

THE COVID-19 SEX-DISAGGREGATED DATA TRACKER

APRIL UPDATE REPORT

Findings of the April Update

At the time of this upload, we are tracking the availability of data for 196 countries - which together account for 99.9% of all COVID-19 confirmed cases and reported deaths globally. As of mid-April 2021, 51% of countries tracked provided some sex-disaggregated data in the past month.

Since January, each month roughly 1 in 2 countries have reported sex-disaggregated data on COVID-19 cases or deaths within the past month.

While we have added countries regularly throughout the year, looking at a stable set of 119 countries tracked as of early August, there has been a decline in the number of countries reporting sex-disaggregated data. In particular it appears reporting of cases by sex has declined among the 119 countries the Tracker has followed regularly since August 2020, from 84% to 67% (Table 1).

KEY TAKEAWAYS FROM THE LATEST DATA UPLOAD

- 1** We continue to see a decline in the number of countries reporting sex-disaggregated data each month. Across a stable sample of 119 countries tracked since August 2020, the proportion reporting either case or death data in the past month has declined from 89% to 70%, with a particular decline in the reporting of cases by sex.
- 2** The tracker now includes sex-disaggregated data on vaccinations from 33 countries, largely high-income countries (69%) and disproportionately located in Europe (51%). Vaccination data is missing from the majority of countries we track, including those that have not yet begun comprehensive roll-outs. Increased reporting over time will be needed to gather a more comprehensive understanding of sex-disaggregated vaccination data.
- 3** From these countries, current data shows that women comprise 53% of individuals receiving at least one dose globally. Notable exceptions are India, Equatorial Guinea, Bangladesh, Cambodia and Gabon who report vaccinating more men than women.
- 4** Four countries (Russia, India, Turkey and Brazil) account for 60% of cases with unknown sex and 88% of deaths with unknown sex.

Global availability of sex-disaggregated data

The proportion of total cases where sex is known has increased to roughly 6 out of 10 cases by mid-April, from 5 out of 10 in December 2020. The proportion of total deaths where sex is known has remained at 7 out of 10. This increase in cases is likely fuelled by reporting from a small number of countries with a high proportion of global cases; globally, the number of countries reporting sex-disaggregated data has been declining since August 2020 (Table 1).

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 have reporting data on cases and deaths among non-binary populations, although only one is still currently reporting.

Table 1. Percent of 119 Countries Tracked Regularly since August 2020 Reporting Sex-Disaggregated Data

Variable	Aug 2020	Oct 2020	Jan 2021	Apr 2021
Case Data by Sex in Past Month	84%	70%	71%	68%
Death Data by Sex in Past Month	60%	57%	57%	55%
Both Data by Sex in Past Month	55%	48%	55%	53%
Either Data by Sex in Past Month	89%	79%	73%	71%

Figure 1. Percent of 119 Countries Tracked Regularly since August 2020 Reporting Sex-Disaggregated Data

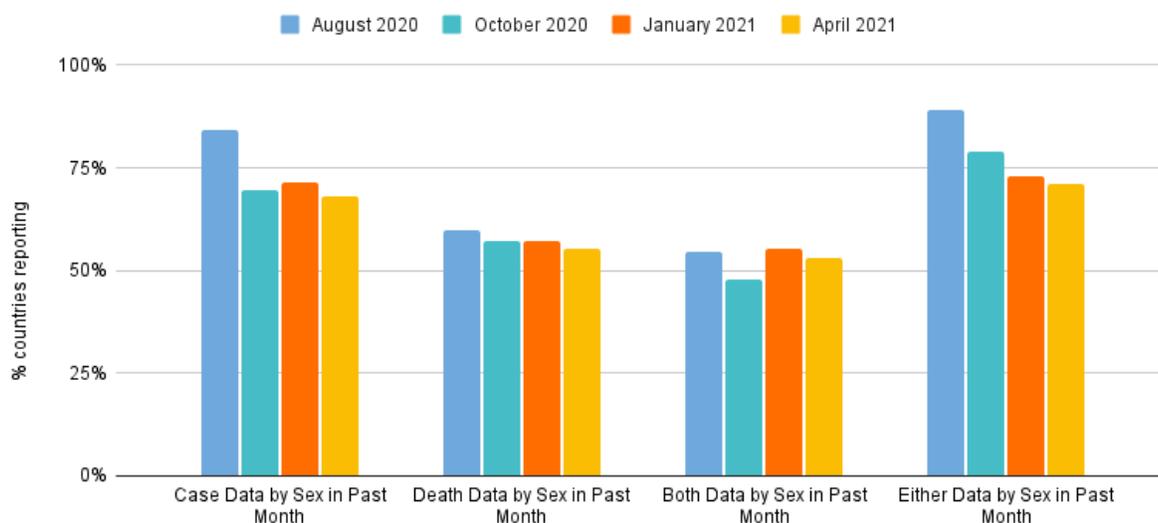


Fig 2. Number of Global COVID-19 Cases where the Sex is Known, December 2020 - April 2021

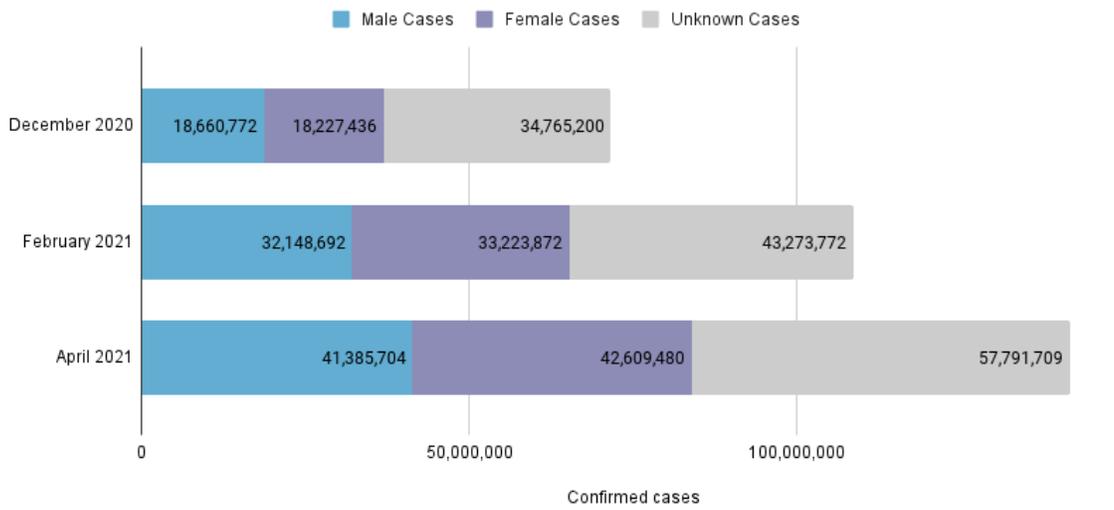
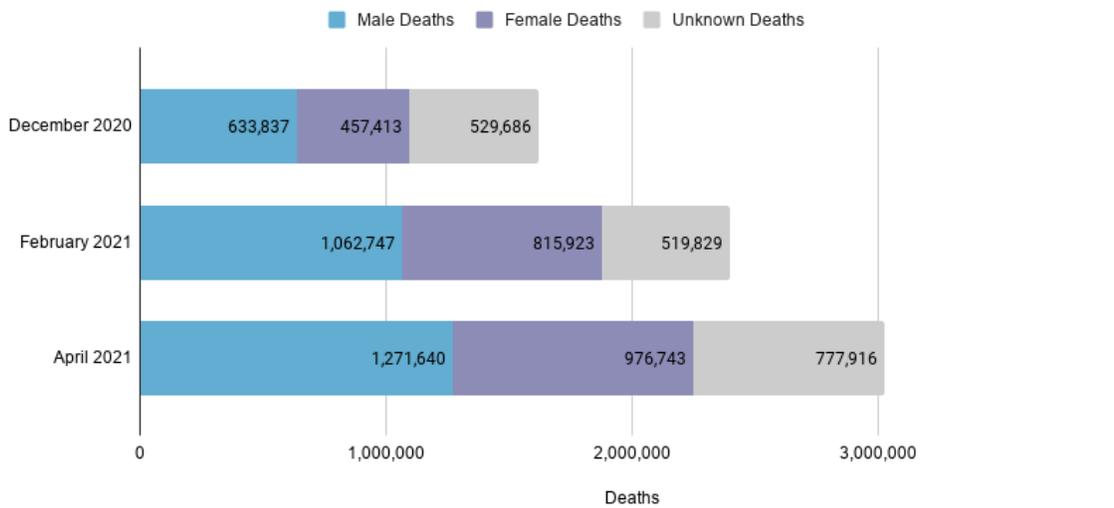


Fig 3. Number of Global COVID-19 Deaths where the Sex is Known, December 2020 - April 2021



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 2).

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 and deaths since February. Between these countries, they account for 60% of cases with unknown sex and 88% of deaths with unknown sex.

Table 2. 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
India	Sept 2020	May 2020
Brazil	Dec 2020	Feb 2021
France	Reporting	Reporting
Russia	Never	Never
Turkey	Oct 2020	Oct 2020
United Kingdom ²	Reporting	Reporting
Italy	Reporting	Reporting
Spain	Reporting	Reporting
Germany	Reporting	Reporting

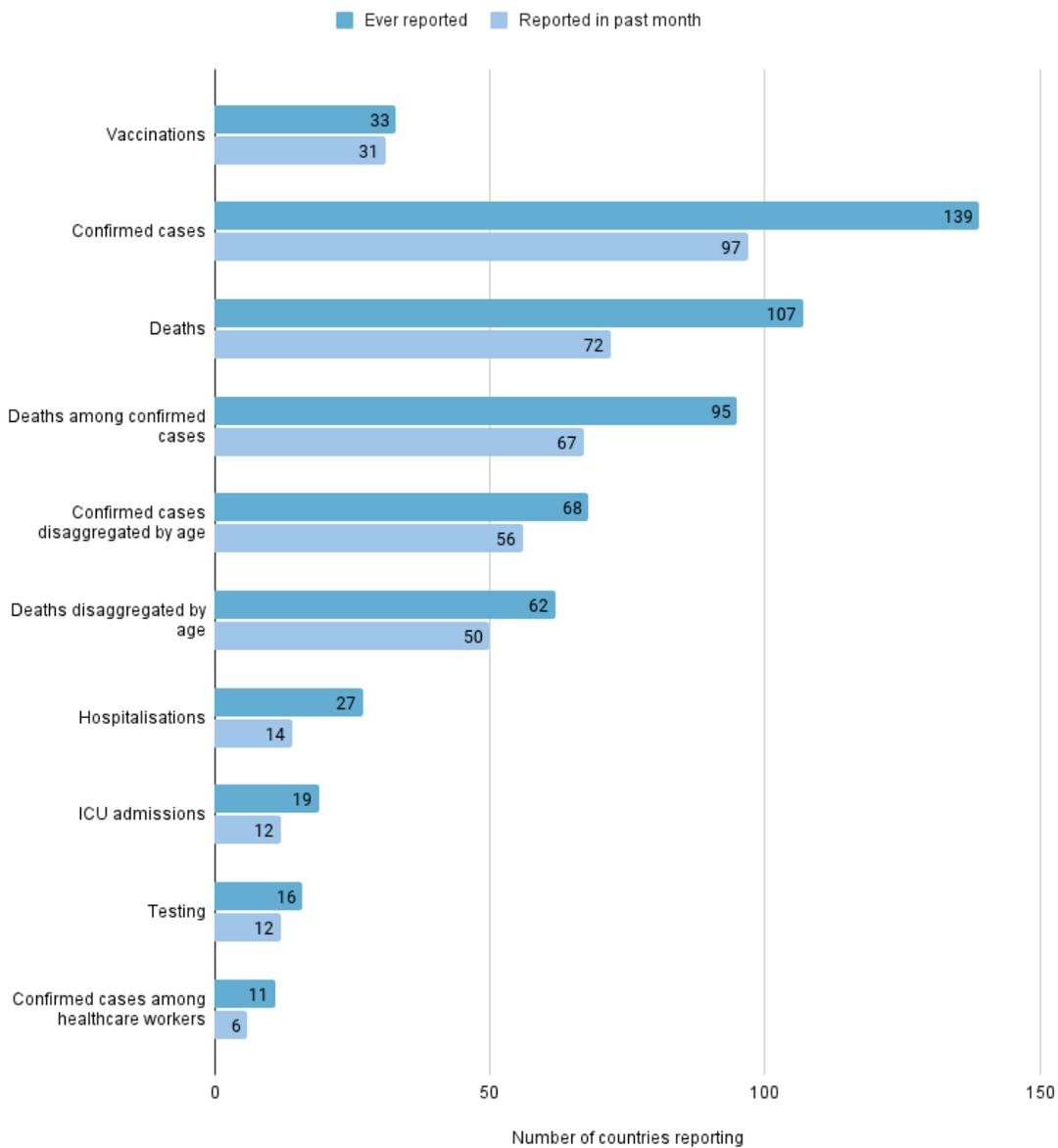
Countries report sex-disaggregated data inconsistently and incompletely across all key indicators. A notably smaller proportion of countries reported sex-disaggregated data in the past month than have ever reported such data over the course of the pandemic (Figure 4).

In the past month, 49% (97) of the 196 countries being tracked reported sex-disaggregated case data and 37% (72) reported sex-disaggregated death data, which was consistent with the proportion reporting in January. Forty-four countries who had previously reported case data by sex and 35 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 4. Number of Countries Reporting Sex-Disaggregated Data by Indicator, Ever and in the Past Month, across 196 Countries as of April 2021



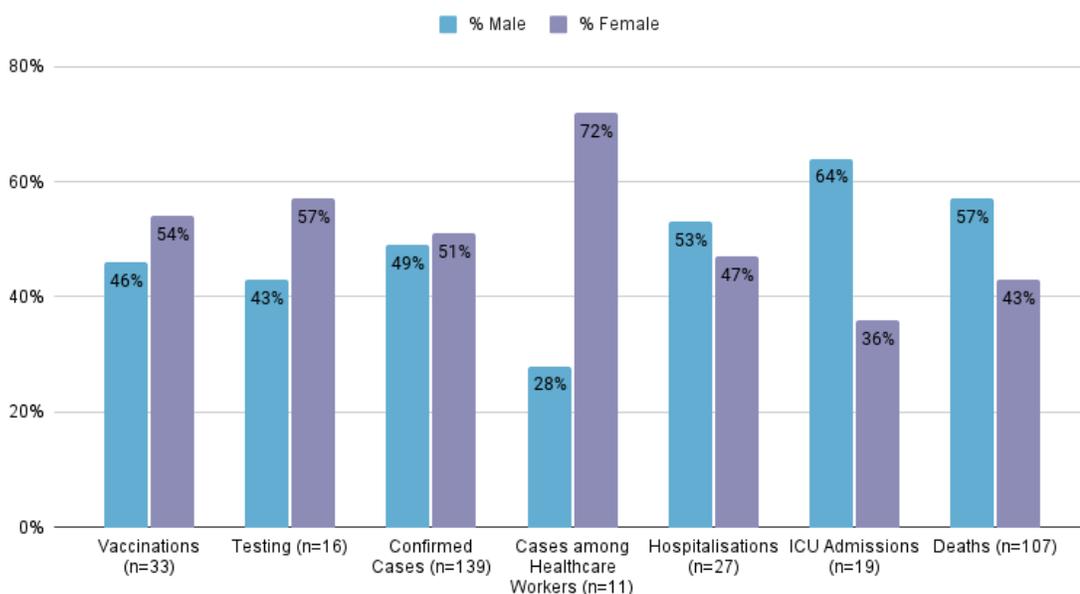
The full list of countries reporting on each variable and the corresponding data can be found [here](#).

Global gender differences along the COVID-19 clinical pathway

Figure 5 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 (57%) (Figure 5).

Globally, these proportions have remained fairly stable over time. Proportions vary widely by country, but for individual countries these proportions are also largely consistent through time. Country-data on each of these variables can be explored [here](#).

Fig 5. Global COVID-19 Clinical Pathway as of April 2021, % male / % female



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.

When the Tracker began collecting sex-disaggregated data on COVID-19 vaccinations in January 2021 only 3 countries were providing vaccination data by sex. By February, 13 countries had this data and as of late April, 33 countries had published sex-disaggregated vaccination data.

There is considerable variation in how countries are reporting vaccination data, with some reporting sex-disaggregated data on doses distributed, some on individuals vaccinated and others reporting both first and second doses by sex. As with other indicators used here, standardised reporting globally by sex would greatly simplify aggregating global measures and making cross-country comparisons.

Sex-disaggregated vaccination data come disproportionately from Europe (17 of 33 countries, 51%) and high income countries (22 countries, 69% of those reporting), which reflects patterns in global vaccine distribution being concentrated in Europe and North America and among high income countries.

Across the countries reporting, women continue to make up a larger share of those who have been vaccinated, with women comprising 53% of individuals receiving at least one dose globally. Across 28 of the 33 countries tracked, more women have received at least one dose of a vaccine than men (Figure 6a). Notable exceptions are India, Equatorial Guinea, Bangladesh, Cambodia and Gabon who report vaccinating more men than women.]

Among the 19 countries providing sex disaggregated data for individuals receiving two doses, women overall comprise 57% of the individuals having received two doses (Fig 6b). Only New Zealand reported slightly more men than women having received two doses of vaccination (53% male), however more recent data shows a higher proportion of women now having received two doses.

Fig 6a. Vaccine Distribution, at least one dose, by Sex, April 2021

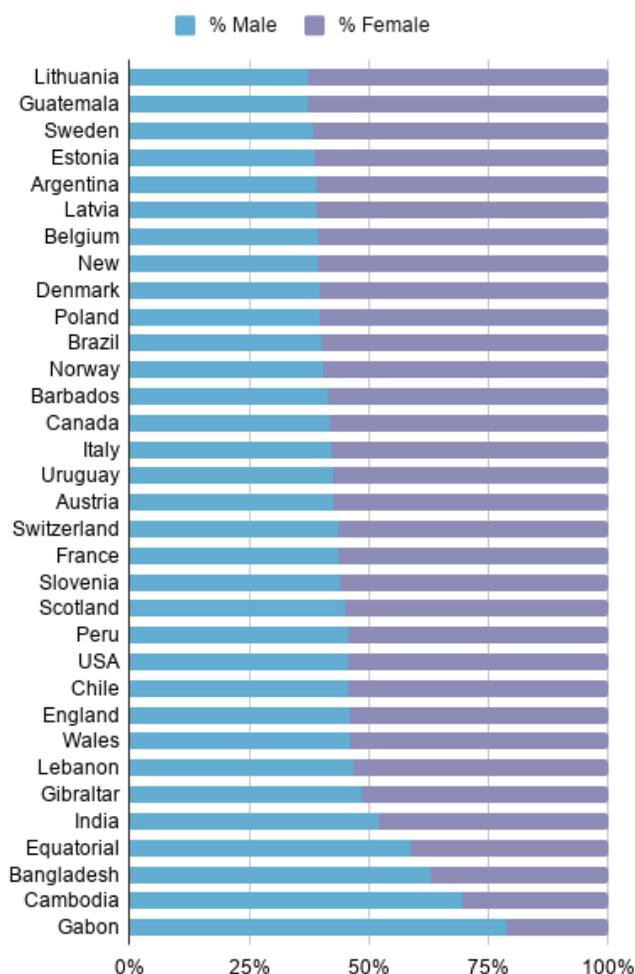


Fig 6b. Vaccine Distribution, two doses, by Sex, April 2021

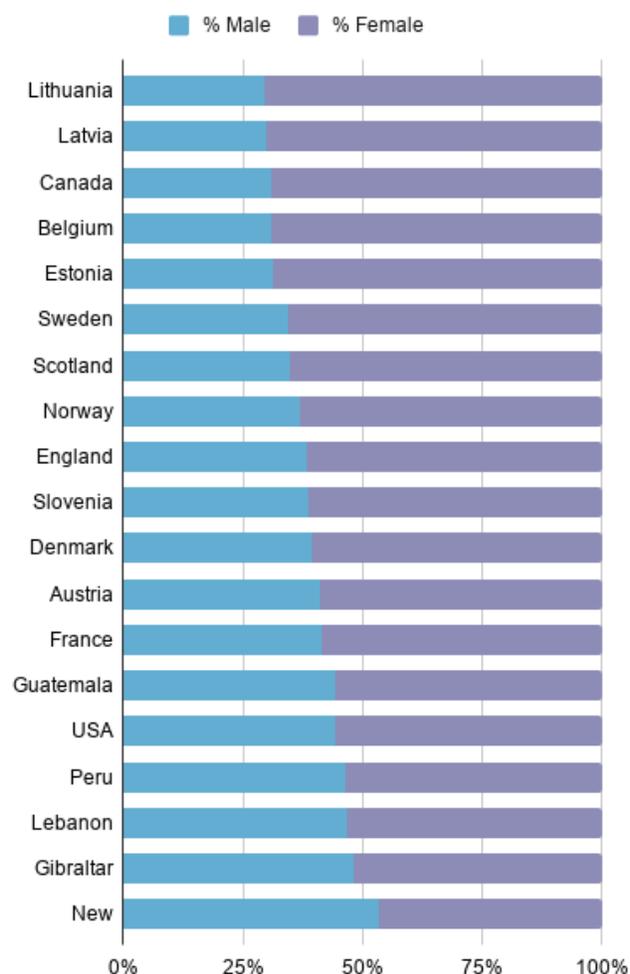
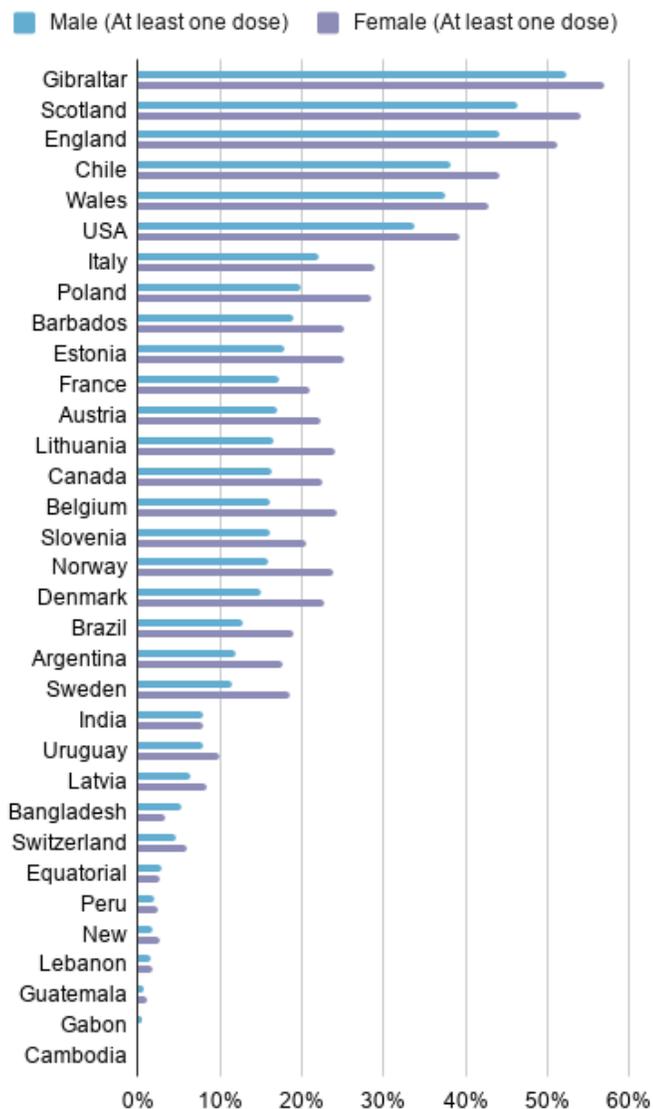


Fig 7a. Proportion of population vaccinated with at least one dose, by Sex, April 2021

Figure 7b. Proportion of population vaccinated with two doses, by Sex, April 2021



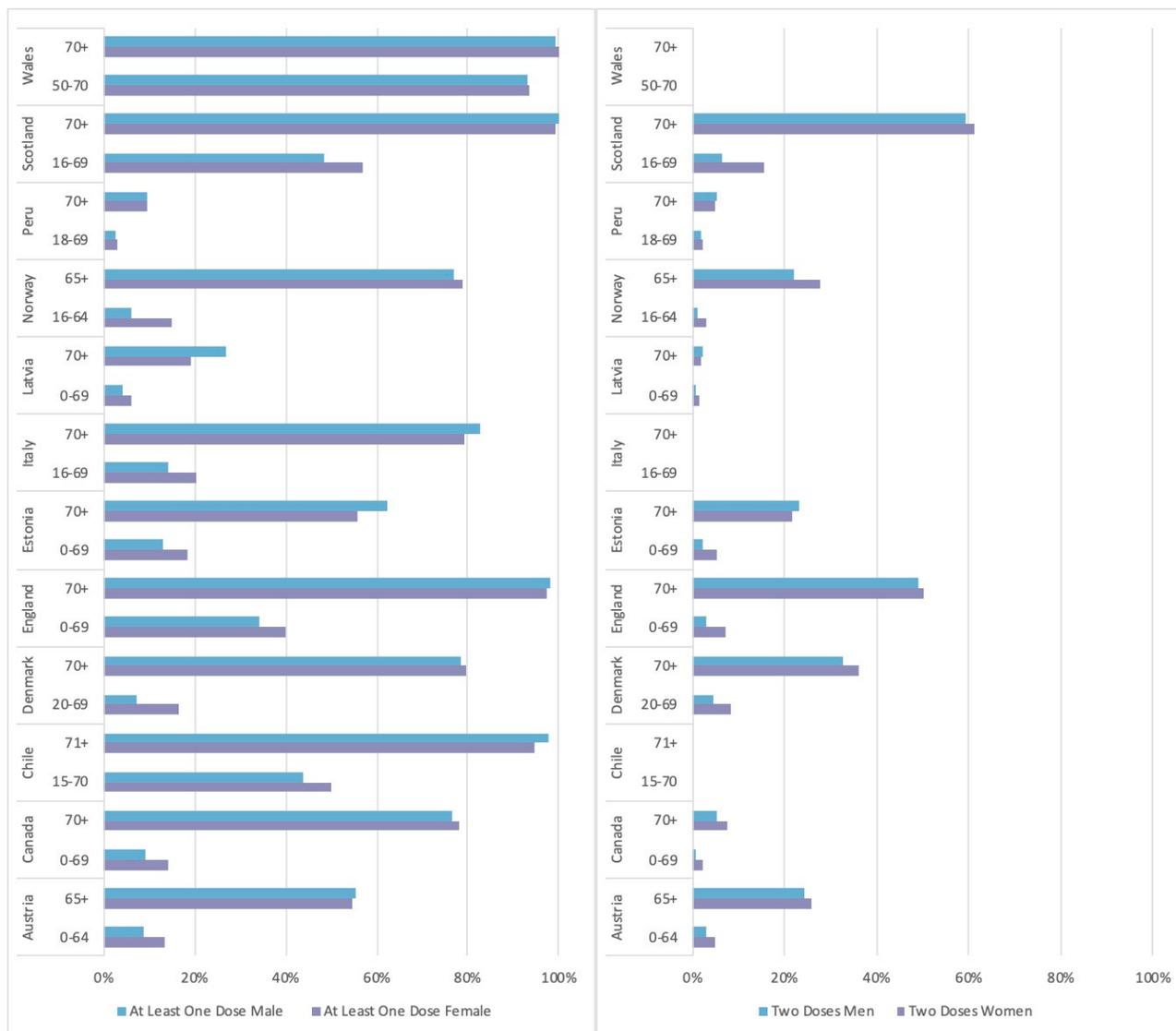
Vaccination data disaggregated by both age and sex

Twelve 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.

In the majority of countries, when looking at the proportion of the population who have been vaccinated with at least one dose, women and men seem to have comparable coverage, particularly at older ages. However, looking at the proportion of the population that has received two doses, women are faring better than men in most countries.

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 disparities are not merely a function of the overrepresentation of women in groups prioritised by vaccine policy, at least in some countries.

Figure 8. Vaccination Coverage, at least One Dose, by Age and Sex as of mid-April from 12 Countries³



³ Due to the age-breakdowns provided by countries, it was not possible to ensure the same age categories across countries. For that reason, Norway, Chile and Austria are shown for different age categories than the other countries, which show 70+. Additionally, the youngest age for which vaccine data were provided varied by country.

Please note, this brief was revised on 19 May 2021 to update a data error.

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](#)
