1. Epidemiological Update

By the end of January, there were 27.14 million cases and 756,923 deaths in countries covered by the Global Humanitarian Response Plan. For the past three months, cases and deaths have steadily increased each month by approximately 23 percent and 15 percent respectively. However, this hides significant disparities between countries. For example, during the month of January, cases in Zambia, Zimbabwe, Uruguay and Mozambique doubled. COVID-19 also continued to rapidly spread in several other countries, including Burundi, Rwanda, Lebanon, Chad, Burkina Faso and Nigeria. The remaining 51 GHRP countries reported an increase of between 0% and 50% in January, however inadequate testing and insufficient testing continues to make the picture opaque of actual transmission and deaths in most GHRP countries.

The past month has seen a particular rise in SARS-CoV-2 variants, with preliminary evidence indicating that some of the strains may lead to increased transmissibility. Following the detection of a coronavirus variant of concern in South Africa, numbers have started to spike in neighboring countries. In South Africa, the new strain has become dominant, and genomic analysis confirms that the new strain has crossed over borders. There are fears that this variant may become dominant in the continent in the coming months.
2. COVID-19 Vaccination Update

Vaccinations have continued to roll-out in high-income countries, with lower-income countries lagging behind. However, the COVAX Facility, led by GAVI and WHO, has progressed despite funding shortfalls. In a recent interim distribution forecast, the COVAX facility said it aims to distribute 330 million doses in the first half of 2021 across 145 participating countries. On average, the doses will cover 3.3% of total populations in those countries, enough to protect the most vulnerable groups such as health care workers. Approximately 87 million doses have been provisionally allocated to all 26 countries with a Humanitarian Response Plan who are participating in the COVAX facility. Almost all (99%) of the vaccines that have been provisionally allocated are the Astra Zeneca COVID-19 vaccine. The current timeline estimates delivery to begin in late February to early March, subject to manufacturing supply capacity and completion of pre-requisites. This forecast does not take into account possible allocations through the humanitarian buffer.
3. Secondary Impacts

The COVID-19 pandemic continues to have a severe impact on people’s livelihoods, health and well-being. The food insecurity situation has deteriorated in many countries over the past month, including in Niger, CAR, and Mozambique. New Integrated Food Security Phase Classifications have been released, indicating that COVID-19 is compounding with other needs to increase food insecurity. In Honduras, 3.3 million people are likely to face high levels of acute food insecurity during the lean season of April - July 2021. In Somalia, up to 2.7 million people in Somalia face high levels of acute food insecurity through mid-2021. In Mozambique, the number of people facing high acute food insecurity (IPC Phase 3 or above) is estimated to increase to 2.9 million people in rural (approx. 2.1 million) and urban areas across the country (0.8 million) between January and March 2021. IPC Phase 5 has been reported in Yemen and South Sudan, where the situation is teetering on the edge of famine.

In addition to acute food insecurity, figures on Severe Acute Malnutrition (SAM) has been similarly alarming, with hundreds of thousands of children in Niger, Nigeria, Chad and the DRC being admitted for treatment of SAM according to latest data. Food market prices have continued to rise in many of the reported countries in January 2021, with at least 23 countries reporting that fifty percent or more of their food commodities are in alert, distress or crisis. Vaccination campaigns continue to be 100% postponed in at least 17 locations, including Bolivia, Colombia, Iraq, DRC. Sierra Leone, Ukraine and Zimbabwe.

Sources: Epidemiological Update (World Health Organization, Global Health 50/50; Gavi and WHO – COVAX); Corollary Impacts (OCHA, World Bank, FAO, WFP, UNICEF); Funding Update (OCHA) as of 31 January. For feedback, please contact: centrehumdata@un.org.
4. **Funding Update**

In 2021, the Global Humanitarian Response Plan for COVID-19 was integrated into the Global Humanitarian Overview for 2021, which was launched on 1 December 2020. A record 235.4 million people will need humanitarian and assistance and protection in 2021, a 40% increase on 2020 almost entirely due to COVID-19. The plan aims to help 160 million of the most vulnerable people who face hunger, conflict, displacement, the impacts of climate change and the COVID-19 pandemic in 56 countries. As of 31 January 2021, the GHO had received USD409.6 million in funding.

Since the start of the pandemic, the Central Emergency Response Fund and the Country Based Pooled Funds have allocated a combined total of US$ 492 million to respond to the COVID-19 pandemic. To date, the funds have supported a broad range of humanitarian partners to launch time-critical projects in over 49 countries. The funding has also contributed to gender equality. Almost 85% of CBPF funding and 68% of CERF was likely to contribute to gender equality. At least 50% of the beneficiaries of the CBPF and CERF funding were women and girls. CBPFs are the largest direct source of funding for national partners. CBPF disbursed 32 per cent (USD80 million) of its COVID-19 funding to 133 local and national partners. All CBPFs involve national NGOs in strategic and technical review committees and almost all (17 of 18) have at least two national NGOs on the Advisory Board. In the context of COVID-19, CBPFs put in place a set of ‘flexibility measures’ to facilitate frontline responders’ work in the area of budget, administration and risk management. CERF provided $58.1 million (24% of its COVID-19 funding) to NGOs, Red Cross/Crescent Societies, and national partners by way of sub-grants from UN agencies. This includes an innovative allocation of $25M specifically to international and national NGOs in 6 countries at a critical time of need. One third of all NGOs supported under this allocation were national or local NGOs.

5. **COVID-19 Data Explorer Update**

In January the COVID-19 Data Explorer added data on Severe Acute Malnutrition. You can access this data, and other data on the COVID-19 Data Explorer at [https://data.humdata.org/visualization/covid19-humanitarian-operations/](https://data.humdata.org/visualization/covid19-humanitarian-operations/)

As of February, the COVID-19 Data Explorer will focus on the 56 countries reflected in the 2021 Global Humanitarian Overview.

Sources: Epidemiological Update ([World Health Organization](https://www.who.int), [Global Health 50/50](https://globalhealth5050.org), [Gavi and WHO – COVAX](https://www.gavi.org/covacx)); Corollary Impacts (OCHA, World Bank, FAO, WFP, UNICEF); Funding Update (OCHA) as of 31 January. For feedback, please contact: [centrehumdata@un.org](mailto:centrehumdata@un.org).