

THE COVID-19 SEX-DISAGGREGATED DATA TRACKER

JANUARY UPDATE REPORT

Regional Report Africa

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.

This regional update reports on all 47 countries within the WHO AFRO Region. To date, sex-disaggregated data was available for 74% of COVID-19 confirmed cases and 68% of deaths reported in the region (Figure 2).

Globally, sex-disaggregated data is available for a smaller proportion of cases (60%) than in the African region and a similar proportion of deaths (68%) reported to WHO (Figure 2). As of January 2021, the cumulative number of cases from WHO reported in the AFRO region with sex disaggregated data was 2.5% of all cases and 2.7% of all deaths globally.



KEY TAKEAWAYS

- 1 Of the 47 countries in the AFRO region, only 27 (57%) have ever reported sex-disaggregated data on confirmed COVID-19 cases and 17 (36%) of these have data by sex in the past month.
- 2 Fewer countries are publicly reporting data by sex as the number of cases continues to rise. The number of cases with unknown data by sex has grown to over half a million and the sex of over 18,000 deaths in the region are unknown.
- 3 Of the countries that had ever reported data by sex, 75% and 78% had these data for cases and deaths by sex and age in the past month. Only three countries ever reported hospitalisations by sex and two of those (67%) have stopped updating this data.
- 4 South Africa contributes a large proportion of sex-disaggregated data; more than half (55%) of cases and deaths (61%). In South Africa, women account for a larger proportion of cases (58%) and a similar proportion of deaths (51%). Excluding South Africa, men still account for a larger share of cases (60%) and deaths (70%) much higher than at the global level (49% and 57% respectively).

Availability of sex-disaggregated data on COVID-19 in the African Region

Data from our tracker indicate that during the month of January, six (13%) of the 47 countries being tracked reported sex-disaggregated data for both cases and deaths. These countries are Equatorial Guinea, Eswatini, Kenya, Liberia, Malawi, and South Africa. These countries represent 62% of cases and 75% of deaths in the AFRO region. Another 11 countries (23%) reported sex-disaggregated data on cases only. The remaining 30 (64%) did not report sex-disaggregated data for cases or deaths in the past month.

Fewer countries have reported sex-disaggregated data than had ever reported over the course of the pandemic (Figure 1). Two thirds (18) of the 27 the countries that had ever reported sex-disaggregated data for cases at least once have reported data by sex in the last month. Two of these countries began reporting in the last month. Similarly, of the 13 countries that were reporting data on deaths by sex, only 8 (62%) have continued to do so in the last month. No new countries began reporting on deaths in the past month.

Of the 27 countries that ever reported data on confirmed cases, 12 of these have also reported by age, with 9 reporting this data in the past month. Of the 13 that have ever reported data on deaths by sex, 9 of these have also ever reported by age and 7 (78%) have data by age in the past month. One new country (Cabo Verde) began collecting data by age in the past one month. These data are still not available for other intersectional variables like employment or socio-economic status for all countries being tracked. Equatorial Guinea remains the only country in the region publicly reporting data on confirmed cases among health workers by sex.

Fig 1. Number of countries in AFRO Region reporting sex-disaggregated data, ever and in the past month

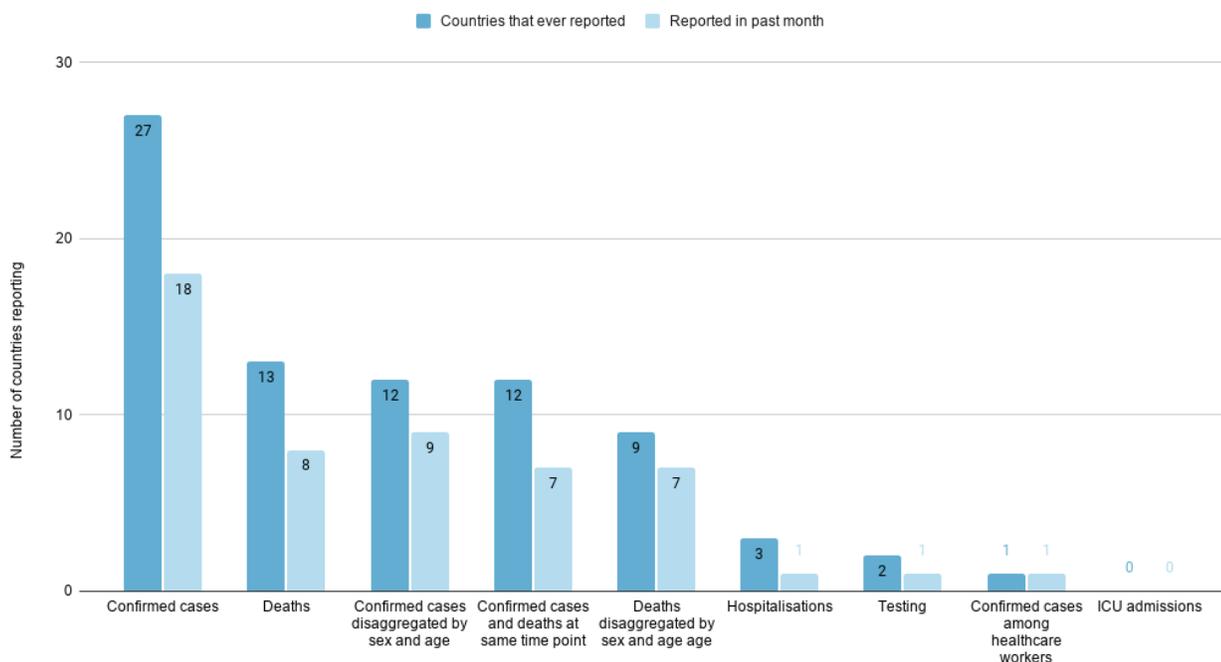


Table 1. Availability of sex-disaggregated data in January for 15 countries reporting the highest number of cases in the AFRO Region

Country	No. Cases	No. Deaths	Cases	Deaths
South Africa	1,404,839	40,574	Reporting	Reporting
Ethiopia	133,298	2,063	No	No
Nigeria	120,602	1,495	Reporting	Reporting
Algeria	105,369	2,861	Nov 2020	No
Kenya	99,898	1,740	Reporting	Reporting
Ghana	60,115	361	Reporting	No
Zambia	44,592	627	No	No
Uganda	39,044	317	Sept 2020	Sept 2020
Namibia	32,213	317	No	No
Mozambique	31,628	297	Reporting	No
Zimbabwe	31,007	974	Dec 2020	Dec 2020
Cameroon	29,617	462	No	No
Côte d'Ivoire	26,612	145	No	No
Senegal	24,460	569	Reporting	No
DRC	21,868	660	No	No

Fig 2a. Proportion of cases where sex is known, AFRO Region and Globally, January 2021

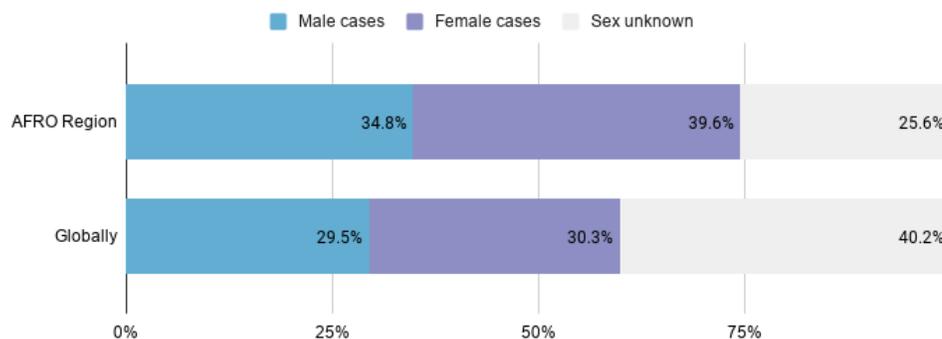
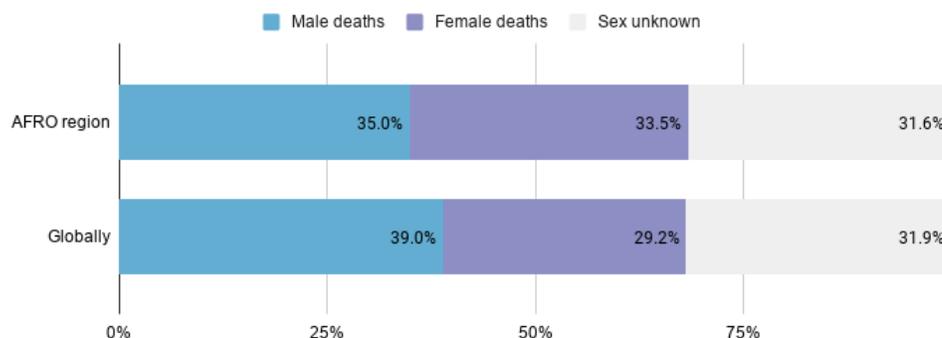


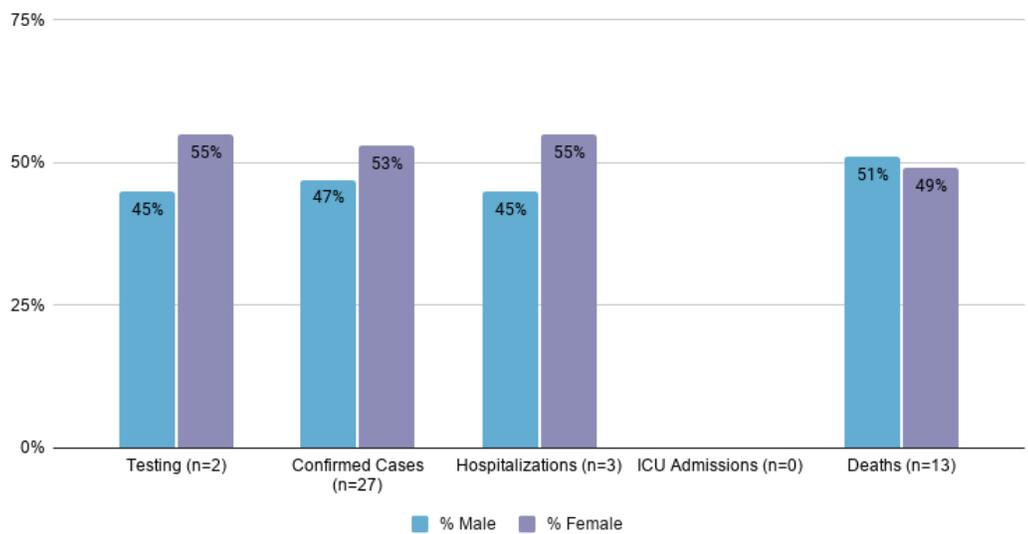
Fig 2b. Proportion of deaths where sex is known, AFRO Region and Globally, January 2021



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

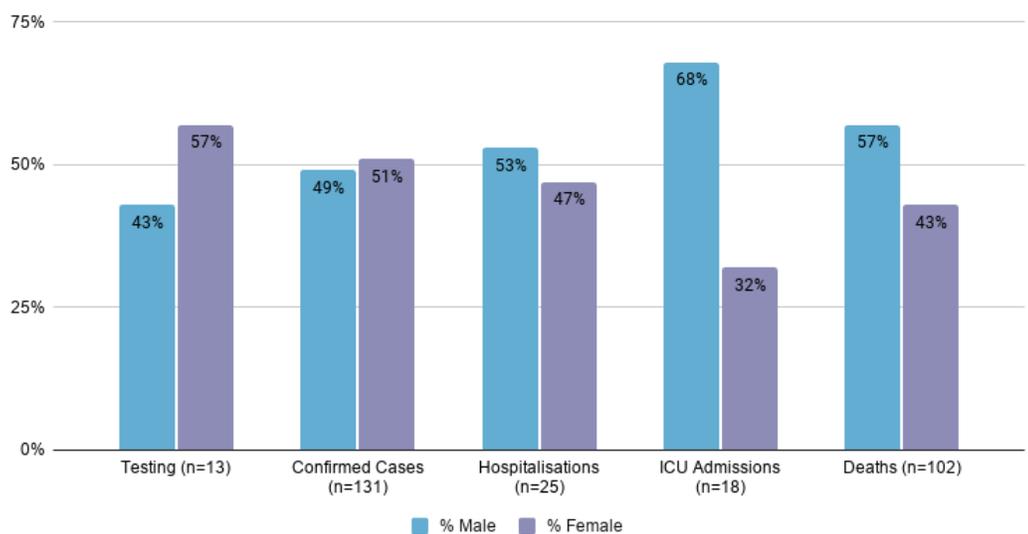
By January 24th 2021, of the 2,462,083 cases reported by 47 countries in the AFRO region to the WHO, the tracker captured data on sex for 1,832,718 cases, representing 74% of all cases reported in the region (Figure 2a). Of the total cumulative number of cases 47% are men and 53% are women (Figure 3a). A total of 57,902 cumulative deaths had been reported by January 24th in the region, and sex was known for 65% of those individuals (21,309 deaths, Figure 2b). Regionally, 51% of deaths were men and 49% were women. Data at the global level can be seen in Figure 3b.

Fig 3a. Regional gender differences along the COVID-19 clinical pathway in the WHO AFRO Region, % male / % female (n=countries reporting)



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

Fig 3b. Global gender differences along the COVID-19 clinical pathway, globally, % male / % female (n=countries reporting)



Regional gender differences: South Africa

South Africa remains the country with the highest caseload in Africa, contributing 57% of all cases and 70% of all deaths regionally. Although cases are on the rise in the region, few other countries have started reporting sex-disaggregated data by sex. South Africa contributes to a large proportion of sex-disaggregated data; at least half (55%) of cases and more than a half (61%) of deaths.

The sex distribution of outcomes along the clinical pathway is unique in South Africa (Figure 4). While most countries in the region report more men than women dying from the disease, in South Africa, men account for a smaller proportion of cases (42%) but there is no reported difference by sex in deaths. Excluding South Africa, men account for a larger share of cases (60%) and deaths (70%) regionally - higher than at the global level at (49% / 57%, respectively).

Fig 4. Sex distribution of confirmed cases, hospitalisations and deaths in the AFRO Region, South Africa and Globally (% male)

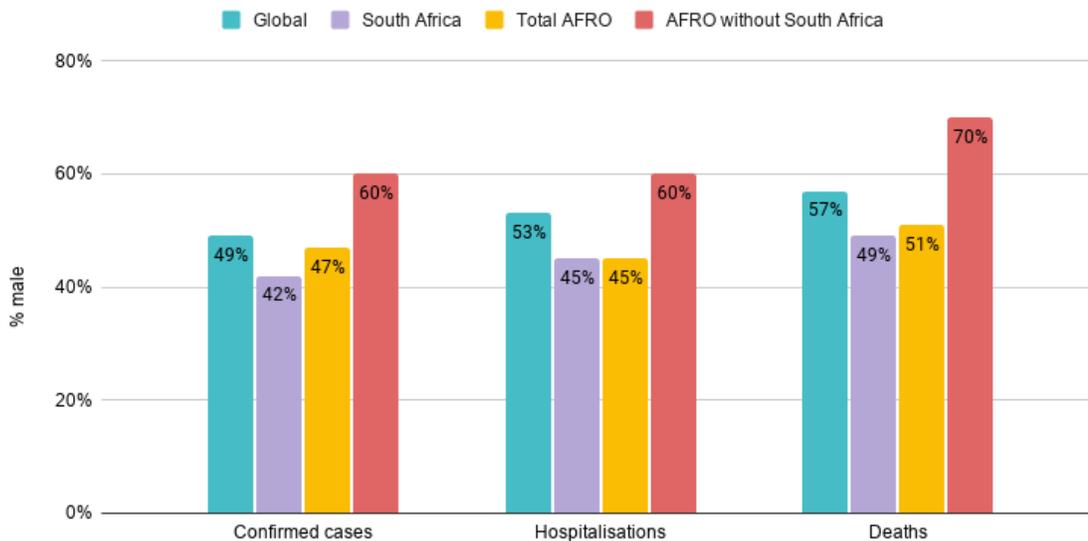
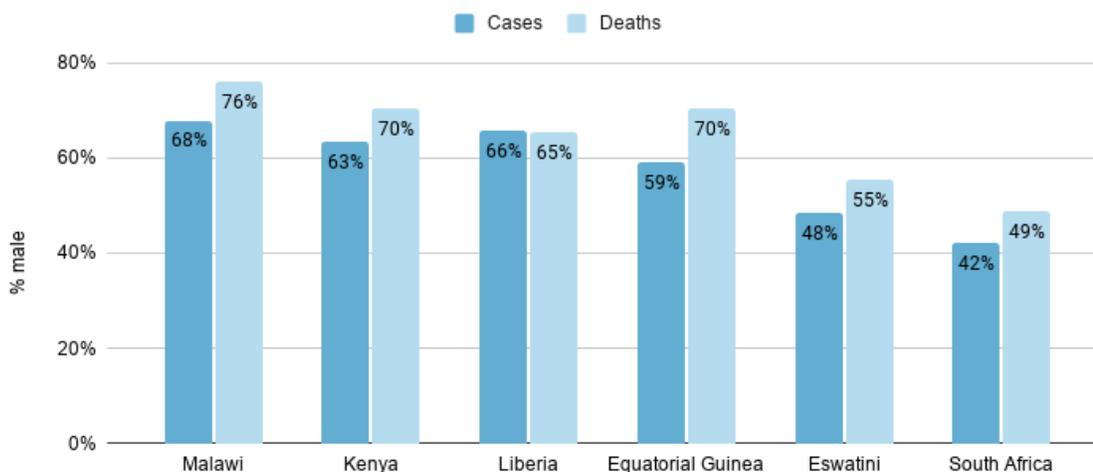


Fig 5. Sex distribution of cumulative confirmed cases and deaths across countries reporting on this data in the past month, in the AFRO Region (% Male)



Moving forwards

- 1** Countries should **prioritise the collection, publication and use of gender data and the inclusion of women in decision-making processes** to fulfil their long-standing commitment to addressing inequality in the 2030 Agenda for Sustainable Development.
- 2** Countries that are collecting sex-disaggregated data on COVID-19 which has not been made publicly available **are encouraged to publish this data**. As vaccines become available sex-disaggregated testing data can provide a window into gender inequalities in access and longer term effects of vaccines.
- 3** In addition to ensuring gender-responsive health sector policies, countries should **apply a gender lens in the programme design and implementation of short-term social protection measures** such as subsidized health insurance schemes, policy measures such as food relief, and cash benefits for COVID-19 and other pre-existing inequalities.
- 4** With limited face to face interaction during the COVID-19 pandemic, strengthening complete reporting systems becomes an essential tool. Countries should explore **regional cooperation and advocacy to strengthen gender inequalities and data systems** specifically among high level data, policy, planners and donors.
- 5** Funding agencies should include resources for gender data in funding for COVID-19 responses to improve country capacity to monitor the pandemic through complete reporting systems and to strengthen surveillance of future epidemics. The integration of technology in national and sub-national response plans may be a feasible approach to strengthen capacity to collect sub-national data.

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/>

For further information contact:

Abhishek Gautam, agautam@icrw.org

Anna Purdie, info@globalhealth5050.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](#)
