THE COVID-19 SEX-DISAGGREGATED DATA TRACKER

JUNE UPDATE REPORT

Findings of the June Update

This month sees the addition of one new country (Fiji), meaning that, at the time of this upload, we are tracking the availability of data for 199 countries - which together account for 99.9% of all COVID-19 confirmed cases and reported deaths globally.

As of mid-June 2021, 50% of countries tracked provided sex-disaggregated data for cases and/or deaths in the past month. An additional six countries are currently reporting sex-disaggregated data for vaccinations but not on cases or deaths.

As well as looking at the global availability of sex-disaggregated data and gaps in country reporting, this update looks at the availability of sex-disaggregated data by WHO Region.

The update also explores outcomes along the clinical pathway by sex at the global level, covering testing, confirmed cases, hospitalisations, ICU admissions and deaths. It also features data on vaccination distribution and coverage by sex and age.

Country-specific data, including case and death data over time, can be found via the Tracker.

KEY TAKEAWAYS FROM THE LATEST DATA UPLOAD

1. Across the 42 countries reporting the sex-breakdown of COVID-19 vaccinations, 52% of individuals who have received at least one dose of a vaccine are women and 54% of fully vaccinated individuals are women. In the majority of reporting countries, more women have been vaccinated than men, with the exception of 8 countries, where more men have been vaccinated than women (see Fig 9).

2. Vaccination distribution varies across countries, ranging from Lithuania where 63% of people vaccinated (at least one dose) are women, to Gabon where women comprise 21% of individuals with at least one dose (Fig 9).

3. While some countries continue to consistently report data, we see a decline in the number of countries reporting sex-disaggregated COVID-19 data. Of those previously reporting sex-disaggregated case data, 30% are no longer doing so. 34% of countries who had previously reported sex-disaggregated death data are no longer doing so (see Fig 5).

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Global availability of sex-disaggregated data

The proportion of total cases and deaths where sex is known is roughly 7 out of 10 cases and nearly 8 out of 10 deaths in mid-June, up from 5 out of 10 cases and 6 out of 10 deaths in January 2021 (Figs 1 and 2). Despite this rise, 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, January 2021 - June 2021

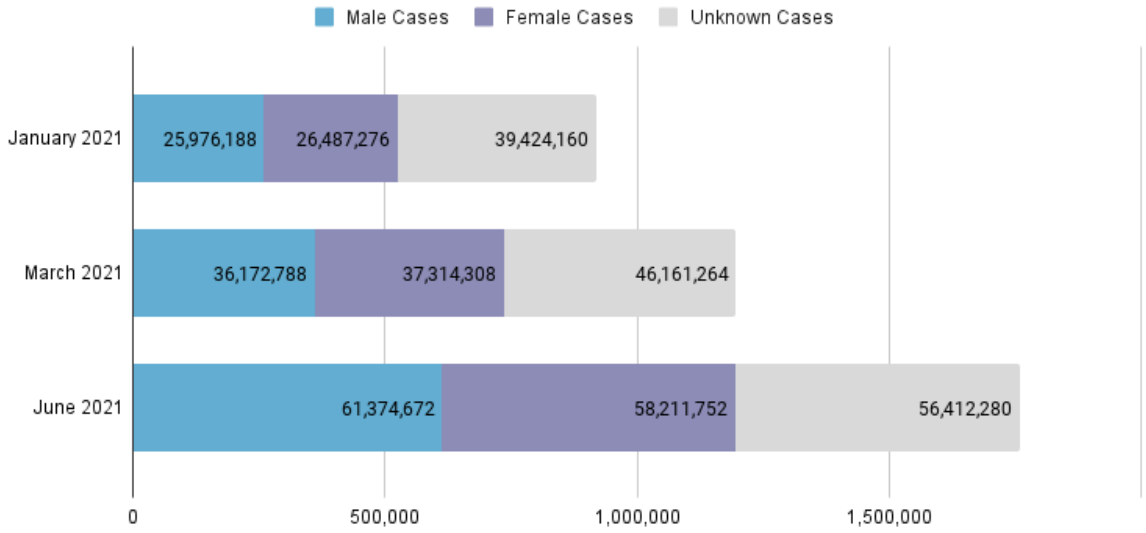
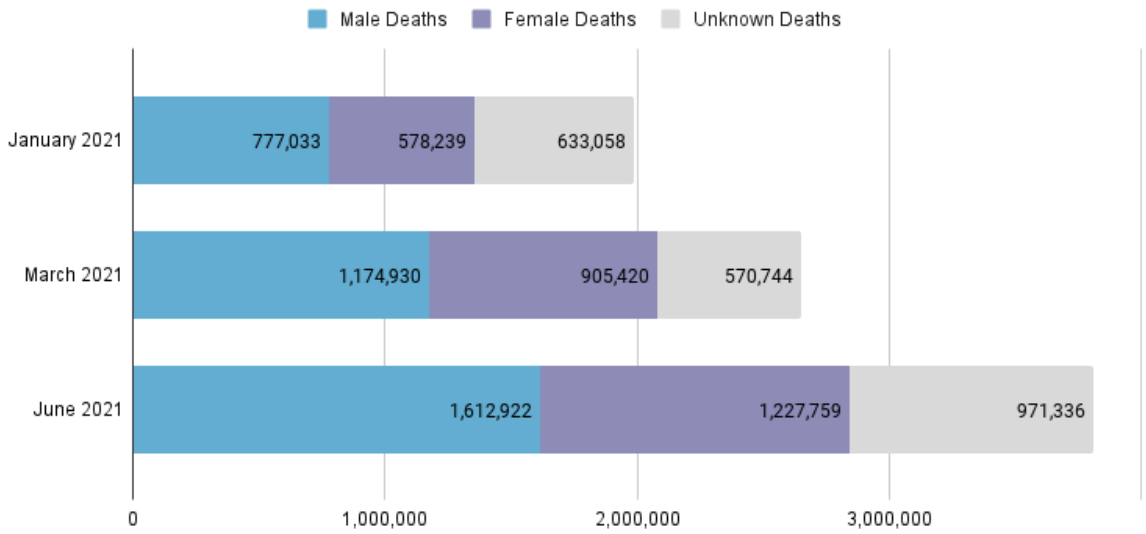


Fig 2. Number of Global COVID-19 Deaths where the Sex is Known, January 2021 - June 2021



Regional availability of sex-disaggregated data

To look at regional variation we have used the WHO six regions: Africa Region (AFRO), Region of the Americas (AMRO), Eastern Mediterranean Region (EMRO), Europe Region (EURO), South East Asian Region (SEARO) and Western Pacific Region (WPRO).

The majority of cases with unknown sex are in AMRO (Americas) and EURO (Europe); these regions also contribute the majority of global cases. EMRO, however, has the largest proportion of cases with unknown sex compared to other regions (Fig 3). For deaths, EMRO and SEARO are contributing large numbers of deaths with unknown sex, particularly relative to their contributions to total global deaths (Fig 4). SEARO had a large proportion of cases with unknown sex in April (>99%) that was been filled in as India resumed reporting cases by sex in May. However, updated cases by sex for India were not available in June and so the gap in case data for SEARO has grown this month.

Fig 3. Proportion of COVID-19 Cases where the Sex is Known by WHO Region, June 2021

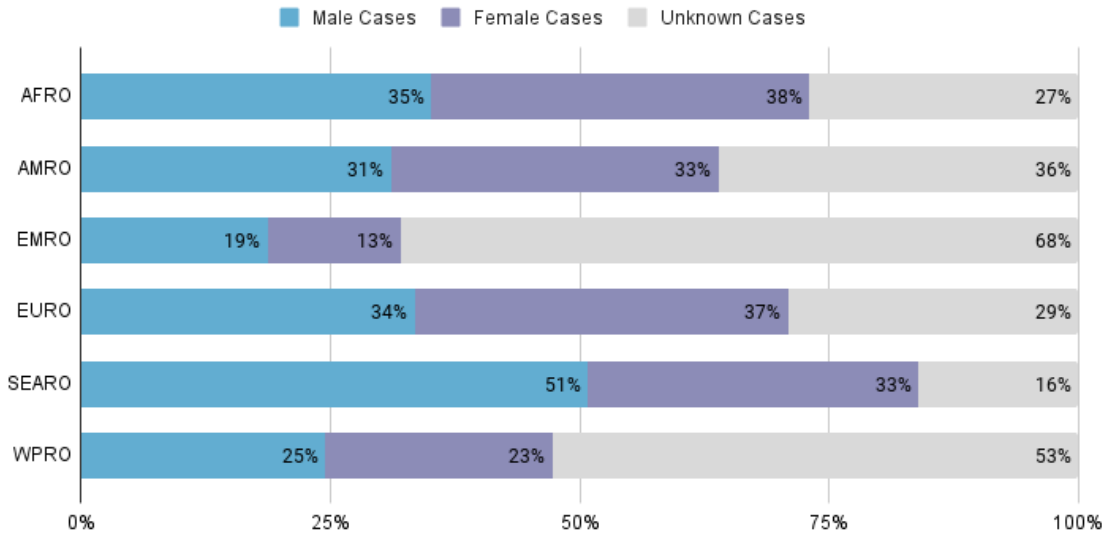
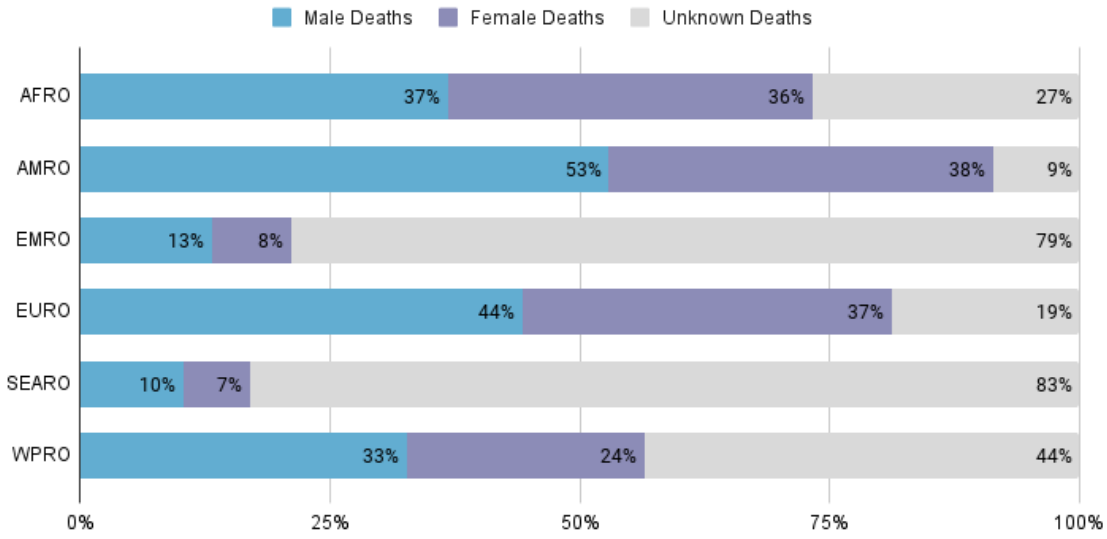


Fig 4. Proportion of COVID-19 Deaths where the Sex is Known by WHO Region, June 2021



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 by sex in May 2021 but we have not been able to locate sex disaggregated data for deaths since May 2020. We have not been able to locate sex-disaggregated data for either cases or deaths for Turkey since October 2020. We have not been able to obtain sex disaggregated 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 Update [1]

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
France	Reporting	Reporting
Turkey	Oct 2020	Oct 2020
Russia	Never	Never
The United Kingdom [2]	Reporting	Reporting
Italy	Reporting	Reporting
Argentina	Reporting	Reporting
Colombia	Reporting	Reporting

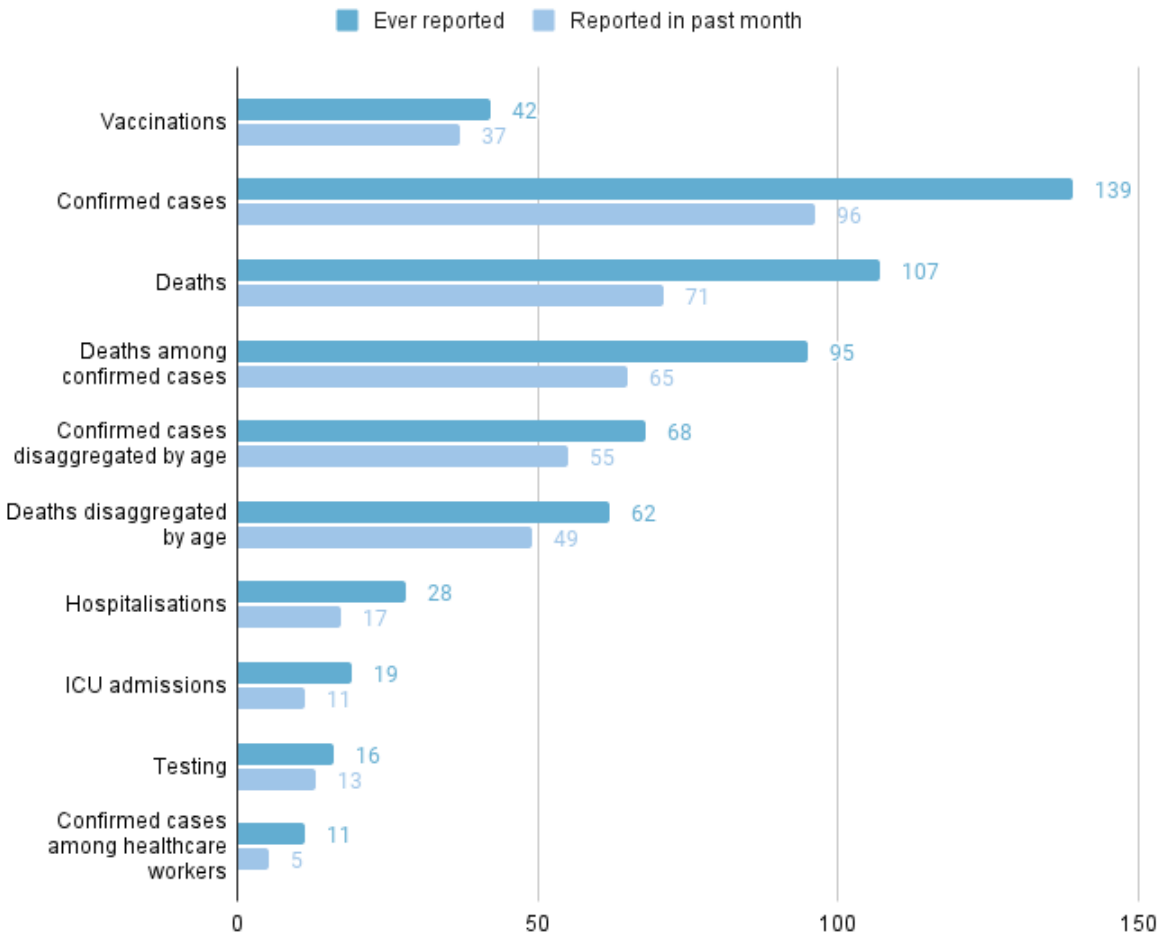
Countries report sex-disaggregated data inconsistently and incompletely across all key indicators. A notably smaller proportion of countries reported sex-disaggregated data in the past month than have ever reported such data over the course of the pandemic (Fig 5).

In the past month, 48% (96) of the 199 countries being tracked reported sex-disaggregated case data and 36% (71) reported sex-disaggregated death data, reflecting a slight decline from April and May. Forty-three 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. Thirty-six countries that previously reported death data by sex have not updated their data in over a month and 21 of these countries have not updated sex-disaggregated data in 2021.

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.

Figure 5. Number of Countries Reporting Sex-Disaggregated Data by Indicator, Ever and in the Past Month, across 199 Countries as of June 2021

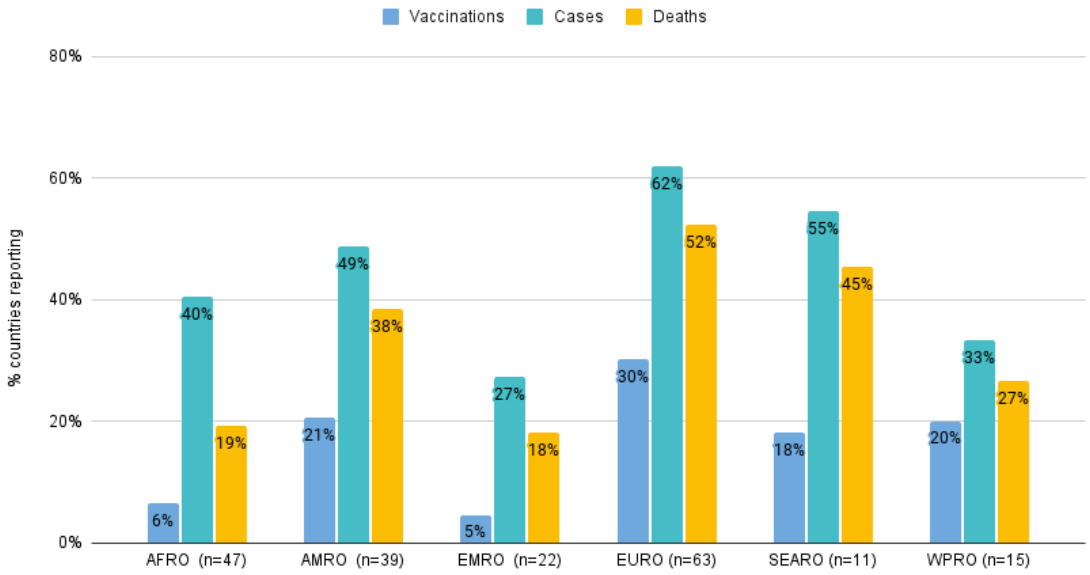


The full list of countries reporting on each variable and the corresponding data can be found here.

Data availability across the indicators varies across WHO regions (Fig 6). Confirmed cases by sex is the most frequently available indicator available across regions, and even so less than half of countries in AFRO, AMRO, EMRO and WPRO regions provided data on this indicator in the past month. EURO is the only region with more than half of countries reporting deaths by sex in the past month.

Other variables are not widely reported in any region, while three regions have no countries reporting ICU admissions by sex and only AMRO and EURO have any countries reporting confirmed cases among healthcare workers.

Figure 6. Percent of Countries Reporting Sex-Disaggregated Data on vaccinations, cases and deaths, in the Past Month by WHO Region, as of June 2021

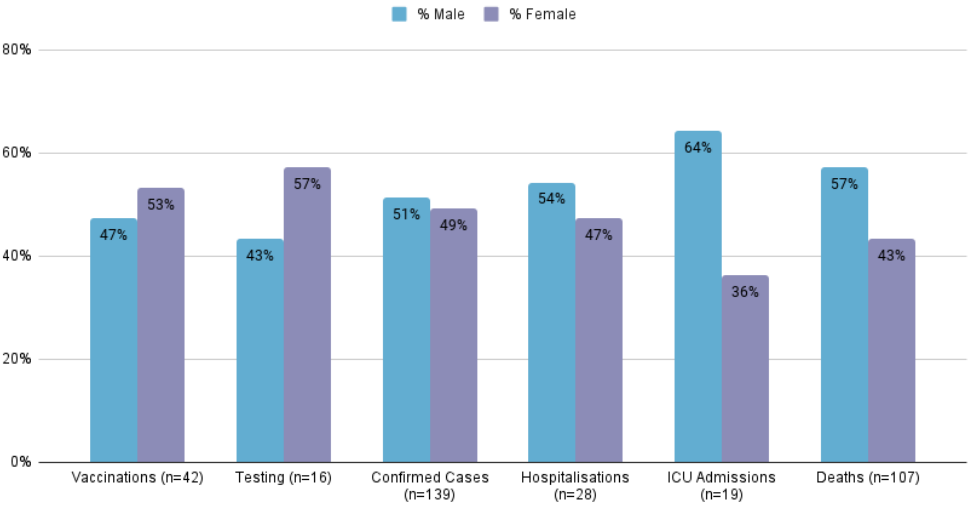


Global gender differences along the COVID-19 clinical pathway

Figure 7 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 (64%) and deaths (57%) (Figure 7).

Globally, these proportions have remained fairly stable over time. Proportions vary widely by country and region (see May 2021 Update for outcomes by region), but for individual countries these proportions are also largely consistent through time. Country-data on each of these variables can be explored here.

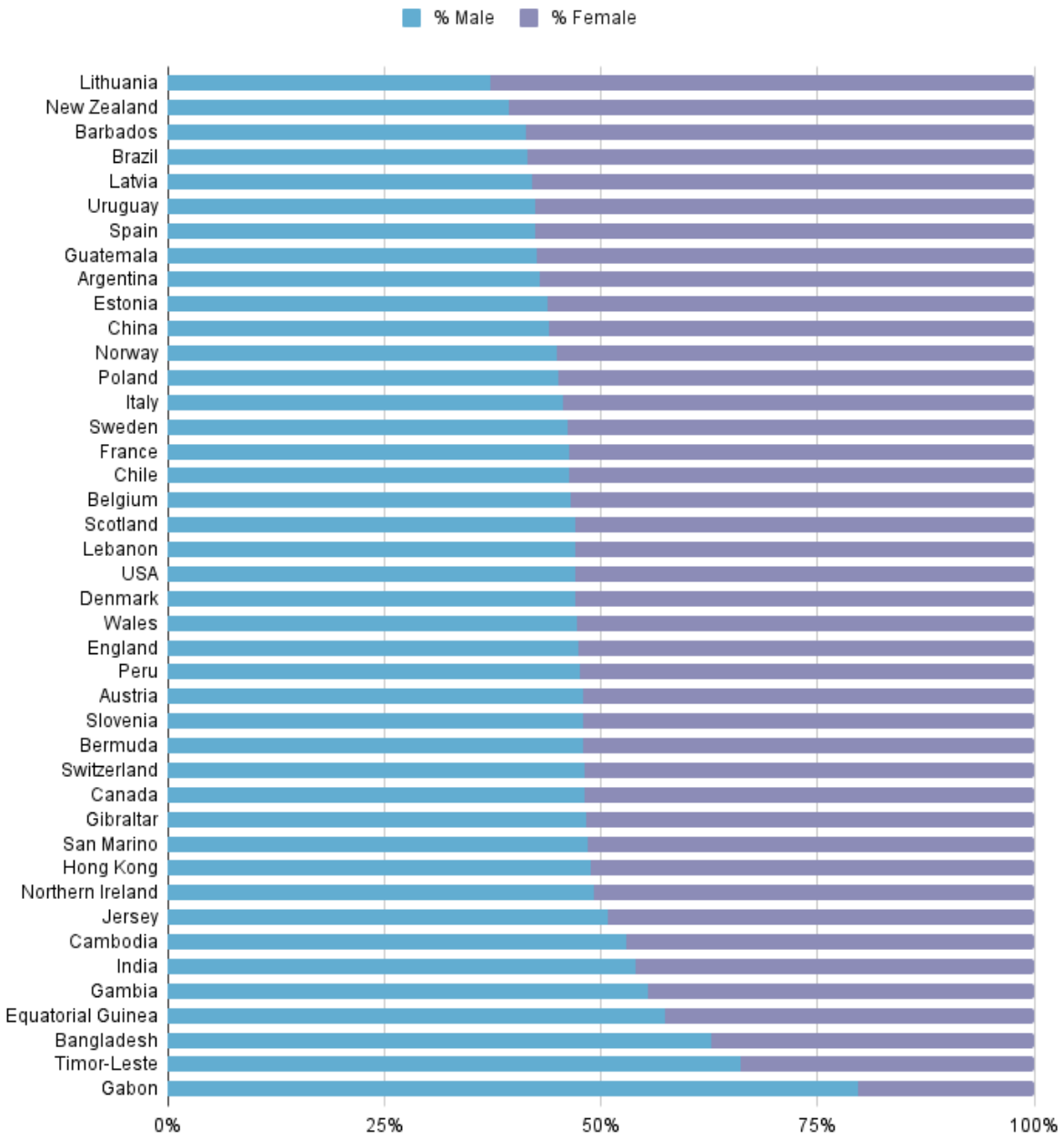
Fig 7. Gender differences along the COVID-19 clinical pathway



Gender differences in COVID-19 vaccination distribution

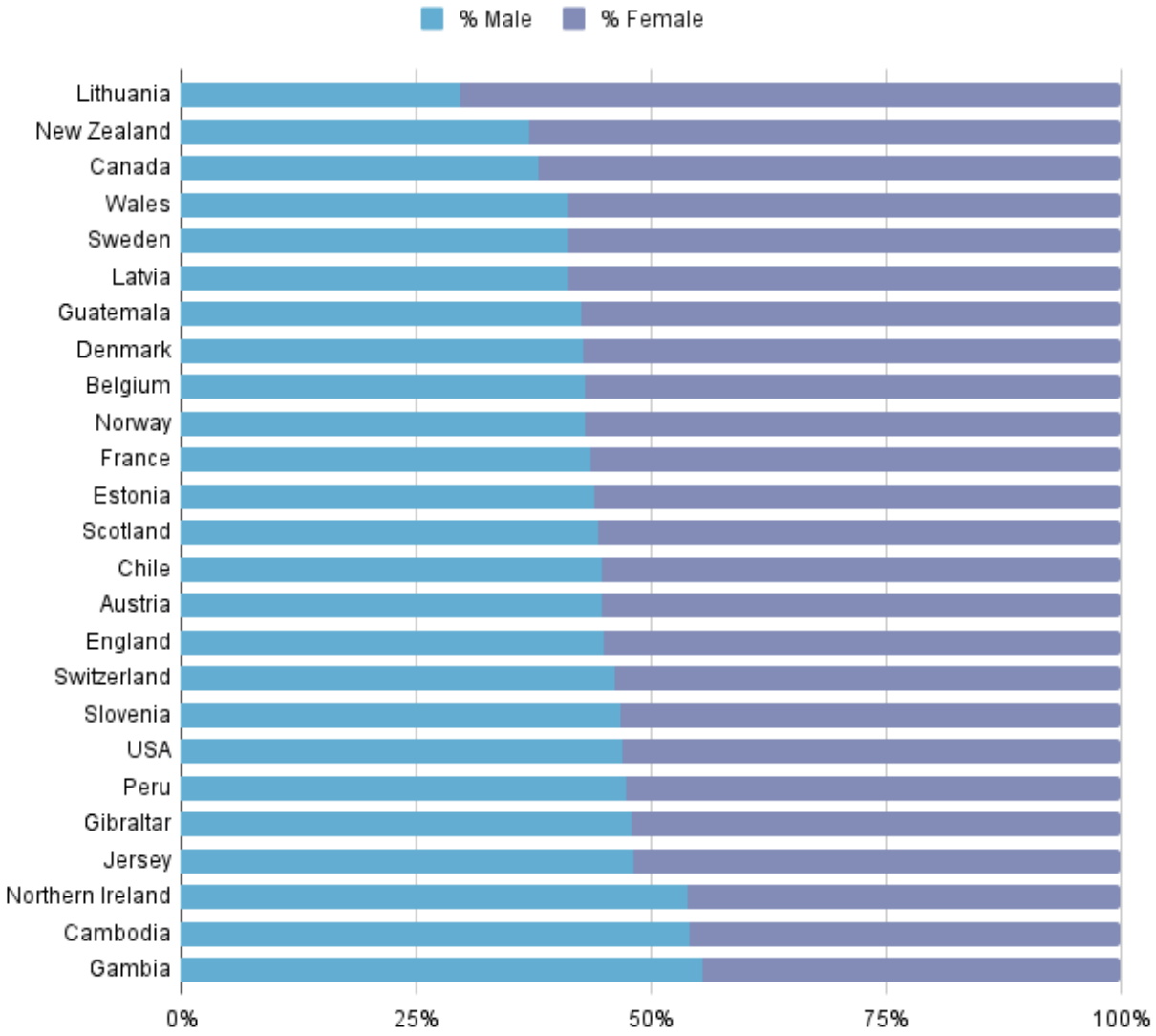
Globally, 42 countries have reported on the sex breakdown of individuals receiving COVID-19 vaccinations. Five of those countries had not updated their data in the past month. Amongst those reporting, more women have received at least one dose than men with women making up 52% of individuals vaccinated globally. This was consistent with findings from our April and May updates. However this varies across countries, ranging from Lithuania where 63% of vaccinated (at least one dose) are women, to Gabon where women comprise 21% of individuals with at least one dose (Fig 9).

Figure 9. Vaccine Distribution, at least one dose, by Sex, June 2021



Of the 42 countries reporting vaccination data, 25 provide data on individuals who are fully vaccinated, in most cases individuals who have received two doses. More women than men have been fully vaccinated; 54% of fully vaccinated individuals for whom there is sex data were women. The proportion of fully vaccinated individuals who are female varies across these 25 countries, from 70% in Lithuania to 44% in Gambia (Fig 10).

Figure 10. Vaccine Distribution, fully vaccinated/two doses, by Sex, June 2021



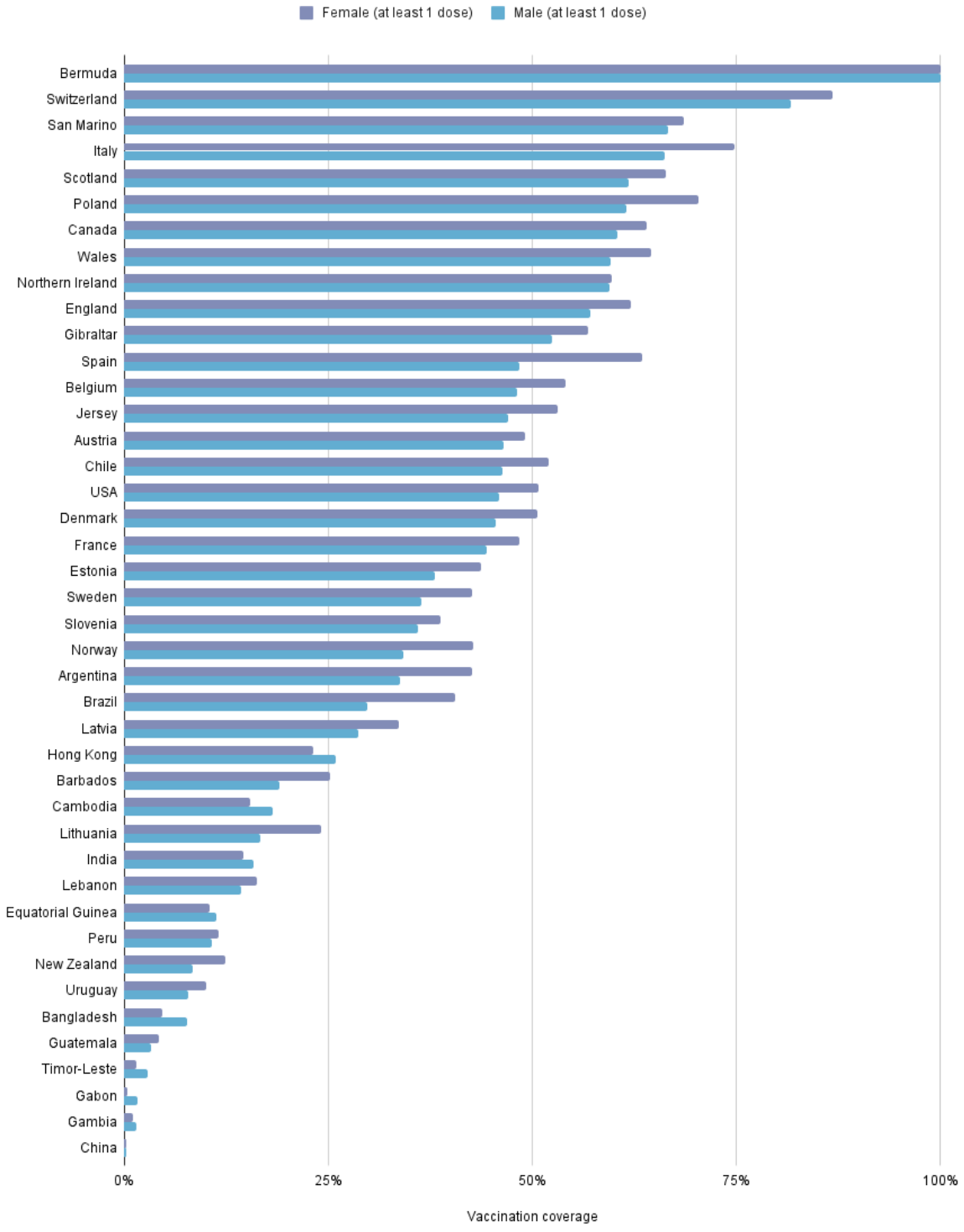
Dose definitions

'**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

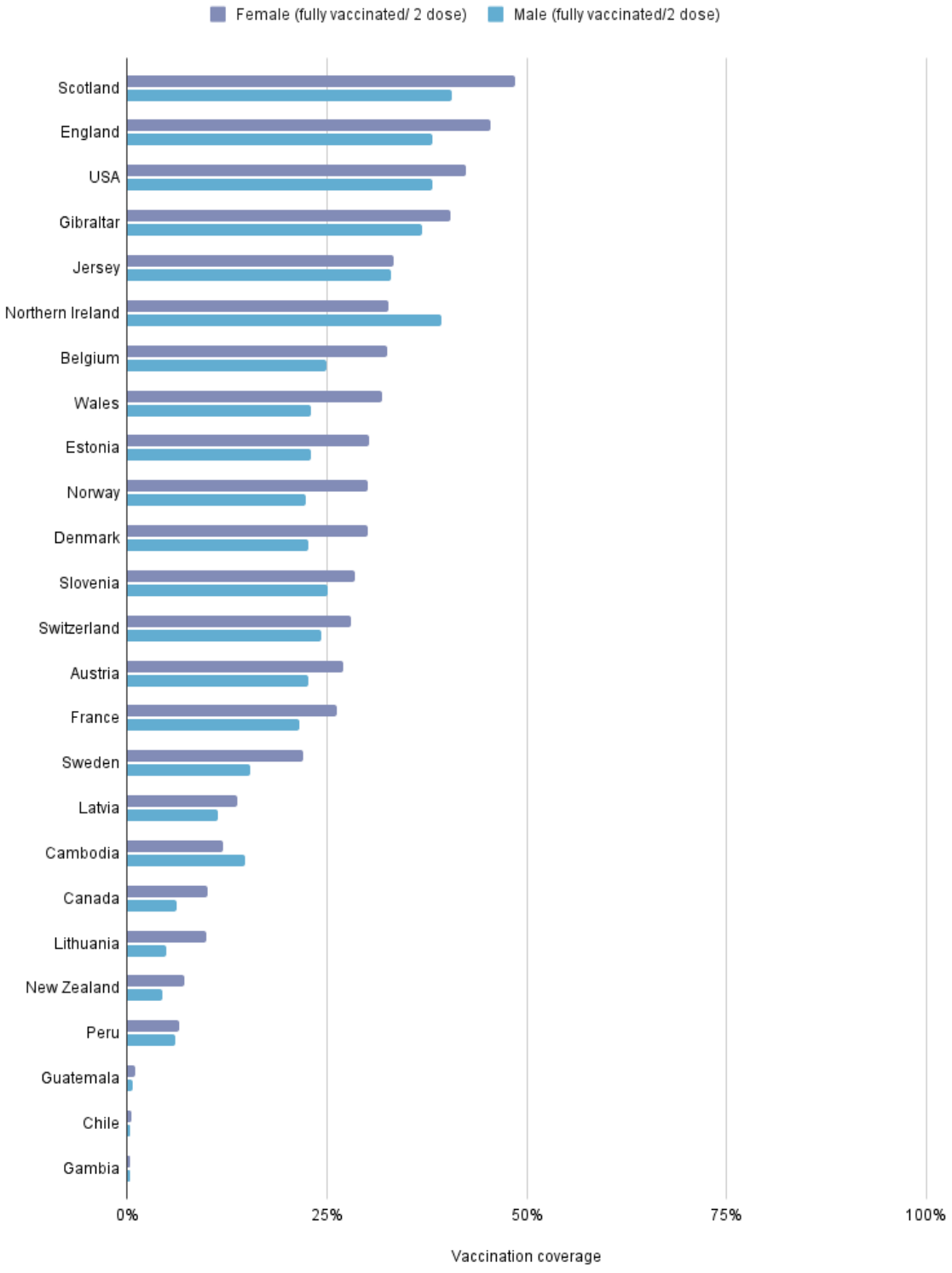
Vaccination coverage varies between the sexes across countries. Vaccination coverage (at least one dose) was higher among women in 32 of 42 countries (one country had universal coverage for both sexes based on 2019 population estimates).

Fig 11. Vaccine Population Coverage, at least one dose, by Sex, June 2021



Vaccination coverage for fully vaccinated individuals was also higher in women across 19 of the 25 countries reporting data on full vaccination by sex (coverage was nearly equal in two countries). While most countries are only distributing vaccines to adults, the cut off varies slightly, and some countries are administering vaccines to individuals as young as twelve. Given the variation in vaccine policy, we look at coverage for the total population for comparability.

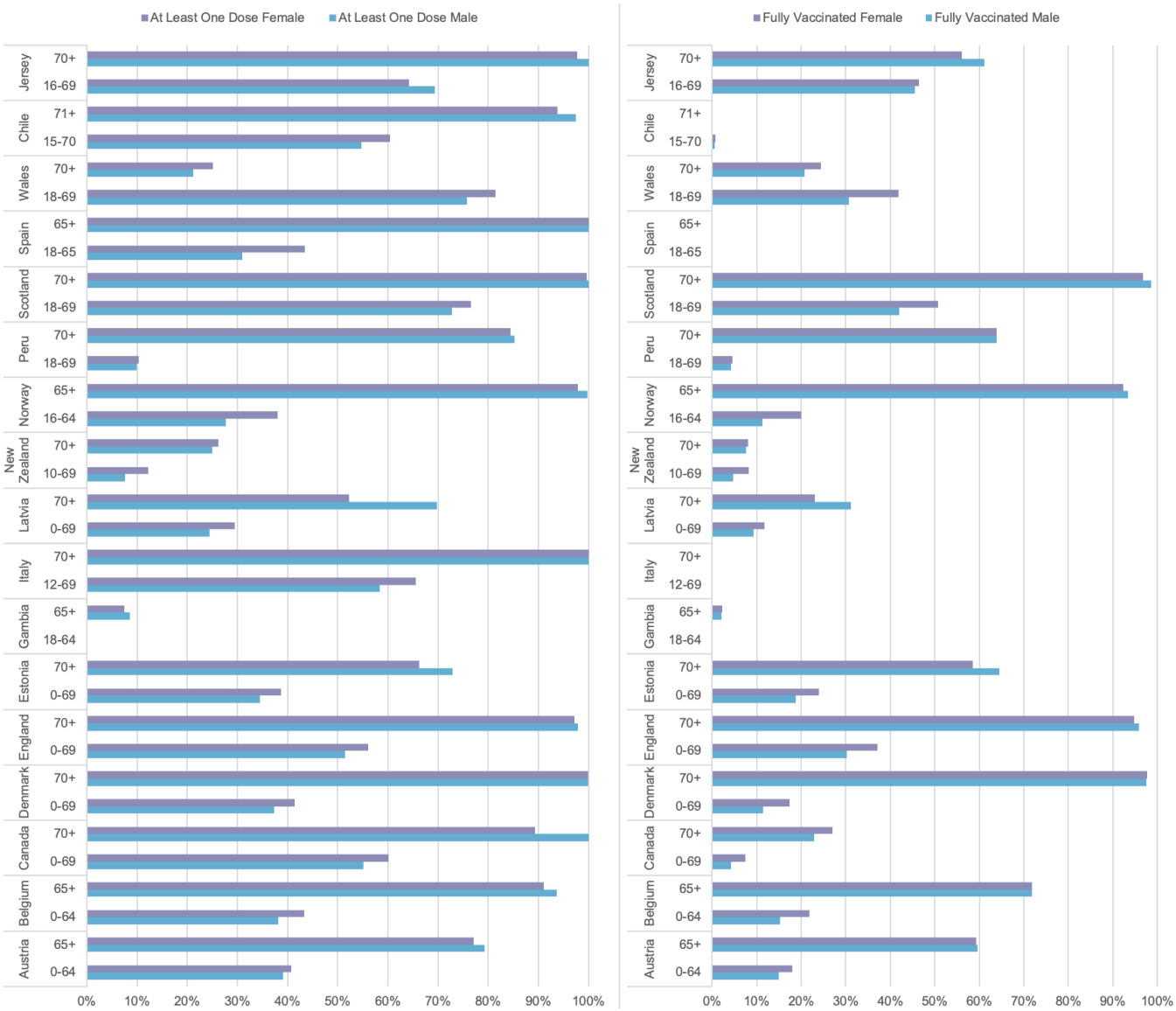
Fig 11. Vaccine Population Coverage, fully vaccinated, by Sex, June 2021



Gender differences in vaccinations by age and sex

Seventeen 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 fuller vaccinated among women in their older age groups, and Spain and Norway have higher coverage of at least one dose in their older age groups).

Fig 12. Vaccination Coverage, by Age and Sex from 17 Countries, June 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 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 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