations. We have not come across any sub-national data from the other countries of this region as of January, 2021.

Regional availability of sex-disaggregated data

Across these 11 regional countries, confirmed cases account for roughly 14% of all reported global cases, and deaths for roughly 10% of all global deaths reported to the WHO. Figures 1a and 1b present the global and regional scenario for cases and deaths where the tracker could locate sex-disaggregated data. These two figures show total number of cases and deaths as reported to the World Health Organization and among them the sex-disaggregated data that we were able to locate.

Regionally, the sex of 62% of cases and 76% of deaths are unknown, compared to 40% of cases and 32% of deaths at the global level. Among the total cases and deaths reported to WHO from this region, we do not know the sex of more than 8 million cases and more than 159,000 deaths reported by the end of January 2021 - an increase of almost 1.5 million cases and over 20,000 deaths since November.

Fig 1a. Proportion of cases where sex is known, globally and across 11 SEARO/EMRO countries, January 2021

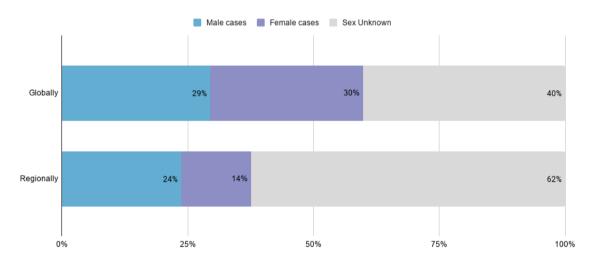
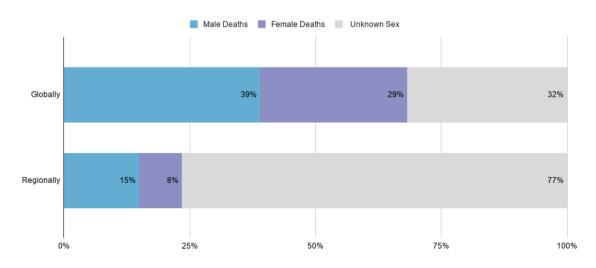


Fig 1b. Proportion of deaths where sex is known, globally and across 11 SEARO/EMRO countries, January 2021

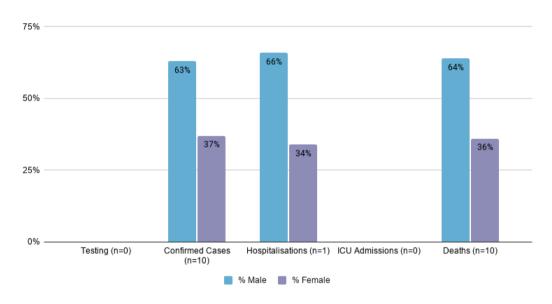


Snapshot of regional gender differences along the COVID-19 clinical pathway

At the end of January, across the 11 regional countries six reported sex-disaggregated data on both COVID-19 cases and deaths at the same time point during the past month. Sri Lanka has never reported any sex-disaggregated data on COVID-19. None of the countries reported sex-disaggregated data on testing, intensive care unit (ICU) admissions or cases among healthcare workers. Afghanistan is the only country amongst the 11 to report sex-disaggregated data for hospitalisations at both the national and sub-national level.

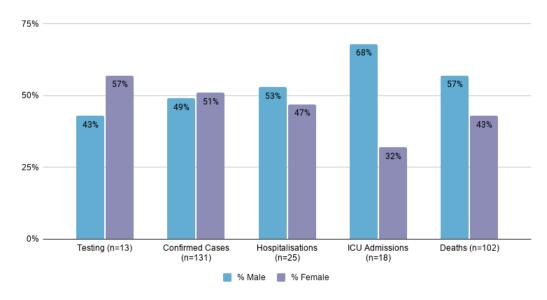
Figures 2a and 2b show the distribution of testing, confirmed cases, hospitalisations, ICU admissions and deaths in men and women across the SEARO/EMRO countries in January 2021 and at the global level.

Fig 2a. Regional gender differences along the COVID-19 clinical pathway in 11 SEARO/EMRO countries, % male / % female (n=countries reporting)



Country-specific data on each of these variables can be explored here.

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



Sub-national sex-disaggregated COVID-19 data availability

Only three (India, Nepal and Afghanistan) out of the 11 countries are reporting sexdisaggregated data at sub-national level. In <u>India</u>, four states are reporting sexdisaggregated data (one state reports on both cases and deaths, and three report only on cases).

Two states in India (Tamil Nadu and Haryana) are reporting data on cases and deaths among transgender populations, which is the only example we have found globally of a country reporting this data. Nepal reports sex-disaggregated data on confirmed cases and Afghanistan reports hospitalisation data for all provinces. Regular updates on sub-national sex-disaggregated data will be a huge contribution in understanding the differential impact of COVID-19.

Age-Sex distribution of confirmed cases and deaths

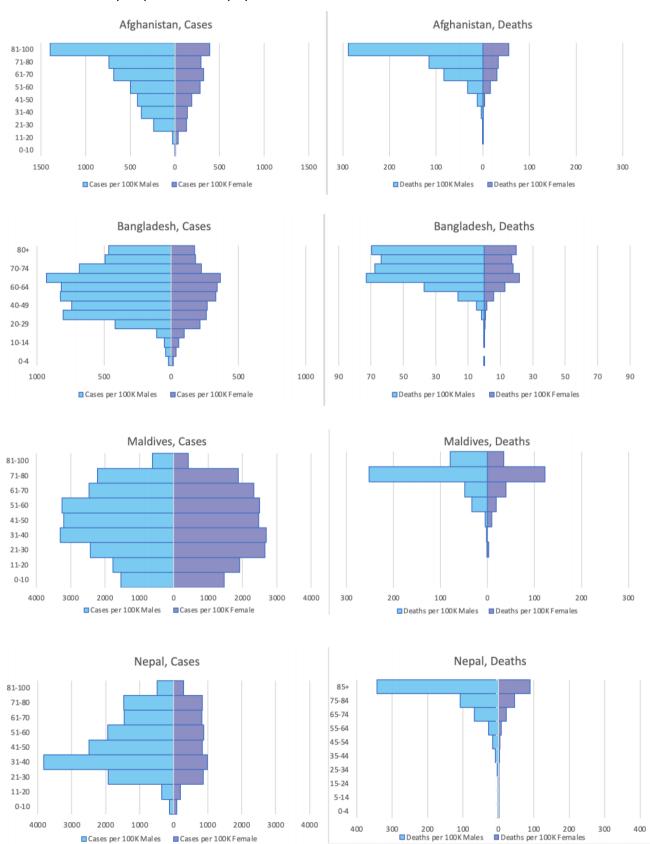
The tracker also collects data by age and sex for confirmed cases and deaths but this information is published by only a few countries of this region. Out of 11 countries, only four countries (Afghanistan, Bangladesh, Maldives and Nepal) publish age-sex distribution of confirmed cases and deaths.

Figure 3 presents the age-sex pyramids for cases and deaths (rates per 100,000 population) for these four countries. In Afghanistan and Nepal, cases reported per 100,000 males are much higher than females for ages above 10 years. In the Maldives cases are more evenly distributed among males and females in all age groups, but are still skewed towards males. In Nepal, it is interesting to note the high rate of cases for males aged 31-40.

Figure 3 indicates that in all countries death rates are higher at older ages for both sexes. However for Afghanistan and Nepal, deaths are concentrated in the highest age group, while for the Maldives and Bangladesh they are notably higher for all age groups above 60 years. Differences in pattern of cases and deaths by age and sex within a country or region are important to measure the impact of COVID-19, which is possible only when countries report data on all key indicators at regular intervals.

Sex- and age-disaggregated data across all reporting countries is available to view here.

Fig 3. Age-sex pyramid for COVID-19 cases and deaths for Afghanistan, Bangladesh, Maldives and Nepal, per 100,000 population



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