THE COVID-19 SEX-DISAGGREGATED DATA TRACKER

MARCH UPDATE REPORT

Findings of the March Update

At the time of the latest upload, we are tracking the availability of data for **194 countries** - which together account for 99.9% of all COVID-19 confirmed cases and reported deaths globally.

Slightly more than half of the countries we track reported any sex-disaggregated data on their COVID-19 epidemics over the past month. The proportion of countries reporting is decreasing. In October, we found that 54% of countries reported some form of sex-disaggregated data, compared to 51% in January and **50% in March.**

This brief sees the addition of sex-disaggregated data on COVID-19 vaccinations for the first time, covering data on both one dose and two doses by sex, as well as age- and sex-disaggregated data where available.

KEY TAKEAWAYS FROM THE LATEST DATA UPLOAD

1. Sex-disaggregated vaccine data is now available for 29 countries (out of an estimated 146 countries that have begun vaccinations). This means that roughly 1 in 5 countries that have begun vaccinations have been found to report sex-disaggregated data on vaccination coverage.

2. Overall, more women have received the vaccine than men (56%). The average vaccination coverage (for those having received at least one dose) across these countries is 14% of women compared to 10% of men. The average coverage of two doses is 6.9% in women and 4.6% in men.

3. Four countries (India, Brazil, Russia and Turkey), who are among the 10 countries with the highest COVID-19 caseloads globally, together account for 59% of cases with unknown sex and 48% of deaths with unknown sex.

4. Overall, the gender disparities seen along the clinical pathway remain stable, with more women being tested (57%) and making up slightly more than half of all global confirmed cases (51%). However, more men are hospitalised, admitted to intensive care and dying. Men account for 53% of hospitalisations, 64% of Intensive Care Unit (ICU) admissions and 56% of deaths globally.

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Global availability of sex-disaggregated data

The proportion of total cases and deaths where sex is known has increased to roughly 6 **out of 10 cases and 8 out of 10 deaths by mid-March**, from 5 out of 10 and 3 out of 10 respectively in December 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.

There remains an absence of data on non-binary and transgender populations. We have not located any national-level COVID-19 surveillance data on non-binary or transgender populations. Two states in India (Tamil Nadu and Haryana) are reporting data on cases and deaths among non-binary populations.

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

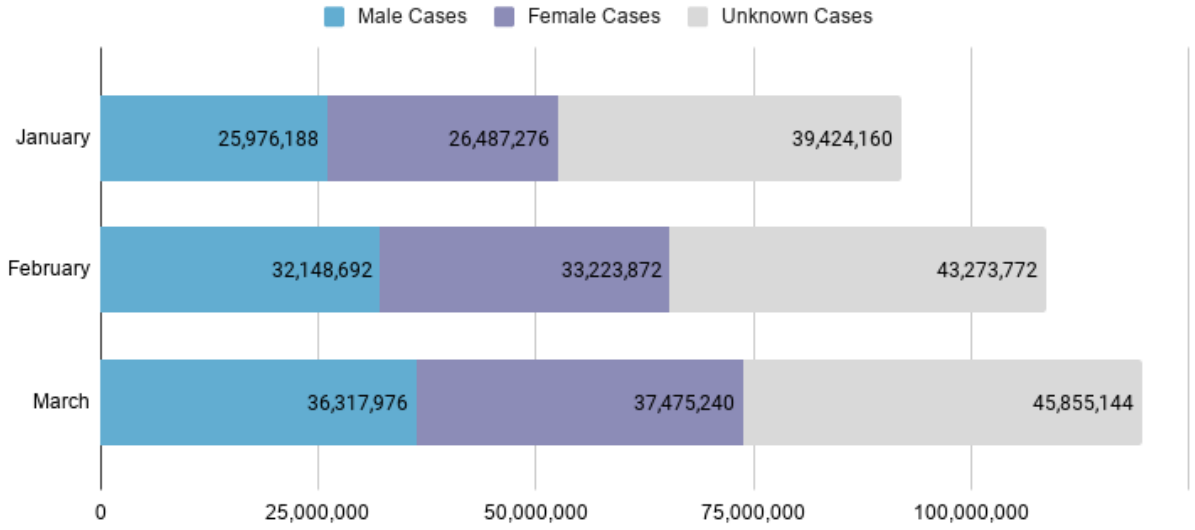
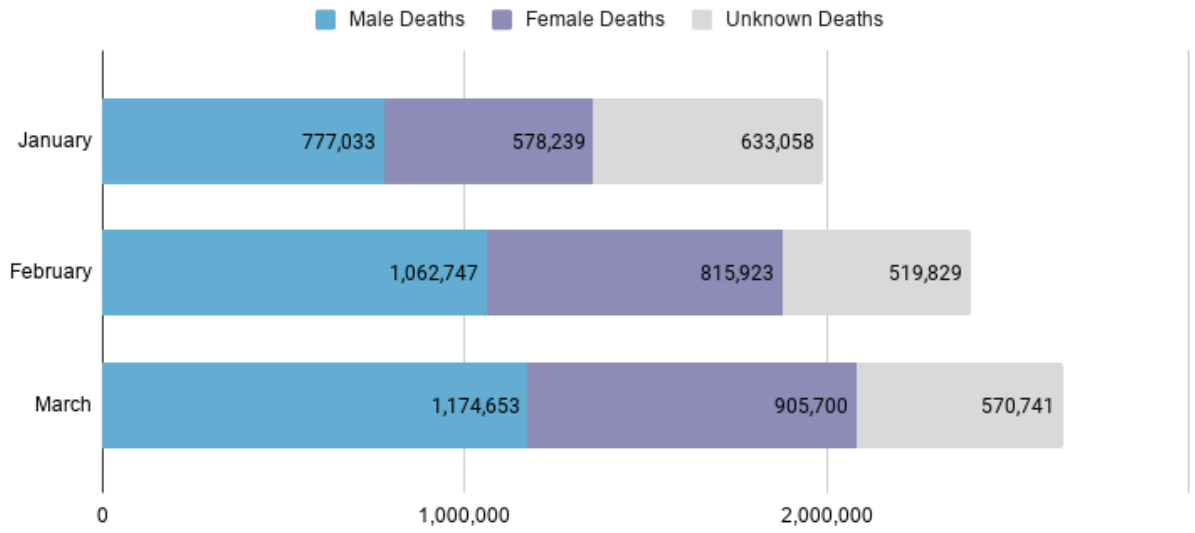


Fig 2. Number of Global COVID-19 Deaths where the Sex is Known, January - March 2021



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. We have not been able to locate sex disaggregated data in India for cases since early September and deaths since May and for either cases and deaths for Turkey since October. We have not been able to obtain sex disaggregated case data for Brazil since December. **These countries account for 59% of cases with unknown sex and 48% of deaths with unknown sex.**

Table 1. Availability of Sex-Disaggregated Data within the Past Month amongst Countries with the Highest COVID-19 Caseload as of this Update
Date indicates the last month where sex-disaggregated data was located for that country.

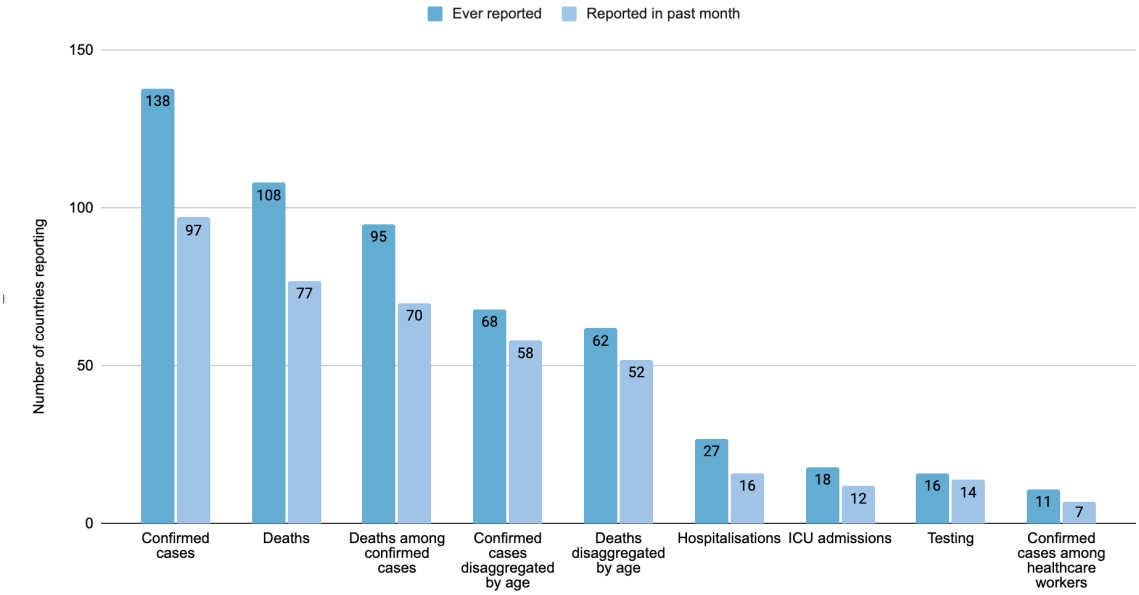
Country	Cases	Deaths
USA	Reporting	Reporting
Brazil	Dec 2020	Reporting
India	Sep 2020	May 2020
Russia	Never	Never
United Kingdom[2]	Reporting	Reporting
France	Reporting	Reporting
Italy	Reporting	Reporting
Spain	Reporting	Reporting
Turkey	Oct 2020	Oct 2020
Germany	Reporting	Reporting

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 (Figure 3).

In the past month, **50% (97) of the 194 countries being tracked reported sex-disaggregated case data and 40% (77) reported sex-disaggregated death data**, which was consistent with the proportion reporting in January. Forty-one countries who had previously reported case data by sex and 31 who had previously reported death data by sex were no longer 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.

Fig 3. Number of Countries Reporting Sex-Disaggregated Data by Indicator, Ever and in the Past Month, across 194 countries as of March 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 4a 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 (53%), ICU admissions (64%) and deaths (56%).

Globally, these proportions have been quite stable (Figure 4b). In October 2020, men made up 52% of confirmed cases (and 31% of infections among healthcare workers), 54% of hospitalisations, 69% of ICU admissions and 58% of deaths. In March 2021, we find that men make up 49% of cases (and 28% of infections among healthcare workers), 53% of hospitalisations, 64% of ICU admissions and 56% of deaths.

These proportions vary widely by country. For instance, the proportion of cases that are male ranges from 89% in some countries to 37% in others, with deaths ranging from 87% to 28% male. However, for individual countries these proportions are also largely consistent through time.

Fig 4a. Global COVID-19 Clinical Pathway, % male / % female

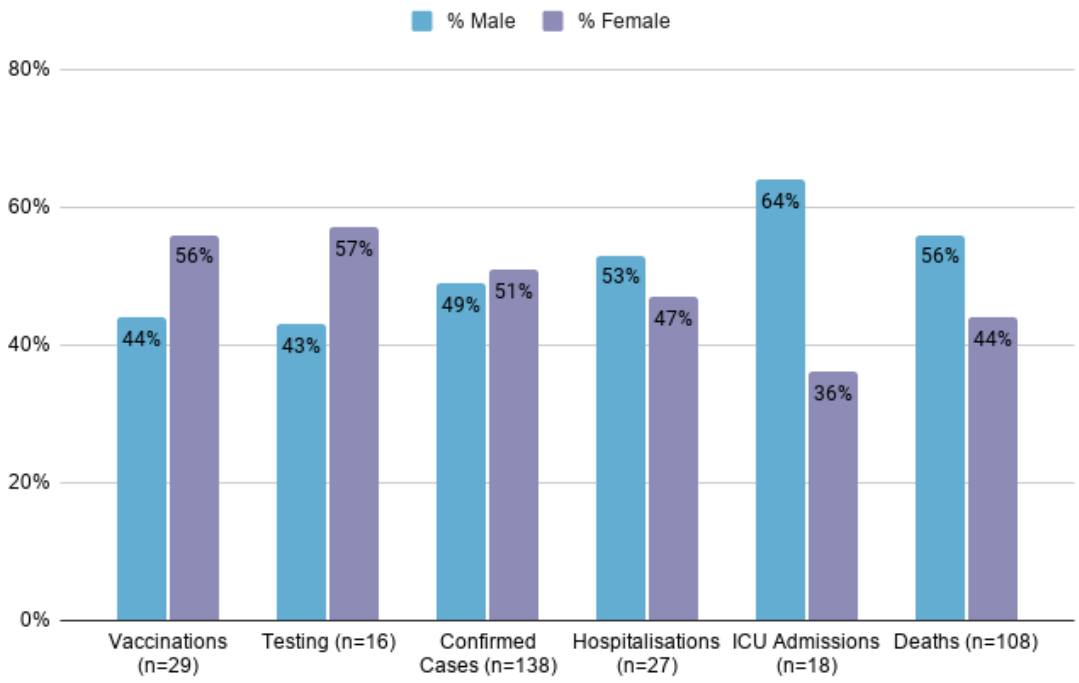
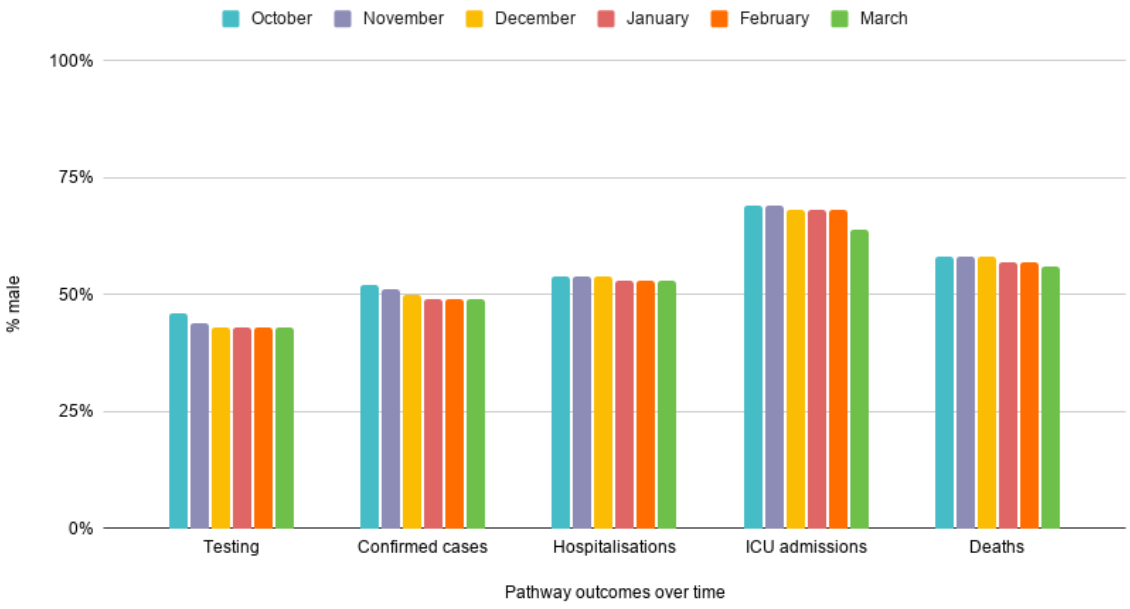


Fig 4b. Global COVID-19 Clinical Pathway, October 2020 - March 2021, % male



Gender differences in COVID-19 vaccinations

Since late 2020, countries have been rolling out COVID-19 vaccinations, though with considerable cross-country variation in the timing of initiation and scope of their vaccination campaigns. To date, limited data is available globally on the recipients of vaccines.

As of this update, 29 countries have reported sex-disaggregated data on vaccinations. At this point an estimated 146 countries have begun vaccinations, meaning roughly 1 in 5 of these countries are reporting sex-disaggregated data on coverage. Of these 29 countries, as well as reporting the sex of recipients of at least one dose of a COVID-19 vaccine, 16 are also reporting sex-disaggregated data on those who have received two doses of a vaccine.

Overall, more women (56%) than men have received COVID-19 vaccination (at least one dose). Amongst countries reporting two doses administered, 60% of individuals that have received two doses are women.

In most countries (26/29), women have received more vaccines than men, with the notable exceptions of India, Bangladesh and Cambodia. **Figure 5a** shows the absolute distribution by sex of at least one vaccination dose. **Figure 5b** shows the absolute distribution by sex of two doses of vaccination.

Population coverage remains fairly low in all countries providing sex-disaggregated vaccination data, as expected given the short duration of vaccination roll-out and well publicised challenges to distribution in many countries **(Figure 6a and 6b).**

While vaccination strategies have varied across countries, most countries have prioritised healthcare workers and the elderly in their first phases of roll-out. These groups are disproportionately female in many countries and may be a partial explanation for the higher rates of women receiving vaccination.

Age- and sex-disaggregated vaccination data

Twelve countries provide data by age and sex which allows for further analysis of disparities in vaccination, particularly given the age-specific roll-out of vaccines in many locations. In the majority of countries, when looking at the proportion of the population who have been vaccinated, women continue to be vaccinated at higher rates than men even among older age groups **(Figure 7).**

In several countries, the gap in vaccination coverage between men and women in the older age group is smaller than for younger age groups. In many countries, however, the disparity in vaccination coverage between men and women persists in the age groups of 65 or 70 and older. The persistent disparity observed among older populations suggests that such gaps are not merely a function of the overrepresentation of women in groups prioritised by vaccine policy, at least in some countries.

Fig 5a. Vaccine Distribution, at least one dose, by Sex, March 2021

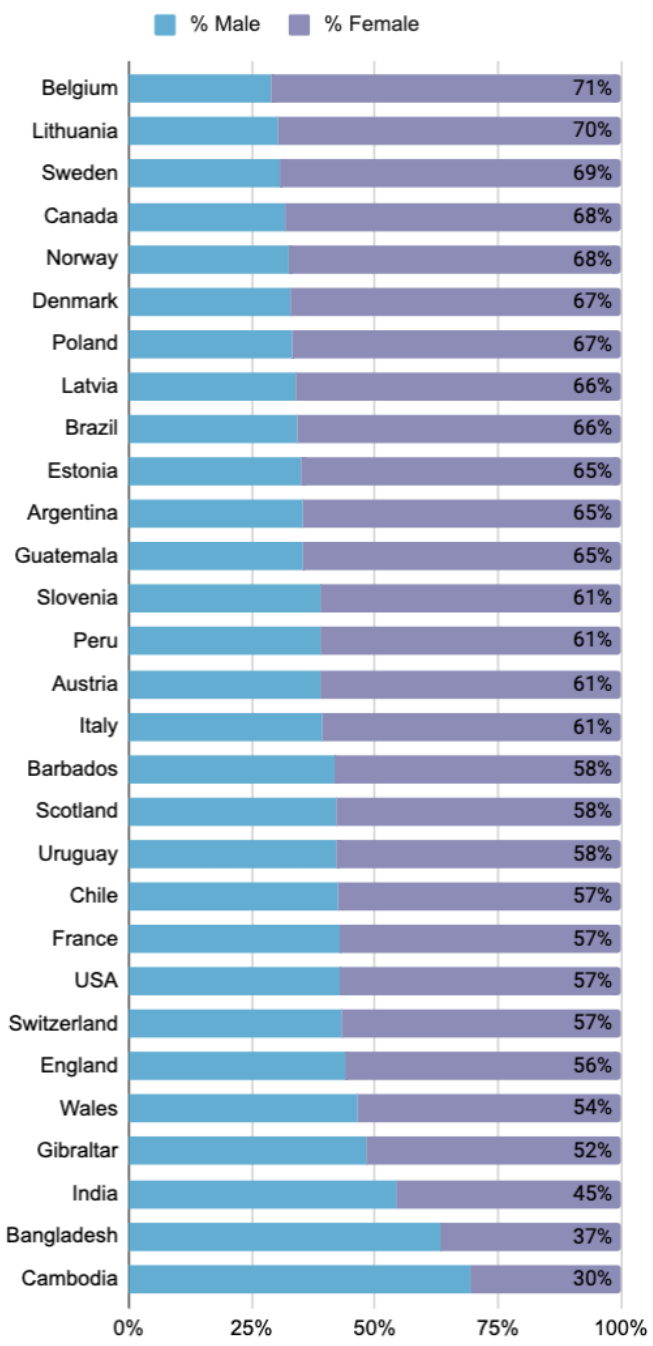


Fig 5a. Vaccine Distribution, second dose, by Sex, March 2021

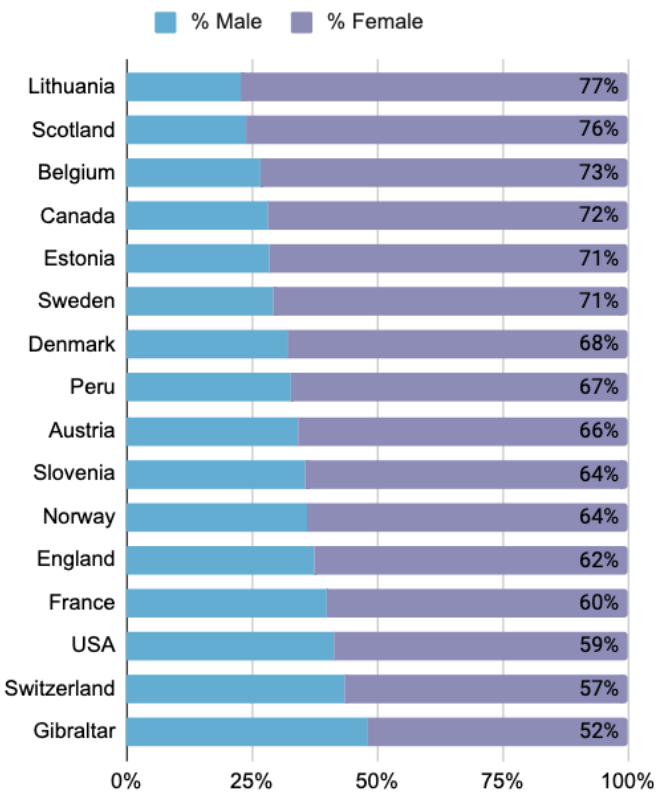


Fig 6a. Proportion of population vaccinated with at least one dose, by Sex, March 2021

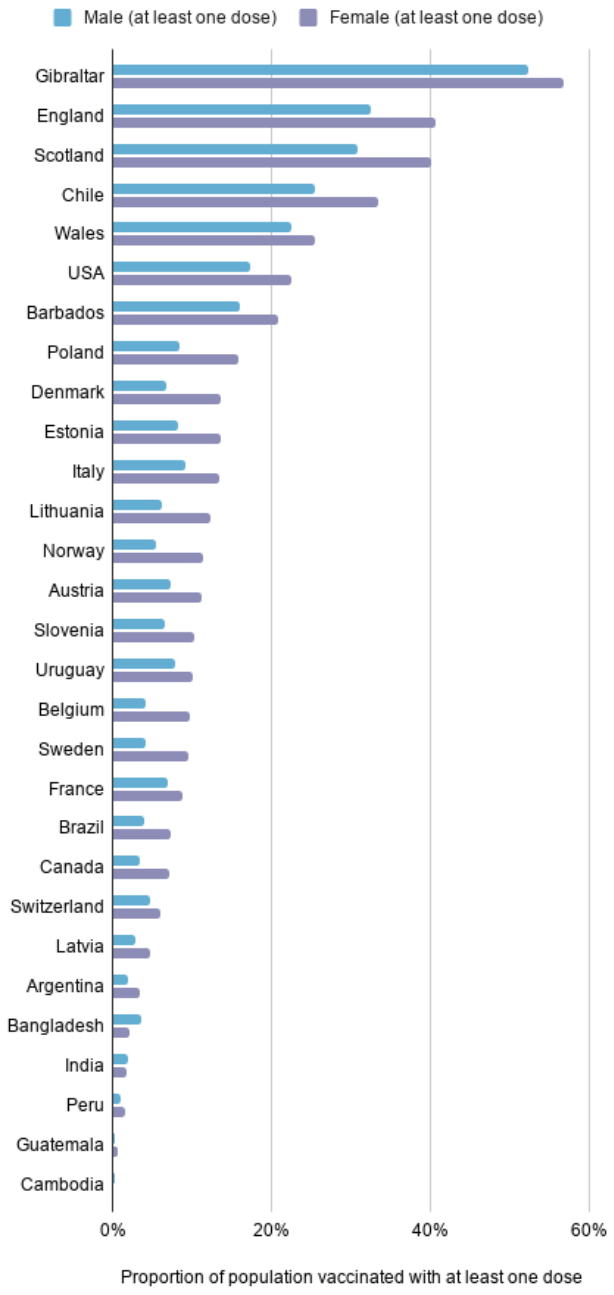


Figure 6b. Proportion of population vaccinated with two doses, by Sex, March 2021

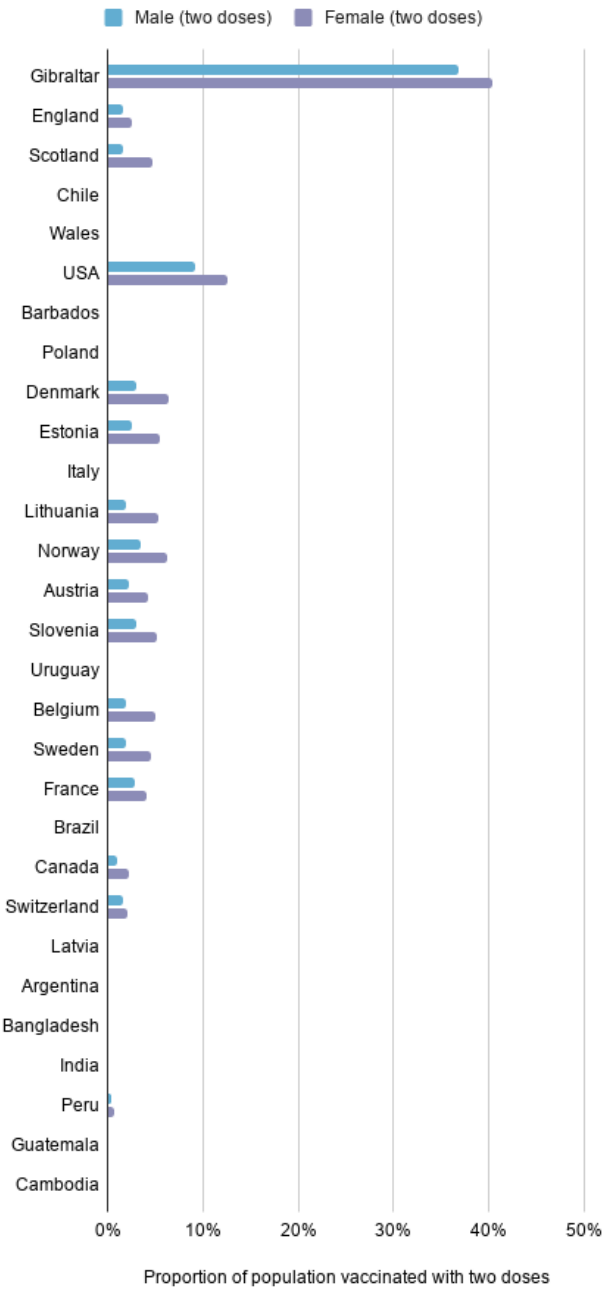
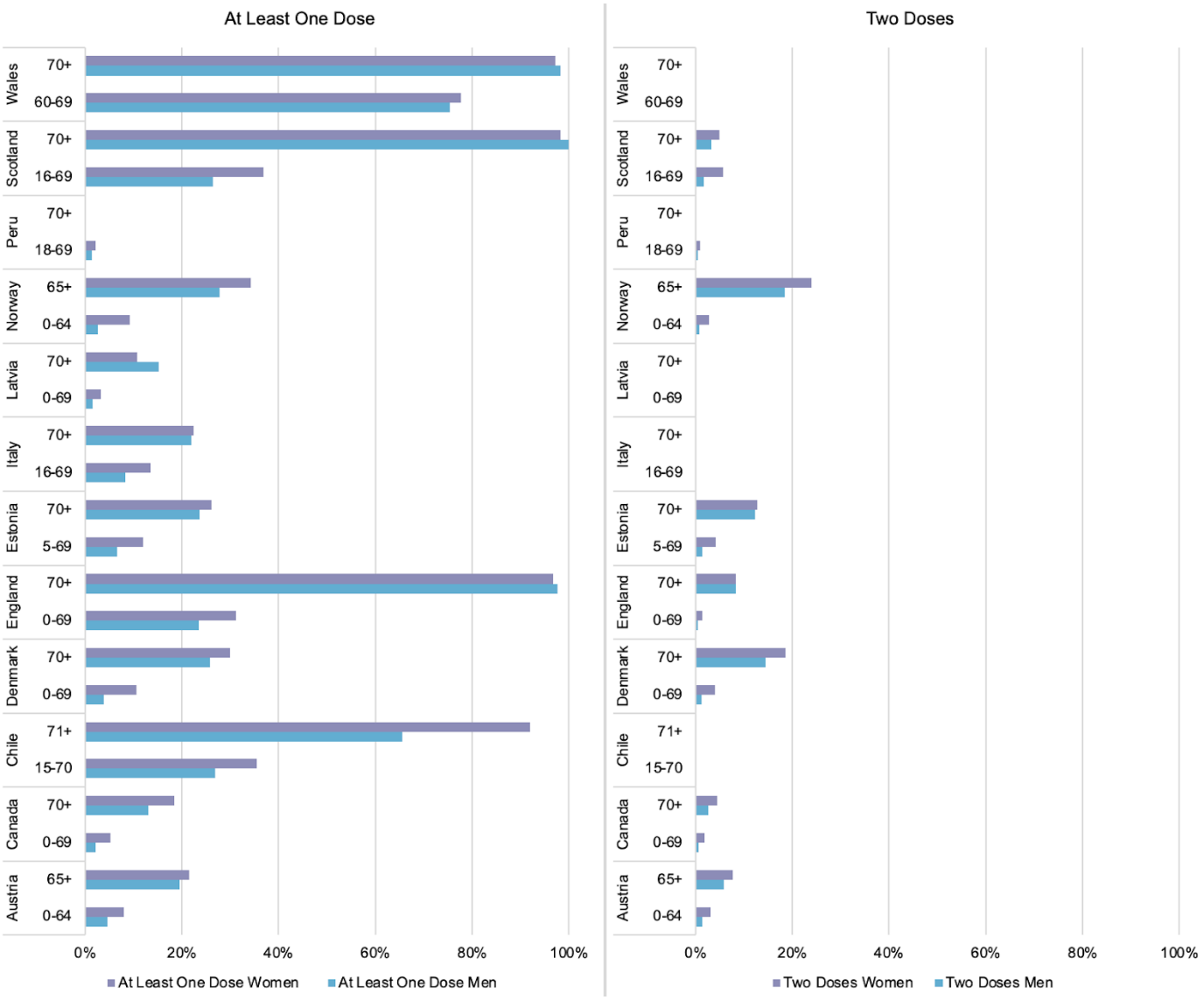


Figure 7. Vaccination Coverage, at least One Dose, by Age and Sex from 12 Countries, % of total population, March 2021



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/

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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