

**Highlights for December:**

- **Global cases are currently rising, driven by the new and more transmissible Omicron variant. Cases in GHO countries increased in December for the first time in 8 months.**
- **Countries with an inter-agency humanitarian response plan (HRP) outside of Southern Africa, where Omicron was first identified, have yet to report significant surges. Due to the limited availability of testing in HRP countries, a large proportion of Omicron cases are expected to go undetected.**
- **A total of 96.8 million COVID-19 vaccine doses were delivered to 25 HRP countries in December 2021, the fewest doses delivered since September. COVAX delivered a record number of doses (61 million). Afghanistan received its first vaccine delivery since August, while the Central African Republic, El Salvador, Honduras, Niger, and Venezuela received no new doses.**

**Issues to Monitor in Q1 2022:**

- **The spread and impact of Omicron in HRP settings, especially those countries with the lowest vaccination coverage.**
- **Revised IMF World Economic Outlook on the impact of Omicron on the global economy, and specifically the forecasts for humanitarian settings. These numbers are expected to be downgraded, reflecting the impact of the Omicron variant.**
- **The Debt Service Suspension Initiative expired in December 2021, meaning countries which had debt repayment paused during COVID-19 now must resume servicing those debts on top of debt owed in 2022. This comes at a time when rising inflation is likely to increase interest rates, and therefore the cost of refinancing and borrowing.**
- **Security Council debate expected in Q1 to review progress on the delivery of vaccines in conflict-affected settings (as a follow up to resolution 2565).**
- **The supply of vaccines, including if booster doses impact global vaccine supply.**

**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](https://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.**

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## 1. Epidemiological Update

**2021 ended with a global surge in cases due to the Omicron variant, with cases in countries within the Global Humanitarian Overview also increasing for the first time in 8 months. A quarter of countries in the GHO reported their largest weekly number of cases since the beginning of the pandemic in the last two weeks of December.** Globally, cases are sharply rising, with cases increasing by 71 per cent in the last week of December, corresponding to almost 9.5 million new cases. Despite deaths increasing overall in December (approximately 4 per cent from the beginning of the month), deaths declined by 10 per cent in the last week of the month. Africa was the only region that reported an increase in deaths in the last week of December (22 per cent). The numbers are driven by ongoing surges of the Omicron variant globally. While all regions are experiencing an increase, Europe and North America continue to report the highest number of cases. GHO countries reported more than 2.2 million new cases and 33,600 deaths in December, an increase in cases for the first time in 8 months while deaths continued to decline. Over a third of GHO countries experienced an increase by at least 10 per cent in cases during the month, with 17 GHO countries reporting significant surges in the last two weeks of the month, 15 of those countries reporting their largest weekly number of cases since the start of the pandemic. Several countries faced significant surges, with Zimbabwe reporting the highest increase in cases (57 per cent), followed by Burundi (46 per cent), the Democratic Republic of Congo (30 per cent) and Trinidad and Tobago (28 per cent), which also experienced the highest increase in deaths (32 per cent). By the end of the month, over half of GHO countries were experiencing an increasing trend in cases. Despite reported cases only increasing slightly in December, it is expected to be much higher due to insufficient testing. Half of GHO countries have not yet reported an increase in cases, however given the transmissible nature of Omicron, cases could be expected to rise in these countries in the coming months.

**Since the identification of the Omicron variant in late November, researchers have confirmed that Omicron is more transmissible than past COVID-19 variants and now appears to be present globally.** HRP countries have yet to see surges in cases, except in southern Africa where Omicron was first identified.<sup>1</sup> Almost two years into the pandemic, many HRP countries continue to struggle with low availability of COVID-19 testing. As a result, surges in most HRP countries are expected to go undetected or be significantly underreported. Vaccines remain effective at reducing the risk of symptoms and infections caused by the new variant. Many HRP countries have low vaccine population coverage, however, increasing the risk of healthcare systems being overwhelmed. Natural immunity from past COVID-19 infection may provide protection against severe illness, offering HRP countries which have experienced past COVID-19 surges some protection.

## 2. COVID-19 Vaccination Update

**In December, 96.8 million COVID-19 vaccine doses were delivered to 25 HRP countries, the lowest amount delivered since September. Despite the decline, COVAX delivered a record number of doses (61 million).** Deliveries of COVID-19 vaccines declined in December, falling from 120 million in November and 124 million in October, largely due to fewer procured doses that decreased by a sixth compared to the previous two months. While overall doses declined, COVAX delivered the most deliveries to date (60.6 million) and almost 25 per cent more than November, bringing COVAX's total delivered doses to HRP countries to 261 million in 2021. In December, doses continued to go to a small group of countries, with two-thirds of doses being delivered to five HRP countries (Pakistan – 17.6 million; Ukraine – 15.6 million; Mozambique – 10.1 million; Colombia – 8.9 million; and Ethiopia – 8.8 million). Approximately 17 per cent of doses (16.8 million) were delivered to 11 of the 12 countries with less than 10 per cent coverage, including to several countries that did not receive doses last month (Burundi, DRC, Mali and Sudan). Afghanistan also received 2.5 million doses, it's first delivery since August. Mali, the DRC, and Burundi all received their first deliveries since October. Five HRP countries – Central African Republic, El Salvador, Honduras, Niger, and Venezuela – received no new doses this month. Of those five countries, only CAR and Niger have below 20 per cent population coverage (based on 2 doses).

<sup>1</sup> WHO. *Weekly epidemiological update on COVID-19*. Available at: <https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---11-january-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 31 December. For feedback, please contact: [centrehumdata@un.org](mailto:centrehumdata@un.org).

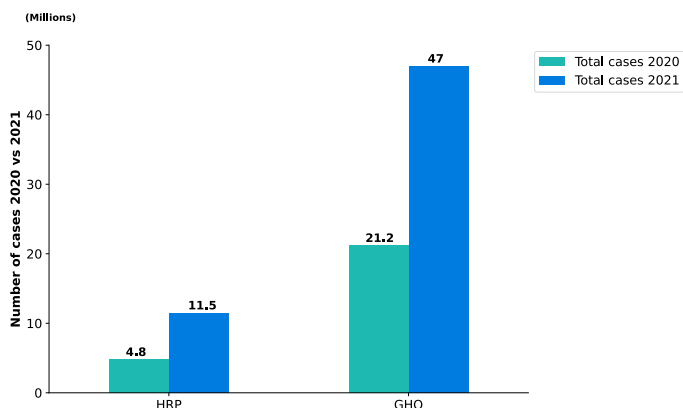
## 2021: A Year in Review

### Highlights, 2021:

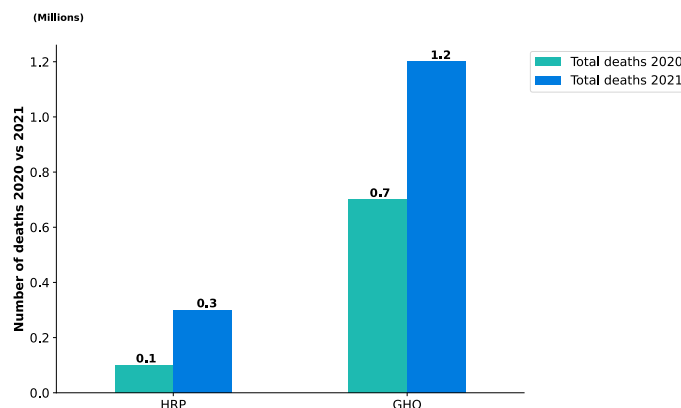
- COVID-19 cases and deaths were worse in countries in the Global Humanitarian Overview (GHO) in 2021 compared to 2020. There were more than double the number of cases and deaths in 2021 compared to the previous year, with 46.9 million cases and 1.2 million deaths reported in GHO countries by the end of 2021.
- In 2021, 590 million COVID-19 vaccine doses were delivered to 30 HRP countries, with COVAX the largest source of vaccines (40 percent). Following supply constraints through most of 2021, vaccines steadily increased in the last quarter of 2021, with more than half of doses arriving in Q4.
- There is a growing divergence in vaccine access between HRP countries. Almost 60 percent of delivered doses in 2021 went to just four HRP settings (Pakistan, Colombia, Ukraine, and Nigeria). This is partly explained by these countries' ability to purchase vaccines outside of COVAX. Two thirds of HRP countries received only a sixth (99m) of total doses delivered. The poorest and most conflict affected HRP countries received the fewest doses.
- Just nine HRP countries – El Salvador, Colombia, Libya, Venezuela, Honduras, Ukraine, Guatemala, Pakistan, and Zimbabwe – met WHO's goal of vaccinating 40 percent of populations by the end of 2021. More than one-third of HRP countries still do not have 10 percent population coverage. At least 1 billion doses need to be delivered to HRP countries in the coming six months to reach WHO's next goal of vaccinating 70 per cent of populations by mid-2022.
- The most vulnerable HRP countries not only received the fewest doses, but they struggled to administer the vaccines they have received. HRP countries who have received the most doses have a higher rate of administration in comparison. By the end of 2021, the ten HRP countries which received the most doses had a median administration rate of 80 per cent, compared to 39 per cent for the ten HRP countries which received the fewest doses.
- More than USD2.1 billion in financing was approved in 2021 by the World Bank and GAVI to support HRP countries in procuring and administering COVID-19 vaccines. More technical and financial support to the most vulnerable settings may be needed to prevent the widening gap in administration.
- Humanitarian settings continue to experience the secondary impacts of COVID-19. In 2021, school closures in GHO countries impacted at least 233 million students. Many students will not return to classrooms after these closures, even when schools reopen. At least 20 routine immunization campaigns were postponed every month across GHO countries, impacting an average of 115 million people each month. Economic projections from the IMF in October 2021 forecast slower economic growth than the global average for two-thirds of HRP countries, delaying their return to pre-pandemic levels of growth. HRP settings will continue to face the economic fallout of the pandemic in 2022 with high levels of debt and growing inflationary pressures.

## 1. Epidemiological Update

COVID-19 was far worse for most GHO countries in 2021. At the end of 2021, 46.9 million cases and 1.2 million deaths were reported in GHO countries, over double the number from 2020 and bringing the total to 68 million reported cases and 1.8 million reported deaths since the beginning of the pandemic. All GHO countries reported more cases and almost all GHO countries reported more deaths (53) in 2021 compared to 2020, with approximately two-thirds recording at least double the number of cases and deaths. In more than a third of those GHO countries, at least 3 times more cases or deaths have been recorded in 2021. The Republic of Tanzania recorded the highest increase in cases (5557 per cent), followed by Burundi (3524 per cent), although low and inconsistent reporting in 2020 may have contributed to those large percentage increases. Zambia, Rwanda, and Zimbabwe also recorded a 10-fold increase in reported cases. Seven GHO countries reported at least 10 times the deaths in 2021 compared to 2020 (Republic of Tanzania, Uruguay, Trinidad and Tobago, Rwanda, Curacao, Zambia, Mozambique). More than one-third of HRP countries recorded at least triple the number of cases or deaths in 2021. The surge in cases and deaths in 2021 can be attributed to several factors including variants of concern, inadequate vaccines and insufficient or lack of compliance with public health and social measures.



**Figure 1. COVID-19 cases in 2020 vs 2021 in GHO and HRP countries (as of 31 December 2021)**



**Figure 2. COVID-19 deaths in 2020 vs 2021 in GHO and HRP countries (as of 31 December 2021)**

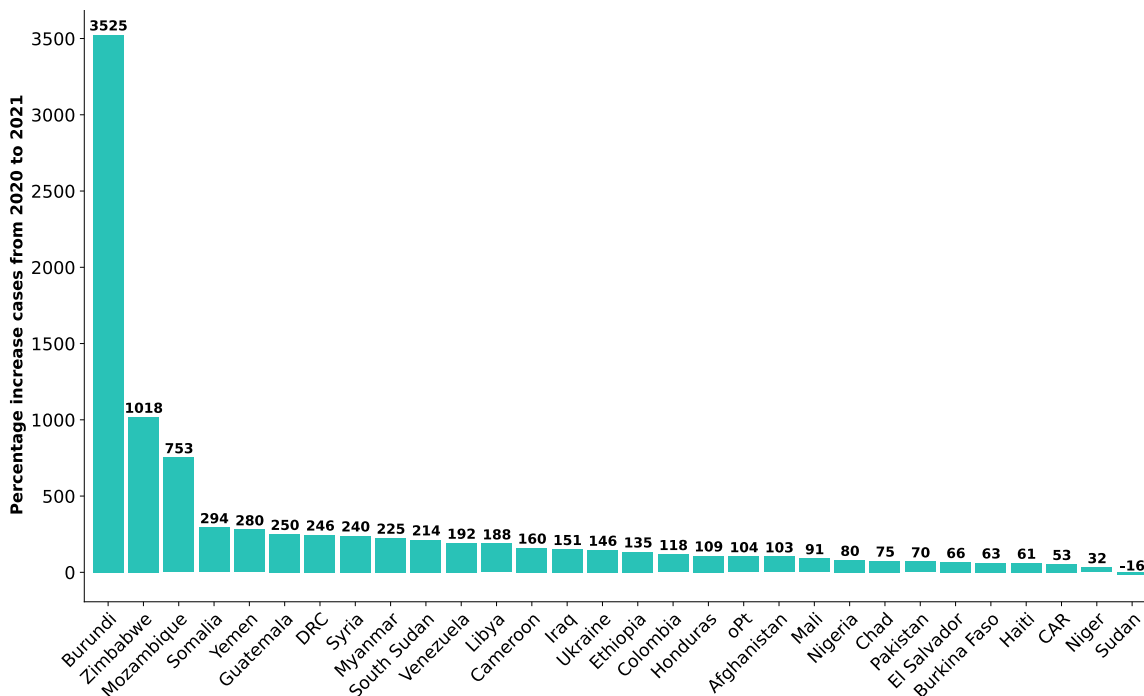


Figure 3. COVID-19 cases in 2020 vs 2021 in HRP countries (% increase)<sup>2</sup>  
(as of 31 December 2021)

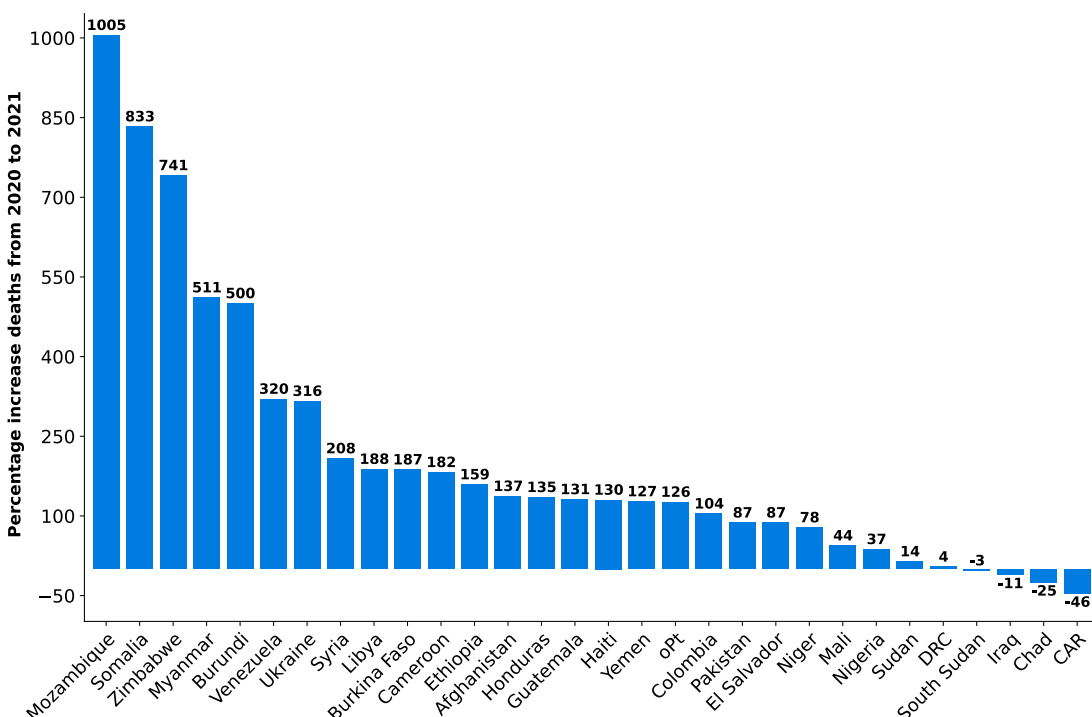


Figure 4. COVID-19 deaths in 2020 vs 2021 in HRP countries (% increase)  
(as of 31 December 2021)

<sup>2</sup> Note that the lack of reporting in Burundi in 2020 likely contributed to the significant percentage increase observed.

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 31 December. For feedback, please contact: [centrehumdata@un.org](mailto:centrehumdata@un.org).

## 2. COVID-19 Vaccination Update

A total of 590 million COVID-19 vaccine doses were delivered to 30 HRP countries in 2021 with over half of the doses being delivered in Q4. COVAX was the largest source of vaccines to HRP countries, delivering over 40 per cent (261 million) of total doses to 28 HRP countries.<sup>3</sup> This was followed by procured doses (244 million), bilateral donations (39.3 million) and the African Vaccine Acquisition Trust (9.3 million). There were an additional 38.2 million doses delivered from unknown sources, likely procured and bilateral donations with details not yet publicly known. Almost a third of the total delivered doses were donated, with 177 million doses being donated by 41 countries. Most of these doses (138 million) were donated through the COVAX Facility. The US was the largest donor, providing 98.5 million doses, followed by China (25 million) and Germany (16.9 million). After supply constraints in Q1-Q3, COVID-19 vaccines steadily increased in the last quarter of 2021. Deliveries are expected to continue to increase to HRP countries in 2022, particularly from COVAX, as more vaccines become available.

Almost 60 per cent of delivered doses in 2021 went to just four HRP countries. Two-thirds of HRP countries received only a sixth (99m) of total doses delivered. The poorest and most conflict-affected countries received the least doses. Over the course of 2021 a widening gap emerged between HRP countries, with several countries receiving most of the delivered vaccines while others received very few. A third of total doses were delivered to Pakistan (185 million), followed by Colombia 73 million), Ukraine (46 million) and Nigeria (41 million). The growing divergence in supply can be partly explained by countries' ability to procure vaccines outside of COVAX. For example, approximately 73 per cent of Ukraine's doses were procured, 65 per cent of Colombia's and 54 per cent of Pakistan's. Other countries with high population coverage, such as El Salvador (85 per cent coverage based on 2 doses) and Libya (61 per cent coverage) were also able to procure more than half of their delivered doses. Some of the poorest HRP countries have the least access to vaccines, leaving them reliant on COVAX. In 2021, Haiti received the least number of doses (515,000), followed by Burundi (802,000) and South Sudan 989,000). Only 72 million doses were delivered to the 12 countries with less than 10 per cent population coverage, of which more than half were delivered to Nigeria.

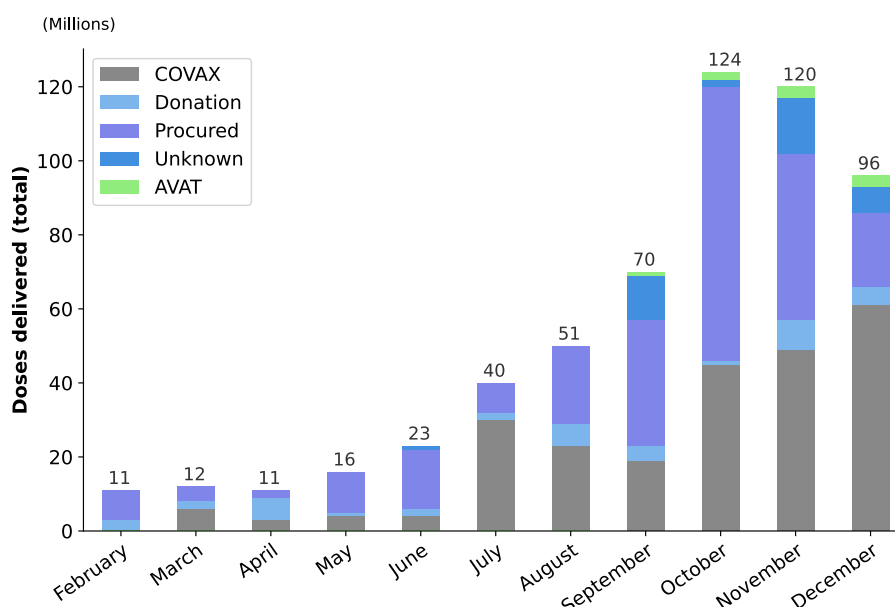
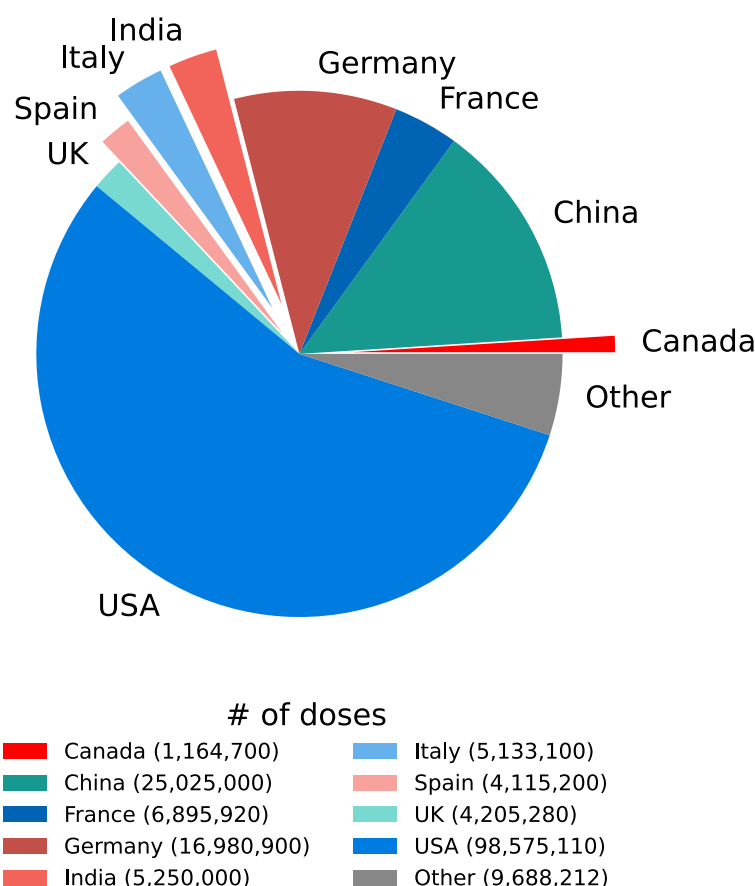


Figure 5. Estimated COVID-19 vaccines delivered per month to HRP countries (February - December 2021)

<sup>3</sup> Note: Burundi is not part of the COVAX Facility and was therefore ineligible to receive doses. Myanmar has been allocated 10 million doses through COVAX, but none have been delivered at the time of writing.

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 31 December. For feedback, please contact: [centrehumdata@un.org](mailto:centrehumdata@un.org).



**Figure 6. COVID-19 donations over 1 million doses to HRP countries in 2021 (as of 31 December 2021)<sup>4</sup>**

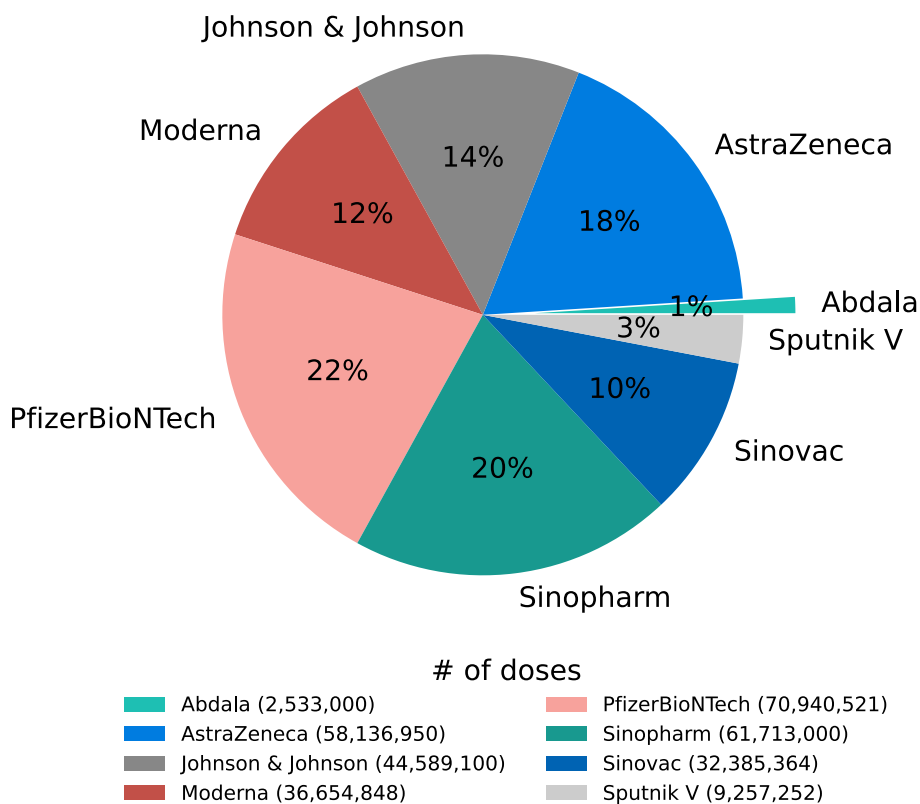
**In 2021, there was a diverse portfolio of COVID-19 vaccines delivered to HRP countries. Accepting multiple types of COVID-19 vaccines can allow countries greater access to vaccines but could also be complicating administration of delivered doses by increasing the burden on already fragile health systems.** Eight types of COVID-19 vaccines were delivered, with Pfizer being the most common, followed by Sinopharm. The Astra Zeneca-Oxford vaccine was delivered to the most HRP countries. Almost 106 million doses of the mRNA vaccines (Pfizer – 71 million; Moderna 36.6m) were delivered to HRP countries, followed by over 61 million doses of Sinopharm and 58 million of Astra Zeneca. While Astra Zeneca was third in number of doses, it was delivered to the most HRP countries with almost all HRP countries (26) receiving doses, compared to Sinopharm (17), Sinovac and Johnson & Johnson (16) and Pfizer (15).

Accepting multiple types of COVID-19 vaccine can allow countries to accrue more doses by widening the pool of possible vaccines. Of the 12 HRP countries with population coverage greater than 30 percent, ten have at least four types of COVID-19 vaccination in use. Pakistan, the HRP country with the greatest number of vaccines delivered, accepted six unique COVID-19 vaccines, including AstraZeneca, Moderna, Pfizer, Sinopharm, Sinovac, and Sputnik V. Pakistan, tied with the occupied Palestinian territory, accepted the most forms of vaccine. Having multiple types of COVID-19 vaccine, however, can also complicate administration of delivered doses and increase the absorption burden for already fragile healthcare systems. Healthcare workers must be trained to store and administer multiple different vaccines with distinct requirements. This is

<sup>4</sup> 'Other' includes all donations from other countries and the private sector which total fewer than 1 million doses per funder.

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 31 December. For feedback, please contact: [centrehumdata@un.org](mailto:centrehumdata@un.org).

exacerbated when countries with weak administration infrastructure receive numerous small deliveries each of different vaccines. This requires these countries to adapt to implementing many different types of vaccine, while small delivery size prevents that investment from being scaled. For instance, both Cameroon and the DRC have received deliveries of four types of vaccine, three-quarters of which are 400,000 doses or less. Cameroon and DRC have administered 43 per cent and 5 per cent of delivered doses respectively. Both countries have population coverage less than 5 per cent with no procured vaccines, meaning they have less ability to select the type of vaccines delivered. While increasing vaccination coverage is critical, access to multiple types of vaccine can complicate administration.

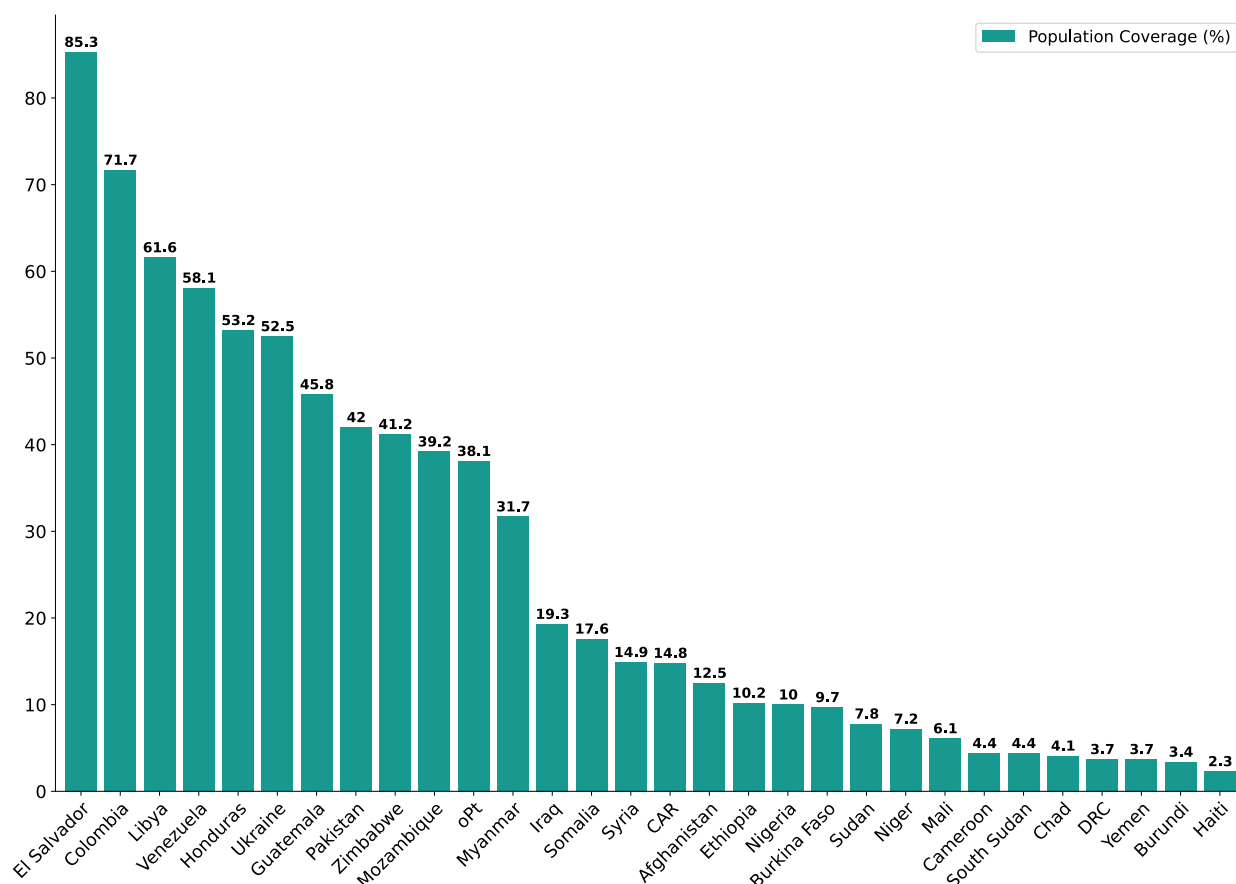


**Figure 7. Type of COVID-19 vaccine doses delivered to HRP countries in 2021  
(as of 31 December 2021)<sup>5</sup>**

**By the end of 2021, only nine HRP countries met the WHO goal of vaccinating 40 per cent of its population (based on 2 doses). Over a third of HRP countries enter 2022 with less than 10 per cent of their population fully vaccinated. Over 1 billion doses need to be delivered to HRP countries in the next six months to reach WHO's goal of vaccinating 70 per cent of populations by mid-2022.** The WHO set a goal of vaccinating 40 per cent of each country's population by the end of 2021. Only nine HRP countries have met this goal (El Salvador, Colombia, Libya, Venezuela, Honduras, Ukraine, Guatemala, Pakistan, and Zimbabwe). While there are several countries close to meeting this target (Mozambique, occupied Palestinian Territory, Myanmar), the rest of the HRP countries fall far below it. Almost two-thirds of HRP countries enter 2022 with less than 20 per cent population coverage based on delivered doses, with over one third having less than 10 per cent population coverage. To reach the WHO goal of vaccinating 70 per cent of populations by mid-2022, a further 1.1 billion doses will need to be delivered to 28 HRP countries (based on 2 doses). Over half of these doses would need to go to four HRP countries – Nigeria (247 million); Ethiopia (137 million); Pakistan (123 million) and the DRC (118 million).

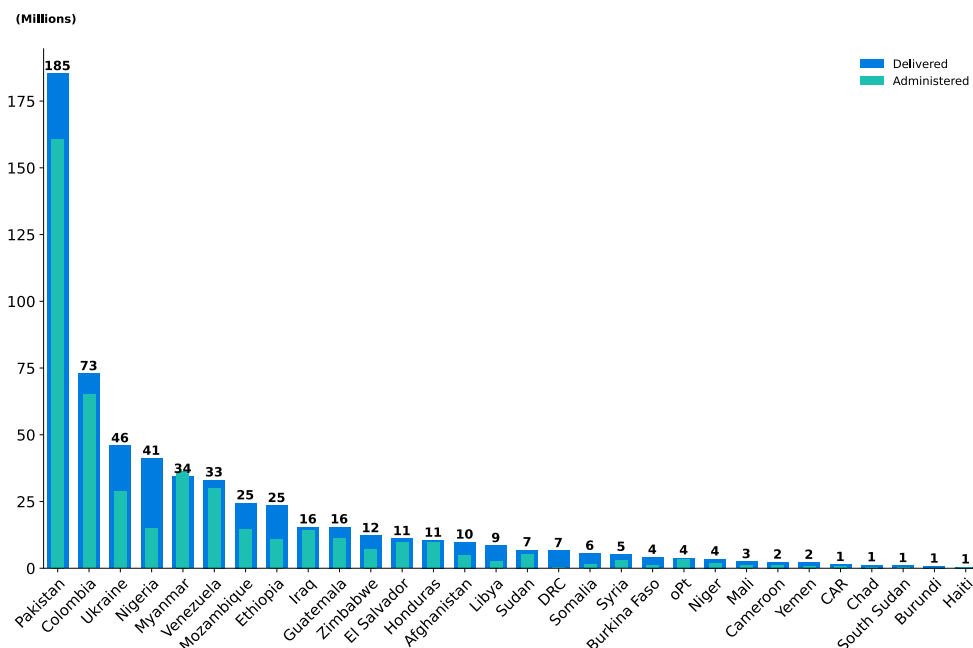
<sup>5</sup> This graph indicates percentage of total deliveries for which vaccine type is known. Deliveries for which the dose type is not identified are excluded from this graph.

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 31 December. For feedback, please contact: [centrehumdata@un.org](mailto:centrehumdata@un.org).



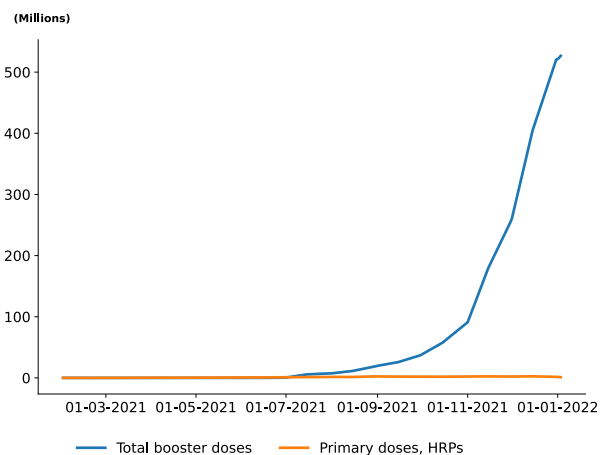
**Figure 8. Estimated percent of population covered by delivered vaccines to HRP countries (based on 2 doses) (as of 31 December 2021)**

**In 2021, almost 75% of vaccines delivered to HRP countries have been administered. However, there is a growing divergence in HRP countries' ability to administer vaccines. Countries with the lowest vaccination coverage have administered the least doses.** As of 31 December 2021, for the ten HRP countries who have received the most doses, the median average rate of administration is 80 percent, compared to 39 per cent for the ten HRP countries who have received the least doses. For example, it is estimated that Pakistan has administered approximately 87 percent of its 185 million doses, compared to Haiti which has administered 39 per cent of its 515,000 doses. Even when recent deliveries of doses are taken into account, countries with the lowest number of doses have consistently had low administration rates throughout the year. At the end of December, all 12 HRP countries with less than 10 per cent vaccination coverage had administered less than 50 per cent of delivered vaccines. There are several factors contributing to low administration rates. These factors are context dependent but include lack of access to populations, especially in hard-to-reach areas, insufficient financing, and logistical capacity for vaccine delivery within country, coordination challenges with non-state armed groups, and vaccine hesitancy. With the volume of doses expected to increase in 2022, it is critical that HRP countries are given the necessary support to turn vaccines into vaccinations. This will require dedicated financial, logistical, security and technical support along with more focus on community engagement to boost vaccinations, especially to ensure populations living in situations of conflict, in non-government-controlled areas and in remote locations can receive vaccinations. At the same time, as more vaccines are delivered and administered the challenge will be to ensure vaccine equity within countries. More data on vaccine uptake by population group is needed. For instance, only half of HRP countries report data on vaccine administration by gender. It is critical more data is collected to ensure all at risk and vulnerable populations are included in vaccination campaigns.



**Figure 9. Percentage of COVID-19 vaccine doses administered to delivered in HRP countries (as of 31 December 2021)<sup>6</sup>**

Wealthy countries have responded to Omicron by scaling up third-dose booster shots, while most HRP countries continue to struggle to administer first doses. By the end of December, for every primary dose administered in a HRP country, 300 booster shots were administered in high- and middle-income countries. Several countries – such as Israel, Chile, Hungary, Denmark the UK, and the USA – have approved fourth booster doses for the most vulnerable.<sup>7</sup> While there is not yet evidence that booster shots are depleting available doses for HRPs, the focus on boosters must not distract from continuing to prioritize primary doses in humanitarian settings. Achieving vaccine equity will lessen suffering caused by the virus and protect against the emergence of future new variants. HRPs continue to require support for diagnostics, vaccine delivery and administration, and other therapeutics.



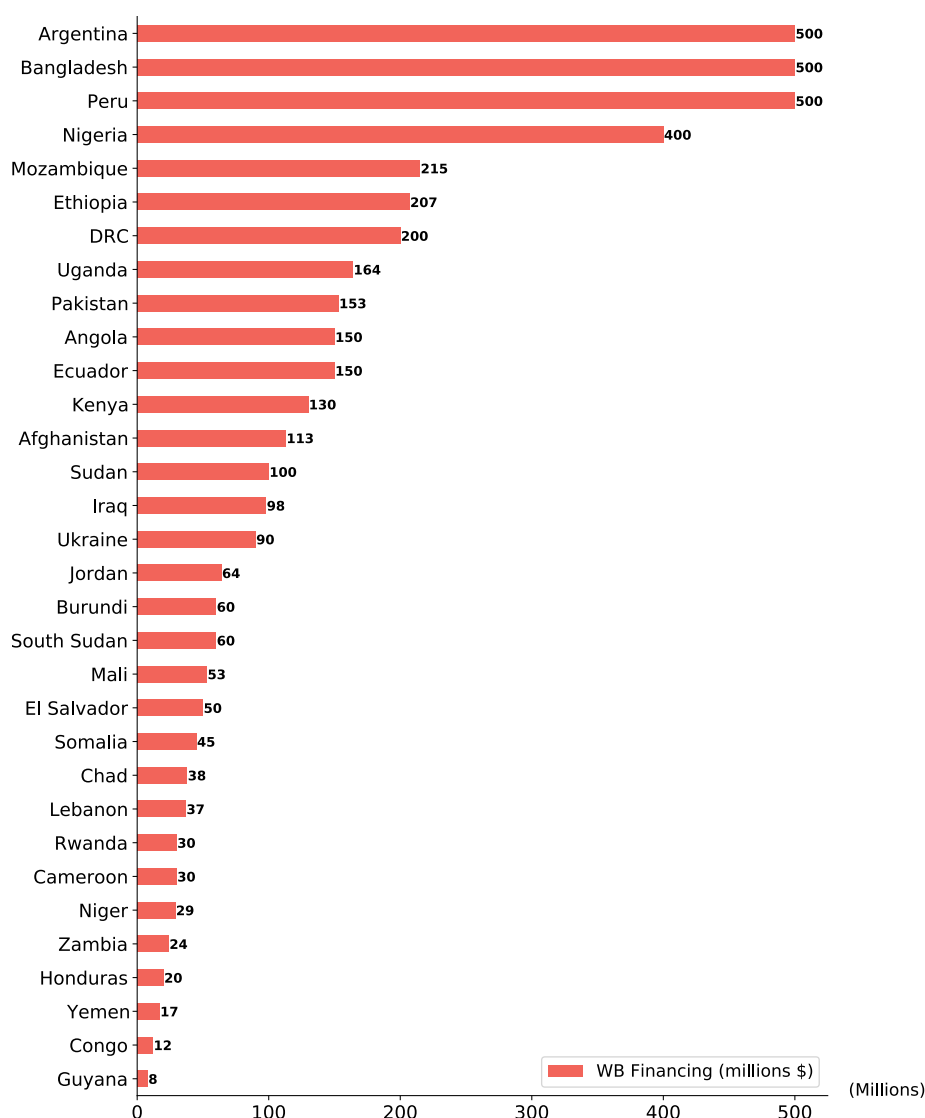
**Figure 10. Third dose boosters administered versus primary doses administered in HRP countries (as of 31 December 2021)**

<sup>6</sup> Myanmar records more administered than delivered doses. This is likely due to additional vaccine deliveries for which details are not yet publicly available

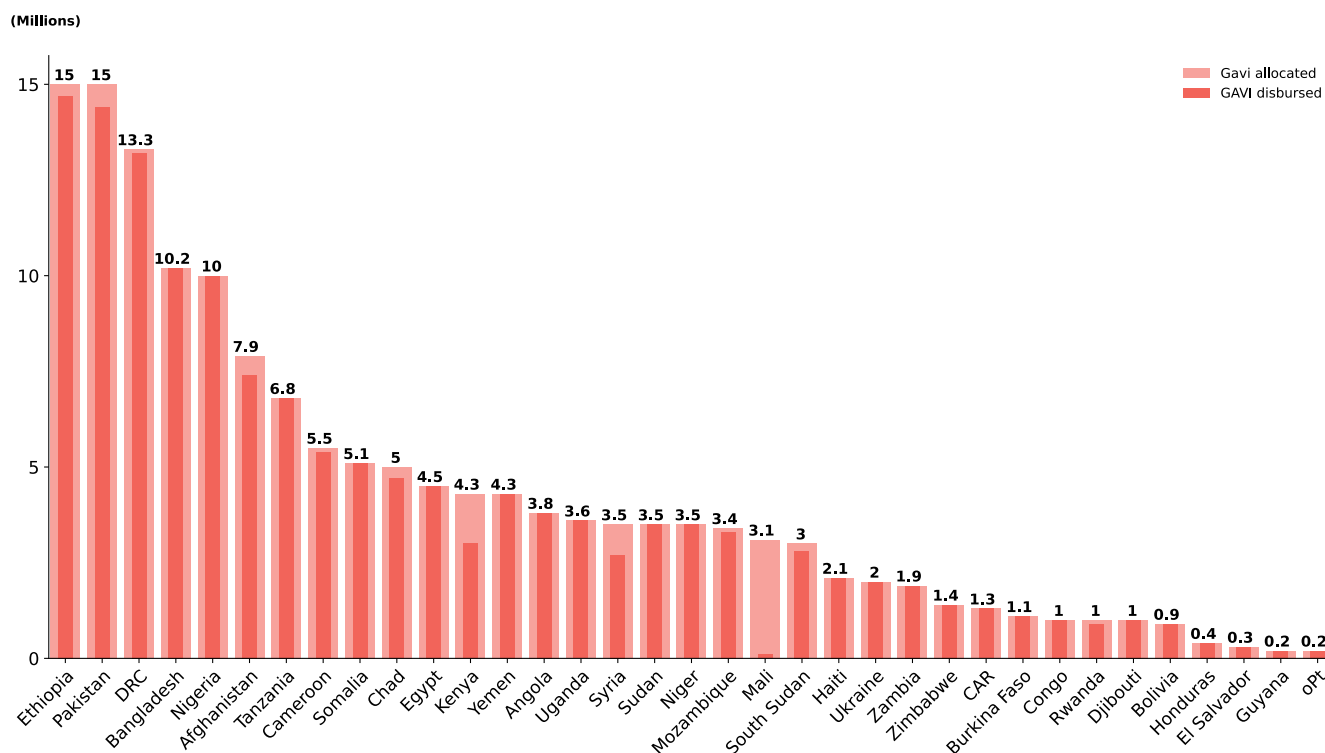
<sup>7</sup> The BMJ. *Covid-19: Fourth vaccine doses—who needs them and why?* Available at: <https://www.bmj.com/content/376/bmj.o30>.

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 31 December. For feedback, please contact: [centrehumdata@un.org](mailto:centrehumdata@un.org).

In 2021, more than USD4.3 billion in financing from the World Bank and Gavi's Country Delivery Support (CDS) was approved to support 35 GHO countries to obtain and rollout COVID-19 vaccines, including USD2.1 billion to 25 HRP countries. In 2021, the World Bank provided USD4.2 billion dollars to 32 GHO countries to procure and administer vaccines, including 2 billion to 19 HRP countries. An additional USD148.9 million was approved by GAVI's CDS to 35 GHO countries, including USD110 million to 23 HRP countries to support administration of COVAX doses. All 24 HRP countries eligible for GAVI's CDS financing (AMC participants) were approved financing. Approximately, 95 per cent (USD141m) of the Gavi financing has been disbursed. Among HRP countries, Nigeria received the most World Bank and Gavi funding (USD410 million) followed by DRC (USD213 million), Pakistan (USD168 million) and Afghanistan (USD113 million). While most of Gavi's financing was disbursed in Q4 of 2021, data is not publicly available on disbursements of World Bank funding which supports vaccine procurement and roll-out in 2021. In principle, the World Bank and Gavi funding should support HRP countries to administer doses, however financing must be adequate, quickly disbursed, and targeted appropriately to ensure it addresses the context specific bottlenecks to vaccine delivery.



**Figure 11. Vaccine Financing – World Bank approvals to GHO countries 2021  
(as of 31 December 2021)**



**Figure 12. Vaccine Financing – Gavi Country Delivery Support approved and disbursed funding to GHO countries in 2021 (as of 31 December 2021)**

Follow the latest data on COVID-19 vaccine rollout [here](#) and on COVID-19 vaccine financing [here](#).

### 3. Secondary Impacts

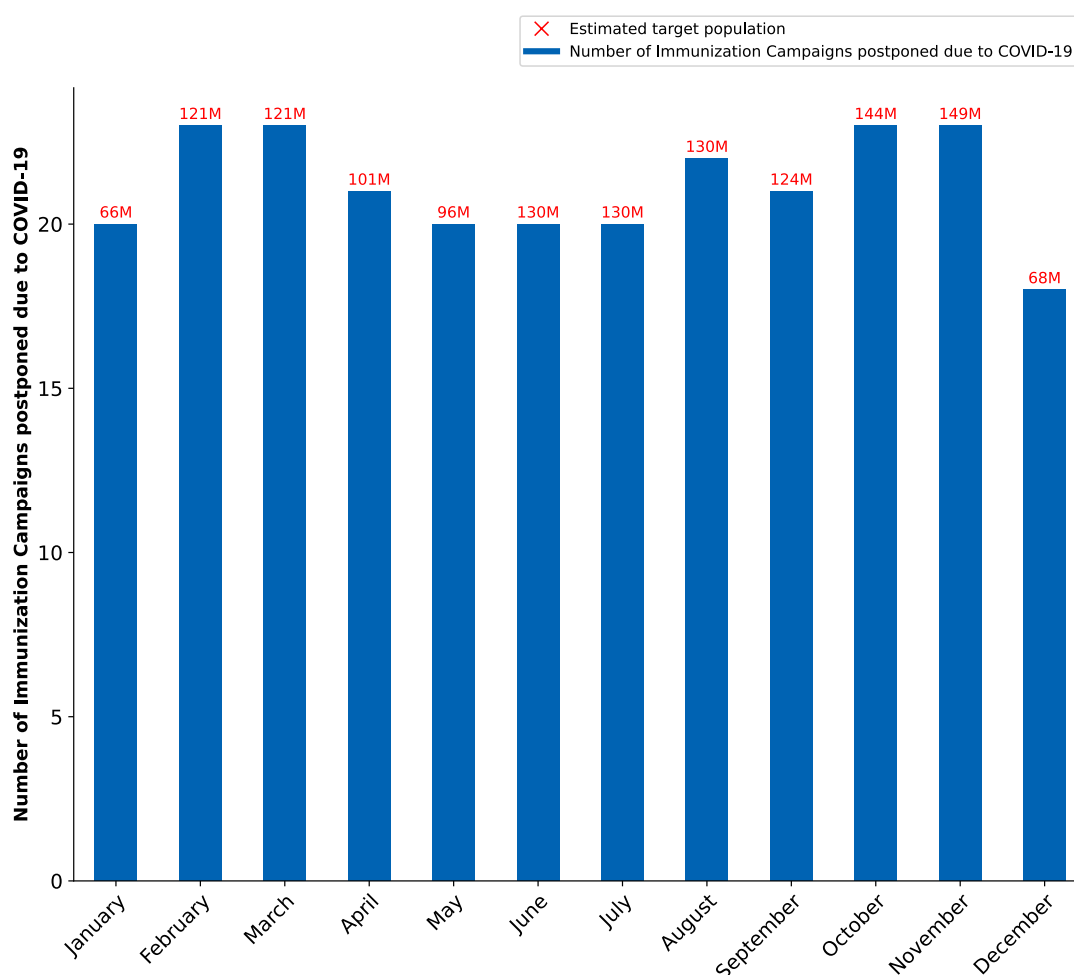
**COVID-19 continues to increase vulnerability in HRP countries and compound the impact of other humanitarian crises. The pandemic has increased poverty, disrupted education, and fueled the socioeconomic conditions which lead to unrest and armed conflict.** The pandemic continues to increase economic uncertainty and drive inflation, disrupting food and energy prices.<sup>8</sup> Global food prices have risen to the highest level in the past decade. Despite a small decline in December, the FAO Food Price Index (FFPI) in 2021 stood at its highest level since July 2011. High international food prices have translated to domestic food price inflation within HRP countries and made staple goods like cereal more expensive. Sharp increases in domestic food prices disproportionately hurt the poorest households and, combined with reduced income due to COVID-19, put many people in HRP countries at risk of food insecurity. In addition to food prices, energy prices are likely to spike in early 2022 due to supply bottlenecks. Energy prices are already on average more than 80 percent higher compared to last year. Elevated energy prices increase the burden on energy-importing countries and further contribute to food price inflation.

<sup>8</sup> OCHA, 2021. *High global food prices and a looming debt crisis: What do these trends mean for HRP countries?*

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 31 December. For feedback, please contact: [centrehumdata@un.org](mailto:centrehumdata@un.org).

## Immunization

**At least 20 immunization campaigns were postponed every month across GHO countries in 2021, impacting 115 million people on average each month.** These disruptions compound the delays already observed in 2020, where up to one-third fewer immunization shots were administered.<sup>9</sup> Some immunizations campaigns cancelled in the early months of the pandemic have still not been reinstated almost two years later. Delaying vaccination risks the resurgences of vaccine-preventable diseases, such as measles and polio. Immunization campaigns may be cancelled due to healthcare systems being overwhelmed, lack of financing, fear of COVID-19 exposure, or transportation barriers caused by COVID-19 containment measures. Populations reliant on outreach immunization programs, in which doses are delivered through routine community visits, are particularly impacted due to COVID-19 related mobility restrictions and lack of resources. Communities reliant on outreach programs are typically more vulnerable, meaning the poorest or most isolated populations are disproportionately impacted by immunization postponements.

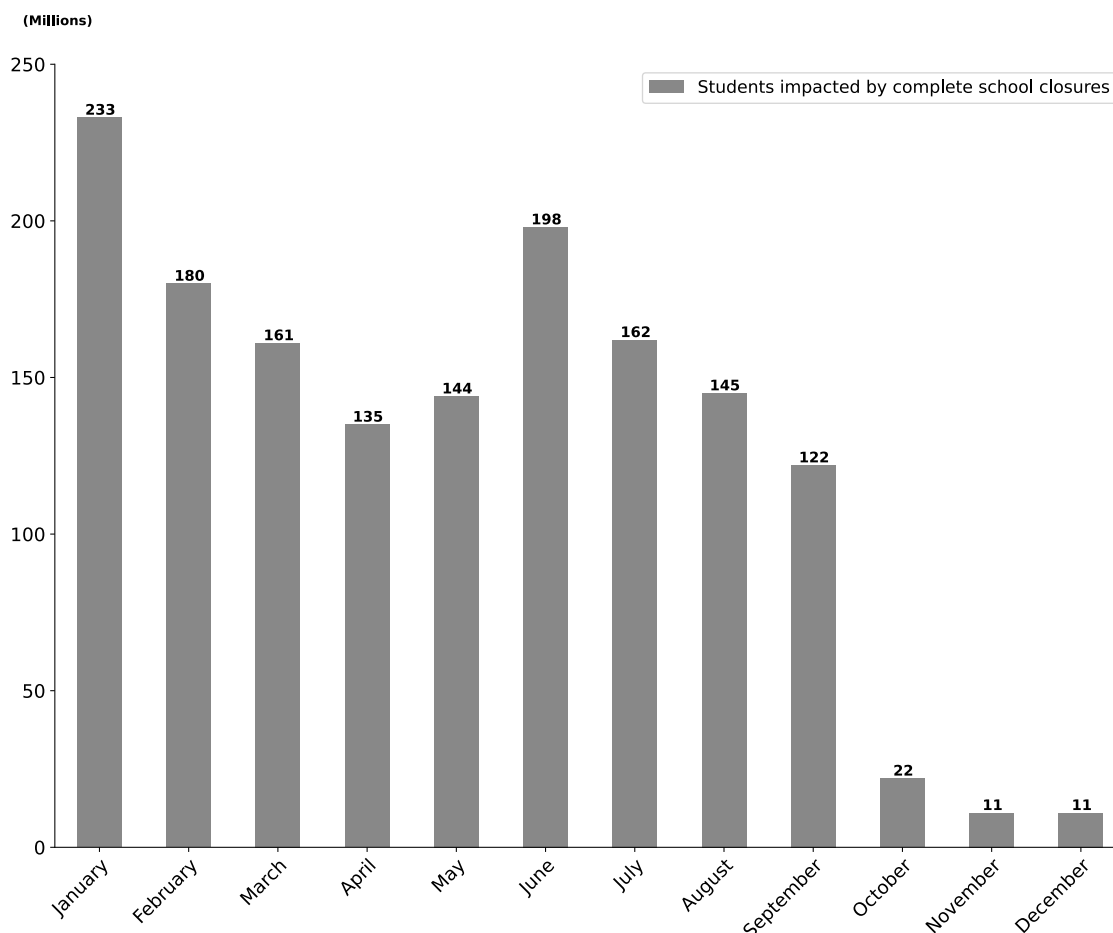


**Figure 13. Postponement of Immunization Campaigns in GHO countries due to COVID-19 (as of 31 December 2021)**

<sup>9</sup> Shet, et al. 2021. Impact of the SARS-CoV-2 pandemic on routine immunisation services: evidence of disruption and recovery from 170 countries and territories. *The Lancet*. Available at: [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(21\)00512-X/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(21)00512-X/fulltext).

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## Education



**Figure 14. Estimated number of children and youth impacted by school closures in GH0 countries due to COVID-19 (as of 31 December 2021)**

**In 2021, children in 33 GH0 countries were impacted by complete school closures caused by COVID-19. The number of impacted students peaked in January of 2021, with at least 233 million children in 17 GH0 countries entirely out of school.** An additional nine countries implemented partial school closures in 2021 due to the pandemic. Bangladesh implemented the longest sustained complete closure, lasting nine months from January to September. Considering both complete and partial closures, Uganda maintained the longest school closures in the world, from March 2020 to January 2022. Closures tapered towards the end of the year in GH0 countries. The lowest number of students (10.6 million) were impacted in November and December, with Uganda the only GH0 country to keep schools completely closed due to COVID-19. Amidst the spread of the Omicron variant, new partial school closures have been implemented in December 2021 and January 2022 in several GH0 countries, including Ukraine, Mexico, and Colombia. UNICEF and UNESCO have urged countries to keep schools open and avoid a return to complete or partial closures due to the dire impacts on children.

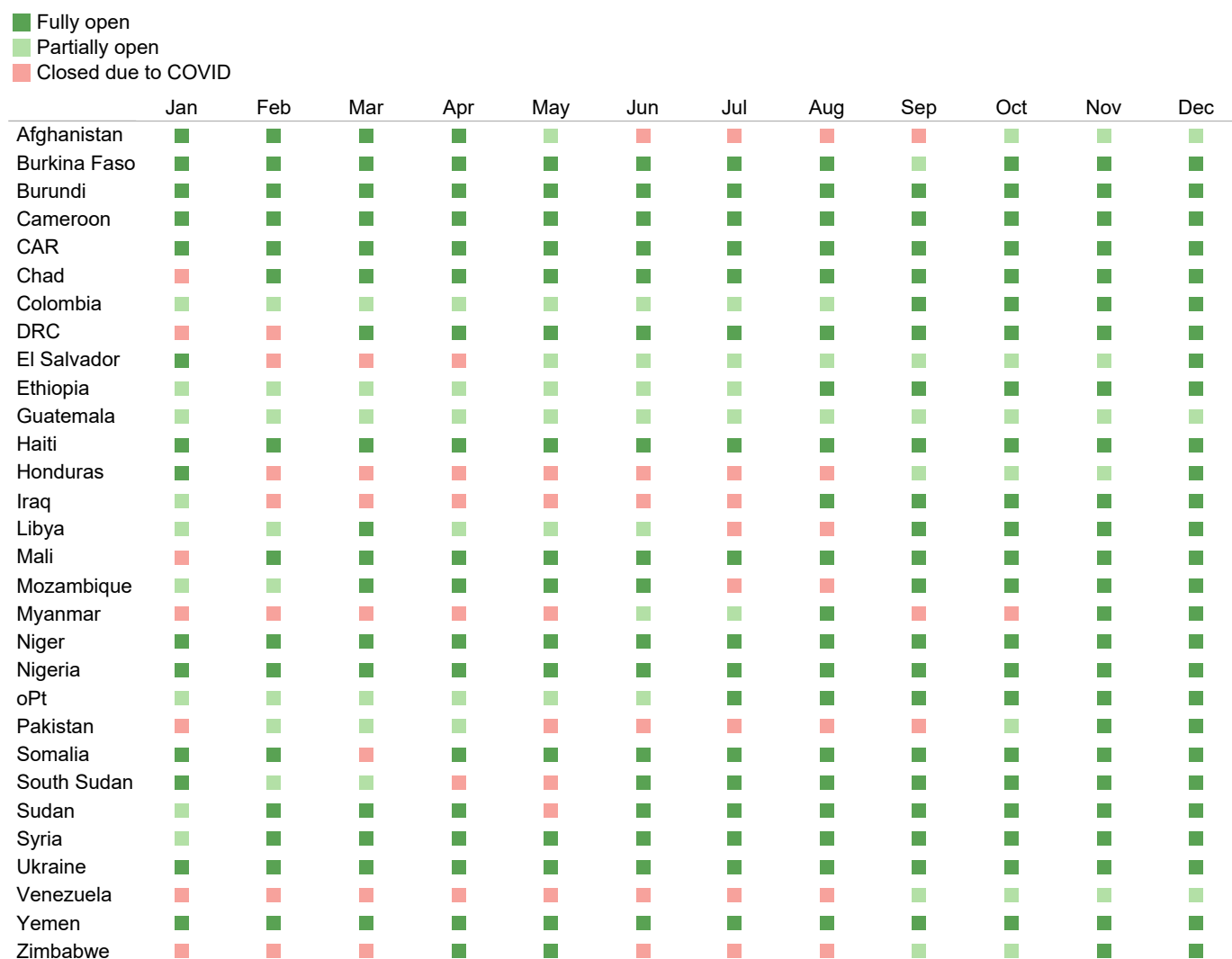


Figure 15. Complete and partial school closures due to COVID-19 across HRP countries (January – December 2021)

**Disruption to education has severe consequences for children and for society. Many students in GHO countries are not reached by remote learning. This loss leads to more students taking up work within and outside the home, increased risk of teen pregnancy, and greater likelihood of child marriage. Many children will not return to school.** Girls are disproportionately impacted. Long-term, school closures can lead to decreased educational attainment and limit future employment opportunities. School closures also compound humanitarian crisis, as many children rely on schools for nutritious meals, routine vaccinations, and other forms of support. Even with schools reopening towards the end of 2022, many children will not return. In Uganda, where schools were closed for almost two years, up to 30 per cent of students are expected to not return to classrooms due to child labor, pregnancy, or early marriage.<sup>10</sup>

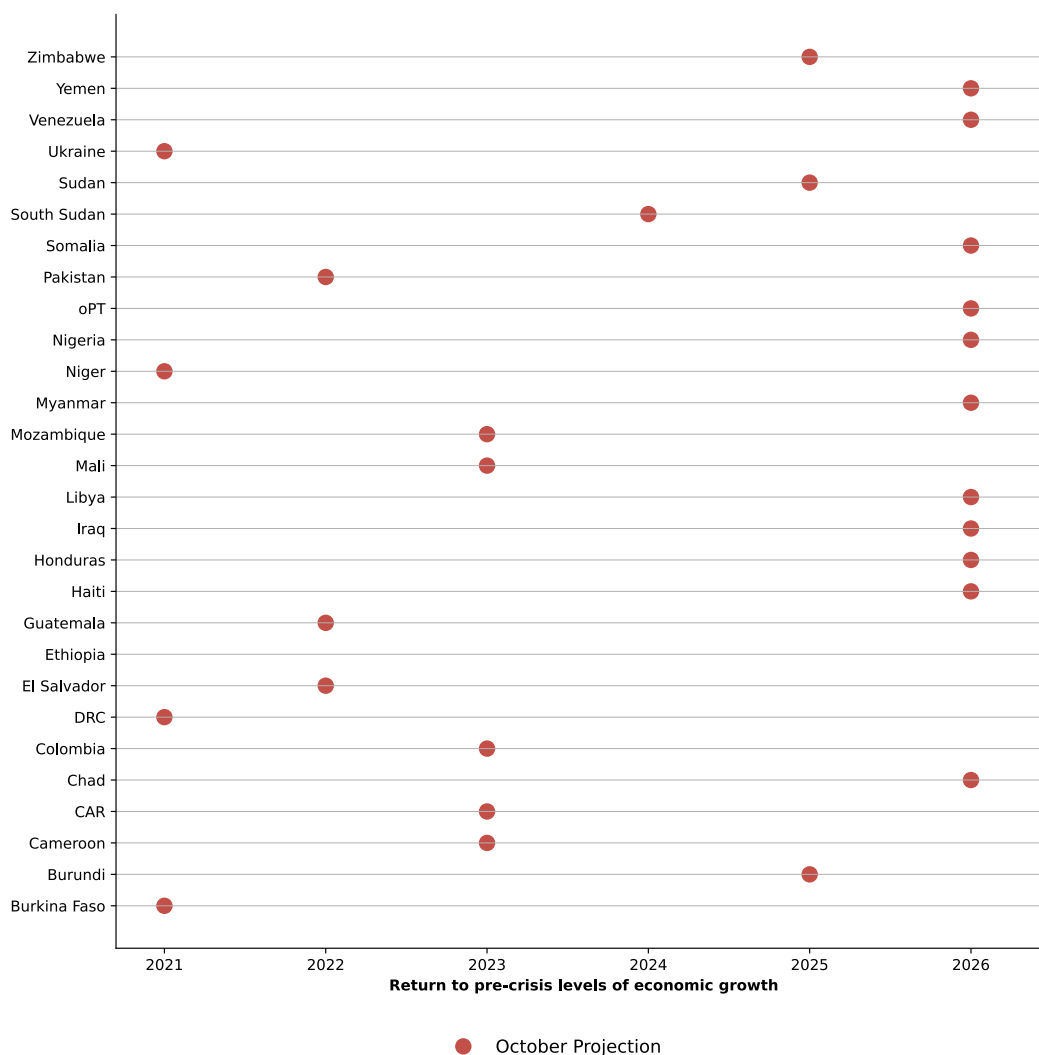
<sup>10</sup> Al-Jazeera. *Schools reopen in Uganda after nearly-two-year COVID closure*. Available at: <https://www.aljazeera.com/news/2022/1/10/ugandan-children-back-to-school-after-nearly-2-year-covid-closure>.

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 31 December. For feedback, please contact: [centrehumdata@un.org](mailto:centrehumdata@un.org).

## Economy

**On the economic front, 2022 will be an even more challenging year for most HRP countries. HRP countries enter 2022 with forecasts of slow economic growth, high levels of debt and inflationary pressures.** Based on the October IMF World Economic Outlook, two-thirds of HRP countries are projected to grow slower than the global average. When projected population growth is considered, over half of HRP countries are not expected to return to pre-pandemic levels of growth until at least 2024, with many not forecast to return to pre-pandemic levels until after 2026. By 2023, all advanced economies will have achieved a full output recovery. Developing economies will remain 4 percent below pre-pandemic levels of output, and conflict-affected economies will be 7.5 percent below pre-pandemic levels. The poor economic recovery is largely due to the continued impact of the pandemic and slow vaccine roll-out. The October forecast was already a downgrade from April and was released before the emergence of the Omicron variant, which has only increased uncertainty. On 25 January, the IMF will release its latest World Economic Outlook, where it is expected to further downgrade global economic growth projections to reflect the impact of Omicron.

Inflation rates are predicted to spike in 2022 due to food and energy price increases and supply disruptions. This rise in inflation will likely result in increasing interest rates, which would sharply increase the cost of refinancing and external borrowing by HRP countries. As a result, HRP countries will have elevated risk of debt crisis. As of December 2021, eight countries with 2021 inter-agency humanitarian response plans are at high risk of debt distress, while four countries are at moderate risk. Somalia and Mozambique are already in debt distress. High and unsustainable debt burdens reduce the government's capacity to fund the response to COVID-19. In fourteen HRP countries this will be further compounded by the end of the Debt Service Suspension Initiative. These countries will now be forced to pay debt owed during 2020 and 2021, in addition to their commitments for 2022. These large payments are due at a time when debt is becoming more costly to acquire and the social and economic needs created by the pandemic are higher than ever. As HRP countries re-channel fiscal budgets toward debt repayments, financing for education, health services, social protection and vaccine procurement might need to be reduced.



**Figure 16. Projected year per-capita income will return to pre-COVID-19 (2019) levels**  
IMF, World Economic Outlook, October 2021

#### 4. Funding Update

**In 2021, the Global Humanitarian Overview received 48 percent of required funding, more than USD 18.2 billion out of USD 37.7 billion. Thirteen HRP countries had at least half their funding needs met in the last year.** Coverage of needs was higher in 2021 than 2020 (48 per cent compared to 46 per cent last year). Chad, Haiti, Pakistan, and Zimbabwe all had less than one-third of funding needs met, with Zimbabwe receiving just 19 percent of the amount required. Several of these countries face particular vulnerability to the pandemic. Zimbabwe reported the highest number of COVID-19 cases in December, while Chad and Haiti both have less than 5 percent COVID-19 vaccine population coverage. By sector, coordination and support services received the greatest percentage of required funding, followed by multisector and emergency telecommunications. Several sectors critical for COVID-19 response and recovery received less than one-third of required funding, including health, education, and protection from gender-based violence. Financing Humanitarian Response Plans is vital to support COVID-19 response and recovery for the most vulnerable people and to offset secondary impacts of the pandemic, such as education disruption or increased gender-based violence.

**The newly released 2022 Global Humanitarian Overview requires USD 41 billion to target 183 million of the 235 people in need across 63 countries.** Needs continue to be driven by COVID-19 and its secondary effects, conflict, displacement, and climate impacts. Nine countries – Afghanistan, the DRC, Ethiopia, Nigeria, Somalia, South Sudan, Sudan, Syria, and Yemen – have funding needs greater than one billion dollars.

**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](#)**.

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