Highlights:

• Cases and deaths in countries in the Global Humanitarian Overview (GHO)\(^1\) declined in August despite global increases. The declining trend is positive but masks several concerning surges in GHO countries, especially in the Middle East region. At the end of August, almost a third of GHO countries were reporting an increasing trend in cases or deaths.

• Almost 95 percent of GHO countries have reported more COVID-19 cases in 2021 compared to 2020. Half of the 30 countries with an inter-agency humanitarian response plan (HRP) have reported at least double the number of cases, with several reporting more than six times the number (Burundi, Zimbabwe, Mozambique). GHO countries have also recorded 83 percent more deaths in 2021 compared to 2020.

• In 2021, reporting on sex disaggregated COVID-19 cases and deaths has declined in GHO countries. Limited disaggregated data on vaccine administration and epidemiological data on COVID-19 is hampering efforts to identify and respond to the gendered impacts of the pandemic. A third of the 75 per cent of GHO countries reporting sex-disaggregated data have not updated figures since 2020. Only five HRP countries are reporting sex disaggregated data on COVID-19 vaccinations. In both Nigeria and Somalia, less than a third of COVID-19 vaccines have gone to women. It is essential governments and partners consult with women and local women’s organizations and design vaccine campaigns that overcome barriers women may face in accessing the vaccine. More effort must be made to collect and report sex disaggregated vaccine and epidemiological data, an important first step in identifying and ultimately addressing gender inequity.

• In August, HRP countries received a record 33 million doses, with half of those doses coming from the COVAX Facility. Twelve countries donated 62 per cent of the doses delivered. While increased dose donations are welcome, the volumes remain small relative to the number of doses needed. Half of HRP countries do not have enough doses to vaccinate even 5 per cent of their population (based on 2 doses). Five countries have less than 1 per cent (Burundi, Chad, DRC, South Sudan, Yemen). COVAX deliveries are expected to increase in September as COVAX continues to deliver the 83 million doses allocated to 29 HRP countries by COVAX. Doses are expected to be delivered by the end of September (if circumstances allow). This would more than double the number of COVAX deliveries to HRP countries to date.

• The administration of vaccines in most HRP countries remains a major hurdle and upcoming COVAX deliveries will further test roll-out capacity. Pakistan and Colombia have balanced large and ongoing amounts of delivered doses with a high rate of administration. However, many HRP countries struggle to administer their doses received, even when relatively small doses are delivered. As of 31 August, more than USD2.2 billion in financing from the World Bank and Gavi has been approved to support 23 GHO countries to obtain and rollout COVID-19 vaccines. To improve capacity to administer vaccines, quick deployment of funds and additional financing for the two-thirds of HRP countries that have not yet received support is necessary.

• The economic fallout of COVID-19 has overwhelmed already fragile social protection measures in HRP countries and exposed significant gaps in social protection coverage.\(^2\) Four out of five people in HRP countries – almost one billion people - are without social protection benefits. Creating more fiscal space in HRP countries, including for social protection spending, is critical to mitigating the ongoing impact of COVID-19, supporting economic recovery and strengthening the resilience of populations to future shocks. The reallocation of SDRs in a manner that benefits the poorest countries and addressing the debt crisis will be essential.

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\(^1\) For a full list of the 56 countries in the Global Humanitarian Overview: Global Humanitarian Overview 2021 | Global Humanitarian Overview (unocha.org). The GHO analysis also includes three additional countries – El Salvador, Guatemala and Honduras who issued inter-agency Humanitarian Response Plans (HRP) in August.

\(^2\) OCHA analysis based on ILO data: World Social Protection Report 2020-22.

Sources: Epidemiological Update World Health Organization, Our World in Data; Gavi and WHO – COVAX; Global Health 50/50); Vaccine update (Gavi, Our World in Data, UNICEF, World Bank, other media sources); Secondary Impacts (ILO, IMF, World Bank); Funding Update (OCHA) as of 31 August. For feedback, please contact: centrehumdata@un.org.
• At the end of August, GHO countries received USD34.9 billion in funding, just a third of the total humanitarian funding required for 2021. Several sectors critical to COVID-19 response – health, education and protection - are severely underfunded, with more than 85 per cent of needs unmet.

• The OCHA-HDX COVID-19 Data Explorer is now tracking vaccine financing from the World Bank and Gavi to support countries to procure and roll-out COVID-19 vaccines, and data from the World Food Programme on the Change of Cost to Food Basket.

Issues to monitor in September:

• GHO countries with an increasing trend in cases or deaths as of 31 August, including Angola, Aruba, Costa Rica, Egypt, El Salvador, Ethiopia, Guatemala, Guyana, Mexico, Nigeria, occupied Palestinian territory, Pakistan, Somalia, Syrian Arab Republic, Turkey, Ukraine, Venezuela, and Yemen.

• Increased COVAX deliveries in HRP countries, based on round 4-6 allocations.

• New COVID-19 initiatives, donations or financing commitments announced by world leaders at the UN General Assembly leaders’ week - 23-26 September 2021.

• Announcements or initiatives to reallocate Special Drawing Rights, and how they will benefit HRP countries.

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1. Epidemiological Update

Cases and deaths in countries in the Global Humanitarian Overview (GHO) declined in August despite global increases. The declining trend is positive but masks several concerning surges in GHO countries, particularly in the Middle East region. Globally, cases increased by almost 30 per cent from July to August, while deaths increased by almost 50 per cent. Across GHO countries in August, cases decreased from 4.5 million to 3.8 million and deaths dropped by a quarter. The declining trend is positive, but it also masks concerning increases in several countries, especially in the Middle East region. The occupied Palestinian territory, Syria and Yemen experienced a week-on-week increase in cases and deaths in August. The occupied Palestinian territory recorded an 89 percent increase in cases in the last week of August compared to the prior week. Syria recorded a 46 percent increase over the same period. Iraq and Libya both recorded their highest week of cases since the beginning of the pandemic in August, with a steady week-on-week increase in deaths recorded in Iraq. In other regions, Pakistan recorded an increasing trend in deaths throughout the month, while Myanmar continues to face an alarming surge with cases and deaths increasing by a third since the beginning of August. Burundi reported a 71 per cent increase in during August, its highest reported figures since the beginning of the pandemic. At the end of August, almost a third of GHO countries were reporting an increasing trend in cases or deaths.

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For a full list of the 56 countries in the Global Humanitarian Overview: Global Humanitarian Overview 2021 | Global Humanitarian Overview (unocha.org). The GHO analysis also includes three additional countries – El Salvador, Guatemala and Honduras who issued inter-agency Humanitarian Response Plans (HRP) in August.

Sources: Epidemiological Update | World Health Organization, Our World in Data; Gavi and WHO – COVAX; Global Health 50/50; Vaccine update (Gavi, Our World in Data, UNICEF, World Bank, other media sources); Secondary Impacts (ILO, IMF, World Bank); Funding Update (OCHA) as of 31 August. For feedback, please contact: centrehumdata@un.org.
Almost 95 percent of GHO countries have reported more COVID-19 cases in 2021 compared to 2020. Half of the 30 countries with an inter-agency humanitarian response plan (HRP) have reported at least double the number of cases, with several reporting more than six times the number (Burundi, Zimbabwe, Mozambique). GHO countries have also recorded 83 percent more deaths in 2021 compared to 2020. Almost 30 percent of HRP countries have reported at least twice as many deaths, with several reporting significantly more. There have been ten times the number of deaths in Zimbabwe and Mozambique this year compared to 2020, highlighting the increased severity of the pandemic in humanitarian settings this year. These increases are likely due to the Delta variant - now verified in two thirds of GHO countries, the relaxation of or less adherence to containment measures, and a lack of vaccines. Sudan and Niger are the only HRP countries to report fewer confirmed cases in 2021 than in 2020; however, inadequate testing and reporting mean these numbers are likely to be higher.

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4 Note: The data for the United Republic of Tanzania and the Central African Republic are insufficient to understand COVID-19 epidemiological trends.

5 Note: The data for the United Republic of Tanzania is insufficient to understand COVID-19 epidemiological trends.

Sources: Epidemiological Update (World Health Organization, Our World in Data; Gavi and WHO – COVAX; Global Health 50/50); Vaccine update (Gavi, Our World in Data, UNICEF, World Bank, other media sources); Secondary Impacts (ILO, IMF, World Bank); Funding Update (OCHA) as of 31 August. For feedback, please contact: centrehumdata@un.org.
COVID-19 Data Explorer: Global Humanitarian Operations
Monthly Highlights, 31 August 2021

Figure 3. HRP countries with at least double the cases in 2021 compared to 2020
(as of 31 August 2021)

Figure 4. Ten HRP countries with the highest increase in deaths in 2021 compared to 2020
(as of 31 August 2021)

Sources: Epidemiological Update (World Health Organization, Our World in Data; Gavi and WHO – COVAX; Global Health 50/50); Vaccine update (Gavi, Our World in Data, UNICEF, World Bank, other media sources); Secondary Impacts (ILO, IMF, World Bank); Funding Update (OCHA) as of 31 August. For feedback, please contact: centrehumdata@un.org.
In 2021, reporting on sex disaggregated COVID-19 cases and deaths has declined in GHO countries and only five HRP countries are reporting sex disaggregated data on COVID-19 vaccinations. In 2021, sex disaggregated vaccine administration and epidemiological data on COVID-19 is sparse, hampering efforts to identify and respond to the gendered impacts of the pandemic. Initial progress was made in collecting sex disaggregated data on cases and deaths, with almost 75 per cent of GHO countries reporting either partial or full data. However, reporting has declined in 2021, with almost a third of that data not being updated since 2020. In addition to collecting timely sex-disaggregated data, more effort is needed to capture sex-disaggregated data on COVID-19 vaccinations. Across HRP countries, just five – Guatemala, Nigeria, Pakistan, Somalia, and Zimbabwe – have reported sex disaggregated data on vaccination. In both Nigeria and Somalia, less than a third of vaccinations have gone to women. There are also data gaps which obscure the pandemic’s secondary impact on women and girls. The ILO’s World Social Protection Report (2020-22) revealed a lack of data on funding for mothers with newborns in two-thirds of HRP countries.

Women may face unique barriers to vaccine access, including literacy and digital gaps, limited household decision-making power about healthcare, and increased risk of gender-based violence or sexual exploitation and abuse when seeking vaccines. Simultaneously, women face greater risk of exposure to COVID-19 as they make up the majority of healthcare workers and are disproportionately responsible for caregiving, including for relatives’ sick with COVID-19. It is essential governments and partners consult with women and local women’s organizations and design vaccine campaigns that overcome barriers women may face in accessing the COVID-19 vaccine. More effort must also be made to collect and report sex disaggregated vaccine and epidemiological data, an important first step in identifying and ultimately addressing gender inequity.

2. COVID-19 Vaccination Update

In August, HRP countries received a record 33 million doses, with half of those doses coming from COVAX. Twelve countries donated 62 per cent of the doses delivered. In August, COVAX deliveries continued to be driven by donations from the United States (63 per cent or 10.1 million doses) followed by donations from the United Kingdom (2.6 million). The number of countries donating doses has also increased. In August, twelve countries donated doses through COVAX or bilaterally, an increase from six countries in July. Donations came from Austria, China, Denmark, France, Greece, Lithuania, Malta, Mexico, Poland, Spain, US, and the UK.

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Sources: Epidemiological Update (World Health Organization, Our World in Data; Gavi and WHO – COVAX; Global Health 50/50); Vaccine update (Gavi, Our World in Data, UNICEF, World Bank, other media sources); Secondary Impacts (ILO, IMF, World Bank); Funding Update (OCHA) as of 31 August. For feedback, please contact: centrehumdata@un.org;
Increased dose donations are welcome, but the volumes remain small relative to the number of doses needed. Half of HRP countries do not have enough doses to vaccinate even 5 per cent of their population (based on 2 doses). Almost 800 million doses are still required to vaccinate 40 per cent of HRP country population by the end of 2021 - or more than 5 times the 180 million doses delivered to date. Almost 60 per cent of vaccine deliveries to HRP countries have gone to just two countries, Pakistan and Columbia. El Salvador has the highest vaccine coverage among HRP countries, with enough doses to fully vaccinate 67 per cent of its population (based on two doses), followed by Colombia and Libya with 35 per cent and 26 per cent respectively. Only eight HRP countries have enough doses to fully vaccinate over 10 per cent of their population (El Salvador, Guatemala, Honduras, Libya, occupied Palestinian territory, Pakistan, Venezuela and Zimbabwe). Over half of HRP countries do not have enough vaccines to fully vaccinate even 5 per cent of their population, with five of those countries unable to fully vaccinate even one per cent (Chad, Yemen, South Sudan, DRC, Burundi).
Figure 6. Vaccines required (based on 2 doses), delivered, and administered in HRP countries (as of 31 August 2021)

Figure 7. COVID-19 vaccines: HRP countries with less than 5 per cent population coverage (based on 2 doses) (as of 31 August 2021)

Sources: Epidemiological Update (World Health Organization, Our World in Data; Gavi and WHO – COVAX; Global Health 50/50); Vaccine update (Gavi, Our World in Data, UNICEF, World Bank, other media sources); Secondary Impacts (ILO, IMF, World Bank); Funding Update (OCHA) as of 31 August. For feedback, please contact: centrehumdata@un.org.
COVAX deliveries are expected to increase in September as COVAX continues to deliver the 83 million doses allocated to 29 HRP countries by COVAX in the fourth, fifth and sixth allocation rounds. More than 36 million doses were announced in the sixth and most recent COVAX allocation to 22 HRP countries. Two-thirds of doses will be Sinopharm and the rest Sinovac. Both vaccines can be stored at standard refrigeration, an advantage in humanitarian settings. This follows the fifth allocation of 37 million Pfizer doses to 26 HRP countries and the fourth allocation of 10 million AstraZeneca doses to 14 HRP countries. Forty percent of all doses will be sent to two countries, Pakistan and Nigeria. One-third of HRPs were allocated under a million doses across all three rounds, with the Central African Republic, Honduras, and occupied Palestinian territory receiving only 100,000 doses each. Circumstances allowing, doses are expected to be delivered by the end of September and will more than double the number of COVAX deliveries to HRP countries to date.

![Figure 8. COVAX Allocations to HRP countries – Round 4-6](as of 31 August 2021)

8 COVAX, [COVAX Round 6 allocation](#)

9 COVAX, [COVAX Round 5 allocation](#)

10 COVAX, [COVAX Round 4 allocation](#)

11 COVAX, [COVAX Round 4 allocation](#), [COVAX Round 5 allocation](#), [COVAX Round 6 allocation](#)

Sources: Epidemiological Update (World Health Organization, Our World in Data; Gavi and WHO – COVAX; Global Health 50/50); Vaccine update (Gavi, Our World in Data, UNICEF, World Bank, other media sources); Secondary Impacts (ILO, IMF, World Bank); Funding Update (OCHA) as of 31 August. For feedback, please contact: centrehumdata@un.org.
The administration of vaccines in most HRP countries remains a major hurdle and upcoming COVAX deliveries will further test roll-out capacity. Pakistan and Colombia have balanced large and ongoing amounts of delivered doses with a high rate of administration. However, many HRP countries struggle to administer the doses they have received, even when relatively small doses are delivered. Six HRP countries – Afghanistan, Burkina Faso, the Central African Republic, Chad, DRC, and Haiti – have administered less than a quarter of total delivered doses despite four of these countries receiving less than 550,000 doses each. The COVAX delivery of significant volumes of doses to several HRP countries in the coming months will test countries’ abilities to administer vaccines, particularly in conflict settings. Chad is expected to receive more than 2.2 million doses through recent COVAX allocations but has only administered 17 per cent of the 300,000 doses which arrived in June. Yemen has administered almost 90 per cent of delivered vaccines, and Syria and Mali have both administered more than half of delivered doses. However, these countries have received a small number of doses in comparison to expected upcoming COVAX allocations. For instance, Yemen has been allocated 4.3 million doses, 12 times the total doses delivered to date. These countries may face barriers to absorbing large deliveries, highlighting the importance of urgently scaling up support to improve countries’ capacity to administer vaccines.

As of 31 August, more than USD2.2 billion in financing from the World Bank and Gavi has been approved to support 23 GHO countries to obtain and rollout COVID-19 vaccines in 2021. To improve capacity to administer vaccines, quick deployment of funds and additional financing for two-thirds of HRP countries that have not yet received support is necessary. USD2.19 billion in funding is from the World Bank’s Strategic Preparedness and Response Program for vaccine acquisition and distribution. An additional USD53 million is from GAVI’s COVID Delivery Support to assist eight GHO countries with roll-out of vaccines, of which USD9.3 million was disbursed to Burkina Faso, Kenya, and Uganda in August. Half of the Gavi and World Bank approved funding (USD1.1 billion) will go to eleven HRP countries. Financing to support vaccine roll-out has significantly improved over the past few months. It is important finances are quickly deployed and more countries receive support, especially as deliveries of doses are expected to increase. Two-thirds of GHO and HRP countries have not yet received additional financing to support vaccine roll-out. Three of these countries (Chad, Mali and Syria) are expected to receive more doses through the next COVAX allocation round than doses delivered to date and have low administration rates. For example, Syria is expected to receive 1.7 million doses, but so far has only been able to administer half of the 736,000 doses delivered to date.

Figure 9. COVID-19 vaccines delivered, administered and COVAX allocated in Syria, Yemen, Mali and Chad (as of 31 August 2021)

As of 31 August, more than USD2.2 billion in financing from the World Bank and Gavi has been approved to support 23 GHO countries to obtain and rollout COVID-19 vaccines in 2021. To improve capacity to administer vaccines, quick deployment of funds and additional financing for two-thirds of HRP countries that have not yet received support is necessary. USD2.19 billion in funding is from the World Bank’s Strategic Preparedness and Response Program for vaccine acquisition and distribution. An additional USD53 million is from GAVI’s COVID Delivery Support to assist eight GHO countries with roll-out of vaccines, of which USD9.3 million was disbursed to Burkina Faso, Kenya, and Uganda in August. Half of the Gavi and World Bank approved funding (USD1.1 billion) will go to eleven HRP countries. Financing to support vaccine roll-out has significantly improved over the past few months. It is important finances are quickly deployed and more countries receive support, especially as deliveries of doses are expected to increase. Two-thirds of GHO and HRP countries have not yet received additional financing to support vaccine roll-out. Three of these countries (Chad, Mali and Syria) are expected to receive more doses through the next COVAX allocation round than doses delivered to date and have low administration rates. For example, Syria is expected to receive 1.7 million doses, but so far has only been able to administer half of the 736,000 doses delivered to date.

Sources: Epidemiological Update (World Health Organization, Our World in Data; Gavi and WHO – COVAX; Global Health 50/50); Vaccine update (Gavi, Our World in Data, UNICEF, World Bank, other media sources); Secondary Impacts (ILO, IMF, World Bank); Funding Update (OCHA) as of 31 August. For feedback, please contact: centrehumdata@un.org.
Follow the latest data on COVID-19 vaccine rollout [here](#) and on COVID-19 vaccine financing [here](#).

**Figure 10. Vaccine Financing – World Bank approvals to GHO countries 2021 (as of 31 August 2021)**

**Figure 11. Vaccine Financing – Gavi Country Delivery Support (Early Access) approvals to GHO countries 2021 (as of 31 August 2021)**

Sources: Epidemiological Update [World Health Organization, Our World in Data; Gavi and WHO – COVAX; Global Health 50/50]; Vaccine update (Gavi, Our World in Data, UNICEF, World Bank, other media sources); Secondary Impacts (ILO, IMF, World Bank); Funding Update (OCHA) as of 31 August. For feedback, please contact: centrehumdata@un.org.
3. Secondary Impacts

Social Protection

The economic fallout of COVID-19 has overwhelmed already fragile social protection measures in HRP countries and exposed significant gaps in social protection coverage. Four out of five people in HRP countries – almost one billion people – are without social protection benefits.¹³ In these countries, half of people have no health care coverage, and 19 out of 20 unemployed workers receive no unemployment benefits.¹⁴ These figures may not even account for vulnerable groups including informal workers or forcibly displaced populations, who are typically excluded from existing social protection measures. HRP countries have struggled to mount a social protection response that would mitigate the impact of the pandemic on their populations, largely due to significant gaps in coverage and financing. In 23 HRP countries, less than 3 percent of GDP is spent on social protection.¹⁵ In comparison, on average High-Income Countries spend 16.4% of their GDP on social protection – six times more than the HRP average and eight times more than two thirds of HRP countries.¹⁶

Figure 12. Social Protection coverage in HRP countries¹⁷

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Sources: Epidemiological Update [World Health Organization, Our World in Data; Gavi and WHO – COVAX; Global Health 50/50]; Vaccine update (Gavi, Our World in Data, UNICEF, World Bank, other media sources); Secondary Impacts (ILO, IMF, World Bank); Funding Update (OCHA) as of 31 August. For feedback, please contact: centrehumdata@un.org.
Creating more fiscal space in HRP countries, including for social protection spending, is critical to mitigating the ongoing impact of COVID-19, supporting economic recovery and strengthening the resilience of populations to future shocks. The reallocation of SDRs in a manner that benefits the poorest countries and addressing the debt crisis will be essential. In August, the IMF allocated USD650 billion in Special Drawing Rights. Out of the SDR allocation, approximately USD30 billion will be allocated to 29 HRP countries but over two-thirds will go to just seven countries (Venezuela, Nigeria, Colombia, Pakistan, Ukraine, Iraq and Libya). For the remaining 22 countries, the majority will receive less than USD500 million. Several countries (Afghanistan, Myanmar and Venezuela) will not receive their allocations, expected to be held in escrow. How much and how the SDRs are reallocated from High Income Countries will be critical to determining how useful the SDRs are in the end for the poorest countries. The end of the Debt Service Suspension Initiative, however, poses another threat to HRP countries. Fourteen HRP countries are participating in the Debt Service Suspension Initiative (DSSI) - a World Bank – IMF program which enabled debt-service payments to be temporarily suspended and funds reallocated to pandemic response. The DSSI ends in December 2021, meaning countries must resume payments. Resumption of payments will place a significant burden on one-third of HRP countries already classified as high risk. Mozambique, which is a DSSI recipient, is already in debt distress. The additional financial strain will further erode a country’s ability to spend on health care, social protection, education and development compounding both the acute impacts of poverty and crippling long-term economic recovery from COVID-19.

Sources: Epidemiological Update (World Health Organization, Our World in Data; Gavi and WHO – COVAX; Global Health 50/50); Vaccine update (Gavi, Our World in Data, UNICEF, World Bank, other media sources); Secondary Impacts (ILO, IMF, World Bank); Funding Update (OCHA) as of 31 August. For feedback, please contact: centrehumdata@un.org.
4. Funding Update

At the end of August, GHO countries received USD34.9 billion in funding, just a third of the total humanitarian funding required for 2021. Several sectors critical to COVID-19 response – health, education and protection – are severely underfunded, with more than 85 per cent of needs unmet. Humanitarian funding remains insufficient to meet the humanitarian needs stemming from both COVID-19 and other concurrent crises. Half of HRP countries have less than 30 per cent of their funding needs met. This includes countries which are battling spikes in COVID-19 cases and deaths. Zimbabwe has recorded 10 times the number of COVID-19 deaths in 2021 yet has received the least funding coverage of all HRP countries. Just six HRPs have received half their funding requirements. Honduras at 74 per cent and the occupied Palestinian territory at 70 per cent currently have the greatest funding coverage. Agriculture is the most funded sector across HRP countries with almost 75 per cent of required needs met. Several sectors critical to COVID-19 response remain underfunded, however, with only 12 per cent of health and 13 per cent of education appeals met. Protection programs for gender-based violence have received just 11 per cent of necessary funds despite the pandemic's documented increase of gender-based violence.

Sources: Epidemiological Update (World Health Organization, Our World in Data; Gavi and WHO – COVAX; Global Health 50/50); Vaccine update (Gavi, Our World in Data, UNICEF, World Bank, other media sources); Secondary Impacts (ILO, IMF, World Bank); Funding Update (OCHA) as of 31 August. For feedback, please contact: centrehumdata@un.org.
5. OCHA-HDX COVID-19 Data Explorer Update

The OCHA-HDX COVID-19 Data Explorer is now tracking vaccine financing from the World Bank and Gavi to support countries to procure and roll-out COVID-19 vaccines.

The OCHA-HDX COVID-19 Data Explorer now includes data from the World Food Programme monitoring Change in the Cost of the Food Basket (three-month trend compared to the previous three months).

The Daily Snapshot features latest data highlights on vaccine deliveries in countries with humanitarian response plan, percent of population covered, and administrations for all HRP countries.

For all the latest data on how COVID-19 is impacting countries with humanitarian crises visit the OCHA-HDX COVID-19 Data Explorer.

The Monthly Highlights can now come straight to your inbox – subscribe here.

Sources: Epidemiological Update |World Health Organization, Our World in Data; Gavi and WHO – COVAX; Global Health 50/50; Vaccine update (Gavi, Our World in Data, UNICEF, World Bank, other media sources); Secondary Impacts (ILO, IMF, World Bank); Funding Update (OCHA) as of 31 August. For feedback, please contact: centrehumdata@un.org.