

Top 5 highlights to know:

- In March, more than 5.1 million new cases and 120,000 deaths were recorded in countries in the Global Humanitarian Overview – a 70% increase in cases and a 32% increase in deaths from February. Attribution is difficult, but the surge in cases and deaths could be explained by a combination of the spread of new variants, the lack of widespread access to vaccines, and the relaxation of and dwindling compliance with public health and social measures.
- Ten countries with an inter-agency Humanitarian Response Plan (HRP) are experiencing a consistent rise in cases and deaths. Yemen experienced an 85% increase in reported cases and 39% increase in deaths over the previous month. Seven of the countries reported their highest case numbers and five countries their highest number of deaths since the start of the pandemic. Five countries have verified at least one Variant of Concern (VOC) and all ten countries border countries with verified VOCs.
- Vaccines are being delivered to HRP countries, but in relatively small quantities. In March, COVAX delivered over 9.2 million doses to 11 countries bringing the total number of COVAX deliveries in HRP countries to 11 million. This is approximately 15% of the 73 million doses that COVAX aims to deliver in the first round to HRP countries, which it aims to conclude by end of May. A further 3.6 million doses are estimated to have been donated by other countries to HRP countries or procured directly by national authorities in March.
- Lower administration of vaccines remains a challenge in HRP countries. Based on available data, of the 21 million doses delivered in HRP countries only 3.5 million have been administered. As of 31 March, for every 165 people globally receiving a dose of COVID-19 vaccine only one person resided in a country with a Humanitarian Response Plan.
- Since the start of the pandemic, the International Financial Institutions have provided \$68.7 billion to 46 countries in the GHO. Countries with a humanitarian response plan have received the least funding, with half receiving less than \$23 per person.

Three issues to monitor in April:

- Rising cases and deaths in humanitarian settings and their impact on health capacity and humanitarian operations. Although not included in the top ten, the consistent rise of cases in Colombia over the past month is cause for concern, particularly given the presence of the P.1 variant. It is also important to continue to monitor the situation in Cameroon. Data on cases and deaths is less frequently reported making it difficult to assess the trajectory of the pandemic, however data available in March appears to indicate a significant increase compared to previous months.
- Government measures to contain the pandemic in humanitarian emergencies, including restrictions on movement and potential impact on access to services, employment, and humanitarian operations.
- COVAX Funding – on 15 April, the United States will host the launch event for the Gavi COVAX Advanced Market Commitment (AMC) 2021 investment opportunity to galvanize resources and commitment to COVAX. The amount of funding mobilized will impact the scale and speed of COVAX deliveries to HRP countries in the coming months.

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1. Epidemiological Update

Globally, COVID-19 cases are rising for a fifth consecutive week, at a rate of approximately 10 per cent week-by-week for the whole of March. Of the nearly 13 million new cases reported in March, over 5.1 million were in countries covered by the Global Humanitarian Overview.¹ All regions, except for Africa, reported an increase in the number of deaths in the final week of March, bringing the total number of deaths in March to nearly 120,000 across GHO countries. The cumulative, official death toll in GHO countries is approaching one million deaths, which will likely be surpassed in April.

Ten countries with an inter-agency Humanitarian Response Plan for 2021 have experienced a consistent increasing trend over the past month, with nearly 500,000 new cases and over 9,000 deaths (Figure 1). Seven of these countries are reporting their highest case numbers since the start of the pandemic. In Yemen, reported cases have increased by 85% since the beginning of the month, with cases taking 36 days to double in the country. There are reports of hospitals at capacity, shortages of supplies and equipment and warnings of health-systems at risk of collapse. In Somalia, it took 40 days for cases to double and deaths doubled in March. Libya, Somalia, Ukraine, Venezuela, and Yemen have all reported their highest number of deaths since the start of the pandemic.

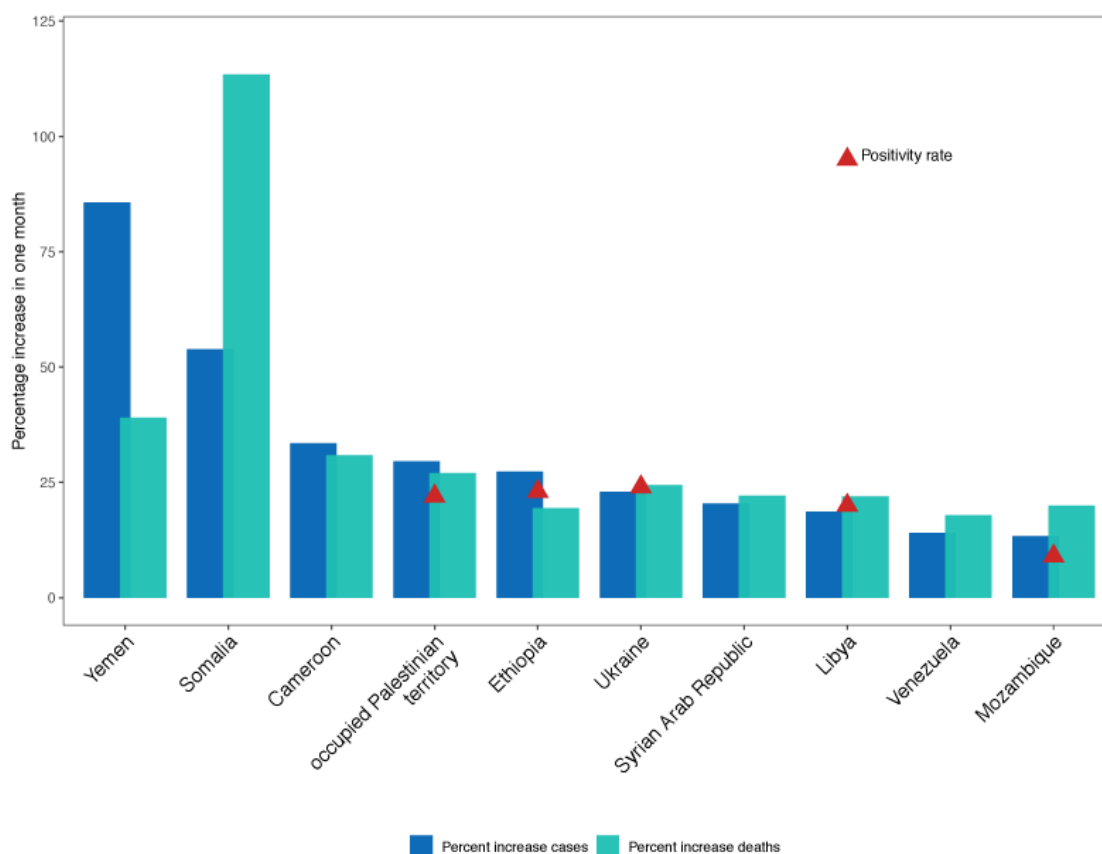


Figure 1. Ten HRP countries with increasing trend in cases and deaths
(1-31 March)

¹For a full list of the 56 countries in the Global Humanitarian Overview: [Global Humanitarian Overview 2021 | Global Humanitarian Overview \(unocha.org\)](https://www.unocha.org/global-humanitarian-overview-2021)

Sources: Epidemiological Update (World Health Organization, Global Health 50/50; Gavi and WHO – COVAX; Oxford Stringency Index); Vaccine update (Gavi-COVAX, Our World in Data, other media sources); Secondary Impacts (OCHA, Center for Data Protection, World Bank, IMF); Funding Update (OCHA) as of 31 March.

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It is important to note that testing capacity remains limited in many of these contexts and reporting is inadequate due to a variety of factors. The data is therefore only able to capture a limited amount of information about the trajectory of the pandemic in these countries. Certain indicators, such as the high share of tests that are positive indicated in Figure 1 above, highlight the possibility that widespread community transmission is taking place and may be severely underestimated.

There are likely to be several factors that are driving the increase and will vary in each country. The spread of Variants of Concern (VOCs), all of which increase transmissibility, is likely to be one contributing factor. In the ten HRP countries with an increasing trend, five countries have verified at least one VOC (Cameroon, the occupied Palestinian territory, Libya, Mozambique, and Venezuela). All ten countries are bordering countries that have verified VOCs making it possible one or more of the variants are present in these ten HRP countries. However, due to a lack of genomic surveillance, they may not have been detected. Half of the GHO countries have verified at least one or more Variants of Concern (Figure 2). The Philippines has verified three and nine other GHO countries have verified two.

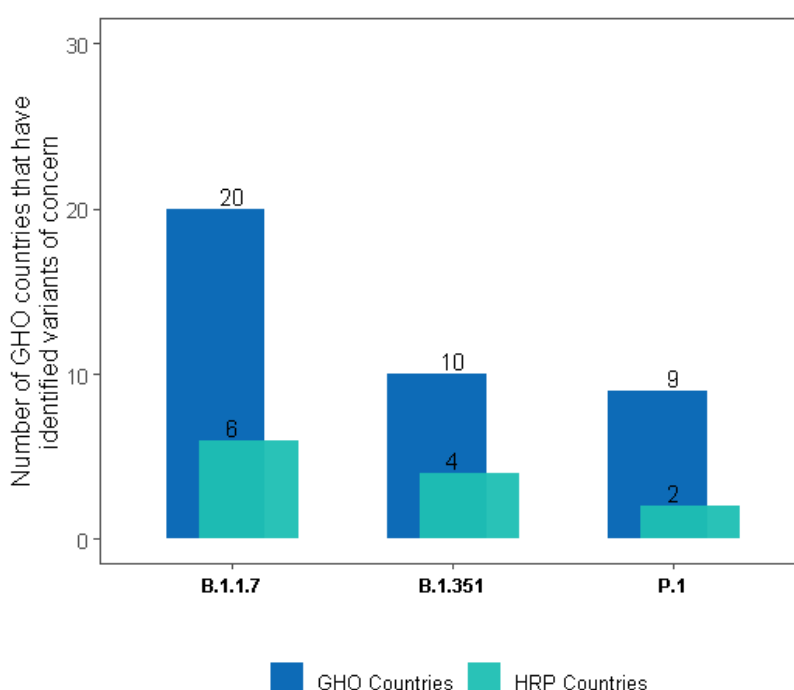


Figure. 2 Verified Variants of Concern in GHO and HRP countries²
(as of 23 March)

Despite the marked increase in cases and deaths, three measures tracked in the Oxford Stringency Index - stay-at-home requirements, workplaces closures, and restrictions on internal movement - have remained relatively stable across these ten HRP countries (Figure 3). Those with stricter policies have maintained them (e.g. Venezuela, Libya). Those without many restrictive measures have either removed them (Ethiopia) or not changed any measures (Cameroon). Meanwhile, Ukraine, Mozambique and Somalia increased the stringency of one of the three measures, without changing any of the other two. Monitoring these three measures are particularly important due to their high socioeconomic cost including the potential to further deteriorate the economic situation, disrupt health services and impact humanitarian operations.

² B.1.1.7 first detected in United Kingdom; B.1.351 first detected in South Africa; P.1 first detected in Brazil. Note: HRP countries are also included in GHO countries.

Sources: Epidemiological Update (World Health Organization, Global Health 50/50; Gavi and WHO – COVAX; Oxford Stringency Index); Vaccine update (Gavi-COVAX, Our World in Data, other media sources); Secondary Impacts (OCHA, Center for Data Protection, World Bank, IMF); Funding Update (OCHA) as of 31 March. For feedback, please contact: centrehumdata@un.org.

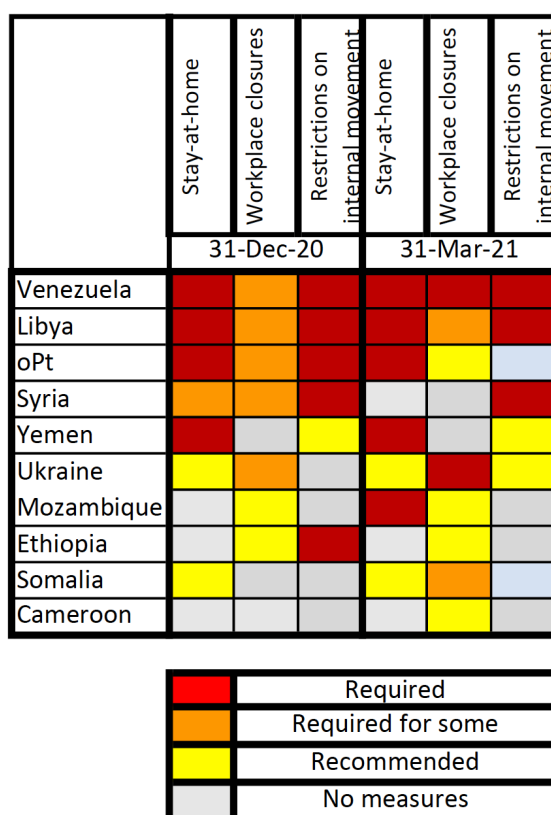


Figure 3. Stringency of Government Measures in Ten HRP countries with increasing cases³
(as of 31 March)

2. COVID-19 Vaccination Update

The delivery of COVID-19 vaccines to GHO countries has accelerated, albeit at a much slower pace than that of higher income countries. COVAX delivered over 9.2 million doses of COVID-19 vaccines in 11 countries with humanitarian emergencies in March, including to some of the most fragile contexts, such as Yemen (360,000 doses), South Sudan (336,000) and Somalia (300,000). Other countries that received doses from the COVAX facility in March include Iraq, the occupied Palestinian territory, Afghanistan and Mozambique. COVAX has now delivered 11 million doses to 11 countries with an inter-agency Humanitarian Response Plan. This represents almost 15 per cent of the 73 million doses allocated by COVAX to HRP countries in its first-round allocation, estimated to be delivered by end of May. Outside of COVAX, in March, China donated 400,000 doses of Sinopharm to Niger and 500,000 doses to Venezuela, while India donated 50,000 doses to the Democratic Republic of the Congo and 100,000 doses to Mozambique. Colombia procured 2.4 million doses of Sinovac and Zimbabwe has procured 144,000 doses from Sinopharm. Of the more than 8 million doses procured or donated, India has donated the largest number of doses to HRP countries. China has donated doses to the most number of HRP countries. Seven HRP countries (Burkina Faso, CAR, Cameroon, Haiti, Libya, and Chad) have not received any deliveries of COVID-19 vaccines. Follow the latest data on COVID-19 vaccine rollout [here](#).

³ The figure only considers three of the measures tracked in the Oxford COVID-19 Government Stringency Index.

Sources: Epidemiological Update (World Health Organization, Global Health 50/50; Gavi and WHO – COVAX; Oxford Stringency Index); Vaccine update (Gavi-COVAX, Our World in Data, other media sources); Secondary Impacts (OCHA, Center for Data Protection, World Bank, IMF); Funding Update (OCHA) as of 31 March. For feedback, please contact: centrehumdata@un.org.

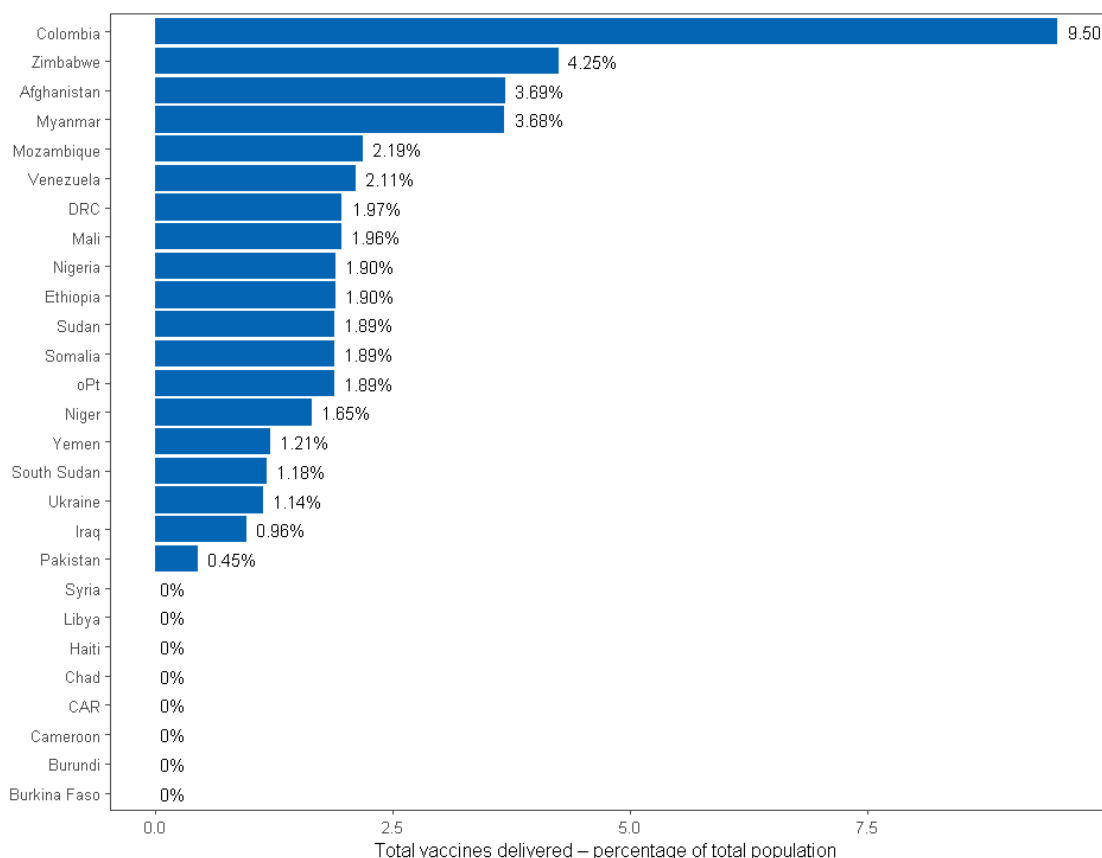


Figure 4. Vaccines delivered to % of total population
(as of 31 March. Doses include COVAX, other and procured)

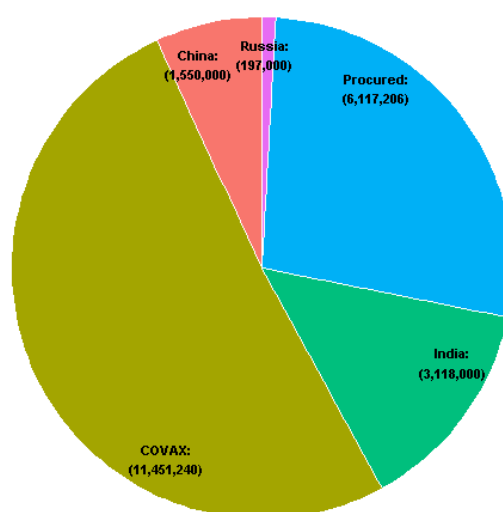


Figure 5. Total Vaccines delivered to HRP countries by source⁴
(as of 31 March)

⁴ UAE has also donated 20,000 doses.

While COVAX shipped over 32 million COVID-19 vaccines to 70 participants by the end of March, the future ahead looks challenging. GAVI is concerned about delivery delays for vaccines from the Serum Institute of India.⁵ COVAX and the Government of India remain in discussions to ensure some supplies are completed during March and April. Despite these challenges, COVAX has increased their goal to 1.8 million doses to AMC countries in 2021, targeting approximately 27% of populations.

The rollout and administration of vaccines in HRP countries is challenging. By the end of March, for every 165 people administered with one dose of a COVID-19 vaccine across the world, only one person lived in a country with an inter-agency Humanitarian Response Plan. A total of 21 million doses of vaccines have been delivered to 19 HRP countries. However, only 3.5 million doses have been administered so far and there was still no available data for administrations in eight countries (Figure 6).

On 22 March 2021, The GAVI Board approved the establishment of a humanitarian buffer. The buffer is a mechanism established within the COVAX facility to act as a 'last resort' to ensure access to COVID-19 vaccines for high-risk populations in humanitarian settings. Up to 5% of COVAX AMC doses will be set aside for the buffer, which could reach 100 million doses by the end of the year.

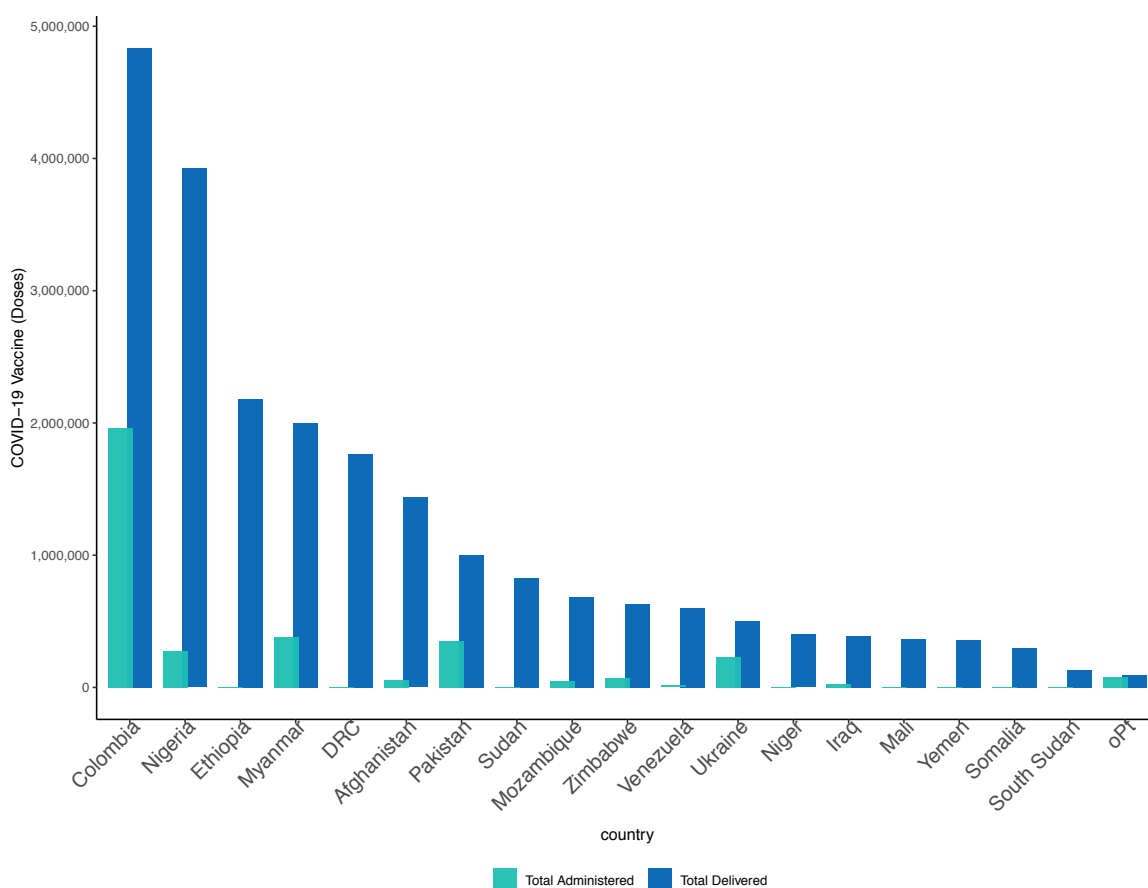


Figure 6. Total Deliveries and Administrations of COVID-19 Vaccines in HRP countries (as of 31 March)

⁵ See <https://www.gavi.org/news/media-room/covax-updates-participants-delivery-delays-vaccines-serum-institute-india-sii-az>

Sources: Epidemiological Update (World Health Organization, Global Health 50/50; Gavi and WHO – COVAX; Oxford Stringency Index); Vaccine update (Gavi-COVAX, Our World in Data, other media sources); Secondary Impacts (OCHA, Center for Data Protection, World Bank, IMF); Funding Update (OCHA) as of 31 March.

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3. Secondary Impacts

Economic

One year since WHO's designation of the pandemic, the economic toll has been devastating. COVID-19 is estimated to have pushed 119-124 million people into poverty in 2020, a substantial increase from earlier estimates. Almost 9 percent of global working hours were lost in 2020, equivalent to 255 million full-time jobs, an amount that is four times greater than the job losses during the 2009 financial crisis. The Human Development Index recorded its first drop since 1990 due to the pandemic, which has erased decades of progress in the female labour participation rate.⁶

The IMF forecast for 2021 reveals divergent recovery paths between rich and poor countries that will likely create wider gaps in living standards across countries compared to pre-pandemic expectations. The average annual loss in per capita GDP over 2020-2024, compared to pre-pandemic forecasts, is projected to be 5.7 per cent in low-income countries, while in advanced economies the losses are expected to be smaller at 2.3 percent.⁷ Such losses are continuing to reverse gains in poverty reduction and will continue to entrench and compound the vulnerability of people living in humanitarian crises.

Adequate and timely funding from International Financial Institutions to mitigate the impact of the pandemic and support recovery in the poorest countries is critical. Since March 2020, International Financial Institutions have provided approximately USD \$68.8 billion in funding for 46 countries in the GHO. While some countries have received over US\$100 per person, such as Djibouti, Bolivia, Paraguay, Ukraine and Jordan, other countries, and in particular those with an inter-agency Humanitarian Response Plan, have received the least amount of funding. Over half of the 27 HRP countries have received less than \$23 dollars per person in support. Libya has only received US\$ 0.07 per person, while Sudan and Zimbabwe have received USD \$2.51 and USD \$2.56, respectively.

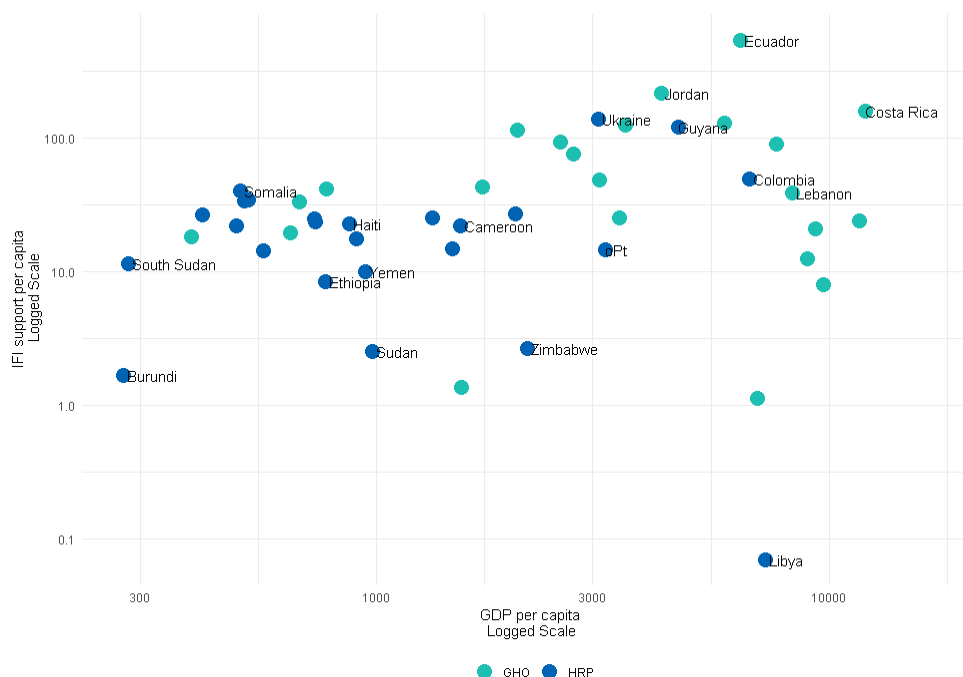


Figure 7. IFI funding per capita compared to GDP per capita in GHO countries (as of 31 March)

⁶ See https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms_767028.pdf

⁷ <https://blogs.imf.org/2021/04/06/managing-divergent-recoveries/>

Sources: Epidemiological Update (World Health Organization, Global Health 50/50; Gavi and WHO – COVAX; Oxford Stringency Index); Vaccine update (Gavi-COVAX, Our World in Data, other media sources); Secondary Impacts (OCHA, Center for Data Protection, World Bank, IMF); Funding Update (OCHA) as of 31 March. For feedback, please contact: centrehumdata@un.org.

The funding landscape of IFI support might change in the coming months. On 5 April the IMF Executive Board decided to extend the Debt Service Relief for 28 Eligible Low-Income Countries through October 15, 2021. Deliberations are underway on the issuance of \$650bn of new IMF special drawing rights (SDRs). The G20 and the IMF's international monetary and financial committee, which advises the board, are expected to indicate approval of this proposal during the spring meetings, with final approval to come in August and disbursement shortly thereafter. A \$650 billion SDR allocation would provide about \$21 billion worth of SDRs in liquidity support to low-income countries and about \$212 billion to other emerging market and developing countries (excluding China), complementing existing multilateral efforts to assist countries in need. Talks are ongoing for rich countries to grant or onward lend their SDR allocation which would result in higher liquidity support to LICs.

4. Funding Update

At the end of March, the Global Humanitarian Overview received approximately USD2.13 billion out of a total requirement of US\$36 billion, or a 5.9% coverage. In 2021, the Central Emergency Response Fund (CERF) has allocated USD240 million in 38 countries. More than 67% of the funding will contribute to gender equality. UNOCHA Country Based Pooled Funds have allocated USD252 million in 17 countries with more than 84% of the funding contributing to gender equality.

5. COVID-19 Data Explorer Update

The COVID-19 Data Explorer is now tracking the status of school closures, drawing on data from UNESCO. Across the fifty-six countries tracked, an estimated 7.2% or 19 million remain out of school. There are five countries with country-wide closures: Iraq, Venezuela, Jordan, Lebanon and Panama.

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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