

THE COVID-19 SEX-DISAGGREGATED DATA TRACKER

JULY UPDATE REPORT

Overview

This brief presents global findings from the COVID-19 Sex-Disaggregated Data Tracker. The Data Tracker is the world's most comprehensive source of sex-disaggregated data on the direct health impacts of COVID-19 along the clinical pathway, collecting and reporting national data from 200 countries on vaccinations, testing, confirmed cases (including among healthcare workers), hospitalisations, ICU admissions and deaths. It also reports data on sex and age on key indicators.

Since early in the novel coronavirus pandemic, sex differences have been noted in diagnosis and outcomes. Despite known sex differences in COVID-19 and known sex differences in access to care and treatment in many countries, sex-disaggregated data is not uniformly or universally integrated into COVID-19 data reporting.

In tracking COVID-19 data from 200 countries, we have found consistent global gender differences as well as substantial cross-country variation both in the availability of sex-disaggregated data and in the measured sex differences in clinical indicators. Monitoring these sex differences can help guide the development of COVID-19 policies that address gender-specific needs in a population and help monitor gender equitable access to COVID-19 care and services.

KEY FINDINGS

1 Data Availability

- The sex of 94.5 million cases and 2 million deaths from COVID-19 is currently unknown. This equates to roughly three in ten of all confirmed cases and two in ten deaths.
- 73% (145 of 200) of countries in the Tracker have ever reported sex-disaggregated (SD) data on cases or deaths, but only 46% (91 of 200 countries) in the region reported SD data on cases or deaths in the past month.

2 Clinical Pathway

- Globally, fewer men are vaccinated and tested for COVID-19 than women.
- Men account for only slightly more confirmed cases than women (51%), and more hospitalisations (54%), ICU admissions (64%) and deaths (56%) than women.

Global availability of sex-disaggregated data

Of more than 190 million cases and 4 million deaths reported to the WHO by 20 July 2021, the sex of approximately 3 out of 10 identified cases and 1 out of 5 deaths is currently unknown. Data availability has improved since January 2021 (see Figures 1 and 2).

Fig 1. Availability of Sex Data for Cases Globally, January and July 2021

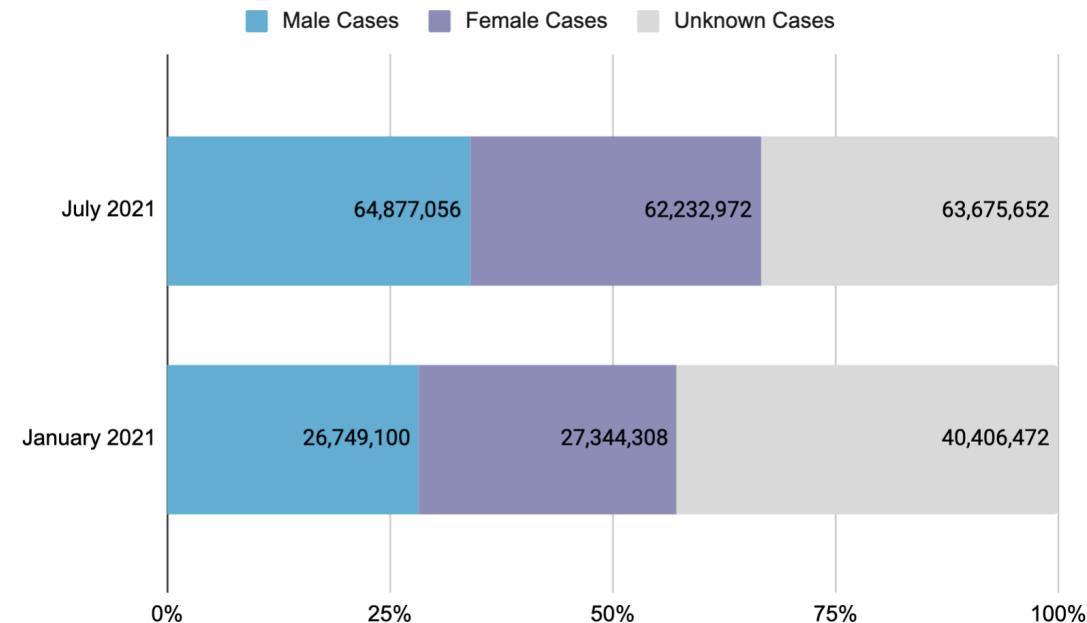
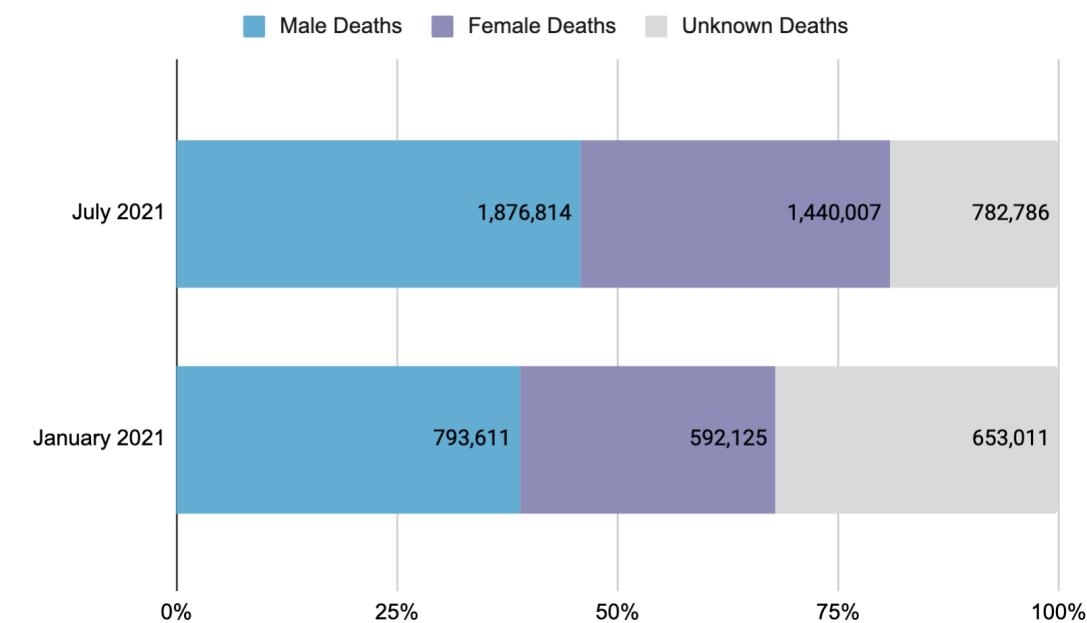


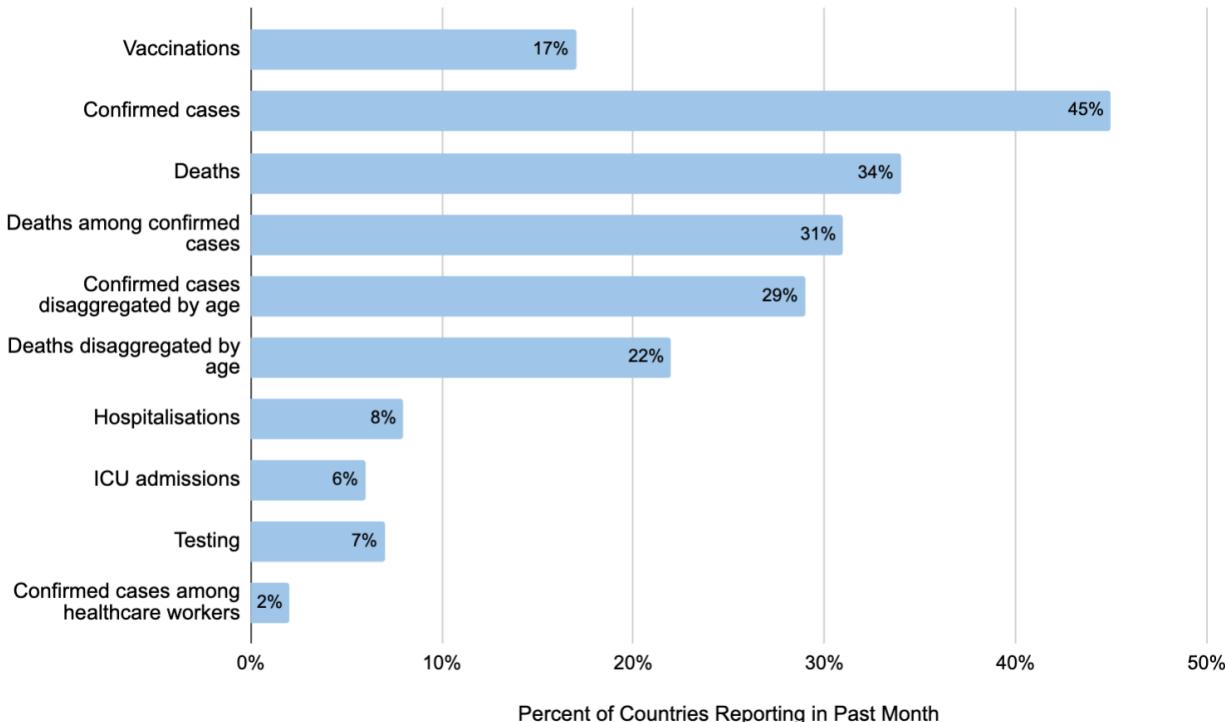
Fig 2. Availability of Sex Data for Deaths Globally, January and July 2021



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

The Tracker collects data for vaccinations, testing, confirmed cases, confirmed cases among healthcare workers, hospitalisations, ICU admissions and deaths, as well as data by sex and age for vaccinations, cases and deaths. The most common indicators that countries have reported on in the past month are confirmed cases (45%) and deaths (34%). The least common indicator was cases among healthcare workers (2%).

Fig 3. Proportion of countries reporting sex-disaggregated data in the past month, Globally, July 2021

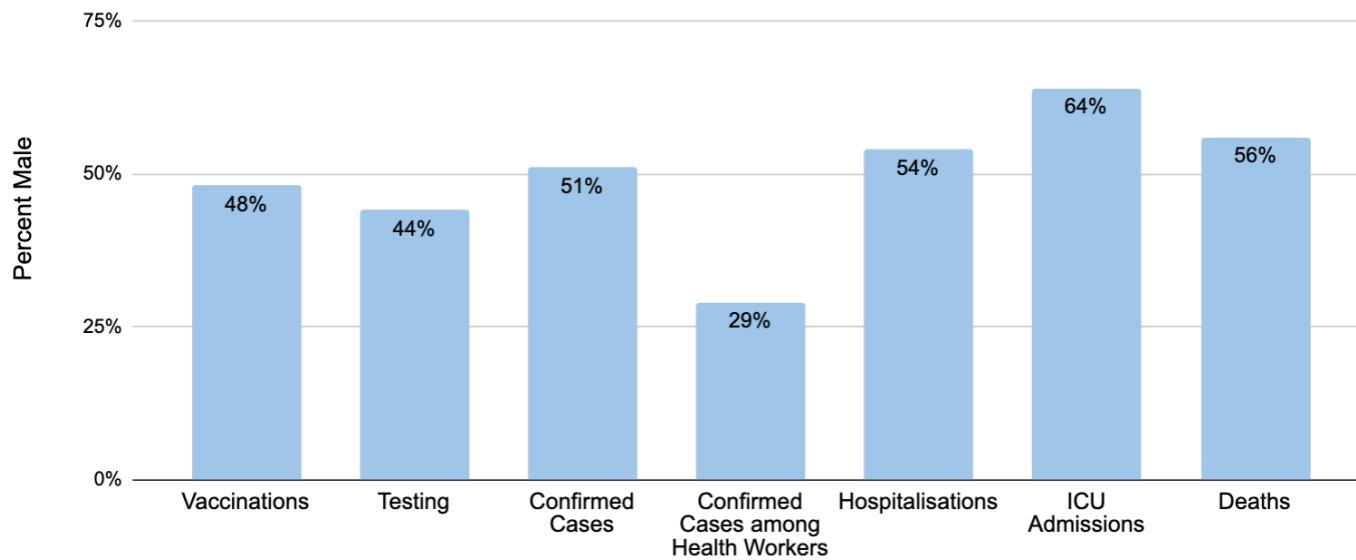
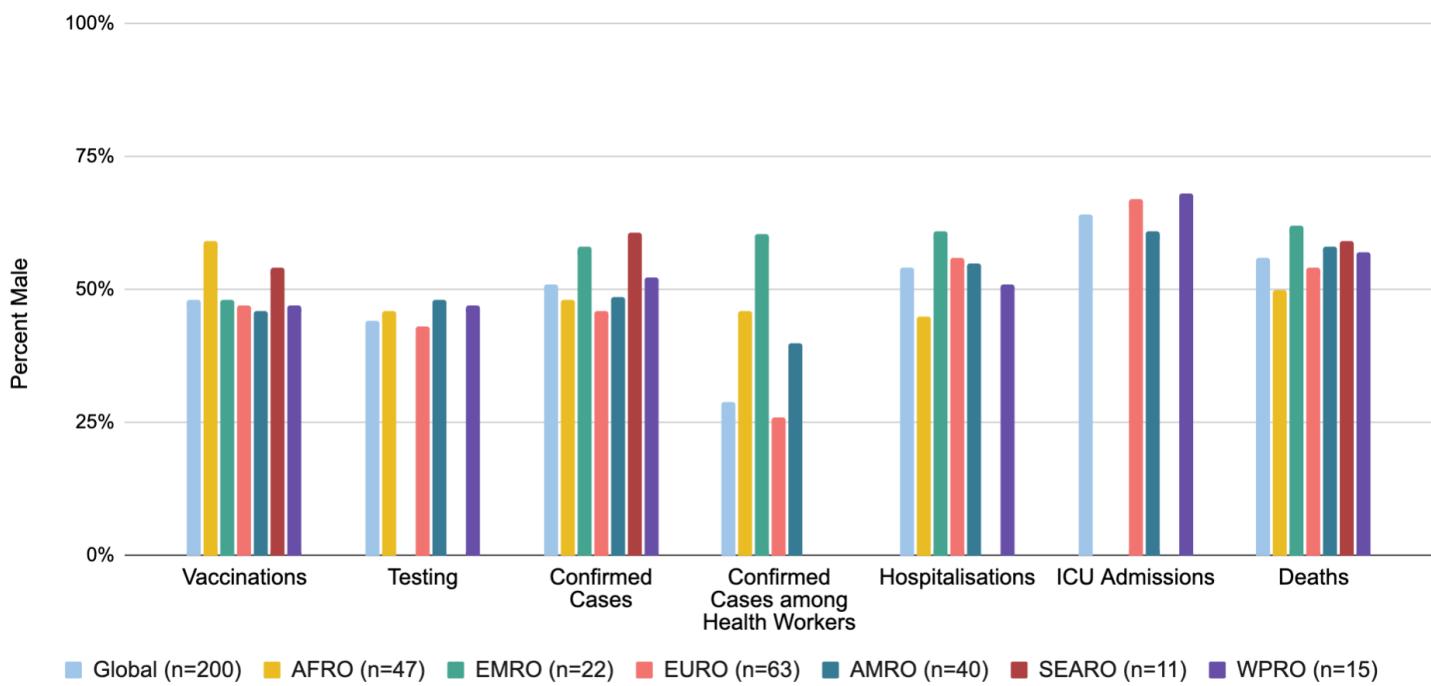


A look along the Clinical Pathway

The sex differences seen across clinical pathway indicators globally (see Figure 4) have been consistent over time. While fewer men are tested (44%) compared to women, and nearly as many confirmed cases are among men as among women (51%), more men are reported as being hospitalised (54%), admitted to the ICU (64%) and dying of COVID-19 (56%) than women.

Figure 5 shows the percentage of male outcomes along the clinical pathway indicators for all WHO regions. While the global pattern largely holds, for each indicator we see particular regions differ from the global pattern. For vaccinations, while more women than men have been vaccinated overall, in AFRO and SEARO regions, more men have been vaccinated. While most regions follow the global pattern of similar numbers of confirmed cases among men and women, in EMRO and SEARO there have been more cases among men. While most regions follow the pattern of more men being hospitalised, admitted to the ICU and dying than women, the opposite is found in the Africa region.

Briefs for each of the WHO regions exploring regional findings and trends will be published in September 2021.

Figure 4. Percent of Males Reported for Clinical Pathway Indicators Globally, July 2021**Figure 5. Percent of Males Reported for Clinical Pathway Indicators by WHO Region, July 2021**

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