

# THE COVID-19 SEX-DISAGGREGATED DATA TRACKER

## South-East Asia Region Data Update

### ABOUT THIS BRIEF

This brief presents regional 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 205 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 in access to care and treatment in many countries, sex-disaggregated data is not uniformly or universally integrated into COVID-19 data systems and reporting.

Tracking 205 countries worldwide for sex-disaggregated COVID-19 data, we have found consistent global gender differences and substantial cross-country variation in availability of sex-disaggregated data as well as in 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.

In this brief we present sex-disaggregated data for 11 countries from the WHO South-East Asia Region, providing comparison between this SEARO region and global sex-disaggregated data availability and sex differences in key clinical indicators.

### KEY TAKEAWAYS

#### DATA AVAILABILITY

- 1 The sex of over 12 million cases and 510,000 deaths from COVID-19 in the SEARO region is currently unknown, meaning that the sex of roughly 3 in 10 cases (29%) and 7 in 10 (73%) deaths are not known. This compares to 35% of cases and 27% of deaths globally where the sex is unknown.
- 2 90% (10/11) of countries in the region have ever reported sex-disaggregated (SD) data on cases or deaths, but just 55% (6/11) of countries reported this data in the past month.

#### OUTCOMES

- 3 In the SEARO region, more COVID-19 cases have been confirmed among men (60%) than women, whereas globally cases have been nearly equal between men and women (51% male).
- 4 Men account for a higher proportion of hospitalizations (65%) than globally (55%), and make up 57% of all deaths (similar to the global picture, where 57% of all deaths are male).

### National data availability for sex-disaggregated case and death data

At a minimum, countries should report sex-disaggregated data on COVID-19 cases and deaths. Across 11 countries in the SEARO region, seven (64%) reported sex-disaggregated data on both cases and deaths in the past month, with one additional country (9%) reporting on cases but not deaths in the past month. Two countries (18%) have previously reported on both of these indicators but are no longer doing so. A further one country (9%) in the region has never reported sex-disaggregated data on cases or deaths that we could locate.

Table 1 lists the countries from the SEARO region currently included in the tracker with the date of the most recent data available for sex-disaggregated data on cases and deaths.

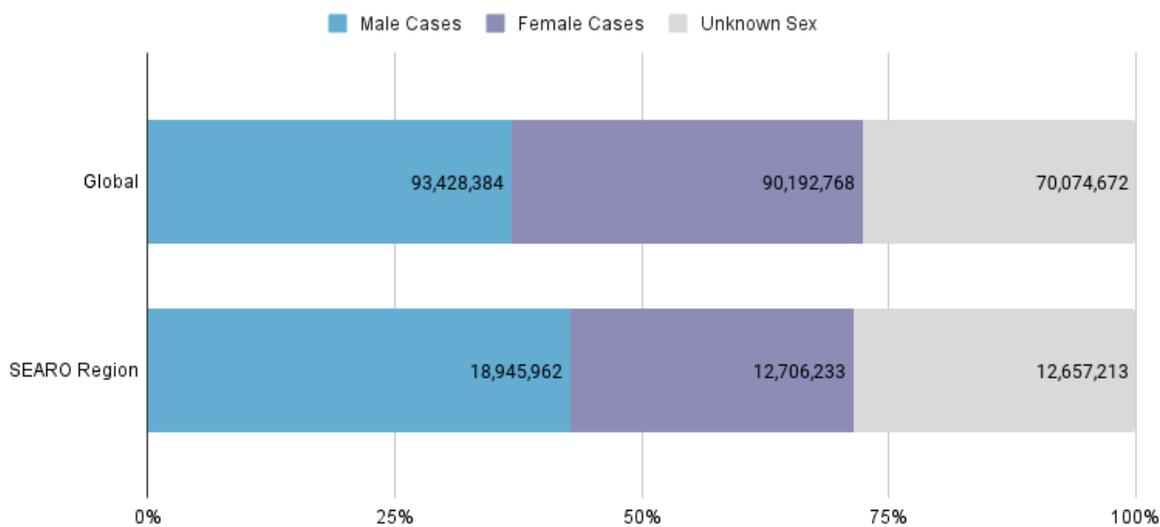
**Table 1. Latest Reporting Date of Sex-Disaggregated Case and Death Data across SEARO Countries**

Country	SD Cases Data Available	SD Death Data Available	
Bangladesh	Nov 2021	Nov 2021	Reported in past month
Bhutan	Nov 2021	Nov 2021	Reported in past month
Dem. People's Republic of Korea	Never	Never	Never reported
India	May 2021	May 2021	Last reported over a month ago
Indonesia	Nov 2021	Nov 2021	Reported in past month
Maldives	Nov 2021	Nov 2021	Reported in past month
Myanmar	Jun 2021	Jun 2021	Last reported over a month ago
Nepal	Nov 2021	Nov 2021	Reported in past month
Sri Lanka	Nov 2021	Nov 2021	Reported in past month
Thailand	Nov 2021	Apr 2021	Last reported over a month ago
Timor-Leste	Nov 2021	Nov 2021	Reported in past month

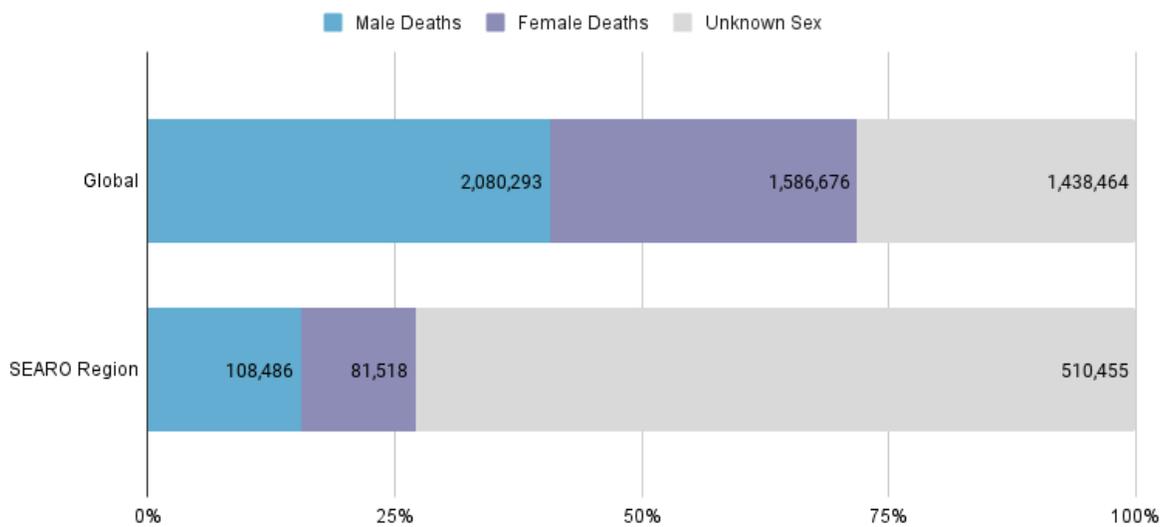
### Availability of sex-disaggregated data in the SEARO Region

Of over 44 million cases and 700,000 deaths reported to the WHO by 16 November 2021 in South-East Asia, the sex of approximately 12.7 million (29%) cases and 510,000 (73%) deaths is currently unknown. Sex disaggregated data availability for cases is similar to the global picture, where the sex of 27% cases is unknown. Conversely, data availability for deaths is worse in the SEARO region than globally, where the sex of 28% of deaths is unknown (see Figures 1 and 2).

**Fig 1. Availability of Sex Data for Cases in SEARO and Globally, November 2021**



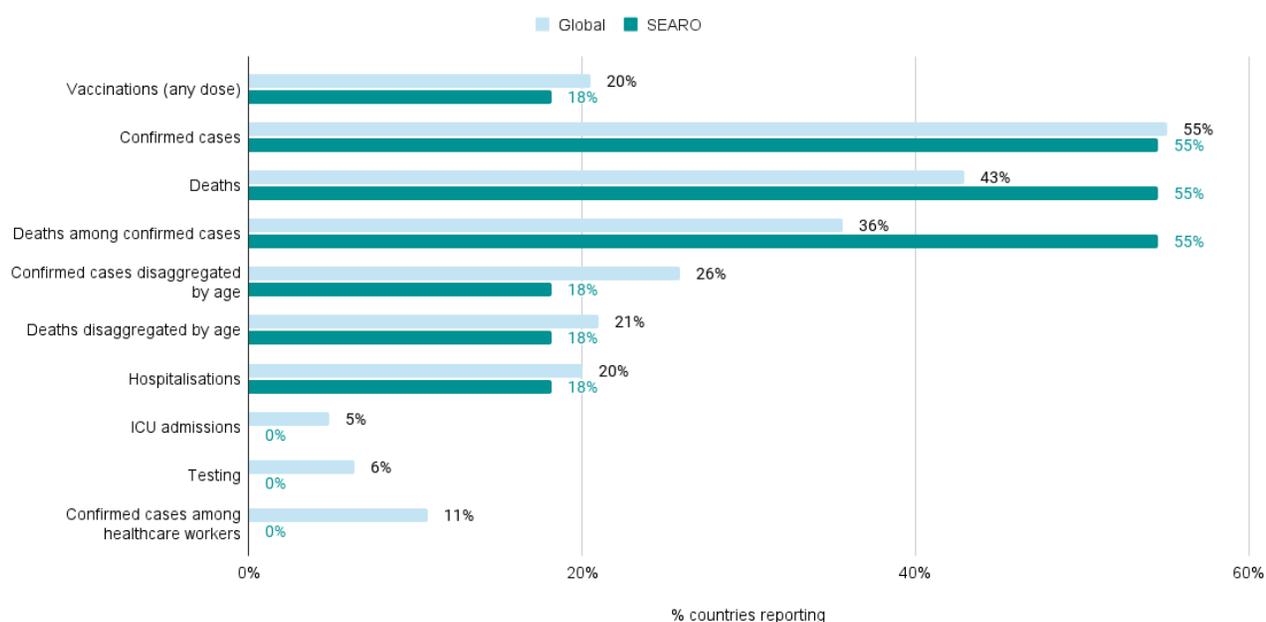
**Fig 2. Availability of Sex Data for Deaths in SEARO and Globally, November 2021**



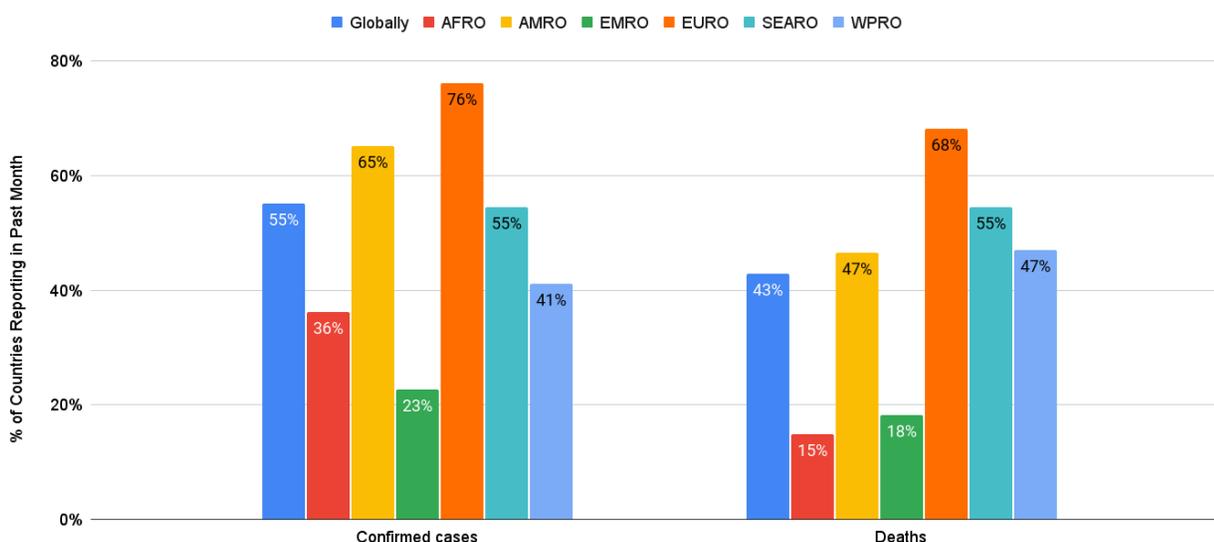
### Data availability along the clinical pathway in the SEARO Region and Globally

The Tracker collects sex-disaggregated data for indicators along the clinical pathway, from vaccinations to testing, cases, hospitalisations, ICU admissions and deaths. In the past month, a similar proportion of SEARO countries are reporting vaccination, hospitalisation and death data by sex as reported globally (see Figure 3). Similarly, a higher proportion of countries are reporting deaths by sex, as well as by sex and age than are reporting globally. However no countries in this region are reporting on hospitalisations, ICU admissions, testing or cases among healthcare workers.

**Fig 3. Proportion of countries reporting sex-disaggregated data by Indicator in the past month, Globally and for SEARO Region, November 2021**



**Fig 4. Proportion of countries reporting sex-disaggregated case and death data across WHO regions and globally, November 2021**

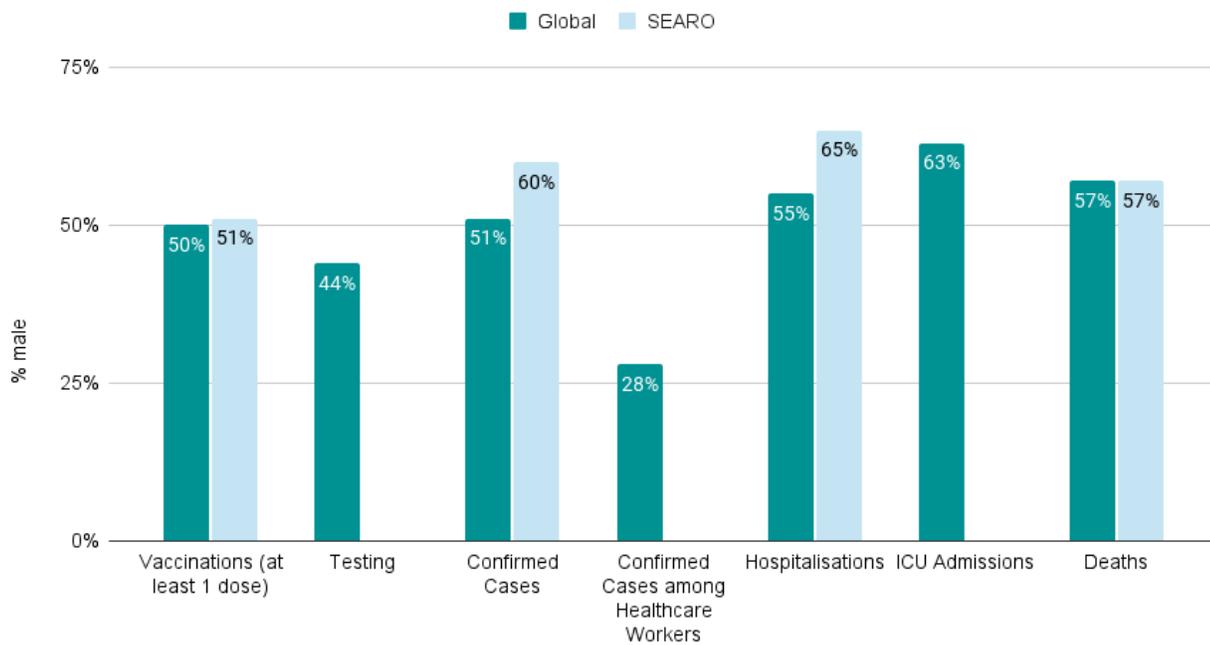


### A look along the Clinical Pathway

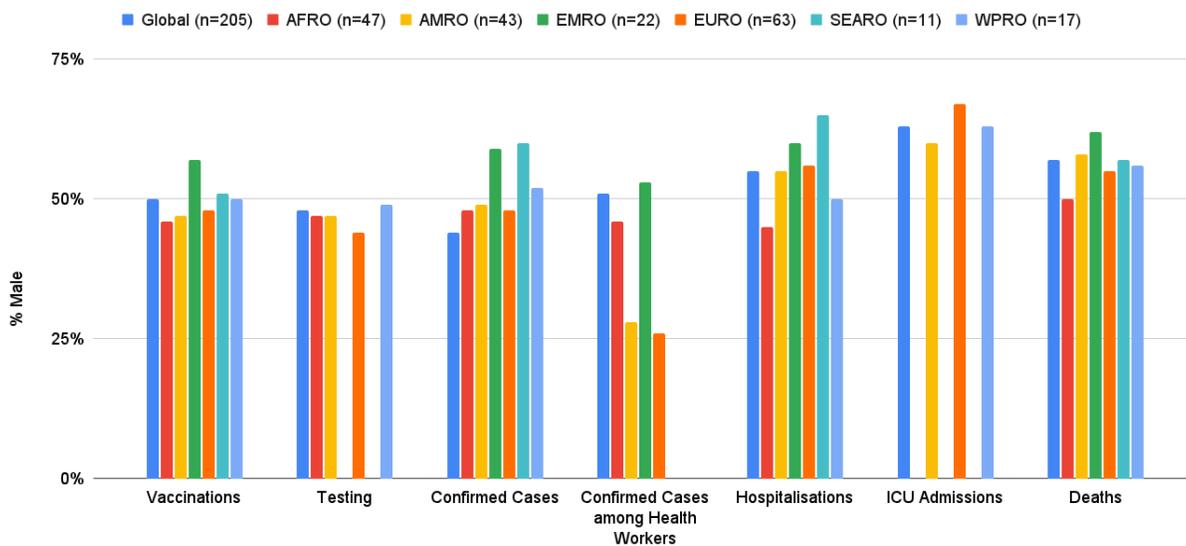
Figure 5 shows the percentage male reported along clinical pathway indicators from the SEARO region and globally. The Tracker only has data for four indicators (confirmed cases, hospitalisations, deaths and vaccinations) from the SEARO region, as no country in the region has ever reported on testing, cases among healthcare workers, or ICU admissions by sex. The data shows that men make up a higher share of confirmed cases (60%), deaths (57%) hospitalisations (65%) in the SEARO region compared to the global level.

Figure 6 shows the percentage of male outcomes along the clinical pathway for all WHO regions.

**Fig. 5. Percent of Males Reported for Clinical Pathway Indicators in EURO Region and Globally, November 2021**



**Fig. 6. Percent of Males Reported for Clinical Pathway Indicators by WHO Region, November 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 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 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/>

For further information contact:

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

Abhishek Gautam, [agautam@icrw.org](mailto:agautam@icrw.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](#)

---