Quarterly Highlights: January - March 2022

Highlights:

• The COVID-19 pandemic is not yet over. Four times the number of global COVID-19 cases were reported in the first quarter of 2022 (Q1 2022) compared to the fourth quarter of 2021. Global deaths across both quarters remained static as cases and deaths decoupled for countries with high rates of vaccination. Countries with Humanitarian Response Plans (HRP) reported 2 percent of global cases and 4 percent of deaths; however, low rates of testing in these countries mean cases and deaths are likely under-reported.

• Vaccine deliveries to HRP countries fell in Q1 2022, declining from 66 million in January to just 17 million in March. Compared to the peak of 124 million doses delivered in October 2021, seven times fewer doses arrived in March 2022. This decline in deliveries mirrors global patterns; total COVAX deliveries fell from 230 million doses in January to 80.9 million March. More than 1 billion vaccine doses must still be delivered to HRP countries to meet WHO’s goal of vaccinating 70 percent of populations before mid-June 2022. Meeting this target is critical to protect individuals from severe illness and death, promote economic recovery, and protect the world from the emergence of new COVID-19 variants. Only two HRP countries – Colombia and El Salvador – have met the 70 percent target. Vaccine population coverage in many HRP countries remains low. Seventeen HRP countries have yet to vaccinate 20 percent of populations.

• In total, 139.9 million doses were delivered to HRP countries this quarter. Two-thirds of doses delivered in Q1 2022 came from COVAX (94.7 million), followed by unknown sources (16.9 million) and procurement (16.1 million). A further 8 million came from bilateral donations and 4.2 million from the African Vaccine Acquisition Trust. Almost half of doses delivered to HRPs this quarter went to three countries (Nigeria, Ethiopia, and Myanmar). Of total COVAX doses delivered in Q1 2022, 21 percent went to HRP countries.

• Amongst HRP countries, those with the lowest rates of administration continue to receive the fewest vaccine doses. Seven HRP countries have administered less than one-third of total delivered doses. This includes the four countries which have received the fewest doses to date (Haiti, Burundi, South Sudan, and Yemen). Countries may struggle to administer doses due to weak healthcare and transport infrastructure, issues of access, simultaneous crises or conflicts, and vaccine hesitancy.

• Vaccine financing remains critical to obtain vaccine doses and support their roll-out in humanitarian settings. Eight GHO countries received in total 267.8 million in vaccine financing from both the World Bank and GAVI’s Country Delivery Support this quarter. By comparison, more than USD4.3 billion in financing to support countries to obtain vaccines and roll them out was provided to 35 GHO countries in 2021. Of GAVI financing approved in Q12022, 99 percent has already been disbursed.

• Humanitarian settings continue to contend with the pandemic’s secondary impacts. In January 2022, the World Bank predicted a global economic slowdown and a deceleration of global growth. Many HRP countries are still struggling to recover from the initial shock and ongoing disruptions of the pandemic. The Ukraine crisis will further strain economic recovery globally and in HRPs, increasing the risk of debt crisis, driving up food and fuel prices, creating shortages, and increasing inflation and uncertainty. Food insecurity is a critical concern as countries face the simultaneous crises of the pandemic, climate change, and now the Ukraine crisis. With many immunization campaigns postponed or cancelled over the last two years of the pandemic, outbreaks of other infectious diseases like polio or measles are also a concern.

Sources: Epidemiological Update [World Health Organization, Our World in Data, Media sources]; Vaccine update (Gavi, Our World in Data, UNICEF, WHO, World Bank, Media sources); Secondary Impacts (UNESCO, OCHA, IMF, World Bank, Media sources); Funding Update (OCHA) as of 1 April. For feedback, please contact: centrehumdata@un.org.
Issues to Monitor in Q2 2022:

- Humanitarian settings will face multiple compounding crises in Q2 2022, including the ongoing impacts of the COVID-19 pandemic, fallout from the Ukraine crisis, and severe climatic shocks. Increased population movement caused by the Ukraine crisis may contribute to national and regional COVID-19 surges; vaccination and testing for IDPs, refugees, and within host countries must be prioritized. Looming debt distress amidst sluggish economic recovery and high inflation will continue to strain GHO and HRP countries. The risk of food insecurity compounded by the Ukraine crisis must also be monitored.

- Many countries are beginning to shrink or eliminate previously robust COVID-19 testing infrastructure, particularly in countries with high rates of vaccination. This downsizing will make it harder to identify, monitor, and prepare for new surges or future variants.

- WHO continues to monitor a new recombinant variant – a mutation of two sub-lineages of the Omicron variant - which initial tests indicate may have a 10 percent transmission advantage. More tests are being done to assess potential risk from this variant, first identified in the UK in January 2022.

- On 11 April, the Security Council will hold an open debate on the implementation of resolution 2565, under the presidency of the United Kingdom.

- The World Bank and IMF Spring meetings take place 18 – 24 April 2022. Meetings will address the simultaneous challenges of COVID-19, conflict, and climate change.

- The UN General Assembly continues to work on ensuring lessons learned from the COVID-19 pandemic are not lost and to prepare the world for a future pandemic disease outbreak. The General Assembly adopted by consensus a resolution on pandemic preparedness on 29 March 2022 co-sponsored by 77 UN member states.

Updates to OCHA-HDX COVID-19 Data Explorer in 2022:

- The new Global Humanitarian Overview has been released, updating the lists of GHO and HRP countries. Data on these countries will be accessible on the HDX COVID-19 Data Explorer and they will be included in all analysis going forward. For the full list of changes, see the new Global Humanitarian Overview at gho.unocha.org.

- In 2022, highlights will be released quarterly, rather than monthly. Reports can still be accessed at the OCHA-HDX COVID-19 Data Explorer and received automatically through email sign up. The first Quarterly Highlights will be released in April 2022.

1. Epidemiological Update

Four times the number of cases were reported in First Quarter 2022 (Q1 2022) compared to Fourth Quarter 2021. Countries in the GHO comprised 15 percent of cases and 25 percent of deaths. More than 196 million cases were reported between 1 January 2022 and 31 March 2022. Cases from Q1 2022 account for 40 percent of total cases reported to date during the pandemic, demonstrating the pandemic’s continued impact. Despite cases spiking, global deaths remained static, with 693,000 deaths reported in Q1 2022 and 635,000 deaths reported in Q4 2021. This trend highlights the decoupling of cases and deaths for countries with high rates of vaccination. Cases decreased from the end of January before briefly rising in mid-March. During the last week of March global cases once more decreased by 14 percent. By the end of March, growth in new cases was driven by Europe and the Western Pacific. Growth in deaths were driven by the Americas, the Western Pacific, and Europe. The Western Pacific, including China and Hong Kong, are still battling their largest surges since the beginning of the pandemic.
pandemic. China has implemented city-wide lockdowns and mass testing. Hong Kong reported the world’s highest COVID-19 death rate in March caused largely by deaths amongst unvaccinated elderly people.\(^2\) Global COVID-19 testing has begun to decline, including in wealthy countries with previously robust testing infrastructure. Reported cases may therefore not reflect the full scale of outbreaks. Declines in available testing restrict the ability to identify and monitor future surges or new variants.

Countries in the GHO reported 29 million cases and 170,000 deaths, of which 3.4 million cases and 30,000 deaths occurred in HRP countries. Countries in the GHO comprised 15 percent of total cases and 25 percent of deaths this quarter. HRP countries, many still with low rates of vaccine coverage, made up just 2 percent of total cases and 4 percent of deaths reported in Q1 2022. These figures may be the result of limited testing rather than low prevalence. Many HRP countries continue to struggle with access to COVID-19 testing meaning cases and deaths may go unreported. Mali (45 percent), oPt (39 percent) and Ukraine (35 percent) reported the largest increases in cases during the last quarter compared to the previous. Sudan (47 percent), Burkina Faso (19 percent) and oPt (15 percent) reported the largest increases in deaths.

\(^2\) The BMJ, ‘COVID-19: Hong Kong reports world’s highest death rate,’ 17 March 2022. Available at: https://www.bmj.com/content/376/bmj.o707.
The Ukraine crisis has raised concerns about increased regional COVID-19 transmission, along with the spread of other infectious diseases. Both Ukraine and Russia reported their highest numbers of cases in February 2022. Although reported cases have since declined, COVID-19 testing has fallen since the start of conflict meaning surges are difficult to monitor. The mass movement of people, including troops and more than 10.5 million displaced people, could contribute to regional COVID-19 transmission. COVID-19 outbreaks present a further challenge to Ukraine and neighboring countries, particularly as healthcare systems become increasingly overwhelmed with war injuries. While COVID-19 is of course not the only threat facing displaced persons, providing COVID-19 testing and vaccination to IDPs and refugees in neighboring countries remains critical to prevent additional humanitarian need, particularly as only 35 percent of Ukrainians are fully vaccinated.

Cases in Q1 2022 were driven by the Omicron variant, which has replaced the Delta variant in global prevalence. By the end of March, Omicron comprised 99.7 percent of sequenced tests. Omicron includes several sub-lineages, including the BA.1 and BA.2 sub-variants. WHO is also monitoring the XE recombinant – or combined mutation – of BA.1 and BA.2 first detected in the UK 19 January 2022. Early assessment indicates a 10 percent growth advantage compared to BA.2, although more testing is needed. WHO continues to monitor this recombinant variant.

2. COVID-19 Vaccination Update

In Q1 2022, 139.9 million doses were delivered to HRP countries. Total monthly deliveries declined throughout the quarter, with a further 1 billion doses required across HRP countries to reach WHO’s goal of vaccinating 70 percent of populations by mid-June 2022. This decline mirrors global patterns; COVAX deliveries fell from 230 million doses in January to 80.9 million March. Two-thirds of doses delivered in Q1 2022 came from COVAX (94.7 million), followed by unknown sources (16.9 million) and procurement (16.1 million). Unknown sources likely include procured and bilateral donations with details not yet publicly known. A further 8 million doses came from bilateral donations and 4.2 million from the African Vaccine Acquisition Trust. Of total COVAX doses delivered in Q1 2022, 21 percent went to HRP countries. Monthly vaccines delivered to HRP countries fell from 66 million in January to just 17 million in March. Dose deliveries in March dropped by 86 percent compared to the peak of 124 million doses delivered in October 2021, with more than seven times fewer doses arriving. Only two HRP countries – Colombia and El Salvador – have met WHO’s vaccination target of 70 percent population coverage, with a further two – Honduras and Venezuela – on track with more than 50 percent of populations vaccinated. Seventeen HRP countries have yet to vaccinate 20 percent of their population.

Sources:
- Epidemiological Update (World Health Organization, Our World in Data, Media sources);
- Vaccine update (Gavi, Our World in Data, UNICEF, WHO, World Bank, Media sources);
- Secondary Impacts (UNESCO, OCHA, IMF, World Bank, Media sources);
- Funding Update (OCHA) as of 1 April. For feedback, please contact: centrehumdata@un.org.


7 Ibid.
Despite monthly delivery totals declining, doses came from a diverse array of sources. At least twenty countries donated doses either through COVAX or bilateral arrangements. The USA donated the most doses (21.6 million), followed by France (7.5 million) and Spain (7.4 million).

Sources: Epidemiological Update (World Health Organization, Our World in Data, Media sources); Vaccine update (Gavi, Our World in Data, UNICEF, WHO, World Bank, Media sources); Secondary Impacts (UNESCO, OCHA, IMF, World Bank, Media sources); Funding Update (OCHA) as of 1 April. For feedback, please contact: centrehumdata@un.org.
Of the HRP countries, Nigeria received the most doses (27 million), followed by Ethiopia (23 million) and Myanmar (15.8 million). Almost half of all doses delivered to HRP countries this quarter went to those three countries. Countries with the least population coverage continue to receive the fewest doses. Eight HRP countries received fewer than 1 million new doses and Burundi received none. Except for Libya, countries which received fewer than 1 million doses have yet to vaccinate 10 percent of their population. Low administration persists as some HRP countries struggle with vaccine uptake due to weak healthcare and transport infrastructure, simultaneous crises or conflicts, issues of access, and vaccine hesitancy. Seven HRP countries – Burundi, Chad, DRC, Haiti, South Sudan, Syria, and Yemen – have administered less than one-third of total delivered doses. Haiti (795,600 doses), Burundi (802,400 doses), South Sudan (1.7 million doses), and Yemen (2.5 million doses) have received the fewest doses to date amongst HRPs. Low delivered doses to countries with low rates of administration may in part be due to changes with COVAX allocation criteria made in 2021, factoring in monthly caps as communicated by the participants. In the absence of the above information, participants provided administration rates, that were in turn translated into allocation decisions. This change was intended to prevent doses from piling up in countries struggling or unable to administer them before they expire.

Figure 7. Vaccines delivered by recipient country
(as of 31 March 2022)
Low rates of vaccination can worsen the epidemiological and economic impact of the pandemic and increase the global risk of new variants emerging. Ensuring vaccine equity must remain a priority, particularly access to vulnerable or immunosuppressed persons.

Eight GHO countries received in total USD 257.8 million in vaccine financing from both the World Bank and GAVI’s Country Delivery Support. As comparison, more than USD4.3 billion in vaccine financing was provided to 35 GHO countries in 2021. Financing to support vaccination in GHO countries remains critical to meet WHO vaccination targets, improve epidemiological outcomes, and protect the world against new COVID-19 variants. World Bank financing was approved for South Sudan (USD200 million), the Central African Republic (USD25.5 million) and Zimbabwe (USD6.58 million). GAVI financing was approved for Nigeria (USD23.4 million), Ethiopia (USD8.4 million), Bolivia (USD1.28 million), Honduras (USD1.04 million), oPt (USD1 million), and Guyana (USD600,000). Of GAVI financing approved in Q1 2022, 99 percent has already been disbursed.
3. Secondary Impacts

Humanitarian settings continue to face secondary impacts of the COVID-19 pandemic. Secondary impacts are caused both by the initial shock of the COVID-19 pandemic as well as ongoing disruptions and uncertainty caused by new surges and variants. The impact of the pandemic is further compounded by simultaneous crises, such as the war in Ukraine. In Q1 2022, secondary impacts of humanitarian concern include delayed economic recovery, food insecurity, and disruptions to routine immunization and healthcare.

**Economic Effects**

*Lingering effects of the COVID-19 pandemic continue to hamper economic recovery.* Prior to the Ukraine crisis, the World Bank had already warned in January 2022 of a significant global economic slowdown, projected to be the steepest slowdown in modern history following a global recession. Global growth was predicted to decelerate from 5.5 percent in 2021 to 4.1 percent in 2022 as emerging markets and developing economies face greater struggle in recovering pre-pandemic levels of growth, investment, and output. The risk of future COVID-19 surges caused by Omicron or new variants, supply bottlenecks, and financial stress amid record-high levels of debt all create downside risks. Low rates of vaccination further prolong economic recovery for many humanitarian settings. Based on the most recently available estimate, half of HRP countries are not projected to return to pre-crisis levels of economic growth until at least 2024. These projections do not account for

---


Sources: Epidemiological Update, World Health Organization, Our World in Data, Media sources; Vaccine update (Gavi, Our World in Data, UNICEF, WHO, World Bank, Media sources); Secondary Impacts (UNESCO, OCHA, IMF, World Bank, Media sources); Funding Update (OCHA) as of 1 April. For feedback, please contact: [centrehumdata@un.org](mailto:centrehumdata@un.org).
further strain caused by the Ukraine crisis, which is now an additional stressor on global markets and economic recovery. A revised IMF global economic forecast, due to be published in April 2022, is expected to predict an even more gloomy economic outlook, especially for HRP countries.

Many HRP countries are currently facing rapid price increases in food and energy, caused initially by supply chain disruptions and weather shocks, and now exacerbated by the Ukraine crisis. Global inflation is at an 11-year high in emerging markets and developing economies, while 40 percent of central banks globally have begun to raise interest rates in response. Many HRP countries also face high and unsustainable levels of debt. Following the end of the DSSI initiative in December 2021, countries must now resume debt payments and borrowing has become more costly with higher interest rates. Nine HRP countries have high risk of debt distress and another two – Mozambique and Somalia – are currently in debt distress. Large debt burdens further delay economic recovery and make countries less financially agile to combat fallout from the pandemic, such as growing poverty and inequality.

The IMF allocated more than USD650 in Special Drawing Rights (SDR) in 2021. The G20 summit created a target of reallocating USD100 billion in financing from wealthier countries, which received the majority of SDR financing, to Low- and Middle-income countries. To date, reallocation pledges equal approximately USD45 billion. Reaching the target of USD100 billion is key to bolster economic recovery. In addition, the Common Framework for Debt Treatments that would enable debt restructuring should be simplified and encompass all stakeholders, going beyond the Paris Club. In the interim, an extension of the debt moratorium is needed to shield countries from rising interest rates right at the moment many must begin repaying debts after being paused for the COVID-19 pandemic. Such measures could promote economic recovery in humanitarian settings.


Sources: Epidemiological Update (World Health Organization, Our World in Data, Media sources); Vaccine update (Gavi, Our World in Data, UNICEF, WHO, World Bank, Media sources); Secondary Impacts (UNESCO, OCHA, IMF, World Bank, Media sources); Funding Update (OCHA) as of 1 April. For feedback, please contact: centrehumdata@un.org.
Food Insecurity

**Food prices are at a record high. There is urgent concern about food insecurity, including in GHO countries where more than 132 million people are acutely food insecure.** Countries face simultaneous pressures of the pandemic, the Ukraine crisis, and climate change. At the country level, COVID-19 has increased poverty, unemployment and more precarious informal work. Debt burdens have risen and social safety nets are overburdened, reducing countries’ agility to respond to growing food insecurity. Rising food prices disproportionately hurt poor households, especially in the absence of adaptive social safety nets. Armed conflict is a major driver of food insecurity, meaning fragile and conflict-affected countries are even more vulnerable to rising food price or other shocks. Greater food insecurity is in turn linked to greater unrest and violence, further compounding vulnerability.\(^1\)

At the global level, food and fuel prices were already increasing due to shipping backlogs and uncertainty due to the Omicron variant, raising inflation. Now, in addition to the effects of the pandemic, the Ukraine crisis presents a further risk to the global food supply. Ukraine and Russia are significant exporters of staple crops like wheat and maize, including to many countries in the GHO. This presents an acute challenge to food security, as these goods cannot be exported due to the ongoing war and the sanctioning of Russia. Ukraine and Russia also supply food stocks used in humanitarian aid by the World Food Program, further complicating humanitarian response to food insecurity. Future food production is also at risk, as Russia is a major exporter of fertilizer to the global market. Fertilizer shortages put future harvests at risk, worsening and prolonging food insecurity.

Many countries in the GHO already face significant food insecurity. Six GHO countries have more than 5 million people in IPC3+ food insecurity, meaning food insecurity is acute or worse. These include DRC (26 million), Afghanistan (23 million), Yemen (16 million), Nigeria (9 million), South Sudan (7 million), and Sudan (6 million). Countries in the wider GHO also face looming food insecurity challenges. Lebanon, facing a growing debt crisis exacerbated by COVID-19 and reduced food storage due to the explosion in the port of Beirut, relies on Ukraine and Russia for up to 90 percent of its wheat and cooking oil imports.\(^2\) Ukraine – an HRP country – will likely face unique food production, access, and storage issues going forward due to destruction of infrastructure, supply shortages, and disruptions to farming cycles amidst violence. Humanitarian response must anticipate and work to prevent growing food insecurity within humanitarian settings. This includes ensuring access to fertilizer, fuel, and other supplies necessary to ensure future harvests both within Ukraine and globally.

---


Sources: Epidemiological Update (World Health Organization, Our World in Data, Media sources); Vaccine update (Gavi, Our World in Data, UNICEF, WHO, World Bank, Media sources); Secondary Impacts (UNESCO, OCHA, IMF, World Bank, Media sources); Funding Update (OCHA) as of 1 April. For feedback, please contact: centrehumdata@un.org.
Immunization and Health

The COVID-19 pandemic continues to disrupt routine immunization campaigns across the GHO. In Q1 2022, 14 immunization campaigns continued to be postponed, impacting more than 198 million people across 14 GHO countries. This includes routine national and subnational vaccinations for diseases such as measles and rubella, polio, yellow fever, and cholera. Measles and rubella immunization delays impacted the most people (113 million) followed by tetanus and diphtheria (61 million). Many of these immunization campaigns were planned to start in 2020 and have since been delayed due to the pandemic. Delays and cancellations of immunization campaigns increase the risk the resurgence and spread of other infectious diseases which can have a devastating epidemiological and humanitarian impact.

Sources: Epidemiological Update (World Health Organization, Our World in Data, Media sources); Vaccine update (Gavi, Our World in Data, UNICEF, WHO, World Bank, Media sources); Secondary Impacts (UNESCO, OCHA, IMF, World Bank, Media sources); Funding Update (OCHA) as of 1 April. For feedback, please contact: centrehumdata@un.org.
In addition to immunizations, the COVID-19 pandemic has impacted access to drugs and treatments for infectious diseases. Poor disease management can increase the likelihood of drug resistant strains and worsen the epidemiological impact. After two years of disruption to vaccination and treatment, many countries are reporting outbreaks of other infectious diseases. Tuberculosis, including drug-resistant strains, has surged across the Southern Africa region in recent months. Death rates in some areas have increased from 15 percent pre-pandemic to 25 percent currently. In February 2022, Mozambique declared a National Public Health Emergency in response to several cases of both vaccine-derived and wild poliovirus. Disease outbreaks are further compounded by humanitarian crises. There is concern the ongoing invasion of Ukraine will increase outbreaks and spread of polio, measles, tuberculosis, and HIV, in addition to COVID-19. Preventing and treating secondary diseases first, lessons suffering and works to prevent future humanitarian need caused by infectious disease. Second, addressing secondary diseases and maintaining people’s trust in healthcare systems helps ensure people follow public health guidance and seek healthcare when needed. Building trust is important for COVID-19 response as well as response to future infectious disease outbreaks.

---

15 OAD Operational Update, 18 March 2022.
Sources: Epidemiological Update (World Health Organization, Our World in Data, Media sources); Vaccine update (Gavi, Our World in Data, UNICEF, WHO, World Bank, Media sources); Secondary Impacts (UNESCO, OCHA, IMF, World Bank, Media sources); Funding Update (OCHA) as of 1 April. For feedback, please contact: centrehumdata@un.org.
4. Funding Update

The 2022 GHO requires USD43.2 billion following an increase in response to the Ukraine crisis. The initial 2022 GHO required USD41 billion. By the end of Q1 2022, 5.4 percent of funding needs were met. Four countries have received at least 10 percent of funding, including the Central African Republic (16.2 percent), Libya (13.9 percent), Afghanistan (13.5 percent), and Chad (10 percent). Top donors in 2022 to date include the USA (33.8 percent share of global funding), the European Commission (18.7 percent), and Germany (10.4 percent). Additional humanitarian appeals have also been issued to address growing humanitarian need caused by the Ukraine crisis. A Ukraine Flash Appeal has received more than 53 percent (USD 606.5 million) of funding. An inter-agency Ukraine Regional Refugee Response was also issued to assist 4 million people in need in neighboring countries including Hungary, Moldova, Poland, Romania, and Slovakia.

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 new Quarterly Highlights can now come straight to your inbox – subscribe here to receive the next update on Q2 in July 2022.

Sources: Epidemiological Update (World Health Organization, Our World in Data, Media sources); Vaccine update (Gavi, Our World in Data, UNICEF, WHO, World Bank, Media sources); Secondary Impacts (UNESCO, OCHA, IMF, World Bank, Media sources); Funding Update (OCHA) as of 1 April. For feedback, please contact: centrehumdata@un.org.