Top 5 highlights to know:

• In April, more than 7.2 million new cases and 160,000 deaths were recorded in countries in the Global Humanitarian Overview (GHO) – a 21% increase in cases and a 32% increase in deaths from March. In countries with an inter-agency Humanitarian Response Plan (HRP), cases and deaths continued to increase albeit at a slower pace than March. Cameroon experienced the sharpest rise in cases, growing by 52%.

• Over a third of HRP countries have recorded more cases in the first four months of 2021 than in the whole of 2020. The increase in 2021 is likely due to the presence of multiple Variants of Concern and relaxation of, or non-compliance with, public health and safety measures (PHSM). More than half of HRP countries are no longer considered in lockdown.

• In April, deliveries of COVID-19 vaccines increased by 40 percent, with 14 million doses delivered to 13 HRP countries. But over 80% of these went to just six countries. Five countries - Burkina Faso, Burundi, Central African Republic, Haiti and Chad - have not received COVID-19 vaccines.

• Administration of vaccines in HRP countries more than doubled in April, but remain only 1 per cent of the global number of vaccines administered. The overall ratio of delivered doses to administrations also improved, increasing from 17 percent of delivered doses at the end of March to 35 percent by the end of April. However, there are significant disparities in countries’ ability to administer vaccines.

• The IMF economic outlook released in April forecasts a slow economic recovery for countries with humanitarian crises. For more than half of HRP countries, per capita output is not expected to return to pre-COVID-19 levels (2019) until after 2024. For more than a third of HRP countries, a return to pre-crisis levels is beyond the IMF forecast horizon of 2026. According to World Bank forecasts, by the end of 2021 an additional 19.4 million people will be pushed into extreme poverty in 17 countries with a Humanitarian Response Plan.

Three issues to watch in May

• Rising cases and deaths in humanitarian settings and their impact on health capacity and humanitarian operations, particularly in Central African Republic, Colombia, Ethiopia, Iraq, Mali, Pakistan and Syria, where cases and deaths continued to increase at the end of April. Given the situation in India, Bangladesh, Pakistan, Afghanistan and Myanmar should also be closely monitored.

• Public health and safety measures (PHSM) to contain the pandemic in humanitarian emergencies and compliance with them, particularly in countries with increasing cases and deaths. Given the lack of availability of vaccines, PHSM will be critical to curbing the spread and limiting deaths, but countries may be reluctant due to the economic costs of lockdowns and governments’ lack of fiscal space to provide support to their populations.

• Deliveries and administration of vaccines in HRP countries, particularly in some of the poorest countries and those that have not yet received vaccines.

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Sources: Epidemiological Update (World Health Organization, Global Health 50/50, Gavi and WHO – COVAX, Oxford Stringency Index); Vaccine update (Gavi-COVAX, Our World in Data, other media sources); Secondary Impacts (OCHA, WFP, IPC, World Bank, IMF, WHO); Funding Update (OCHA) as of 30 April. For feedback, please contact: centrehumdata@un.org.
COVID-19 Data Explorer: Global Humanitarian Operations
Monthly Highlights, 30 April 2021

1. Epidemiological Update

Globally, cases continue to rise for over nine weeks, and deaths have increased for the sixth week. The fourth week of April registered almost as many cases as the first five months of the pandemic. By the end of April, when the world surpassed 150 million cases, India was accounting for one third of new infections. Of the 18.6 million new cases reported in April, over 7.2 million were in countries covered by the Global Humanitarian Overview.¹ Over 160,000 deaths were recorded in April, bringing the cumulative official death toll in GHO countries to 1.1 million.

Cases continued to increase in countries with an inter-agency Humanitarian Response Plan (HRP) in April, albeit at a slightly slower pace than March. On average, cases in HRP countries increased by 16 per cent in April compared to 20 per cent in March. A few countries continue to experience a significant rise in cases. Cameroon experienced the sharpest rise, growing by 52%. This was closely followed by Yemen (44% increase in cases) and Mali (38% increase). In April, deaths increased by 54% in Cameroon, followed by Yemen (38%), Somalia (33%), Venezuela (32%), Ukraine (32%) and CAR (31%). On average, HRP countries experienced a 16% increase in deaths. At the end of April, cases and/or deaths were on the rise in CAR, Colombia, Ethiopia, Iraq, Mali, Pakistan and Syria.

Over a third of HRP countries have recorded more cases in the first four months of 2021 than in the whole of 2020. Cases have nearly tripled since the beginning of the year in Yemen, South Sudan, Somalia and Cameroon, and nearly quadrupled in Mozambique. The trend for COVID-19 deaths has been similar, with nine countries experiencing more deaths in 2021 so far than in the whole of 2020. More than 75% of COVID-19 deaths in Zimbabwe, Mozambique, and Somalia took place over the last four months. Only three countries have had increases at or below 30% in cases and deaths during this period: Afghanistan, Haiti, and Myanmar. The increase in 2021 is likely due to the presence of multiple Variants of Concern and relaxation of, or non-compliance with, public health and safety measures (PHSM). More than half of HRP countries are no longer considered in lockdown – a score of 50 on the Oxford Stringency Index (OxCGR2).

Figure 1a. COVID-19 cases in 2020 vs. 2021

¹ For a full list of the 56 countries in the Global Humanitarian Overview: Global Humanitarian Overview 2021 | Global Humanitarian Overview (unocha.org)

² https://covidtracker.bsg.ox.ac.uk/
Sources: Epidemiological Update (World Health Organization, Global Health 50/50, Gavi and WHO – COVAX, Oxford Stringency Index); Vaccine update (Gavi-COVAX, Our World in Data, other media sources); Secondary Impacts (OCHA, WFP, IPC, World Bank, IMF, WHO); Funding Update (OCHA) as of 30 April. For feedback, please contact: centrehumdata@un.org.
A new variant of interest first identified in India, dubbed B.1.617, has been recorded in at least 17 countries. The situation in India is alarming due to the rapid acceleration in cases and deaths, partly due to the new variant, mass gatherings, other Variants of Concern and a relaxation of public health and safety measures. There are signs that neighboring countries are starting to see a spike in cases, and while genomic surveillance has not yet detected B.1.617 in the three HRP countries nearby – Pakistan, Afghanistan and Myanmar – it is possible the variant could be present. Recorded COVID-19 cases and deaths in Afghanistan are currently low, however given the limited public health and safety measures in place (scoring 8.3 on the Oxford Stringency Index), the situation should be closely monitored. According to the Oxford Stringency Index, Pakistan scores 58.8 and Myanmar 81.4.

2. COVID-19 Vaccination Update

In April, deliveries of COVID-19 vaccines to HRP countries increased by 40 percent, with 14 million doses delivered to 13 HRP countries, bringing the total number of deliveries to 35 million doses to 22 countries. Over 80 percent of the deliveries in April went to six countries (Pakistan, Ukraine, Colombia, Nigeria, Myanmar and Zimbabwe) with the majority of those doses being donated or procured. Out of the 35 million doses in HRP countries, more than 65 per cent are in five countries (Colombia, Nigeria, Pakistan, Myanmar and Ethiopia). At the end of April, five HRP countries - Burkina Faso, Burundi, Central African Republic, Haiti and Chad - have not received any COVID-19 vaccinations. As seen in Figure 2, some HRP countries have higher expected coverage in the coming months than others, due to procurement deals, pledged donations, and future COVAX deliveries.


Sources: Epidemiological Update (World Health Organization, Global Health 50/50, Gavi and WHO – COVAX, Oxford Stringency Index); Vaccine update (Gavi-COVAX, Our World in Data, other media sources); Secondary Impacts (OCHA, WFP, IPC, World Bank, IMF, WHO); Funding Update (OCHA) as of 30 April. For feedback, please contact: centrehumdata@un.org.
Figure 2. COVID-19 vaccines delivered and pledged, % of total population

COVAX delivered 2.4 million doses to six HRP countries, with four countries receiving their first COVAX delivery. In April, Libya (57,600 doses), Niger (355,000), Cameroon (391,200), and Syria (256,800) received their first shipment of COVAX vaccines. Ukraine and Colombia, both self-financing partners, received their second batches. COVAX has now delivered 14 million doses to 18 HRP countries, almost 20 percent of COVAX's initial first-round allocation. Deliveries to HRP countries are expected to slow in the coming month due to supply delays from the Serum Institute of India. In April, several countries, including France, New Zealand and Spain announced a willingness to share doses through COVAX. The US has pledged to donate up to 60 million doses to India and others to start in May or June 2021.

Together, India and China provided more vaccine doses to HRP countries in April than COVAX (through donations and procurements). China supplied the most vaccines to HRP countries. Based on available data, China delivered 150,000 doses to Syria and more than 1 million doses to Pakistan. Zimbabwe also procured 1,000,000 doses of Sinovac.

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4 https://www.reuters.com/article/health-coronavirus-india-covax-idUSKBN2BW0R2
5 https://www.gavi.org/fr/actualites/media-room/la-france-annonce-un-don-important-de-doses-covax
6 https://www.youtube.com/watch?v=VphariwcEAE
7 https://www.lamoncloa.gob.es/presidente/actividades/Paginas/2021/210421-sanchezcumbre.aspx

Sources: Epidemiological Update (World Health Organization, Global Health 50/50; Gavi and WHO – COVAX; Oxford Stringency Index); Vaccine update (Gavi-COVAX, Our World in Data, other media sources); Secondary Impacts (OCHA, WFP, IPC, World Bank, IMF, WHO); Funding Update (OCHA) as of 30 April. For feedback, please contact: centrehumdata@un.org.
from China, and Pakistan procured 500,000 doses of Sinopharm and Sinovac, with more to come. In total, China has
donated over 5.4 million doses to 10 HRP countries. India donated 1.7 million doses to Myanmar and smaller donations
to Niger and Zimbabwe (25,000 and 35,000 respectively). India has donated a total of 5 million doses to six HRP countries.
The African Union and Russia also donated vaccine doses in April. The MTN Group and African Union donated 1.4 million
doses to Nigeria and Russia donated 150,000 doses to Libya.

Administration of vaccines in HRP countries more than doubled in April but remain only 1 per cent of the total
global number of vaccines administered. More than 8 million doses were administered in HRP countries in April, a
significant increase from 3.5 million in March. With more vaccines arriving in HRP countries, vaccine campaigns are
underway including in Yemen, Cameroon, Libya, Nigeria and the DRC. The overall ratio of deliveries to administrations
also improved, increasing from 17 percent of delivered doses at the end of March to 35 percent by the end of April.
However, there are significant disparities in countries ability to administer vaccines. For example, Colombia has
administered 75 percent of delivered doses, compared to 0.07 per cent in Cameroon. On 29 April the Democratic
Republic of Congo announced they will return 1.3 million vaccine doses to COVAX, ahead of the expiry date. UNICEF will
redistribute the vaccines to other African countries.

The COVID-19 Data Explorer will continue to track deliveries of COVID-19 vaccines to HRP countries. Follow the latest
data on COVID-19 vaccine rollout [here].

Figure 3. COVID-19 vaccines administered and delivered to HRP countries

The COVID-19 Data Explorer will continue to track deliveries of COVID-19 vaccines to HRP countries. Follow the latest
data on COVID-19 vaccine rollout [here].

Source: Epidemiological Update [World Health Organization, Global Health 50/50; Gavi and WHO – COVAX; Oxford Stringency Index]; Vaccine update (Gavi-COVAX, Our World in Data, other media sources); Secondary Impacts (OCHA, WFP, IPC, World Bank, IMF, WHO); Funding Update (OCHA) as of 30 April. For feedback, please contact: centrehumdata@un.org.
3. Secondary Impacts

Economic

In April, the IMF released the country-level forecasts for 2021. Global growth is projected at 6 per cent in 2021, an upward revision from the October forecast due to additional fiscal support in a few large economies, the roll-out of vaccines and economies adapting to reduced mobility. However, there is a significant divergence in economic recoveries across countries. For most countries with humanitarian crises, economic growth is forecast to be much slower with over two thirds of the HRP countries projected to grow between 2-4 per cent.

Figure 4. IMF’s Forecast for GDP Growth in 2021

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Sources: Epidemiological Update (World Health Organization, Global Health 50/50, Gavi and WHO – COVAX, Oxford Stringency Index); Vaccine update (Gavi-COVAX, Our World in Data, other media sources); Secondary Impacts (OCHA, WFP, IPC, World Bank, IMF, WHO); Funding Update (OCHA) as of 30 April. For feedback, please contact: centrehumdata@un.org.
When projected population growth is also taken into account, the economic outlook for most HRP countries is particularly concerning. For more than half of HRP countries, per capita output is not expected to return to pre-COVID levels (2019) until after 2024. For more than a third of HRP countries, a return to pre-crisis levels is beyond the IMF forecast horizon (2026). This means that many countries are facing a lost decade of development, unless they receive further international support. In the 17 HRP countries where data is available, the World Bank estimates an additional 19.4 million people will be pushed into extreme poverty (living below $1.90) by the end of 2021 compared to pre-pandemic levels. For those already living in poverty, they will be pushed even deeper into poverty, which will likely add to the global humanitarian caseload.

**Figure 5. Projected year per-capita incomes will return to pre-COVID-19 (2019) levels**

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11 Burundi, Chad, Haiti, Iraq, Nigeria, occupied Palestinian territory, Somalia, Sudan and Zimbabwe


Sources: Epidemiological Update (World Health Organization, Global Health 50/50, Gavi and WHO – COVAX, Oxford Stringency Index); Vaccine update (Gavi-COVAX, Our World in Data, other media sources); Secondary Impacts (OCHA, WFP, IPC, World Bank, IMF, WHO); Funding Update (OCHA) as of 30 April. For feedback, please contact: centrehumdata@un.org.
Going forward, the economic outlook for countries with humanitarian crises is highly uncertain. Among other factors – such as political instability and climate related shocks – the economic outlook will also depend on the severity of the pandemic, the roll-out of vaccines and how much support countries can receive to limit the economic damage caused by the pandemic. In the immediate future, most HRP countries will have insufficient volumes of vaccines and depleted resources to deal with economic shocks.

**Food security**

For many countries with humanitarian crises, the pandemic has compounded existing food insecurity challenges due to conflict, climate change and localized food price spikes. The second half of 2020 saw a surge in food prices for many staple crops, reversing an earlier decline over the first months of the pandemic, when swollen global supplies and weaker demand pushed prices to a four-year low. The number of food commodities in alert, stress or crisis has continued to increase in 11 GHO countries over the past three months. In Cameroon, the number has increased from 83 per cent at the

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14 Calculations based on the change in the International poverty rate ($1.9 in 2011 PPP) between 2019 and 2021F as presented in the individual country reports of the World Bank’s *Macro Poverty Outlook*. Base population figures are from UN DESA’s *World Population Prospects*.


Sources: Epidemiological Update (World Health Organization, Global Health 50/50, Gavi and WHO – COVAX; Oxford Stringency Index); Vaccine update (Gavi-COVAX, Our World in Data, other media sources); Secondary Impacts (OCHA, WFP, IPC, World Bank, IMF, WHO); Funding Update (OCHA) as of 30 April. For feedback, please contact: centrehumdata@un.org.
end of February to 100 per cent by end of April. Over the same period, the number of people with insufficient food consumption in Cameroon has almost doubled from 3.4 million to 6.6 million.16

As of 30 April, over 123 million people are in or projected to be in IPC acute food insecurity (Phase 3+) in 26 countries in the GHO, almost 20 million more than previous assessments. Over 70 per cent of these people reside in seven countries. The slow economic recovery from the COVID-19 pandemic will only continue to exacerbate these food security challenges, both in the ability of households to purchase food and governments to respond.

![Figure 7. Acute Food Insecurity Situation in select HRP countries](Figure7.png)

Access to health services

In April, the WHO released the results of its pulse survey conducted from January-March 2021 to better understand the extent of disruptions to essential health services caused by the COVID-19 pandemic. On average, almost 40 percent of services have been disrupted in low income countries. According to the survey, at least 10 HRP countries reported disruptions in at least half of their services.18 In GHO countries, 22 immunization campaigns remain postponed or cancelled in 18 countries, over half in HRP countries.

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16 As of 30 April, WFP, HungerMap LIVE (wfp.org)

17 Sources: Afghanistan (from April 2021), DRC (from March 2021), Yemen (Projection – from Oct 2020), Ethiopia (Projection – from July 2020), South Sudan (Projection - from December 2020).


Sources: Epidemiological Update (World Health Organization, Global Health 50/50; Gavi and WHO – COVAX; Oxford Stringency Index); Vaccine update (Gavi-COVAX, Our World in Data, other media sources); Secondary Impacts (OCHA, WFP, IPC, World Bank, IMF, WHO); Funding Update (OCHA) as of 30 April. For feedback, please contact: centrehumdata@un.org.
4. Funding Update

At the end of April, the Global Humanitarian Overview received approximately 4.68 billion out of total requirement of US$36 billion, or a 13.2 percent coverage. In 2021, the Central Emergency Response Fund (CERF) has allocated 146 million to 8 countries. Almost 90 per cent will contribute to gender equality. UNOCHA Country Based Pooled Funds have allocated USD 8.57 million.

In mid-April, COVAX announced a new fundraising window to raise USD2billion in donor funds and USD1 billion in cost-sharing from governments to acquire an additional 500 million doses. COVAX had already raised $6.3 billion in pledges and raised $400 million at the fundraising drive hosted by Gavi and the United States on 15 April 2021.

5. COVID-19 Data Explorer Update

The COVID-19 Data Explorer is now featuring the **epidemiological curve of the pandemic** in each of the 56 countries in the GHO.

Sort distributed vaccines by source.

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

Subscribe to the Monthly Highlights [here](#)