

# THE COVID-19 SEX-DISAGGREGATED DATA TRACKER

## JULY UPDATE REPORT

### Regional Report

#### South-East Asia & Eastern Mediterranean

#### Findings of the July Update

As of July 2021, The COVID-19 Sex-Disaggregated Data Tracker reported data from 200 countries, which together account for more than 99% of global cases and deaths due to COVID-19. Globally, 46% of countries tracked reported sex-disaggregated case or death data in July 2021, down from 50% in April 2021.

This regional update reports on 10 countries of the South-East Asia Region (SEARO) that are included in the Tracker (Bangladesh, Bhutan, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor-Leste). It also includes two Eastern Mediterranean (EMRO) countries, Afghanistan and Pakistan, given their proximity to the SEARO countries.



#### KEY TAKEAWAYS

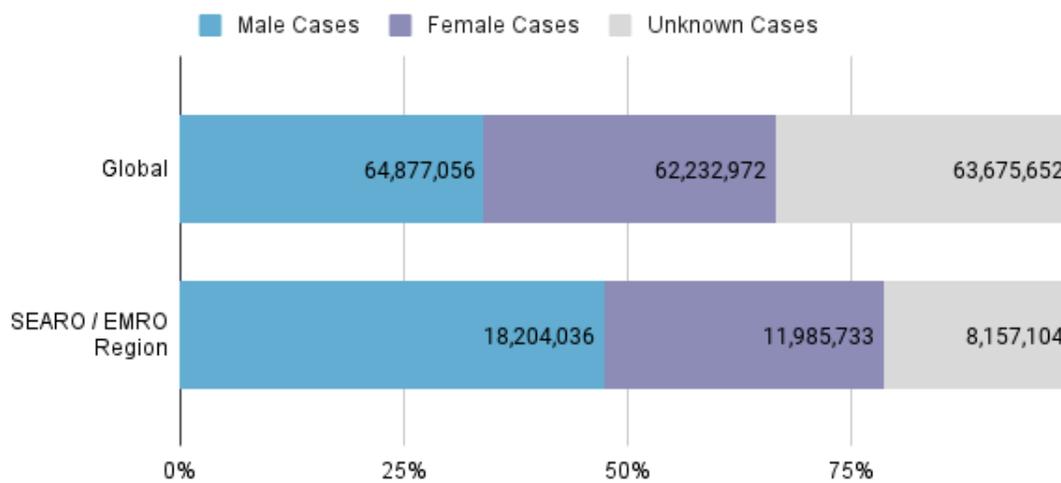
- 1 Among 12 countries from the SEARO and EMRO regions, only six reported sex-disaggregated COVID-19 data on both cases and deaths in July. As of July 2021, the tracker has sex-disaggregated data for 78% of all cases and only for 22% of all deaths reported in this region
- 2 In this region, the sex of over 8 million COVID-19 cases and over 400,000 deaths remains unknown.
- 3 Two countries (India and Bangladesh) from this region are reporting sex-disaggregated data on COVID-19 vaccinations. Both countries are also reporting this data at the sub-national level.
- 4 Vaccination data from India and Bangladesh shows that more men compared to women (53% and 63%, respectively) have received at least one dose of vaccine as of July 2021. Globally, slightly more women have received at least one dose of a COVID-19 vaccine (52%).
- 5 Afghanistan is the only country reporting data on hospitalisations due to COVID-19 at the sub-national level. In India there are three states reporting sub-national data (2 reporting cases and 1 reporting both cases and deaths). One state is also currently reporting sex-disaggregated data on transgender populations.

### Regional availability of sex-disaggregated data

Of the 12 countries tracked in this region, six reported sex-disaggregated data on both COVID-19 cases and deaths concurrently during this reporting period. Afghanistan is the only country amongst the 12 to report sex-disaggregated data for hospitalisations both at national and sub-national level. Sri Lanka and Timor-Leste have not reported any sex-disaggregated data on COVID-19. India and Bangladesh are the only two countries from this region to report data on vaccination (at least one dose), and are doing so at the national and sub-national levels.

Figure 1 presents availability of sex-disaggregated data for cases and deaths globally and in SEARO/EMRO region till July 2021. From the SEARO/EMRO region the Tracker recorded sex-disaggregated data for over 3 million cases and 125,000 deaths. Among the total cases and deaths reported to WHO from this region till July 2021, the sex of more than 8 million cases and over 400,000 deaths is unknown. While countries from this region make up roughly 20% of all global COVID-19 cases and 14% of global deaths, they account for 13% of global cases where sex is unknown but almost 57% of global deaths where the sex is unknown.

**Fig 1a. Number of COVID-19 Cases where the Sex is Known Globally and SEARO/EMRO region, July 2021**



**Fig 1b. Number of COVID-19 Deaths where the Sex is Known Globally and SEARO/EMRO region, July 2021**

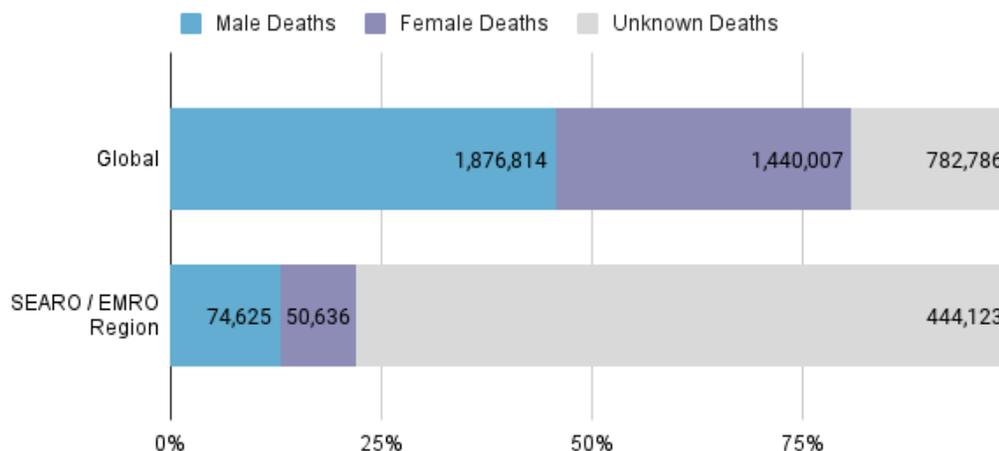
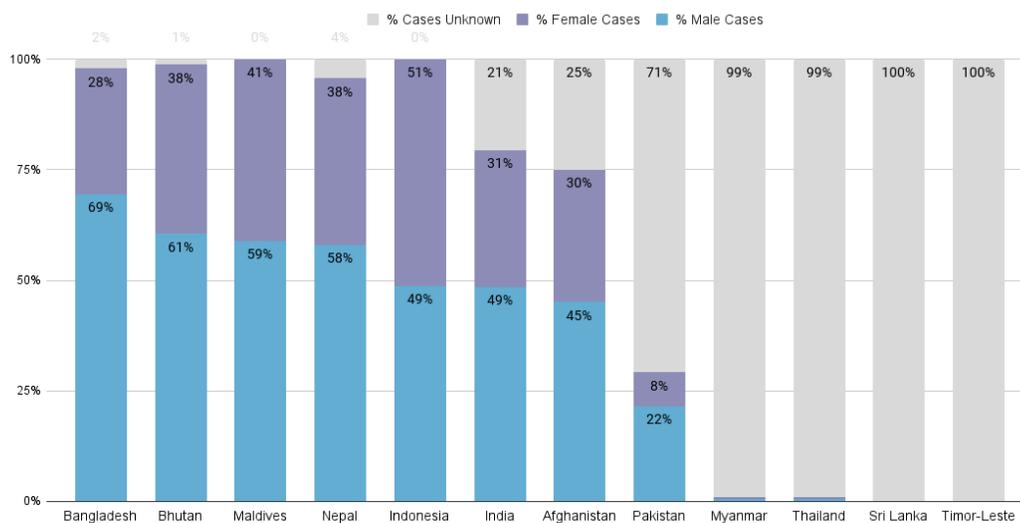


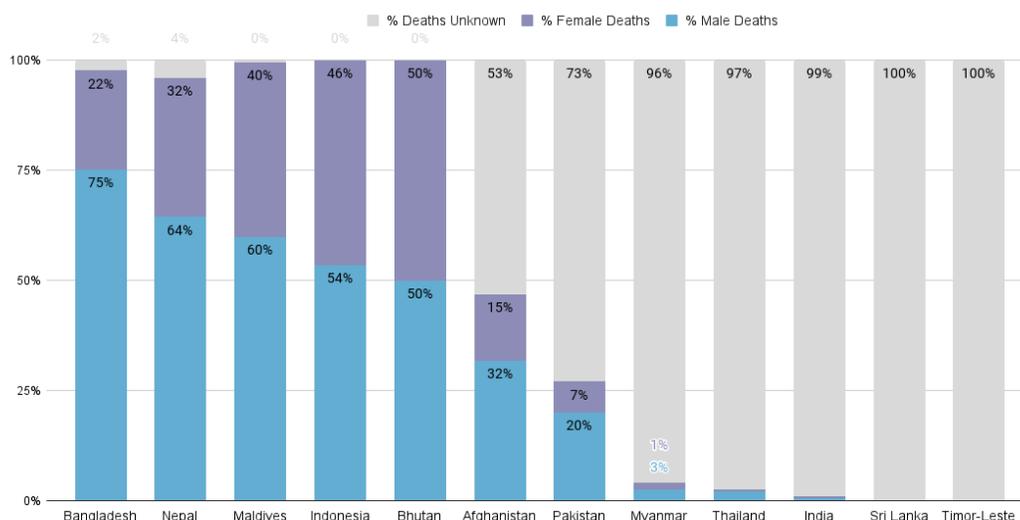
Figure 2 presents availability of sex-disaggregated data for cases and deaths for the countries in SEARO/EMRO region included in this brief. In the graph, % male and % female represent the percentage of sex-disaggregated data included in the Tracker out of total COVID-19 cases and deaths reported to the World Health Organization. The % unknown cases / deaths represents the proportion of cases and deaths for which sex-disaggregated data is not available.

Figure 2 reveals that for Sri Lanka and Timor-Leste, there is no sex-disaggregated data on cases and deaths is available. For Myanmar and Thailand sex-disaggregated data is available only for 1% of cases and 3% of deaths. Similarly for India, which has the second highest number of cases globally, sex-disaggregated data is unavailable for 21% cases and 99% deaths.

**Fig 2a. Percentage of COVID-19 Cases where the Sex is Known for countries in SEARO/EMRO region, July 2021**



**Fig 2b. Percentage of COVID-19 Deaths where the Sex is Known for countries in SEARO/EMRO region, July 2021**

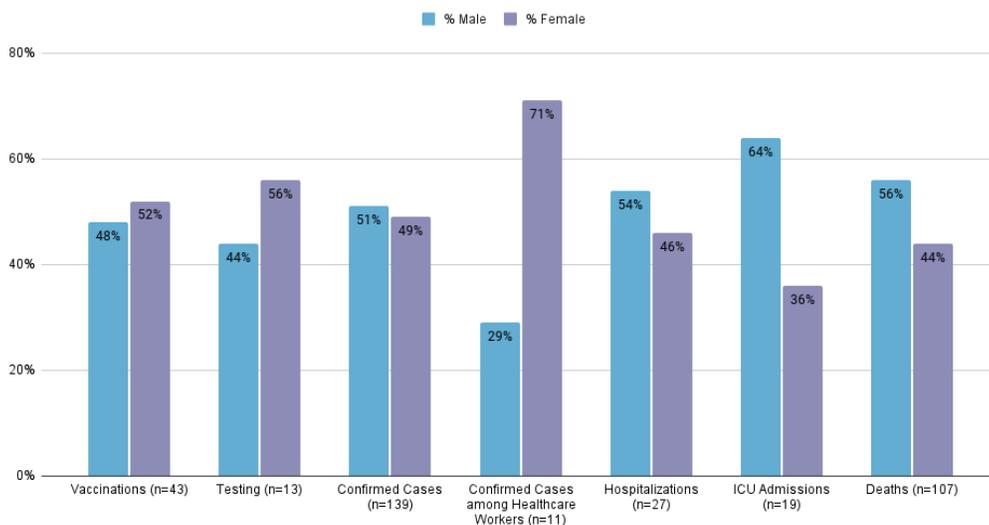


## Gender Differences along the COVID-19 Clinical Pathway Globally and in SEARO/EMRO region

Globally, as of July 2021, 51% of confirmed cases and 56% of deaths ever reported are male (Fig 3a). In comparison, 60% of confirmed cases and 60% deaths ever reported in the SEARO/EMRO region are male (Fig 3b).

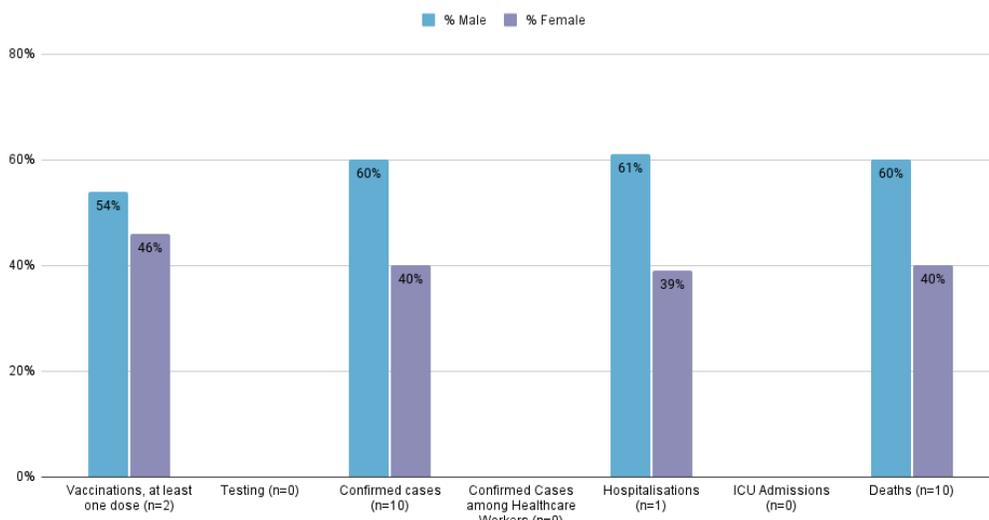
Globally, vaccination data shows that more women (52%) than men have received at least one dose of a COVID-19 vaccine. On the other hand, the data from this region suggests that fewer women (46%) compared to men have received at least one dose of a vaccine, though this is based on just two countries in the region that are reporting vaccination data by sex (India and Bangladesh).

**Fig 3a. Gender differences along the COVID-19 clinical pathway, Globally, %Male/ %Female, ever (n=countries reporting)**



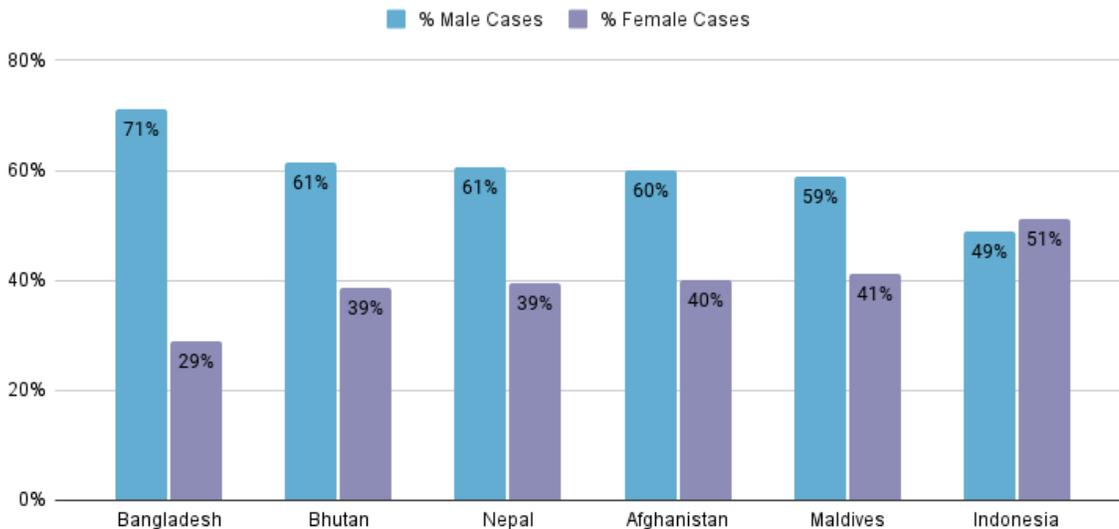
Country-specific data on each of these variables can be explored here.

**Fig 3b. Gender differences along the COVID-19 clinical pathway in SEARO/EMRO countries, %Male/ %Female, ever (n=countries reporting)**

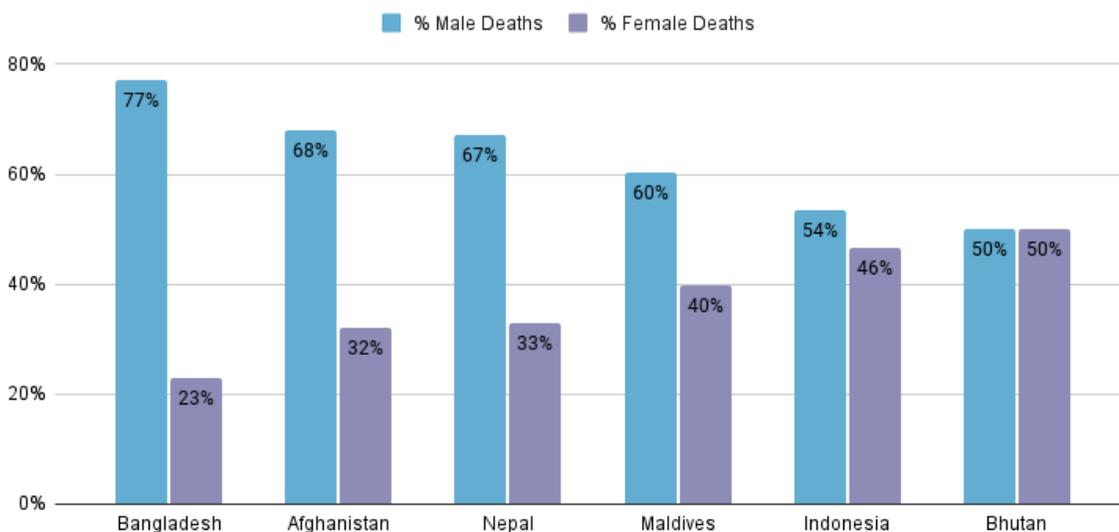


In the month of July, only six countries from this region reported sex-disaggregated data on cases and deaths. Figures 4a and b presents the distribution of cases and deaths from these six countries (Afghanistan, Bangladesh, Bhutan, Indonesia, Nepal, Maldives). The distribution of cases and deaths among men and women vary country by country. Percentage of cases among women ranges from 29% in Bangladesh to 51% in Indonesia. The share of female deaths ranges from 23% in Bangladesh to 50% in Bhutan.

**Figure 4a. Distribution of cases across six countries in the SEARO/EMRO region reported in July, 2021, %Male/ %Female**



**Figure 4b: Distribution of deaths across six countries in the SEARO/EMRO region reported in July, 2021, %Male/ %Female**

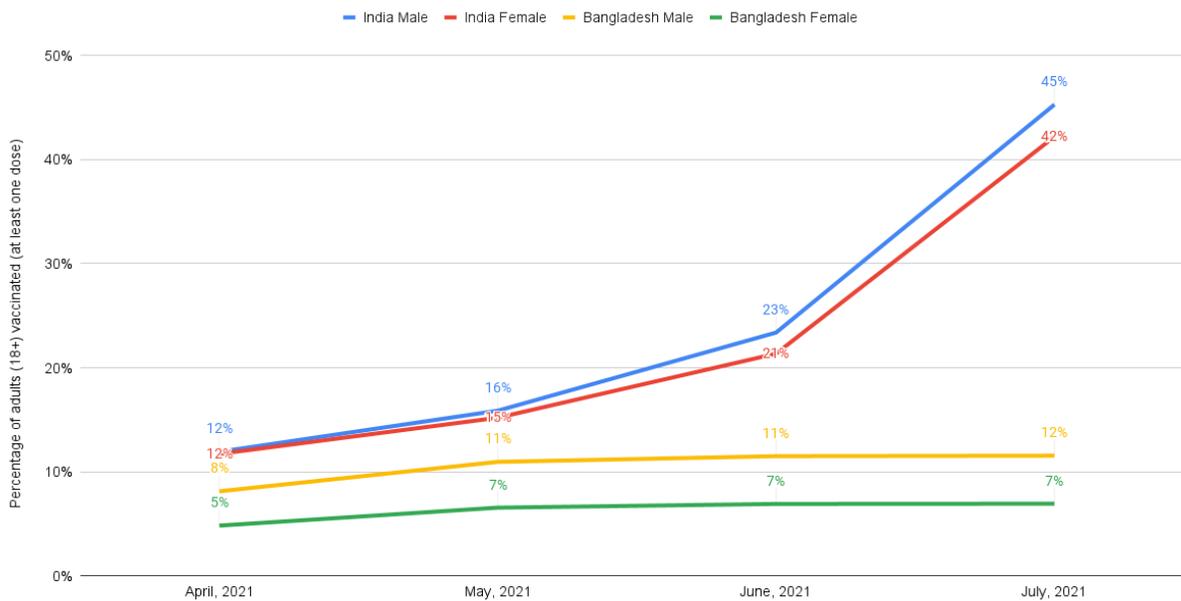


## Gender Differences in COVID-19 Vaccination

Out of 12 countries of SEARO/EMRO region, only two countries (India and Bangladesh) are consistently reporting sex-disaggregated data on vaccination (at least one dose). As of July 2021, of those who have received at least one dose of a COVID-19 vaccine, in 53% are male in India and 63% are male in Bangladesh.

Figure 5 presents the proportion of men and women who have received at least one dose of a COVID-19 vaccine in India and Bangladesh from April to July 2021\*. In India an equal proportion of men and women had been vaccinated in April and May, but from June onwards there has been a slightly greater proportion of men who have been vaccinated than women. In Bangladesh, a higher proportion of men than women have been vaccinated, though the curve has plateaued for both the sexes since May.

**Figure 5: Percentage of Adults (18+) Vaccinated (at least one dose) in India and Bangladesh, July 2021**



## Sub-national sex-disaggregated COVID-19 data availability

Out of the 12 countries in the region only India and Afghanistan are reporting sex-disaggregated data at sub-national level. In India out of the three states publishing sex-disaggregated data, one state (Haryana) reports on both cases and deaths, and two (Odisha and Karnataka) report only on cases. Haryana is the only state which is consistently reporting COVID-19 data on transgender people. Afghanistan reports hospitalisation data for all provinces.

\*The percentages are calculated using Single year age data from UN Population Prospects (2019) after removing data for age below 18

## Moving forward

- Over a year into the COVID-19 pandemic, several countries are still not publishing sex-disaggregated data on any of the clinical pathway indicators (cases, deaths, testing, vaccination, hospitalisation etc.). Consistent reporting of COVID-19 related sex-disaggregated data will be immensely helpful in formulating response to the pandemic and developing strategies to deal with similar exigencies in the future.
- The pandemic emphasised on the need to develop and strengthen existing data reporting systems by the governments in each country to capture all the health sector data digitally.
- Many countries have started COVID-19 vaccination programs for the adult population. Publishing sex-disaggregated vaccination data can provide insights into understanding inequalities in distribution of and access to vaccines.
- International organisations and funding agencies can push for reporting systems and surveillance mechanisms through their resources. This could ensure disaggregated data collection and reporting across countries along a range of variables.

## 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 from 200+ countries 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 once a month.

## 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](mailto:agautam@icrw.org)

Anna Purdie, [info@globalhealth5050.org](mailto:info@globalhealth5050.org)

Sylvia Muyingo, [smuyingo@aphrc.org](mailto: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](mailto:info@globalhealth5050.org) and sharing a link to where the data can be found.

Engage with us: [@GlobalHlth5050](#) [@APHRC](#) [@ICRW](#)

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