UPDATE NOVEMBER 2020

# THE COVID-19 SEX-DISAGGREGATED DATA TRACKER NOVEMBER UPDATE REPORT

### **Findings of the November Update**

As of the most recent data update on 16 November 2020, the COVID-19 Sex-disaggregated Data Tracker was tracking 183 countries. These countries 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. This figure appears to be dropping: in the previous month, 54% of countries reported some form of sex-disaggregated data, compared to 51% this month.

As of this update, the Data Tracker contained sex-disaggregated data for 58% of the global cases and 74% of the global deaths reported to the World Health Organization. This means that we do not know the sex of roughly 4 in 10 cases and 3 in 10 deaths globally.

No single country is reporting sexdisaggregated data across the key indicators that show who is getting tested, sick and dying from COVID-19. Those indicators include: i) testing, ii) confirmed cases, iii) hospitalisation, iv) ICU admission: and v) deaths. In the past month, only 1 in 3 countries reported sexdisaggregated data on both confirmed cases and deaths. When countries don't report this data at the same time, researchers are unable to calculate and compare men and women's case or infection fatality rates.

## KEY TAKEAWAYS FROM THE LATEST DATA UPLOAD

- The number of countries reporting sex-disaggregated data on their COVID epidemics appears to be decreasing. While 72% of the 183 countries we track have reported data by sex at some point during the pandemic, just half (51%) reported such data over the past month compared to 54% last month. This drop in reporting occurs as COVID-19 cases and deaths continue to surge across the globe.
- The sex of roughly 4 in 10 cases and 3 in 10 deaths globally remains unknown.

  However, if countries started or reinstated reporting sex-disaggregated data, these gaps could be filled.
- Differences in infections and outcomes in men and women at the global level have remained relatively stable, with men accounting for a similar proportion of confirmed cases (51%), yet making up the majority of deaths (58%). To date, for every 10 women who have died from COVID-19, there have been roughly 14 deaths in men.

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

The chart below 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, ICU admissions and deaths (Figure 1). These proportions vary significantly by country, but the global picture has been relatively stable. Country data on each of these variables can be explored <a href="heterogeneering-n

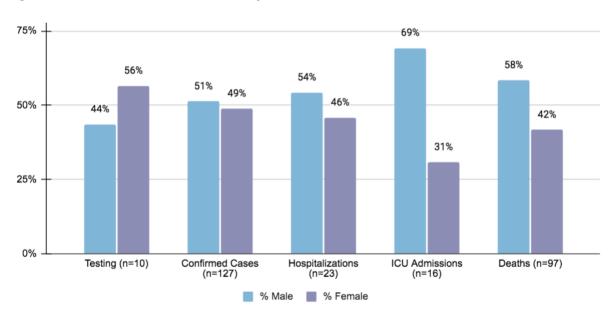


Fig 1. Global COVID-19 Clinical Pathway, % male / % female

### Availability of nationally-reported sex-disaggregated data on COVID-19

At the time of the latest upload, across the 10 countries with the highest number of confirmed cases globally, 6 reported sex-disaggregated data on cases within the past month and 6 on deaths. One of these countries, Russian Federation, has never reported any sex-disaggregated data on cases or deaths (Table 1).

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 (Table 2).

The availability of sex-disaggregated data on COVID-19 further varies by World Bank country income groupings (Table 3).

The full data-table can be viewed here.

### Table 1. Availability of Sex-Disaggregated Data within the Past Month among Countries with the Highest COVID-19 Caseload (Source: <u>WHO</u>) as of 16 November

Across the countries with the highest number of confirmed cases at the time of publication, only 6 in 10 have published sex-disaggregated data on both cases and deaths within the past month.

Country	Cases	Deaths
USA	Reporting	Reporting
India		
Brazil		Reporting
France	Reporting	Reporting
Russia		
Spain	Reporting	
United Kingdom <sup>2</sup>	Reporting	Reporting
Argentina	Reporting	Reporting
Italy	Reporting	Reporting
Colombia	Reporting	Reporting

### Table 2. Availability of Sex-Disaggregated Data by Indicator, across 183 Countries as of 16 November

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

Our October update found that among the countries that had ever reported sexdisaggregated data for cases or for deaths, 80% had continued to do so in the most recent month. This November update finds that this proportion has dropped to 73%.

	Countries that ever reported (183 total)	Reported in past month (% of ever reported)
Testing	10	10 (100%)
Confirmed cases	127	93 (73%)
Confirmed cases, by age	60	53 (88%)
Confirmed cases among healthcare workers	10	6 (60%)
Hospitalisations	23	16 (70%)
ICU admissions	16	11 (69%)
Deaths	97	71 (73%)
Deaths disaggregated by age	54	44 (81%)
Deaths among confirmed cases	83	61 (73%)

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.

Table 3. Availability of sex-disaggregated data in the past month by indicator, by World Bank country income level

		Number of countries reporting data by sex in the past month					
	Countries Tracked	Testing	Confirmed Cases	Hospital- isations	ICU Admissions	Deaths	Deaths per Confirmed Cases
High Income	66	8	38	13	11	34	30
Upper Middle Income	44	1	26	2	0	23	19
Lower Middle Income	44	0	17	0	0	10	9
Low Income	29	0	12	1	0	5	5

### **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 and Kenya and hope to expand this over time. This month we began publishing sex-disaggregated data at the subnational level for India in select states (cases, with one state reporting deaths), Nepal (cases) and Afghanistan (hospitalisations).

Sub-national data collected to date show important geographical variation in cases and outcomes by sex. In Nepal, the proportion of COVID-19 cases among men ranges from 62% to 83%. In Afghanistan, depending on the region men make up between 44% to 89% of hospitalisations. These vast differences can both lend essential insights to understanding gendered and other social inequities in the COVID-19 epidemic, and to informing more effective management of the outbreak in that area.

Despite evidence of stark regional differences within countries, most are not publishing subnational sex-disaggregated data.

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

### 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.

#### 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: <a href="https://globalhealth5050.org/the-sex-gender-and-covid-19-project/">https://globalhealth5050.org/the-sex-gender-and-covid-19-project/</a>

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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 <a href="mailto:info@globalhealth5050.org">info@globalhealth5050.org</a> and sharing a link to where the data can be found.

Engage with us: @Globalhlth5050 @APHRC @ICRW