

## Highlights:

- **Cases and deaths in countries in the Global Humanitarian Overview (GHO)<sup>1</sup> declined by approximately 12 per cent and 19 percent respectively in October compared to September. Despite the decline, one fifth of GHO countries still reported an increase in cases of more than 10 per cent this month, with five countries (Congo, El Salvador, Syria, Ukraine, and Venezuela) reporting their highest cases and deaths since the beginning of the pandemic. At the end of October, a third of GHO countries were reporting an increasing trend in cases or deaths.**
- **In October, most (25) countries with an inter-agency humanitarian response plan (HRP) received a record 117 million COVID-19 vaccine doses, a 63 per cent increase compared to September and almost a third of all doses delivered in 2021. Deliveries of COVID-19 vaccines to HRP countries have steadily increased over the past three months, with doses expected to steeply increase each month for the remainder of the year and into 2022. As COVID-19 vaccine supply in HRP countries improves, the challenge will be to ensure vaccine equity within countries, so at risk and vulnerable populations are included in vaccination rollouts.**
- **As the COVAX Facility increases supply of COVID-19 vaccines to HRP countries in the coming months, demand and delivery challenges will likely become the main binding constraint to improving vaccination coverage. On average, only 40 per cent of delivered doses have been administered in the 18 HRP countries with less than 10 per cent population coverage (based on 2 doses). Countries with the smallest number of deliveries – often in situations of violence and conflict - continue to struggle the most with getting shots into arms. If administration of COVID-19 vaccines does not substantially improve in the HRP countries with the lowest population coverage, they are at risk of falling further behind as COVAX may need to allocate doses away from HRP countries that cannot absorb them toward other countries with the capacity to administer doses.**
- **In October, Gavi's Country Delivery Support approved USD17 million in financing for Myanmar, Yemen, Sudan, Syria, and Zimbabwe to support roll-out of vaccines. All 24 HRP countries that are eligible for Gavi's CDS financing (AMC participants) have now been approved for Gavi financing, which should help to increase administration of COVID-19 vaccines in the coming months.**
- **The [IMF World Economic Outlook](#) released in October forecasts a slower economic recovery for many countries with humanitarian crises, largely due to worsening pandemic dynamics and slow vaccine roll-out. More than two-thirds of HRP countries are projected to grow slower than 4 per cent compared to a 5.9 per cent global average. The forecast for a third of HRP countries has been downgraded since April. 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. For more than a third of HRP countries, the return to pre-crisis levels is beyond the IMF forecast horizon (2026).**
- **According to ILO's 8th edition of [ILO's COVID-19 ILO Monitor](#), while working hours in high- and upper-middle-income countries largely recovered in 2021, lower-middle and low-income countries continue to face huge losses driven largely by vaccine inequity and the capacity of countries to provide fiscal stimulus packages. More than two-thirds of HRP countries are experiencing a slower recovery in working hours lost due to COVID-19 compared to global averages. Five HRP countries - Burundi, Mozambique, Myanmar, Niger, and Yemen - lost more working hours due to the pandemic in 2021 compared to 2020, underscoring the pandemic's continued economic toll in humanitarian settings.**

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<sup>1</sup> 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.

Sources: Epidemiological Update ([World Health Organization](#)); Vaccine update (Gavi, Our World in Data, UNICEF, World Bank, IMF, other media sources); Secondary Impacts (IMF, ILO); Funding Update (OCHA) as of 31 October. For feedback, please contact: [centrehumdata@un.org](mailto:centrehumdata@un.org).

- In October, the Under-Secretary General for Humanitarian Affairs and Emergency Relief Coordinator, Martin Griffiths published an [op-ed](#) detailing how COVID-19 continues to drive the socio-economic conditions that make increased conflict far more likely, threatening unprecedented humanitarian need and suffering in years to come. Based on new forecasts from the University of Denver, the pandemic could lead to 15 new or resumed conflicts before 2023, an increase from previous estimates.<sup>2</sup> Stabilizing economies, increasing COVID-19 vaccinations, improving livelihood and education opportunities, and fully financing inter-agency UN humanitarian response plans is critical to preventing more conflict and violence.

#### Issues to Monitor in November:

- GHO countries reporting an increasing trend in cases or deaths as of 31 October, including Bolivia, Burkina Faso, Cameroon, Chile, Congo, Dominican Republic, Egypt, Guatemala, Haiti, Jordan, Libya, Mali, Niger, Somalia, Syria, Sudan, Trinidad and Tobago, Turkey, Ukraine, and Yemen.
- Rising cases and deaths in Europe that may foreshadow surges in other parts of the world in the coming months.
- The COVAX Facility's Humanitarian Buffer is expected to deliver its first doses in November 2021.

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## 1. Epidemiological Update

**Overall cases and deaths in countries in the Global Humanitarian Overview (GHO) declined in October, continuing a downward trend for the past six months. This is consistent with global trends for the past two months. Despite the decline, one fifth of GHO countries still reported an increase in cases of more than 10 per cent this month, with five countries reporting their highest cases or deaths since the beginning of the pandemic.** GHO countries recorded more than 2.5 million new cases and 55,000 new deaths in October, declining by 12 per cent and 19 per cent respectively since September, consistent with a declining trend at the global level.<sup>3</sup> However, after two months of global decline, by the end of October cases were on the rise again largely due to the situation in Europe. In the last week of the month, confirmed cases in Europe were equivalent to January 2021, near the peak of the second wave. In October, five GHO countries reported their highest number of cases and deaths since the beginning of the pandemic (Congo, El Salvador, Syria, Ukraine, and Venezuela). Ukraine experienced a 20 per cent increase in both cases and deaths during October with cases and deaths rapidly rising by the end of the month. With testing data showing a 47 per cent positivity rate, strict lockdown measures have been put in place in the capital, Kyiv to contain the surge.<sup>4</sup> Other notable increases in October occurred in Syria, which reported the highest increase in cases among GHO countries at 26 percent.<sup>5</sup> The Congo also reported a 23 percent increase in cases and a 41 percent increase in deaths this month. Cases across GHO countries continue to be driven by several factors including lack of vaccines, lifting of restrictions on social mixing, and the Delta variant - now confirmed in more than 80 percent of GHO countries. Lack of testing and under-reporting continues to mask the full scale of COVID-19 in many HRP countries. For example, a WHO report released in October found that only one in seven COVID-19 cases is detected across African states.<sup>6</sup>

<sup>2</sup> <https://foreignpolicy.com/2020/07/06/coronavirus-pandemic-fuel-conflict-fragile-states-economy-food-prices/>.

<sup>3</sup> <https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---26-october-2021>.

<sup>4</sup> <https://www.reuters.com/world/ukraine-capital-tightens-lockdown-measures-new-covid-19-cases-jump-2021-10-28/>.

<sup>5</sup> This does not include cases and deaths reported in Northwest Syria.

<sup>6</sup> <https://www.afro.who.int/news/six-seven-covid-19-infections-go-undetected-africa>.

Sources: Epidemiological Update ([World Health Organization](#)); Vaccine update (Gavi, Our World in Data, UNICEF, World Bank, IMF, other media sources); Secondary Impacts (IMF, ILO); Funding Update (OCHA) as of 31 October. For feedback, please contact: [centrehumdata@un.org](mailto:centrehumdata@un.org).

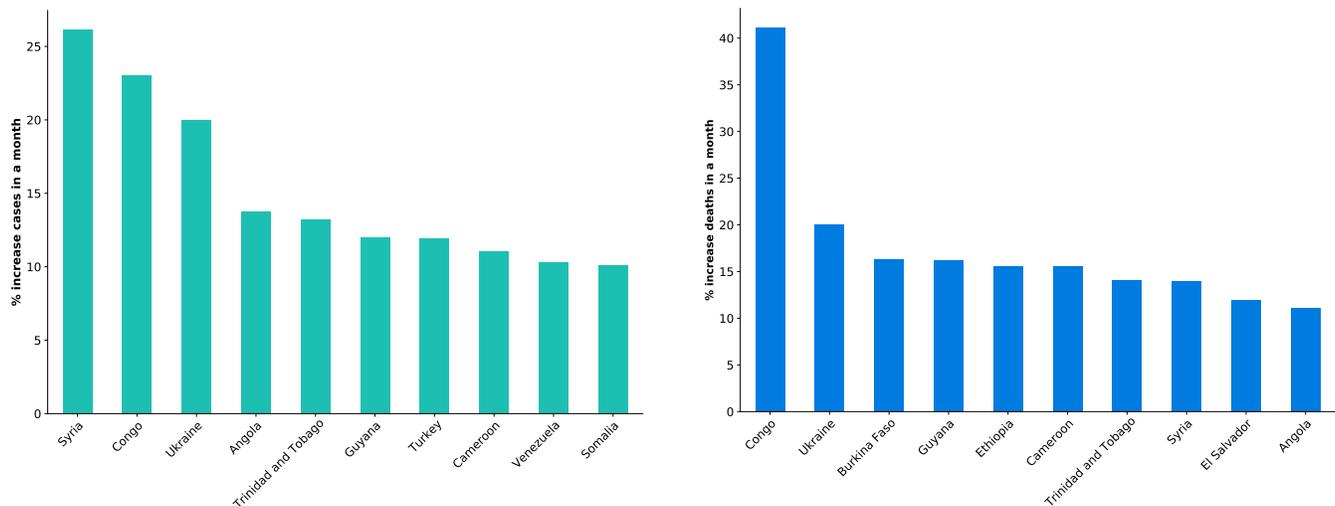


Figure 1 and 2. Ten GHO countries with the highest increases in COVID-19 cases<sup>7</sup> and deaths<sup>8</sup> (as of 31 October 2021)

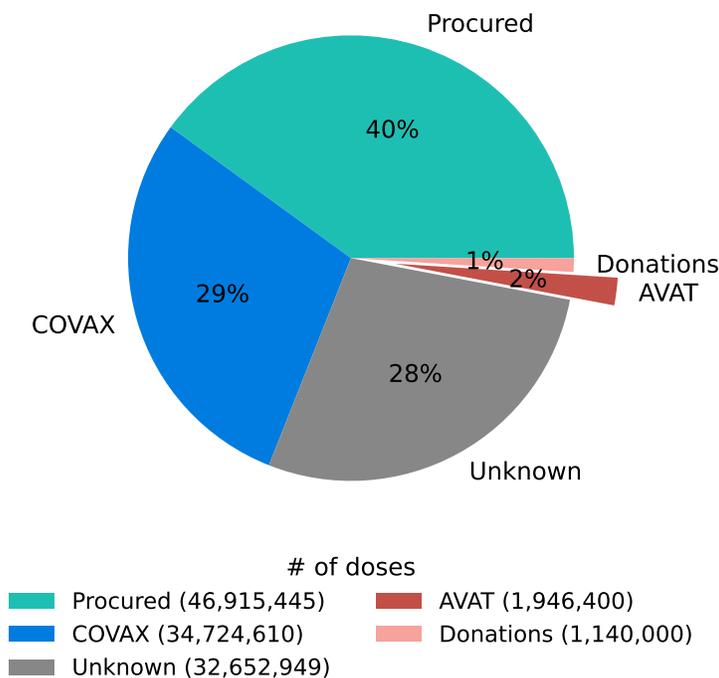
## 2. COVID-19 Vaccination Update

**In October, 25 HRP countries received a record 117 million vaccine doses, a 63 per cent increase from deliveries in September and almost a third of all doses delivered in 2021. Doses are expected to continue to steeply increase each month for the remainder of the year and into 2022.** Of the doses delivered in October, almost 47 million were procured and 34.7 million came from COVAX – the highest number of COVAX deliveries to HRP countries to date. Pakistan received over a third of the doses delivered (43.5m), followed by Myanmar (16m), Nigeria (11.6m) and Colombia (10.5m). The majority of COVAX doses to HRP countries – almost 32 million – were procured through global funding reflecting improved supply to COVAX in the fourth quarter of this year. COVAX doses were also donated by the US (3.6m), France (501,000) and Spain (151,000). Outside of COVAX, doses were donated by China (900,000), including the first delivery of vaccines to Burundi, and by Italy (240,000). The African Vaccine Acquisition Trust delivered 1.9 million doses to Burkina Faso, the Democratic Republic of Congo, Mozambique, and Nigeria. An additional 32.7 million doses arrived in HRP countries from unknown sources. These unknown deliveries are likely a mix of procured doses and bilateral donations with details not yet publicly known. Vaccine deliveries should continue to steeply increase over the coming months, with COVAX expecting to meet the 1.1 billion doses target by end of 2021.

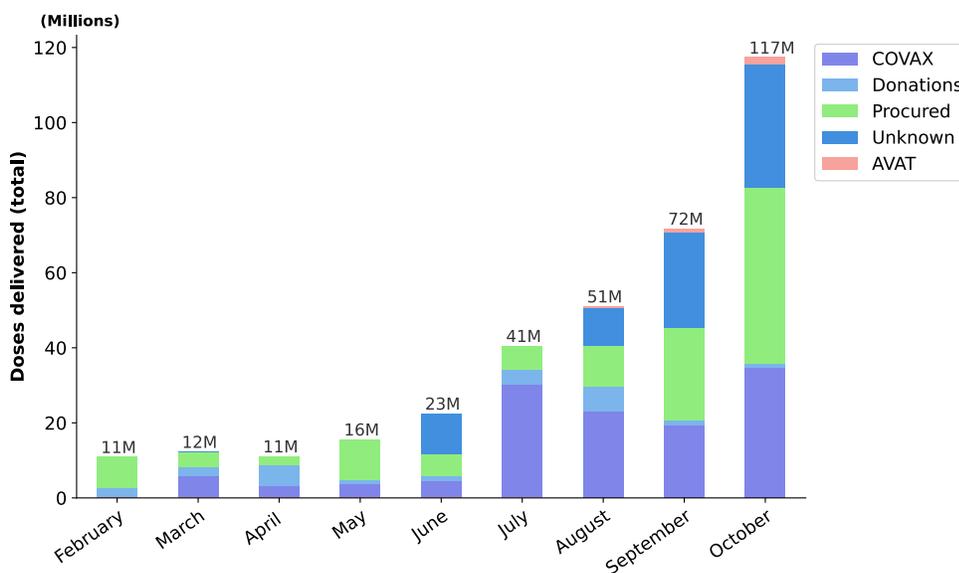
<sup>7</sup> Note: The visual does not include cases and deaths reported in northwest Syria.

<sup>8</sup> Note: The visual does not include cases and deaths reported in northwest Syria.

Sources: Epidemiological Update ([World Health Organization](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports)); Vaccine update (Gavi, Our World in Data, UNICEF, World Bank, IMF, other media sources); Secondary Impacts (IMF, ILO); Funding Update (OCHA) as of 31 October. For feedback, please contact: [centrehumdata@un.org](mailto:centrehumdata@un.org).

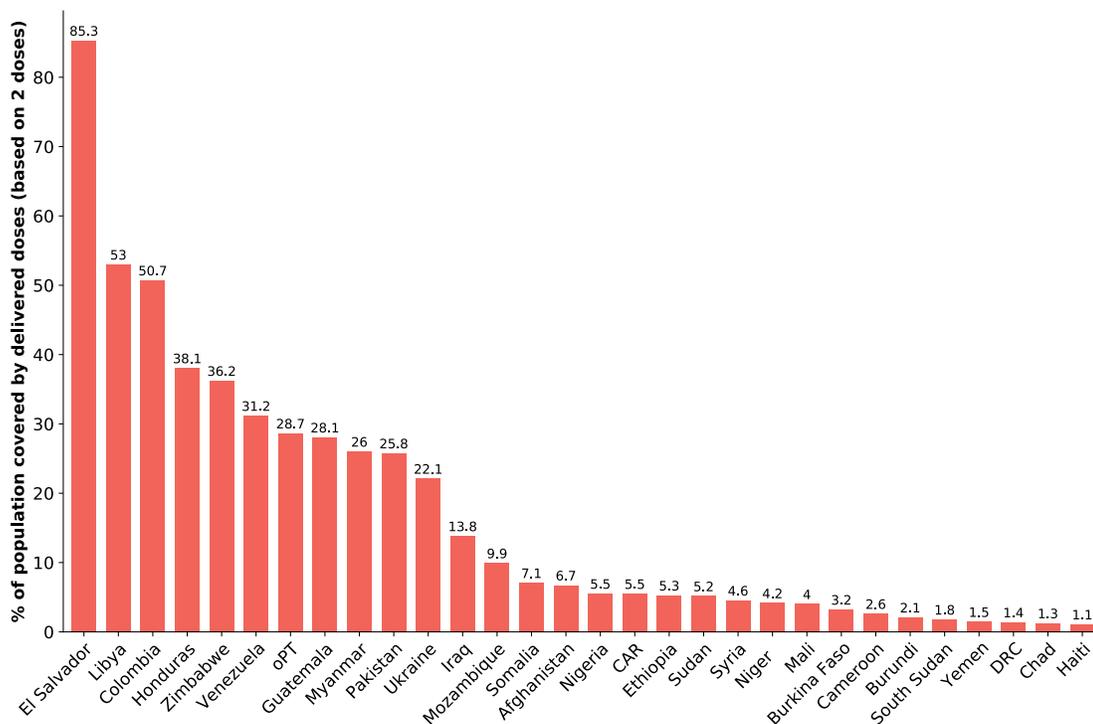


**Figure 3. Source of COVID-19 Vaccines – October 2021 (as of 31 October 2021)**



**Figure 4. Estimated COVID-19 Vaccines Deliveries – February-October 2021 (as of 31 October 2021)**

**Vaccine supply is increasing but so is the divergence between HRP countries. In 2021, almost 360 million doses have been delivered to HRP countries, however two-thirds of those doses have gone to just 5 countries (Pakistan, Colombia, Myanmar, Nigeria, and Ukraine). One third of HRP countries have received less than 8 million total doses this year.** Several HRP countries have now received enough doses to vaccinate at least 50 per cent of their populations (based on 2 doses) – El Salvador (85 per cent); Libya (53 per cent) and Colombia (50.7 per cent). A further eight countries have above 20 per cent population coverage. However, almost two-thirds of HRP countries are falling further behind, unable to vaccinate even 10 per cent of their population. Most of these countries received doses in October, but deliveries continue to be small. Only 20 per cent of doses delivered in October (23.5 million) went to 13 of these HRP countries, and except Nigeria (11.6m), Ethiopia (3.7m), DRC (1.6m), Sudan (2m) and Mali (1m), doses delivered were all below 1 million. Countries that do not even have enough doses to vaccinate 2 per cent of their population received either no doses in October (Yemen, Haiti, South Sudan) or very small amounts (Chad – 117,000). To reach the WHO goal of vaccinating at least 40 percent of each country’s population by end of 2021, more than 600 million doses are still required for HRP countries and 1.3 billion doses to reach the 70 percent target by mid-2022.



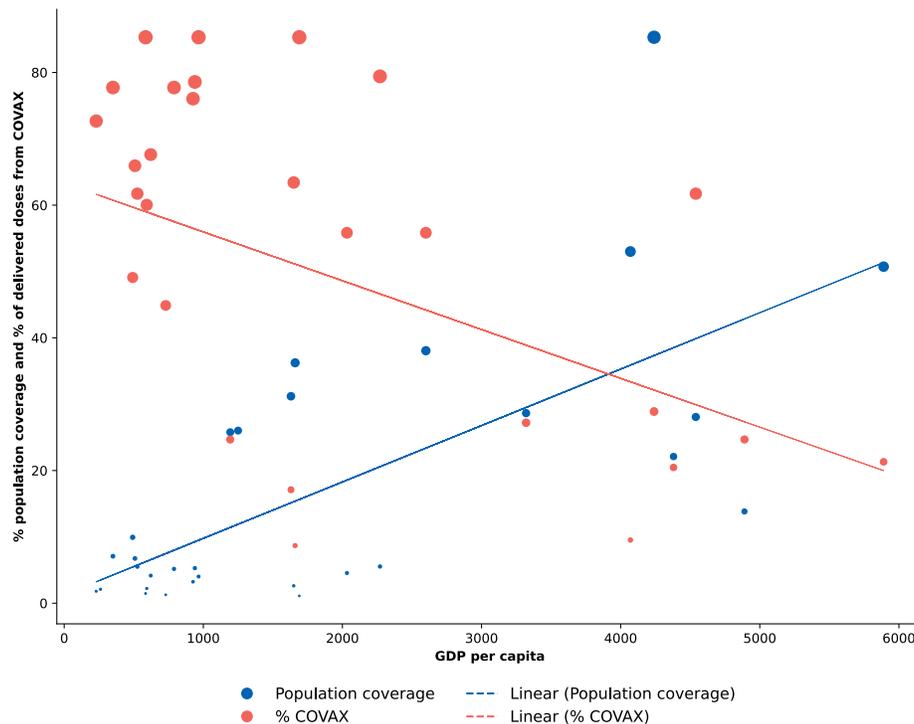
**Figure 5. Estimated percent of population covered by delivered vaccines to HRP countries (based on 2 doses) (as of 31 October 2021)**

**The growing divergence in supply between HRP countries can be partly explained by countries’ ability to procure vaccines outside of the COVAX Facility.** On average, HRP countries with above USD1000 GDP per capita have only received 40 per cent of their delivered doses from COVAX. While there are a few notable exceptions<sup>9</sup>, in general HRP countries with higher GDP per capita have been able to procure their own vaccines independently of COVAX, which has significantly boosted their ability to vaccinate their populations. For example, El Salvador has procured at least 58 per cent of its delivered doses and now has sufficient doses to fully vaccinate 85 per cent of its population (based on 2 doses). Colombia has enough doses

<sup>9</sup> Latest IMF data available has the following countries above USD1000 GDP per capita, but they are all significantly reliant on COVAX for delivered doses Haiti (100%), Nigeria (93%), Cameroon (74%) and Syria (64%).  
 Sources: Epidemiological Update (World Health Organization); Vaccine update (Gavi, Our World in Data, UNICEF, World Bank, IMF, other media sources); Secondary Impacts (IMF, ILO); Funding Update (OCHA) as of 31 October. For feedback, please contact: [centrehumdata@un.org](mailto:centrehumdata@un.org).

to fully vaccinate 50 per cent of its population, with at least 45 per cent of its delivered doses being procured. Overall, of the 13 HRP countries that have procured doses, ten have sufficient doses to vaccinate at least 25 per cent of their populations. The ability of countries to procure vaccines will improve vaccine roll-out, but how they are being purchased is important. With many HRP countries already in high levels of debt, financing should be through a grant or on highly concessional terms. The World Bank has provided financing to support vaccine procurement to almost half of the HRP countries that have procured vaccines to date (El Salvador, Honduras, Iraq, Mozambique, Pakistan, and Ukraine). Nigeria was also approved for USD400 million for vaccine procurement and roll-out which may support Nigeria to procure vaccines in the coming months and boost their population coverage which is currently below 6 per cent.

**The poorest HRP countries have the least access to vaccines, leaving them most reliant on COVAX. For almost half (14) of the HRP countries with less than USD1000 GDP per capita, on average 75 per cent of delivered doses to date have come from COVAX.** Several have much higher rates of reliance (Yemen and Mali – 100%, Ethiopia – 92%, Somalia and Sudan – 91%, Burkina Faso – 89%). None of these countries have enough doses to vaccinate even 10 per cent of their populations. In the past few months, the World Bank has approved almost USD500 million in financing to 11 of these HRP countries to support vaccine procurement and roll-out of vaccines.<sup>10</sup> This may support several of these countries (Ethiopia, DRC, Sudan) to procure vaccines in the coming months, however for most financing is relatively small which will likely leave them reliant on COVAX and AVAT to vaccinate populations in the short-medium term. The success of COVAX is critical to saving lives and economies in these countries. It is imperative COVAX can reach its goal of 1.1 billion doses by the end of year (equivalent to 20 per cent population coverage in AMC countries), requiring countries and manufacturers to put contracts for COVAX and AVAT first for deliveries and donated doses. However, even if this COVAX goal is reached, most of the poorest HRP countries will not be close to reaching the WHO 40 per cent COVID-19 vaccination coverage target by end of 2021.



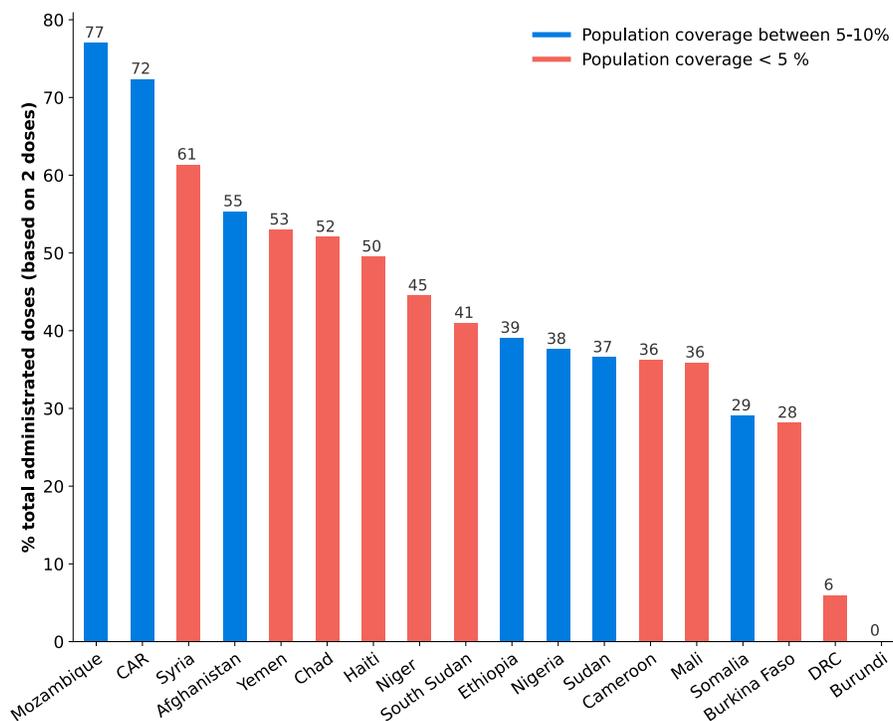
**Figure 6. GDP per capita, COVID-19 vaccination population coverage<sup>11</sup>, and percent of delivered doses from COVAX (as of 31 October 2021)**

<sup>10</sup> Afghanistan, Chad, DRC, Ethiopia, Niger, Mali, Mozambique, Somalia, South Sudan, Sudan and Yemen.

<sup>11</sup> Estimated population covered by delivered doses (based on 2 doses).

Sources: Epidemiological Update (World Health Organization); Vaccine update (Gavi, Our World in Data, UNICEF, World Bank, IMF, other media sources); Secondary Impacts (IMF, ILO); Funding Update (OCHA) as of 31 October. For feedback, please contact: [centrehumdata@un.org](mailto:centrehumdata@un.org).

As the COVAX Facility increases supply of COVID-19 vaccines to HRP countries in the coming months, demand and delivery challenges will likely become the main binding constraint to improving vaccination coverage. If the administration of COVID-19 vaccines does not substantially improve in the countries with the lowest population coverage, they are at risk of falling further behind. On average, only 40 per cent of delivered doses have been administered in the 18 HRP countries with less than 10 per cent population coverage (based on 2 doses). Countries with the smallest number of deliveries – often in situations of violence and conflict - continue to struggle the most with getting shots into arms. South Sudan, Haiti and Chad have administered approximately 40 to 50 per cent of the less than 500,000 doses they have each received this year. Haiti, which received its only delivery of vaccines in July, returned 250,000 doses in October after administering less than 125,000 doses.<sup>12</sup> Yemen has administered just over 50 per cent of the 868,000 doses it has received. The inability to absorb doses was a key reason behind Yemen, Haiti and South Sudan receiving no doses in October and very small deliveries to Chad. If administration rates do not improve, COVAX may need to continue to allocate doses away from HRP countries that cannot absorb them toward countries with more capacity. Less vaccines in these most vulnerable HRP countries will continue to set back economic growth, fuel fragility and increase humanitarian need for years to come. To improve vaccine roll-out, humanitarian partners should support governments in their efforts to roll-out vaccines. Urgent investments must also be made in local health systems and partners, including women’s civil society organizations, who are best placed to address vaccine hesitancy, combat misinformation, and avoid manipulation or abuse of vaccines that may leave vulnerable groups behind. Financing must also be additional. Given the deteriorating situation in many humanitarian crises, it is critical COVID-19 response and vaccination campaigns do not divert funds or capacity away from other critical health and humanitarian needs.



**Figure 7. Percent of delivered doses administered in HRP countries with less than 10 per cent population coverage<sup>13</sup> (based on 2 doses) (as of 31 October 2021)**

<sup>12</sup> A ‘deadly threat’ to Haiti - POLITICO.

<sup>13</sup> Note: Haiti’s population coverage calculated after 250,000 doses returned.

Sources: Epidemiological Update ([World Health Organization](#)); Vaccine update (Gavi, Our World in Data, UNICEF, World Bank, IMF, other media sources); Secondary Impacts (IMF, ILO); Funding Update (OCHA) as of 31 October. For feedback, please contact: [centrehumdata@un.org](mailto:centrehumdata@un.org).

**All 24 HRP countries that are eligible for Gavi's CDS financing (AMC participants) have now been approved for Gavi financing,<sup>14</sup> which should help to increase administration rates in the coming months particularly of COVAX doses.** In October, GAVI's Country Delivery Support (CDS) approved more than USD17 million in new funding for five HRP countries (Myanmar, Yemen, Sudan, Syria and Zimbabwe), with Myanmar receiving the largest grant of USD4.3 million. This is the first funding approved for vaccine roll-out in Myanmar, Syria, and Zimbabwe. Over 28 million was disbursed by Gavi's CDS in October to six HRP countries. Funding was disbursed to Nigeria, Afghanistan, Cameroon, DRC, Haiti, and South Sudan. Nigeria received the largest sum at USD10 million, which will assist them to administer the 11.6 million doses received this month. Over USD3 million was also disbursed to the DRC - part of a larger USD13 million approved - which will help to support administration of their October delivery of vaccines doses, with doses being returned earlier in the year due to a lack of capacity to administer them before they expired. In total, the World Bank has approved USD1.9 billion for vaccine purchase and roll-out, and Gavi USD114 million for vaccine roll-out, for 25 HRP countries. Except Burundi, the four countries that have not received funding (Colombia, Guatemala, Libya and Venezuela) have above 28 per cent population coverage.

**As COVID-19 vaccine supply in HRP countries improves, the challenge will be to ensure vaccine equity within countries, so at risk and vulnerable populations are included in vaccination rollouts.** As vaccine doses increase it will be critical to better understand where vaccines are going and who is receiving them at the sub-national level to ensure at risk and vulnerable groups are not being left behind. Even in HRP countries in which vaccine population coverage is higher, there is insufficient data on who is receiving those vaccines. Going forward, it will be important for governments and partners to collect and make available disaggregated data that can provide a more comprehensive understanding of who is receiving COVID-19 vaccines - including on health care workers, by age, gender, refugees, IDPs and migrants - and on location to ensure vaccines are being administered in rural and hard to reach areas. Integrating disaggregated data collection and analysis from the outset of vaccination campaigns – with full respect to data privacy – will enable vaccine campaigns to be adjusted quickly to ensure all at risk and vulnerable populations are included.

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

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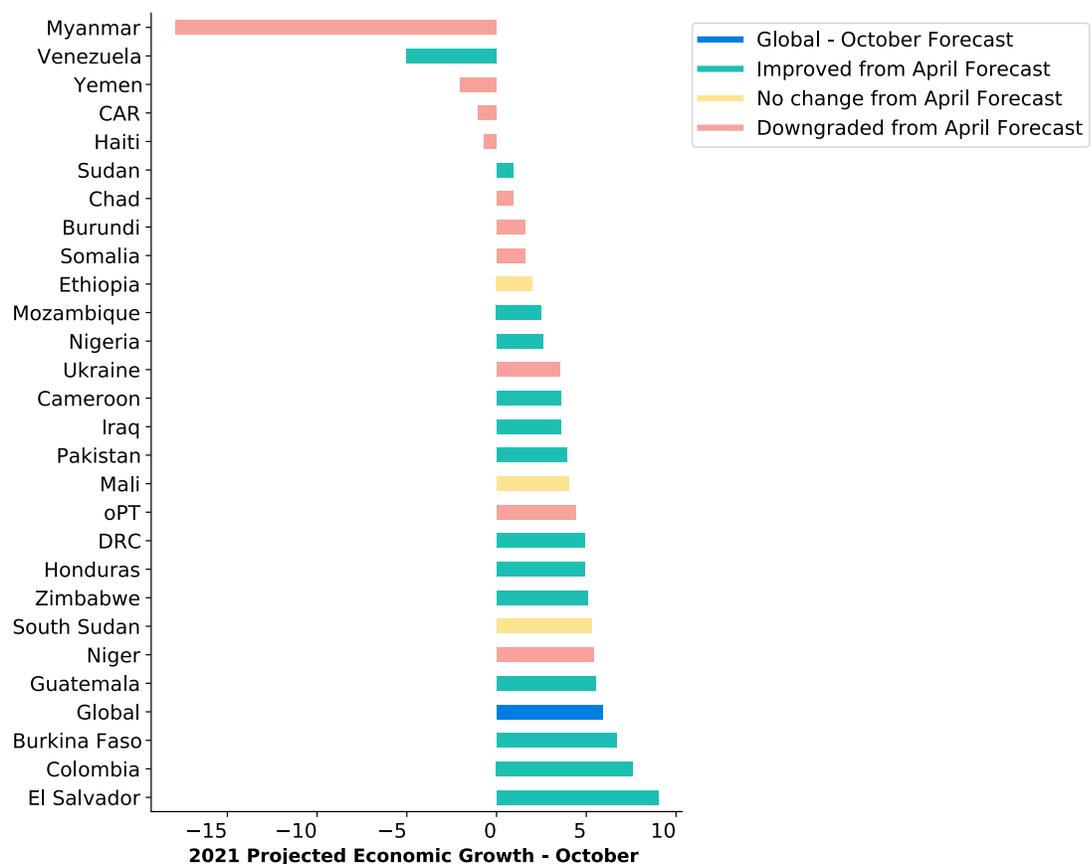
<sup>14</sup> Non-AMC HRP countries not eligible for Gavi CDS financing include Colombia, Iraq, Guatemala, Libya and Venezuela. Burundi is AMC-eligible but is not participating in COVAX.

Sources: Epidemiological Update ([World Health Organization](#)); Vaccine update (Gavi, Our World in Data, UNICEF, World Bank, IMF, other media sources); Secondary Impacts (IMF, ILO); Funding Update (OCHA) as of 31 October. For feedback, please contact: [centrehumdata@un.org](mailto:centrehumdata@un.org).

### 3. Secondary Impacts

#### Economic

The **IMF World Economic Outlook** released in October forecasts a slower economic recovery for many countries with humanitarian crises, with the forecast for a third of HRP countries downgraded since April. In October, the IMF released its quarterly World Economic Outlook, downgrading its global growth forecast in 2021 from 6 per cent in April to 5.9 per cent. Since April uncertainty has increased with an even greater divergence in recovery prospects between high and low-income countries. At 3.7 per cent projected growth in 2021, sub-Saharan Africa is predicted to have the slowest economic recovery in the world.<sup>15</sup> The downgrade in low-income countries is largely due to worsening pandemic dynamics and slow vaccine roll-out. In comparison to global averages, HRP countries face slower projected growth rates and delayed returns to pre-pandemic levels. More than two-thirds of HRP countries are projected to grow slower than 4 per cent compared to a 5.9 per cent global average. Forecasts for ten countries were downgraded. The Central African Republic, Yemen, and Myanmar experienced significant economic downgrades relative to their April forecast, with negative growth projections of -1 percent, -2 percent and -17.9 percent respectively. More positively, 14 HRP countries had slightly improved growth forecasts with Venezuela (5 percent), El Salvador (4.8 percent), Colombia (2.5 percent), and Iraq (2.5 percent) experiencing the largest increases in GDP per capita between April 2021 and October 2021. Both Venezuela and Iraq, however, remain below global average projected growth at -5 percent and 3.6 percent respectively. Notably, three of those countries with the largest increase from April 2021 (Venezuela, El Salvador, and Colombia) have enough doses to vaccinate more than 30 per cent of their populations.

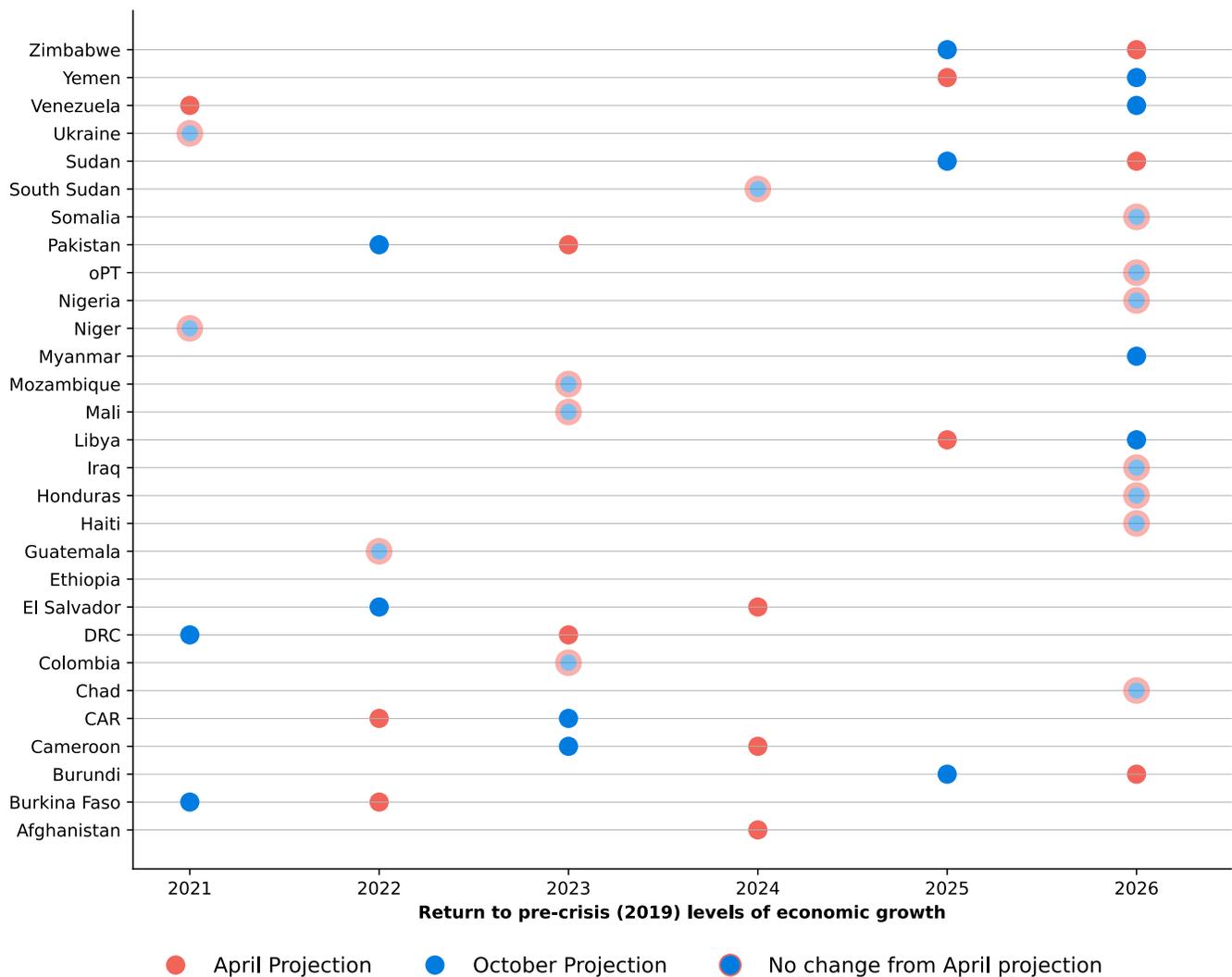


**Figure 8. IMF's Forecast for GDP Growth in 2021 in HRP Countries  
 IMF World Economic Outlook, October 2021**

<sup>15</sup> <https://www.imf.org/en/News/Articles/2021/10/20/pr21306-sub-saharan-africa-one-planet-two-worlds-three-stories>.

Sources: Epidemiological Update (World Health Organization); Vaccine update (Gavi, Our World in Data, UNICEF, World Bank, IMF, other media sources); Secondary Impacts (IMF, ILO); Funding Update (OCHA) as of 31 October. For feedback, please contact: [centrehumdata@un.org](mailto:centrehumdata@un.org).

**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. For more than a third of HRP countries, the return to pre-crisis levels is beyond the IMF forecast horizon (2026).** The economic outlook was so uncertain for Afghanistan, Syria and Venezuela, the IMF could not make a forecast. Without urgent and robust support, many HRP countries are facing a lost decade of development which will worsen secondary impacts of the pandemic such as poverty, unemployment, and lack of access to basic services - conditions that could increase fragility. Addressing vaccine inequity and scaling up vaccines in HRP countries will be critical to improving economic recovery. At the same time, a more ambitious and coordinated international effort is needed to support economic recovery in the poorest countries, including by creating more fiscal space through a reallocation of Special Drawing Rights and sustainable debt restructuring.

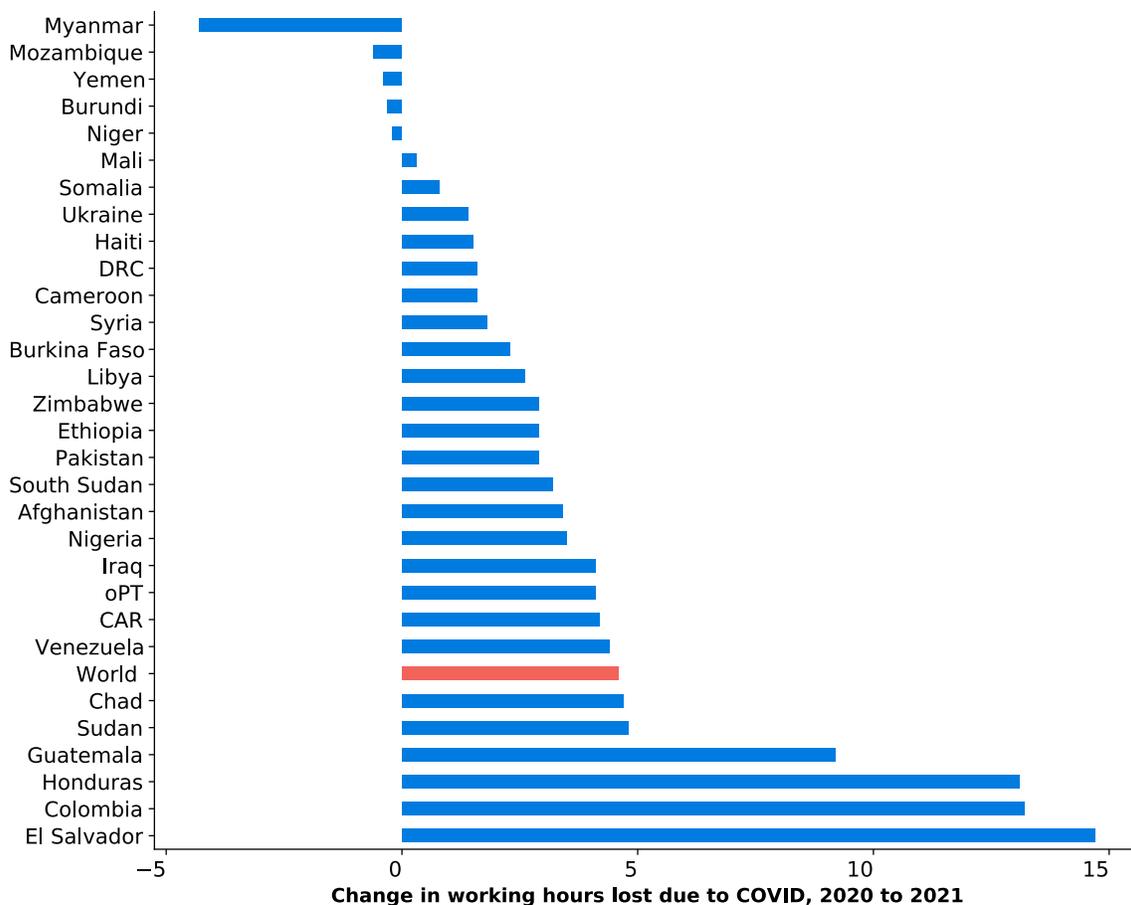


**Figure 9. Projected year per-capita incomes will return to pre-COVID-19 (2019) levels  
 IMF World Economic Outlook, October 2021**

Sources: Epidemiological Update ([World Health Organization](#)); Vaccine update (Gavi, Our World in Data, UNICEF, World Bank, IMF, other media sources); Secondary Impacts (IMF, ILO); Funding Update (OCHA) as of 31 October. For feedback, please contact: [centrehumdata@un.org](mailto:centrehumdata@un.org).

Labor Market

**Two-thirds of HRP countries are being left behind in labor market recovery, according to updated ILO data released October 2021.** The 8th edition of ILO’s COVID-19 ILO Monitor details the growing divergence between high-income and low-income countries, driven largely by vaccine inequity and the capacity of countries to provide fiscal stimulus packages. While working hours in high- and upper-middle-income countries largely recovered in 2021, lower-middle and low-income countries continue to face huge losses. More than two-thirds of HRP countries are experiencing a slower recovery in working hours lost due to COVID-19 compared to global averages. Five HRP countries - Burundi, Mozambique, Myanmar, Niger, and Yemen - lost more working hours due to the pandemic in 2021 compared to 2020, underscoring the pandemic’s continued economic toll in humanitarian settings. Unemployment is disproportionately burdening young people, particularly young women, and informal or lower-paid workers. In contrast, several HRP countries (Colombia, Honduras, and El Salvador) experienced a recovery in working hours more than twice the global rate. While many factors support this recovery, each of these countries has vaccine population coverage greater than 35 percent. With the pandemic ongoing, vaccines equal labor market recovery: For every 14 people fully vaccinated in the second quarter of 2021, one full-time job was added to the global labor market. The ILO estimates that if low-income countries had more equitable access to vaccines, working hour recovery could catch up with richer economies in just over one quarter. However, without concrete financial and technical support, the ILO warns the “great divergence” in employment recovery trends between high income and low-income countries will persist.



**Figure 10. Working hours lost due to COVID-19 in HRP countries<sup>16</sup>**  
 ILO, COVID-19: ILO Monitor

<sup>16</sup> Note: Latest available data from Syria is 2007.

Sources: Epidemiological Update (World Health Organization); Vaccine update (Gavi, Our World in Data, UNICEF, World Bank, IMF, other media sources); Secondary Impacts (IMF, ILO); Funding Update (OCHA) as of 31 October. For feedback, please contact: [centrehumdata@un.org](mailto:centrehumdata@un.org).

## Conflict

**Stabilizing economies and increasing livelihood and education opportunities in countries with humanitarian crises is critical to preventing more conflict and violence.** COVID-19 continues to drive the socioeconomic conditions that make increased conflict far more likely, threatening unprecedented humanitarian need and suffering in years to come. In October, [the Under-Secretary-General for Humanitarian Affairs, Martin Griffiths published an op-ed](#) with new analysis from the University of Denver that forecasts the pandemic will lead to 15 new or resumed conflicts before 2023, an increase from previous estimates.<sup>17</sup> Slow economic growth and reduction in access to basic services, high levels of unemployment, lack of education, and armed groups in poorer countries taking advantage of these deteriorating socio-economic conditions will be key factors behind these new conflicts. For example, according to a [Save the Children report](#) released in October, armed groups in the Sahel have increased and targeted their recruitment efforts at children out of school due to COVID-19. Stabilizing economies, including through equitable access to vaccines, creating fiscal space through re-allocation of Special Drawing Rights and debt restructuring, and development and humanitarian partners sustaining basic service delivery in humanitarian settings will be essential to mitigate increased conflict risks due to the pandemic.

## 4. Funding Update

**As of October 31, just 39 percent of 2021 GHO financial requirements are funded. Only a third of response plans and appeals included in the GHO have received more than 50 per cent of funding.** Almost a quarter of appeals (10) have received less than 25 percent of funding, including for four HRP countries (Pakistan, Chad, Haiti, and Zimbabwe). Financing the GHO remains the best means to channel support to vulnerable populations in need of humanitarian assistance, including urgent needs related to the health and secondary impact of the COVID-19 pandemic. In some of the most acute crises around the world, humanitarian partners are critical to delivering basic services such as health care, food and shelter. To help mitigate conflict risks being compounded by the pandemic, it is essential UN coordinated humanitarian appeals are fully financed so they can effectively deliver services to the poorest most vulnerable populations in the world.

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

For all the latest data on how COVID-19 is impacting countries with humanitarian crises visit the [OCHA-HDX COVID-19 Data Explorer](#).

The Monthly Highlights can now come straight to your inbox – [subscribe here](#).

<sup>17</sup> <https://foreignpolicy.com/2020/07/06/coronavirus-pandemic-fuel-conflict-fragile-states-economy-food-prices/>.

Sources: Epidemiological Update ([World Health Organization](#)); Vaccine update (Gavi, Our World in Data, UNICEF, World Bank, IMF, other media sources); Secondary Impacts (IMF, ILO); Funding Update (OCHA) as of 31 October. For feedback, please contact: [centrehumdata@un.org](mailto:centrehumdata@un.org).