COVID-19 Data Explorer: Global Humanitarian Operations
Monthly Highlights, 30 September 2021

Highlights:

• Cases and deaths in countries in the Global Humanitarian Overview (GHO)\(^1\) declined by approximately a quarter in September compared to August, which was consistent with a declining trend at the global level. Despite the overall decline, there are several worrying increases in humanitarian contexts, including in Ethiopia, Somalia, and Syria where record cases were reported this month.

• Oxygen is desperately needed in humanitarian settings. Overcoming supply challenges and increased funding is critical to scale up oxygen ahead of COVID-19 surges. Most health facilities in countries with humanitarian emergencies are not equipped to meet the demand and struggle to access oxygen due to cost, infrastructure, and logistical barriers. The occupied Palestinian Territory, Somalia, and Syria are just three countries with an inter-agency humanitarian response plan (HRP) that are currently experiencing surging demand and insufficient supplies of oxygen. Daily oxygen needs in these three countries are estimated to have increased between 600 and 1300 per cent in the past three months as COVID-19 cases have surged.\(^2\) A lack of access to oxygen and insufficient funding is hampering partners’ ability to respond to these surges. Timely and reliable access to oxygen is critical to treating COVID-19, preventing unnecessary loss of life, and strengthening health care overall in humanitarian contexts.

• In 2021, the Global Fund’s COVID-19 Response Mechanism (C19RM) has provided USD2.2 billion to 28 GHO countries to scale-up preparedness and response to COVID-19, including over USD800 million for tests, PPE, treatment, and oxygen. Almost two-thirds of countries with an inter-agency humanitarian response plan have been awarded a C19RM grant. In September, the US announced USD3.5 billion for the C19RM to sustain this mechanism as an important financing and procurement tool in 2022 for most GHO countries.

• In September, two-thirds (23) of countries with an inter-agency humanitarian response plan received a record 67 million vaccine doses, more than double the number of doses delivered in August. Most doses went to just three countries – Pakistan (27m), Myanmar (8.1m) and Venezuela (6.4m). Four countries (Burkina Faso, Cameroon, Chad, Haiti) have not received doses since June or July and only have enough doses to fully vaccinate 2 per cent or less of their populations. Administration of vaccines has been slow in these countries, but new financing from the World Bank and Gavi approved in September should help strengthen vaccine roll-out efforts over the coming months.

• WHO set a goal for at least 10 per cent of each country’s population to be vaccinated by end of September. Only eleven HRP countries have reached this goal. Almost two-thirds of HRP countries have below 10 per cent of their population vaccinated, half under 5 per cent population coverage. In September, the COVAX Facility announced an additional 30 million doses to 12 HRP countries through an exceptional seventh round allocation, including to seven countries that have less than 10 per cent population coverage (Ethiopia, Iraq, Mozambique, Niger, Nigeria, South Sudan, and Syria).\(^3\)

• In September, the World Bank approved a further USD1.1 billion for six GHO countries and Gavi approved approximately USD40.5 million for 12 GHO countries to support the procurement and roll-out of COVID-19 vaccines, bringing the total to more than USD3.5 billion of approved financing in 2021 to support 39 GHO countries.

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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 who issued inter-agency humanitarian response plans (HRP) in August – El Salvador, Guatemala and Honduras.

\(^2\) PATH, COVID-19 Oxygen Needs Tracker, COVID-19 Oxygen Needs Tracker | Market Dynamics | PATH. Data as of 1 July 2021-27 September 2021. Estimates for Syria are based on official data sources, which do not include surveillance networks outside of government-controlled areas.

\(^3\) IAVG-approved-Round-7-VAD-final-17Sept2021 (1).pdf. Sources: Epidemiological Update (World Health Organization, Our World in Data; Gavi and WHO – COVAX; PATH, Global Fund); Vaccine update (Gavi, Our World in Data, UNICEF, World Bank, other media sources); Secondary Impacts (UNESCO, WFP, FAO); Funding Update (OCHA) as of 30 September. For feedback, please contact: centrehumdata@un.org.
• School closures due to COVID-19 have continued in humanitarian settings, crippling progress on education SDGs, future earnings and increasing the risk of fragility and conflict. One-third of HRP countries experienced more weeks of full or partial closures between September 2020 to August 2021 than between March to August 2020.

• The cost of food has risen in 18 GHO countries compared to the previous quarter. Increasing food costs are also reflective of record-high global food prices, where the average cost of food has increased by over one third compared to last year. These increases are partly attributed to escalated transportation costs via warehouse capacity shortages and delays at transportation connection points caused by the pandemic, as well as continued socioeconomic fallout and fragility from COVID-19.

Issues to monitor in October:

• GHO countries with an increasing trend in cases or deaths as of 30 September, including Angola, Congo, Costa Rica, Djibouti, Egypt, El Salvador, Ethiopia, Guyana, occupied Palestinian territory, Somalia, Syria, Turkey, Uganda, Ukraine, Venezuela, and Yemen.

• IMF’s World Economic Outlook to be published in October and the 2021 Annual Meetings of the Boards of Governors of the World Bank and the IMF (11-17 October), for an assessment and forecast on economic recovery in countries in the GHO and possible announcements on new policies and commitments to assist the poorest countries with response and recovery from COVID-19.

• The COVAX Facility should announce their 8th and 9th allocation rounds and with it an increase in vaccine doses in GHO countries.

• The COVAX Facility’s Humanitarian Buffer is expected to deliver its first doses in October 2021.

1. Epidemiological Update

Overall cases and deaths in countries in the Global Humanitarian Overview (GHO) declined in September, however more than a quarter of GHO countries still reported an increase greater than 10 percent in both cases and deaths. GHO countries recorded more than 2.9 million new cases and 68,000 new deaths in September, declining from 3.8 million cases and 89,000 deaths in August. This is consistent with the global decline in cases which fell by 20 percent and deaths which fell by 13 percent from August to September. Approximately a third of countries with an inter-agency humanitarian response plan (HRP) experienced an increase in cases or deaths greater than 10 per cent. Although Africa has experienced a decrease in cases over the last two weeks, there has been a continued increase in deaths and pockets of continued surges at the national level. Among HRP countries, Burundi experienced the greatest increase in both cases and deaths, each rising by more than 40 percent this month, although reporting is insufficient, particularly on deaths. Ethiopia had the second largest increase in deaths at 18 percent, with record numbers of deaths per day this month. Somalia reported 14 percent more cases and deaths in September, including the highest daily rate of new cases to date. In other regions, cases and deaths in Syria also spiked by more than 22 percent and 11 percent respectively, and by the end of the month was reporting record cases. The situation in northwest Syria is particularly alarming. More than 33,200 cases and 400 deaths were reported in September, a 159 per cent increase in cases and 656 per cent increase in deaths since August. By the end of September, over a quarter of GHO countries were experiencing an increasing trend in COVID-19 cases or deaths.

Sources: Epidemiological Update (World Health Organization, Our World in Data; Gavi and WHO – COVAX; PATH, Global Fund); Vaccine update (Gavi, Our World in Data, UNICEF, World Bank, other media sources); Secondary Impacts (UNESCO, WFP, FAO); Funding Update (OCHA) as of 30 September. For feedback, please contact: centrehumdata@un.org.
Overcoming supply challenges and increased funding is urgently needed to scale up oxygen ahead of COVID-19 surges. The daily oxygen need is estimated to have increased between 600 and 1300 per cent in the past three months in the occupied Palestinian Territory, Somalia and Syria as countries face COVID-19 surges. Oxygen supply was constrained prior to the COVID-19 pandemic, with low-income countries struggling to access sufficient medical oxygen. Nearly half of hospitals in low- and low-middle income countries have had inconsistent or no oxygen supply for many years. COVID-19 has now caused an oxygen crisis, with needs far outstripping supply. Timely and reliable access to oxygen is critical to treating COVID-19 and preventing unnecessary loss of life. As of 27 September, the NGO PATH estimates 12.1 million cubic meters (or 1.7 million cylinders) are needed each day in LMICs to respond to COVID-19, including 4.4 million cubic meters (633,000 cylinders) in GHO countries. Most health facilities in HRP countries are not equipped to meet the demand and struggle to access oxygen due to cost, infrastructure, and logistical barriers.

5 Note: The data for Burundi is insufficient to understand COVID-19 epidemiological trends. The visual does not does not include cases and deaths reported in northwest Syria.

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7 PATH, COVID-19 Oxygen Needs Tracker, COVID-19 Oxygen Needs Tracker | Market Dynamics | PATH. Data as of 1 July 2021-27 September 2021. Estimates for Syria are based on official data sources, which do not include surveillance networks outside of government-controlled areas. The COVID-19 Oxygen Needs Tracker is an advocacy tool and estimates the daily oxygen need based on COVID-19 cases reported by countries, it does not reflect the oxygen needs for non-COVID-19 patients. For full methodology see: COVID-19 Oxygen Needs Tracker | Market Dynamics | PATH.

8 WHO, ACT-A Tx Partnership https://www.who.int/docs/default-source/coronaviruse/act-accelerator/act-a Tx oxygen fc-pre-briefing_5may21.pdf?sfvrsn=826a99ad_1&download=true.

9 PATH are a non-profit organization that advises and partners with public institutions, businesses and investors to solve pressing health challenges. PATH have been working on improving access to oxygen before and during the COVID-19 pandemic. PATH are a member of the COVID-19 Oxygen Emergency Taskforce led by WHO. PATH, COVID-19 Oxygen Needs Tracker, COVID-19 Oxygen Needs Tracker | Market Dynamics | PATH, as of 27 September 2021.

Sources: Epidemiological Update (World Health Organization, Our World in Data; Gavi and WHO – COVAX; PATH, Global Fund); Vaccine update (Gavi, Our World in Data, UNICEF, World Bank, other media sources); Secondary Impacts (UNESCO, WFP, FAO); Funding Update (OCHA) as of 30 September. For feedback, please contact: centrehumdata@un.org.
The occupied Palestinian Territory, Somalia and Syria are just three countries currently facing surging demand and insufficient supplies of oxygen. As highlighted in Figure 3, in the occupied Palestinian Territory, Somalia and Syria the estimated daily need for oxygen to respond to COVID-19 has increased by at least 1330, 950 and 610 per cent in the past three months as countries faced severe waves on COVID-19. However, insufficient funding is hampering partners’ ability to respond to and better prepare countries for these surges. In the occupied Palestinian Territory, out of the 250 oxygen concentrators required, only a fifth have so far been delivered, and 100 more are needed. In Somalia, WHO, UNICEF and UNFPA have been working to supply all public health centers with at least two oxygen concentrators while WHO has procured pressure swing absorption (PSA) oxygen plants. However only three of the seven PSAs could be procured with available funds. In Syria, UN and partners are working to mobilize USD4.5 million to fill urgent gaps in oxygen and other supplies.

In February 2021, the COVID-19 Oxygen Emergency Taskforce was launched to measure oxygen demand, secure oxygen supplies, and provide technical support for worst-affected countries. In September, the US COVID-19 Summit called on countries to commit to solving the oxygen crisis by making oxygen readily accessible for inpatient health facilities in the near-term and no later than 2022. It is critical oxygen supplies are scaled up in humanitarian settings. Addressing the oxygen crisis will not only reduce deaths and suffering from COVID-19 but is an investment in strengthening health care overall, with increased supply also serving the oxygen needs of childhood pneumonia, birth asphyxia, trauma and injury cases and heart failure.

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12 PATH, COVID-19 Oxygen Needs Tracker, COVID-19 Oxygen Needs Tracker | Market Dynamics | PATH. Data as of 1 July 2021-27 September 2021. Estimates for Syria are based on official data sources, which do not include surveillance networks outside of government-controlled areas.
13 COVID-19 oxygen emergency impacting more than half a million people in low- and middle-income countries every day, as demand surges - Unitaid.

Sources: Epidemiological Update (World Health Organization, Our World in Data; Gavi and WHO – COVAX; PATH, Global Fund); Vaccine update (Gavi, Our World in Data, UNICEF, World Bank, other media sources); Secondary Impacts (UNESCO, WFP, FAO); Funding Update (OCHA) as of 30 September. For feedback, please contact: centrehumdata@un.org.
In 2021, the Global Fund’s COVID-19 Response Mechanism (C19RM) has provided USD2.2 billion to 28 GHO countries to scale-up preparedness and response to COVID-19, including over USD800 million for tests, PPE, treatment and oxygen. Almost two-thirds of countries with an inter-agency humanitarian response plan have been awarded a C19RM grant. The C19RM was established in 2020 to support countries to respond to COVID-19, to mitigate the impact of COVID-19 on programs to fight HIV, TB and malaria, and to initiate urgent improvements in health systems. In 2021, a fast-track component to the C19RM was established to enable countries to make urgent procurement requests, including for PPE, diagnostics, therapeutics and oxygen and the costs relating to their deployment. In 2021, 25 HRP countries are eligible for up to USD1.7 billion through the C19RM, with USD433 million of this available through the Fast-track mechanism. At the end of September, almost USD806 million has been awarded to 18 HRP countries through the C19RM, including USD155 million through the Fast-track mechanism to 9 HRP countries Burundi, Chad, DRC, Ethiopia, Mozambique, Nigeria, Somalia, and Zimbabwe. The majority of this financing was awarded in July-August 2021. This should assist with responding to surges in the coming months. Not all GHO countries are eligible to receive C19RM grants. On 22 September, the US announced USD3.5 billion for the C19RM, which should sustain this mechanism as an important financing and procurement tool in 2022 for most GHO countries.

Figure 4. Global Fund COVID-19 Response Mechanism Financing to HRP countries in 2021
(as of 29 September 2021)

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15 Data available at: COVID-19 - The Global Fund to Fight AIDS, Tuberculosis and Malaria. Note, The USD155 million does not include a fast-track allocation to Somalia. As of 30 September, no details are available on the amount of this award.

16 Data available at: COVID-19 - The Global Fund to Fight AIDS, Tuberculosis and Malaria. Note, The USD155 million does not include a fast-track allocation to Somalia. As of 30 September, no details are available on the amount of this award.

Sources: Epidemiological Update (World Health Organization, Our World in Data; Gavi and WHO – COVAX; PATH, Global Fund); Vaccine update (Gavi, Our World in Data, UNICEF, World Bank, other media sources); Secondary Impacts (UNESCO, WFP, FAO); Funding Update (OCHA) as of 30 September. For feedback, please contact: centrehumdata@un.org.
2. COVID-19 Vaccination Update

In September, two-thirds (23) of HRP countries received a record 67 million vaccine doses, more than double the number of doses delivered in August. Most doses went to just three countries, Pakistan (27m), Myanmar (8.1m) and Venezuela (6.4m). Of the doses delivered, more than 21.4 million were procured through bilateral or multilateral purchase agreements and 19.7 million came from COVAX. The majority of COVAX doses – more than 8.4 million – were procured through global funding, followed by almost 8 million doses through US donation. COVAX doses were also donated by Spain (1.4 million), Canada (1.3 million), Italy (575,200), and Denmark (144,000). One-third of all COVAX doses to HRP countries this month were delivered to Pakistan. Outside of COVAX, more than 1.8 million doses were donated by Mexico, the Dominican Republic, Germany, and China. The African Vaccine Acquisition Trust - which procures doses on behalf of African states – delivered 940,800 to Ethiopia, Mozambique, Sudan, and Nigeria. An additional 23.3 million doses arrived in HRP countries from unknown sources. These unknown deliveries are likely a mix of procured doses and bi-lateral donations with details not yet publicly available.

Figure 5. Source of COVID-19 Vaccines – September 2021 (as of 30 September 2021)

Sources: Epidemiological Update (World Health Organization, Our World in Data; Gavi and WHO – COVAX; PATH, Global Fund); Vaccine update (Gavi, Our World in Data, UNICEF, World Bank, other media sources); Secondary Impacts (UNESCO, WFP, FAO); Funding Update (OCHA) as of 30 September. For feedback, please contact: centrehumdata@un.org.
Four countries (Burkina Faso, Cameroon, Chad, Haiti) have not received doses since June or July and only have enough doses to vaccinate less than 2 percent of their populations. Administration is slow, but new financing approved by the World Bank and Gavi in September should support accelerated vaccine roll-out in the coming months. In September, 23 HRP countries received at least one delivery of COVID-19 vaccines, with several countries (Myanmar, Zimbabwe) receiving doses for the first time since July. However, some HRP countries (Burkina Faso, Cameroon, Chad, and Haiti) have not received any doses since June or July. Burundi is still yet to receive doses. With very small quantities available and ongoing challenges to administer those doses, these countries are falling even further behind. Among HRP countries, Chad has received the least number of vaccines, and, with 300,000 doses, it does not have enough doses to vaccinate even 1 per cent of its population. Less than half of those doses delivered have been administered. Burkina Faso and Haiti have received approximately 500,000 doses each, enough to fully vaccinate 1 per cent and 2 per cent of their respective populations. While Burkina Faso has administered approximately half of its delivered doses, Haiti has the poorest administration rate with only 12 per cent of doses administered. Cameroon has received approximately 1 million doses, enough to fully vaccinate 2 per cent of its population and has administered approximately 44 per cent. While administration has been slow it should begin to increase in coming months with the support of World Bank and Gavi financing. In September, the World Bank approved USD38.2m to strengthen response to COVID-19 and vaccine procurement in Chad. Gavi’s Country Delivery Support also approved USD5.5 million for Cameroon and USD2.1m to Haiti, in addition to USD1.1 million to Burkina Faso last month.

Figure 6. Month of most recent COVID-19 delivery in HRP countries 
(as of 30 September 2021)

Disclaimer: The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Sources: Epidemiological Update (World Health Organization, Our World in Data; Gavi and WHO – COVAX; PATH, Global Fund); Vaccine update (Gavi, Our World in Data, UNICEF, World Bank, other media sources); Secondary Impacts (UNESCO, WFP, FAO); Funding Update (OCHA) as of 30 September. For feedback, please contact: centrehumdata@un.org.
WHO set a goal for at least 10 per cent of each country’s population to be vaccinated by end of September. Only eleven HRP countries reached this goal. Almost two-thirds of HRP countries missed the goal with six countries requiring at least 6 times the number of delivered doses to date to reach 10 per cent of the population (based on 2 doses). The Democratic Republic of Congo would require 19 times more. Eleven HRP countries have now received enough doses to vaccinate at least 10 per cent of their population. El Salvador has the highest population coverage (77 per cent based on 2 doses), followed by Colombia (39 per cent) and Libya (28 percent). A further five countries (Guatemala, Honduras, oPt, Venezuela and Zimbabwe) have now received enough doses to vaccinate over 20 per cent of their populations. At the same time, other HRP countries are falling further behind. Almost two-thirds of HRP countries do not have sufficient doses to vaccinate 10 per cent of their population. The DRC has the lowest population coverage with only 0.5 per cent of the population able to be vaccinated with delivered doses. DRC would require over 19 times the number of delivered doses to date to reach 10 per cent of its population. A further five countries would require more than six times the number of delivered doses (Chad – 10 times; Burkina Faso and Mali – 7 times; South Sudan and Yemen – 6 times). In September, COVAX announced an additional 30 million doses to 12 HRP countries through an exceptional seventh round allocation, including to seven countries that have less than 10 per cent population coverage (Ethiopia, Iraq, Mozambique, Niger, Nigeria, South Sudan and Syria).

Figure 7. Doses required to reach 10 per cent of population in HRP countries (based on 2 doses) (as of 30 September 2021)

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18 Population coverage based on 2 doses.

Sources: Epidemiological Update (World Health Organization, Our World in Data; Gavi and WHO – COVAX; PATH, Global Fund); Vaccine update (Gavi, Our World in Data, UNICEF, World Bank, other media sources); Secondary Impacts (UNESCO, WFP, FAO); Funding Update (OCHA) as of 30 September. For feedback, please contact: centrehumdata@un.org.
In September, the World Bank approved a further USD1.1 billion for six GHO countries and Gavi approved approximately USD40.5 million for 12 countries to support the procurement and roll-out of COVID-19 vaccines, bringing the total to more than 3.5 billion of approved financing in 2021 to support 39 GHO countries. In September, the World Bank approved 1.1 billion in financing to Argentina, Chad, Iraq, Mali and Somalia to support COVID-19 response, vaccine procurement and roll-out, bringing total World Bank financing in 2021 for vaccine support to USD33.8 billion. Of the new World Bank funding approved in September, 80 per cent will go Argentina (USD500 million) and Nigeria (USD400 million). Gavi’s Country Delivery Support (CDS) further approved an additional USD40 million in September, to support countries with administering vaccines, bringing total Gavi CDS financing to USD135 million in 2021. Approximately USD54 million of this approved financing has been disbursed, including 43 million in September. More than two-thirds of disbursed funding this month went to Ethiopia (USD15 million) and El Salvador (USD15 million). Eight HRP countries – Burundi, Colombia, Guatemala, Libya, Myanmar, Syria, Venezuela, and Zimbabwe – have yet to be approved for either World Bank or GAVI funding. Of those countries, both Libya and Syria have still administered fewer than half of total delivered doses.

The US-convened Global COVID-19 Summit and its follow-up meetings are an important opportunity to galvanize commitments to scale up support to low-income countries to combat COVID-19. To reach the target of 70 per cent of populations vaccinated by September 2022, a further 1.4 billion doses need to be delivered and administered across HRP countries. On 22 September the United States convened the Global COVID-19 Summit to galvanize global leaders to end the pandemic in 2022 and to prevent and prepare for future pandemics. The US called for countries to commit to a set of global targets, including to ensure 70 per cent of populations in every country are fully vaccinated by the UN General Assembly 2022 (40 per cent by end of 2021), and to save lives now by solving the oxygen crisis and making tests, therapeutics, and PPE widely available. At the Summit, more than a billion doses were pledged by the US, European Union, Japan, Australia, Italy and Spain, with at least 800 million of those doses being new commitments announced at the Summit or in September. Other key commitments include the US’ commitments to provide nearly USD1.4 billion to reduce deaths from COVID-19 and mitigate transmission, including through USD100 million to prioritize rapid response; and to provide over USD100 million to expand access to oxygen and scale-up testing support. To reach the 70 per cent target, more than 1.4 doses are still required in HRP countries, six times the number delivered to date. The poorest countries, particularly those in conflict are at the greatest risk of falling behind in vaccination coverage, being exposed to future surges of COVID-19, and have the slowest economic recovery. It’s imperative financing and political attention focuses on how to ensure the most vulnerable people can receive vaccines and support to mitigate surges if these targets are to be reached. The US will convene a foreign-minister level meeting by the end of 2021, followed by another leaders’ summit in Q1 of 2022.

Figure 9. Vaccines required (based on 2 doses), delivered, and administered in HRP countries (as of 30 September 2021)

20 Gavi CDS financing supports countries to roll-out vaccines, not to procure doses.

21 For the full list of targets see: FACT SHEET: Targets for Global COVID-19 Summit | The White House.

Sources: Epidemiological Update (World Health Organization, Our World in Data; Gavi and WHO – COVAX; PATH, Global Fund); Vaccine update (Gavi, Our World in Data, UNICEF, World Bank, other media sources); Secondary Impacts (UNESCO, WFP, FAO); Funding Update (OCHA) as of 30 September. For feedback, please contact: centrehumdata@un.org.
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.

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

Sources: Epidemiological Update ([World Health Organization](https://www.who.int), Our World in Data; Gavi and WHO – COVAX; PATH, Global Fund); Vaccine update (Gavi, Our World in Data, UNICEF, World Bank, other media sources); Secondary Impacts (UNESCO, WFP, FAO); Funding Update (OCHA) as of 30 September. For feedback, please contact: [centrehumdata@un.org](mailto:centrehumdata@un.org).
CASE STUDY

Colombia illustrates the impact of vaccines on lowering cases and deaths from COVID-19. Over 30 percent of the population in Colombia is now fully vaccinated. Three months ago, Colombia recorded the second highest number of cases per million people in the world. In September daily cases and deaths were their lowest since June 2020. At the end of June 2021, Colombia was experiencing a third and severe wave of COVID-19, recording the second highest daily confirmed cases in the world (596 cases per million people) and its highest number of cases and deaths since the beginning of the pandemic. Three months later, Colombia is recording less than 30 cases per million people, and overall daily cases and deaths recorded in September are the lowest they have been since June 2020. Colombia began its COVID-19 vaccination campaign in February and has now administered over 40 million doses, with approximately 75 percent of those being administered since June. Almost 50 percent of Colombia’s population has received at least one dose, and over 30 percent are fully vaccinated. Colombia’s successful vaccination campaign can be attributed to several factors, including previous experience in large vaccination campaigns; national media campaigns, including in native languages of indigenous populations; the roll-out of the ‘MiVacuna’ app to generate appointments; and the establishment of large vaccination centers in public places including transportation hubs. The Government of Colombia has also included regular migrants in its National Vaccination Plan and as of August passed a resolution to ensure that people without a government issued ID can have access to vaccines, including Venezuelan refugees and migrants with an irregular status living in Colombia. Transcontinental migrants in transit are not yet included.

The vaccination campaign however is not without its challenges, including reaching populations in peripheral areas controlled by non-state armed groups, affecting in particular the ethnic minorities of the country, consisting of Afro-Colombian and indigenous communities. To better reach these population groups, the national Government has assigned doses to local administrations and allowed them to implement strategies adapted to each local context. In several hard-to-reach communities, large medical missions have been accompanied by military forces due to the presence of non-state armed groups. In rural areas, the Government has prioritized the application of single-dose vaccines. The UN and partners are supporting government efforts, including through supporting administration of vaccines communities of ethnic minorities and working with communities and indigenous doctors to combat vaccine hesitancy.

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22 Our World in Data, as of 30 September.

23 Our World in Data. Note: Fully vaccinated includes the total number of people who received all doses prescribed by the vaccination protocol.

24 Our World in Data. Note: Fully vaccinated includes the total number of people who received all doses prescribed by the vaccination protocol.

Sources: Epidemiological Update (World Health Organization, Our World in Data; Gavi and WHO – COVAX, PATH, Global Fund); Vaccine update (Gavi, Our World in Data, UNICEF, World Bank, other media sources); Secondary Impacts (UNESCO, WFP, FAO); Funding Update (OCHA) as of 30 September. For feedback, please contact: centrehumdata@un.org.
3. Secondary Impacts

**Education**

School closures due to COVID-19 have continued in humanitarian settings, stalling progress towards education SDGs, future earnings and increasing the risk of fragility and conflict. One-third of HRP countries experiencing more weeks of full or partial closures between September 2020 to August 2021 than between March to August 2020. At the end of September, schools in seven GHO countries (Bangladesh, Honduras, Myanmar, Mozambique, Trinidad and Tobago, Uganda and Venezuela) remained closed due to COVID-19, impacting 82 million children and youth. School closures in general disproportionately impact the most vulnerable: of the 63 million primary-age, out-of-school children worldwide, more than half live in sub-Saharan Africa. The impact of school closures is worsened in HRP countries by low access to remote learning technologies and large youth populations. In Mozambique, which has had more than 53 weeks of school closure due to COVID-19 to date, fewer than one in six use the internet complicating remote schooling delivery to the 52 per cent of the national population which is school-aged.

School systems in humanitarian contexts – even if they’ve remained open – still risk collapse due to COVID-19, as well as further crises like climate events or armed conflict. A September 2021 Save the Children report examining global school systems’ risk to education disruption reported that two-thirds of HRP countries have an extreme or high risk of educational collapse, with DRC the most at-risk country globally. Girls face more severe risks to education in 85 per cent of the HRP countries for which gender disaggregated data is available. This failure to educate the current generation will echo for decades, reducing socioeconomic opportunities for impacted children and entrenching inequalities. Low educational obtainment is also linked to an increased risk of armed conflict: For instance, children out of school are more likely to be recruited or forced to join armed groups and gangs. The World Bank estimates that each year of education reduces the risk of armed conflict by approximately 20 percent. Despite the impact of COVID-19 and other crises on education, financing for education remains poorly funded with just 16 percent of humanitarian funding needs met. To bring attention and solutions to the education crisis Secretary General António Guterres announced in his UN General Assembly address a Transforming Education summit to be held next year, as well as the appointment of a Special Envoy for Future Generations.

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Sources: Epidemiological Update (World Health Organization, Our World in Data; Gavi and WHO – COVAX; PATH, Global Fund); Vaccine update (Gavi, Our World in Data, UNICEF, World Bank, other media sources); Secondary Impacts (UNESCO, WFP, FAO); Funding Update (OCHA) as of 30 September. For feedback, please contact: [centrehumdata@un.org](mailto:centrehumdata@un.org).
Food Security

The cost of food has risen in 18 GHO countries compared to the previous quarter. Zambia is hardest hit, with the price of a food basket spiking by 53 percent in the last three months compared to the previous period. Increasing food costs are also reflective of record-high global food prices. The FAO Food Price index averaged 127.4 points in August 2021, an increase of 31.5 points since August 2020, meaning the average cost of food increased by one-third over the last year. These increases are partly attributed to escalated transportation costs via warehouse capacity shortages and delays at transportation connection points caused by the pandemic, as well as continued socioeconomic fallout and fragility from COVID-19. As of September 2021, there are 116 million food insecure people across the 28 GHO countries for which data is available. Two-thirds (18/30) of HRP countries have more than one million acutely food insecure people, highlighting the dire food insecurity facing the most fragile countries. This is reflective of global trends, with one in three people worldwide now food insecure. To address rising food insecurity and food costs, Secretary General António Guterres convened a Global Food Summit on September 22. The combined impact of COVID-19 and climate change on food security was emphasized, as well as the importance of incorporating sustainable food system transformation into COVID-19 recovery plans.
4. Funding Update

As of September 30, 2021, just 36 per cent of GHO financial requirements are funded and two-thirds of HRPs have less than half of their funding needs met. The GHO continues to be the primary international mechanism for channeling support to vulnerable populations in need of humanitarian assistance, including for needs related to the secondary impact of COVID-19, such as disruptions in essential health services, education due to school closures, and food assistance and cash-transfers to mitigate the economic impact of work closures or ongoing unemployment due to the crisis. Only six HRP countries – Afghanistan, Central African Republic, Mozambique, the occupied Palestinian territory, South Sudan and Yemen – have received more than 50 percent of their humanitarian funding requirements. Fully financing the GHO is critical to mitigate the impact of the pandemic on the most vulnerable.

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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