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

Regional Report
South-East Asia & Eastern Mediterranean

Findings of the December Update

As of December 2020, The COVID-19 Sex-Disaggregated Data Tracker reported data from 186 countries, which together account for more than 99% of global cases and deaths due to COVID-19. Globally, only half of the countries included in the Tracker reported any sex-disaggregated data on COVID-19 in December. As of December, the Tracker had sex-disaggregated data for **58% of all cases and 72% of all deaths** reported to the World Health Organization. Across the **11 countries** included in this regional report, the tracker had sex-disaggregated data for **38% of all cases and 21% of all deaths** reported to the WHO.

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

1 Among 11 countries in the SEARO and EMRO regions, only five reported sex-disaggregated data on both cases and deaths in the past month, down from six in November.

2 Across these 11 countries, the tracker had sex-disaggregated data for 38% of all cases and 21% of all deaths reported to the WHO, compared to 58% of cases and 72% of deaths globally.

3 Globally, men and women make up equal numbers of COVID-19 confirmed cases, while deaths are higher (58%) among men. However these 11 countries present a different picture, with men accounting for 61% of confirmed cases and 63% of deaths.

4 With 7 million cases in the region where the sex is unknown, there is a vast gap in the reporting of sex-disaggregated data. Among the five countries with the highest caseloads, India and Pakistan do not report this data consistently. Data from these countries would help in identifying the sex of a large proportion of cases and deaths.

5 Sub-national data from Nepal shows regional variations in cases. Bagmati province reported the highest number of COVID-19 cases and the most skewed distribution of cases among men and women.

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## Regional availability of sex-disaggregated data

Of the 11 countries reviewed in this report, five reported sex-disaggregated data on COVID-19 cases and deaths at the same time point during this reporting period. Four countries that had previously reported some sex-disaggregated data did not do so in the past month. Sri Lanka has never reported any sex-disaggregated data. India and Pakistan are among the top five countries with the highest case loads but are not consistently reporting sex-disaggregated data. Indonesia and Bangladesh reported the second and third highest caseloads in the region, on which they are reporting sex-disaggregated data.

At the end of December, the Tracker had data on the sex of 4,611,778 cases from the 11 countries included in this brief, while the sex of over seven million cases remains unknown. Figures 1a and 1b present the total number of cases and deaths from the SEARO/EMRO region as reported to WHO and among them the sex-disaggregated data that we were able to locate. The figures reveal that the availability of sex-disaggregated data on cases and deaths is low and the gap in data has widened over the past months.

Fig 1a. Change in number of COVID-19 cases in SEARO/EMRO countries where the sex is known, October to December 2020
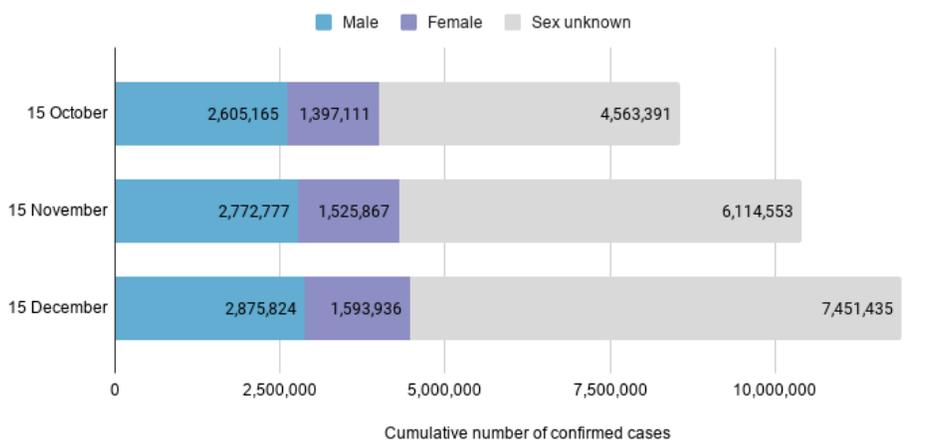
Fig 1b. Change in number of COVID-19 deaths in SEARO/EMRO countries where the sex is known, October to December 2020
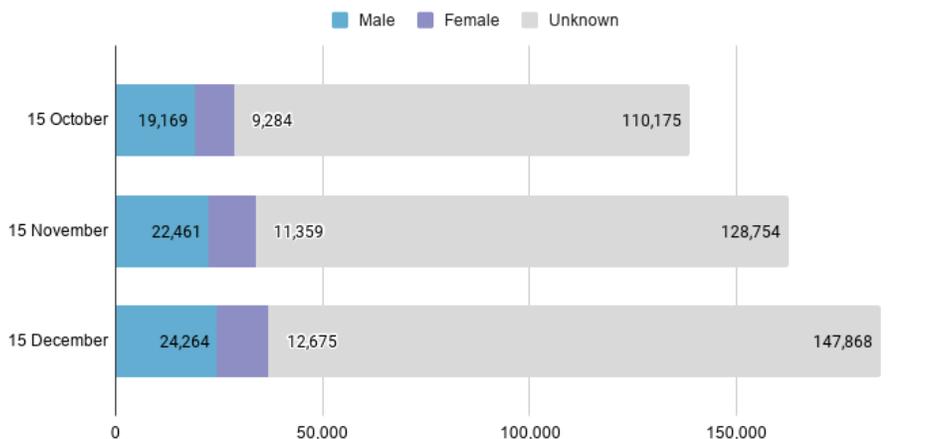
## Snapshot of regional gender differences along the COVID-19 clinical pathway

Figure 2 shows the distribution of all available data on testing, confirmed cases, hospitalisations, ICU admissions and deaths in men and women across the SEARO/EMRO countries. 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 hospitalisation.

Among cases, 64% are men and 36% are women. This data differs from the picture at the global level, where cases are evenly distributed between men and women (Figure 3). Across the SEARO / EMRO countries, 65% of deaths are in men, compared to 58% globally.

Fig 2. Regional gender differences along the COVID-19 clinical pathway in 11 SEARO/EMRO countries, % male / % female (n=countries reporting)
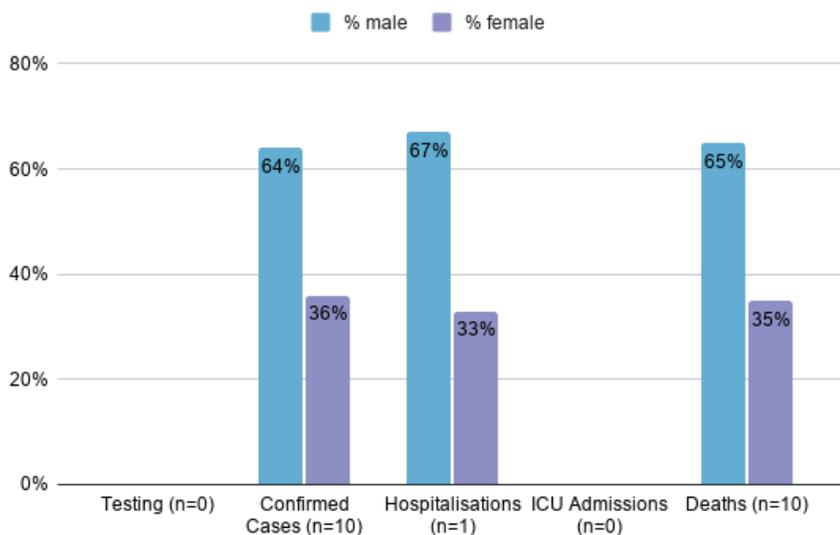
Fig 3. Gender differences along the COVID-19 clinical pathway, globally, % male / % female (n=countries reporting)


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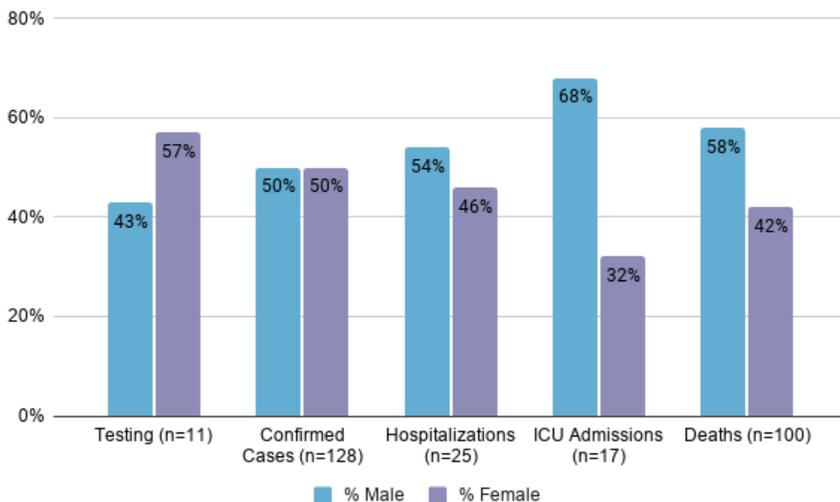
Sub-national sex-disaggregated COVID-19 data availability

In November, the COVID-19 Sex-Disaggregated Data Tracker began publishing available data at the sub-national level for the first time. Only three of the 11 countries in this region (India, Nepal and Afghanistan) are reporting sex-disaggregated data at sub-national level, on a few limited indicators. In India, four states are reporting sex-disaggregated data, (one of the states reports on both cases and deaths, and three report only on cases). In Nepal, sex-disaggregated data is reported for confirmed cases in all provinces, and Afghanistan reports sex-disaggregated data on hospitalisation for all provinces.

In Nepal, all provinces report higher confirmed COVID-19 cases for men than women (Figure 4). Bagmati province has the most skewed distribution of COVID-19 cases (83% male and 17% female). Bagmati has also reported the highest number of cases of all the provinces. In the few states of India publishing sub-national data, men account for 52% to 67% of cases. One Indian state reports sex-disaggregated data on deaths, which shows that a notable two-thirds of COVID-19 deaths are among men.

We still do not have sub-national sex-disaggregated data on many of the important indicators. Consistent reporting of sex-disaggregated data on all the indicators at sub-national level will help identify clusters of high-risk population and guide the national authority to implement intense monitoring and designing programs.

Fig 4. COVID-19 cases by province in Nepal, % male / % female

Province of Nepal
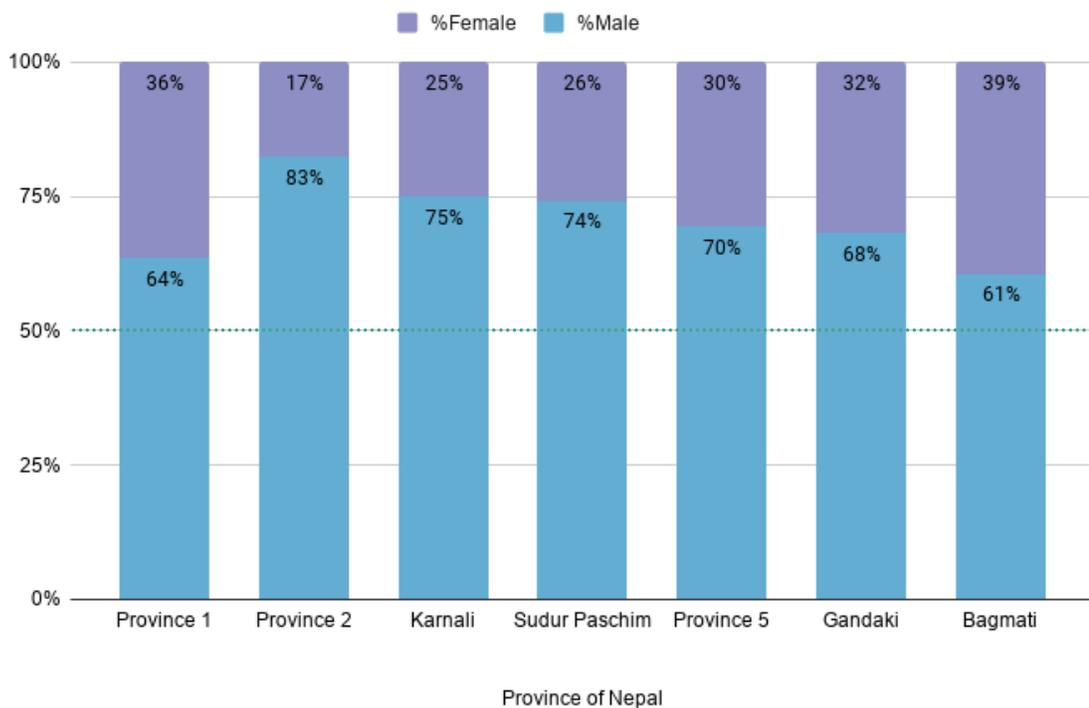
About the COVID-19 Sex-Disaggregated Data Tracker

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