

Highlights:

- **Cases and deaths in countries within the Global Humanitarian Overview (GHO)¹ declined by approximately 16 per cent and 14 per cent respectively in November compared to October. Despite the decline, concerning trends are on the horizon with cases and deaths rising globally and cases in Africa doubling in the final week of November.**
- **On 26 November, the World Health Organization designated COVID-19 variant (B.1.1.529) as a Variant of Concern, naming it Omicron. More data is needed to determine whether Omicron is more transmissible compared to previous variants, causes more severe symptoms, and its impact on the effectiveness of vaccines or natural immunity. While it is too early to definitively determine what Omicron means for humanitarian settings, countries with humanitarian emergencies are likely to be highly vulnerable because of their lack of vaccines and strained health systems. Omicron also comes at a time when countries are still battling waves of the Delta variant and economies are struggling to recover.**
- **A record 121 million COVID-19 doses were delivered to 22 countries with an inter-agency humanitarian response plan (HRP) in November, increasing slightly from 117 million doses in October and a 137 per cent increase since August. Almost 49 million doses came from COVAX, the highest number of COVAX deliveries to date. The COVAX Facility also delivered its first doses through the Humanitarian Buffer, providing 1.6 million doses to Iran for refugees displaced by regional conflict.**
- **Supply of COVID-19 vaccines continue to increase but most doses are going to a small number of HRP countries. In November, two-thirds of doses went to four countries (Pakistan, Venezuela, Nigeria, and Colombia). Only 18 per cent of delivered doses went to ten HRP countries with less than 10 per cent population coverage. Based on the latest COVAX allocation (round 8/9), doses will continue to increase to HRP countries in December, but most will continue to be delivered to a small group of countries. Excluding Nigeria, less than one-third of the 91 million doses allocated in COVAX rounds 7-9 will go to HRP countries with less than 10 per cent population coverage.**
- **There are several factors that could be driving low deliveries to most HRP countries, including low administration rates. On average, only 43 per cent of delivered doses have been administered in the 16 HRP countries with less than 10 per cent population coverage. In the Democratic Republic of Congo, less than 200,000 doses have been administered to date. South Sudan and Haiti have administered just over half of the 500,000 total doses they have received.**
- **Two-thirds of HRP countries are off track to reach the WHO target of vaccinating 40 percent of populations by end of 2021 (based on 2 doses). Considering the latest COVAX allocations, without additional doses procured or donated (or a subsequent COVAX round in 2021) over half of HRP countries will enter 2022 with vaccination coverage below 20 per cent. It is critical HRP countries with the least population coverage are supported to ramp-up administration of vaccines.**
- **COVID-19 continues to drive increases in violence against women and girls (VAW), according to a [UN Women report](#) launched in November. UN Women conducted surveys on VAW across 13 countries, including seven GHO countries - Kenya, Jordan, Nigeria, Colombia, Ukraine, Cameroon, and Paraguay. According to the study, almost half of women surveyed report being exposed directly or indirectly to violence amidst the pandemic.**

¹ Analysis is based on the 59 countries in 2021 GHO.

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

- On 2 December, the [2022 Global Humanitarian Overview](#) was launched. More than 274 million people need international humanitarian assistance and protection, a 17 per cent increase from 2021. The 2022 GHO requires USD41 billion to assist a targeted 183 million people across 63 countries. If the required support is not provided to HRP countries and vulnerable populations to address the pandemic and its socio-economic impacts, humanitarian needs will only continue to grow throughout 2022.

Issues to Monitor in December:

- GHO countries reporting an increasing trend in cases or deaths as of 30 November, including Colombia, DRC, Mali, Niger, and Sudan.
- Data emerging on variant Omicron concerning transmissibility, severity and impact on vaccine efficacy and natural immunity.
- New initiatives and programs to support HRP countries administer vaccines, including through financing provided by the Gavi Country Delivery Support (CDS).

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1. Epidemiological Update

Cases and deaths in countries within the Global Humanitarian Overview declined for the seventh month in a row, but concerning trends are on the horizon. Globally, cases and deaths are rising, with deaths increasing globally by 10 percent the last week of November. These numbers are driven by ongoing surges in Europe and the Americas.² By the end of November, cases in Africa almost doubled in the final week, signaling the possible start of a worrying trajectory. Almost half (43 percent) of new cases in the region were reported by South Africa, which saw a 740 percent increase in cases in the last week of November compared to the previous week.³ GHO countries reported more than 2.1 million new cases and 46,000 deaths in November, although total cases across GHOs declined by 14 percent and deaths by 16 percent from October to November. Despite the decline, several countries continued to face surges. Trinidad and Tobago reported the highest increase in cases (22 percent), followed by Ukraine which saw a continued rise in cases (17 percent) and deaths (26 percent) this month. Spikes in several GHO countries have carried over from October to November, with Trinidad and Tobago, Ukraine, Syria, Turkey, and Congo once again reporting some of the largest increases in cases for the second month in a row.

Countries with humanitarian emergencies are likely to be most vulnerable to a new variant like Omicron because of their lack of access to vaccines and strained health system capacity. On November 24, scientists in South Africa identified a new COVID-19 variant (B.1.1.529). It was designated a variant of concern by WHO and named ‘Omicron’ on 26 November. More than 19 countries have now confirmed cases of Omicron. This new variant has several concerning mutations leading WHO to believe it “poses a high global risk”.⁴ There are still a lot of unknowns, and more data is needed to definitively determine whether this variant is more transmissible, severe, or capable of evading immunity from vaccination or past infection. It is too early to determine what Omicron means for humanitarian settings. However, countries with humanitarian emergencies are most likely to be the most vulnerable to a new variant like Omicron because of their lack of vaccines and

² <https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---30-november-2021>

³ WHO Weekly Epidemiological Update, November 30, 2021.

⁴ <https://www.theguardian.com/world/2021/nov/29/omicron-covid-variant-poses-very-high-global-risk-says-who>

Sources: Epidemiological Update (World Health Organization, Our World in Data, Media sources); Vaccine update (Gavi, Our World in Data, UNICEF, WHO, World Bank, IMF, other media sources); Secondary Impacts (UN Women, World Bank, UNCTAD); Funding Update (OCHA) as of 31 November. For feedback, please contact: centrehumdata@un.org.

weak health systems. As witnessed in 2020, the secondary impact of the pandemic can also be more devastating than the virus itself. Omicron comes at a time when countries are still battling waves of the Delta variant and economies are struggling to recover. Should Omicron see a return to strict travel restrictions, lockdowns or a slowdown in the global economy, the socio-economic impact on the most vulnerable in humanitarian countries will be significant. Many countries have also implemented travel bans or restrictions targeting countries in Southern Africa, including HRP countries Zimbabwe and Mozambique, as the variant was first identified in South Africa. The Secretary General and WHO warned against blanket travel bans, emphasizing that countries should prioritize proven measures like mask-wearing, ventilation, and hand hygiene to stop the spread of both Omicron and Delta variants.⁵ These travel regulations may further dampen economic recovery and growth across the African continent, worsen secondary impacts of the pandemic, and disrupt humanitarian operations.

Currently, the Delta variant is still driving existing surges globally and in GHO countries. Depending on the characteristics of the new Omicron variant, including transmissibility and the ability to evade immunity, this could change in the coming months. Lack of testing and under-reporting of cases remains a concern in humanitarian settings and could mask both ongoing outbreaks of the Delta variant and future outbreaks of the Omicron variant.

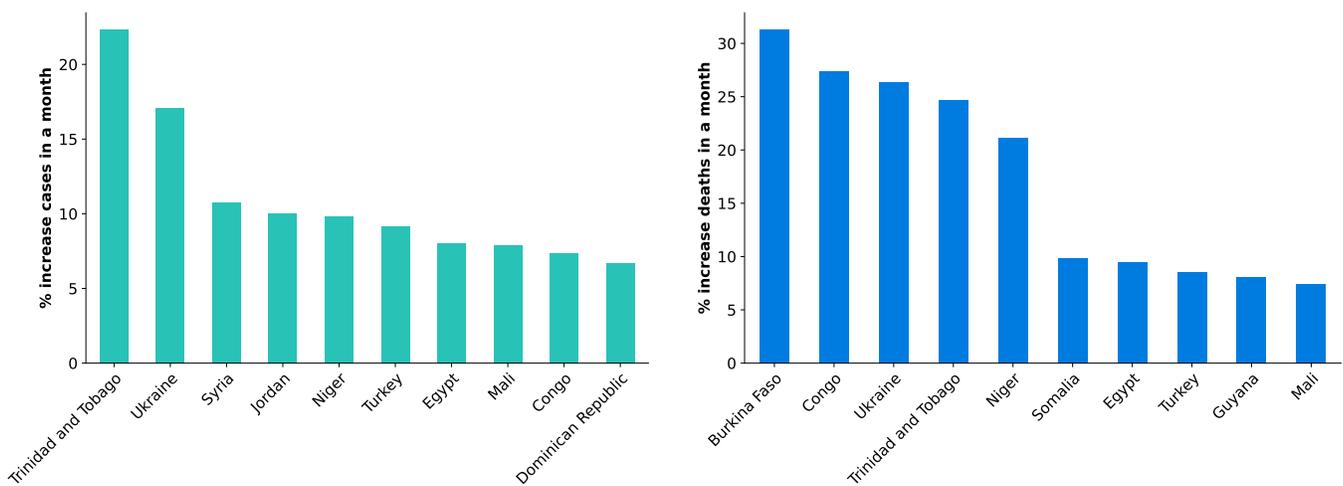
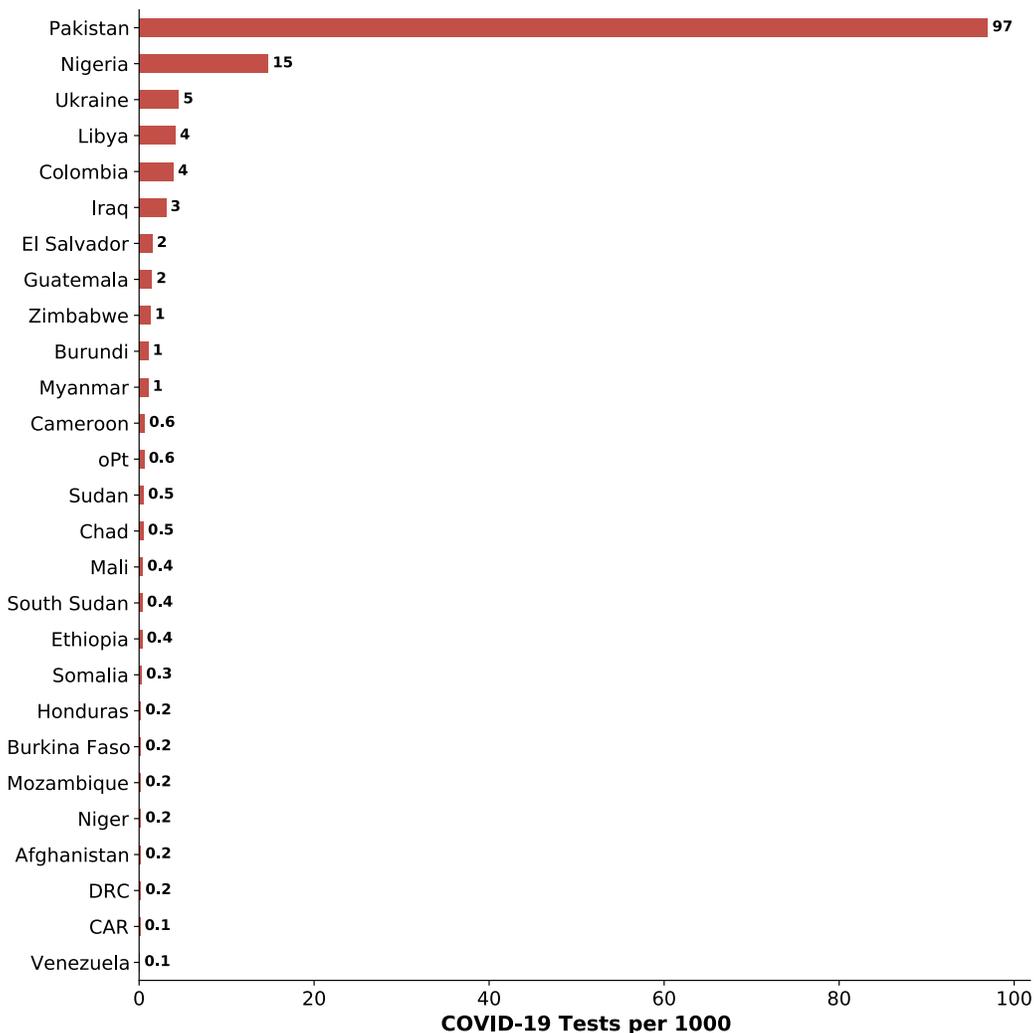


Figure 1 and 2. Ten GHO countries with the highest increases in COVID-19 cases⁶ and deaths (as of 30 November 2021)

⁵ <https://news.un.org/en/story/2021/11/1106772> and ourworldindata.org
<https://www.reuters.com/business/healthcare-pharmaceuticals/who-warns-against-blanket-travel-bans-over-omicron-coronavirus-variant-2021-11-30/>

⁶ Note: The visual does not include cases and deaths reported in northwest Syria.
 Sources: Epidemiological Update (World Health Organization, Our World in Data, Media sources); Vaccine update (Gavi, Our World in Data, UNICEF, WHO, World Bank, IMF, other media sources); Secondary Impacts (UN Women, World Bank, UNCTAD); Funding Update (OCHA) as of 31 November. For feedback, please contact: centrehumdata@un.org.

More than eighteen months into the pandemic, HRP countries continue to struggle with low availability of COVID-19 tests. Urgently scaling up testing will be critical to detect surges, better target public health measures, and for the potential use of emerging therapeutics. According to the latest available data, HRP countries conduct on average 2.5 tests per 1,000 people, compared to 75 tests per 1,000 people in high-income countries. Ten HRP countries conduct fewer than 1 test per 1,000, with Central African Republic conducting the least number of tests at 0.1 tests. Only three HRP countries – Pakistan, Nigeria and Ukraine – conducted more than 10 tests per 1,000 people. No testing data is publicly available for Haiti, Syria, or Yemen. Low testing availability masks COVID-19 surges. WHO analysis from October 2021 flagged that six out of seven COVID-19 cases are undetected by a test. Lack of testing also means new variants are harder to detect. Testing will also be key for new therapeutics, like antiviral pills, which are more effective the earlier they are administered but require a positive test to be administered.



**Figure 3. Tests conducted per 1000 people in HRP countries⁷
 (as of latest testing data available)**

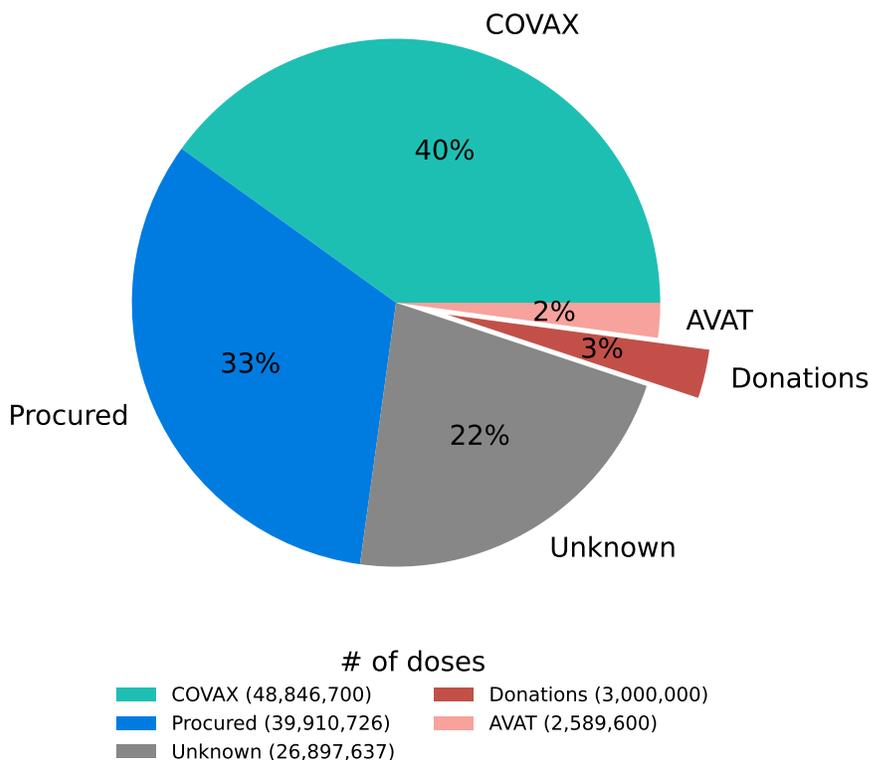
⁷ Note: Based on latest testing data available. As of 30 November, no testing data was available for Haiti, Syria or Yemen. Data pulled from the WHO, Our World in Data, and the COVID-19 Task Force dashboard.

Sources: Epidemiological Update (World Health Organization, Our World in Data, Media sources); Vaccine update (Gavi, Our World in Data, UNICEF, WHO, World Bank, IMF, other media sources); Secondary Impacts (UN Women, World Bank, UNCTAD); Funding Update (OCHA) as of 31 November. For feedback, please contact: centrehumdata@un.org.

2. COVID-19 Vaccination Update

A record 121 million doses were delivered to 22 HRP countries in November, increasing slightly from 117 million doses in October, a 137 per cent increase since August. Supply of COVID-19 vaccines continue to increase to HRP countries, however the majority of doses continue to go to a small number of countries. In November, two-thirds of doses went to four countries. Almost one-third of doses went to Pakistan (38 million), driven largely by procurements (26 million) and COVAX donations (11.8 million). Significant deliveries were also made to Venezuela (16 million), Nigeria (13 million), and Colombia (12 million). Only 18 per cent of delivered doses went to ten countries with less than 10 percent population coverage. Eight HRPs – Afghanistan, Burundi, DRC, Libya, Mali, Myanmar, Somalia, and Sudan – received no new doses this month.

Almost 49 million doses came from COVAX this month, the highest number of COVAX deliveries to date. The COVAX Facility also delivered its first doses through the Humanitarian Buffer. More than 43 million COVAX doses were obtained through global funding, with an additional 4.6 million donated by the USA, 501,600 by France, 500,000 by Ireland, and 144,000 by Greece. More than 39.9 million doses were procured. Donations increased for the first time since August but remain small. Germany donated 2 million doses to Colombia, and China donated 800,000 to Ethiopia and 200,000 to Pakistan. The African Vaccine Acquisition Trust (AVAT) distributed a further 2.5 million doses in November, the most AVAT deliveries in a month. An additional 26.8 million doses arrived from unknown sources. These doses likely include procured doses and bilateral donations with details not yet publicly available. In other important deliveries, the COVAX Facility delivered its first doses through the Humanitarian Buffer, delivering 1.6 million doses to vaccinate refugees in Iran displaced by regional conflict. The [COVAX Humanitarian Buffer](#) was established by Gavi and the IASC in 2021 to ensure COVID-19 vaccines reach the most vulnerable at-risk groups in the world.



**Figure 4. Source of COVID-19 Vaccines – November 2021
 (as of 30 November 2021)**

In general, countries with the most people in need of humanitarian assistance have the lowest vaccine population coverage. Five HRP countries have more than half their population in need of international humanitarian assistance: Syria (74 percent), South Sudan (74 percent), Yemen (69 percent), Central African Republic (58 percent), and occupied Palestinian territory (50 percent). In three of these settings - Syria, South Sudan, and Yemen – vaccine population coverage remains below 10 percent. Low vaccine coverage means populations are more vulnerable to serious illness or death from COVID-19. Low vaccination coverage prolongs the impact of the pandemic in fragile settings and exacerbates humanitarian need as populations grapple with COVID-19, including its ongoing socio-economic impacts, amidst other humanitarian crises, such as armed conflict or climate-related disasters. The relationship between people in need and COVID-19 vaccine population coverage may be cyclical. The poorest HRP countries, often in situations of conflict, cannot afford to independently procure COVID-19 vaccines and have the least capacity to administer them due to weak health systems, high levels of mistrust between governments and citizens and vaccine hesitancy, and parts of the population living in non-government-controlled areas. Low vaccine population coverage may, in turn, worsen the health and socio-economic impact of the pandemic, increasing the number of people in need.

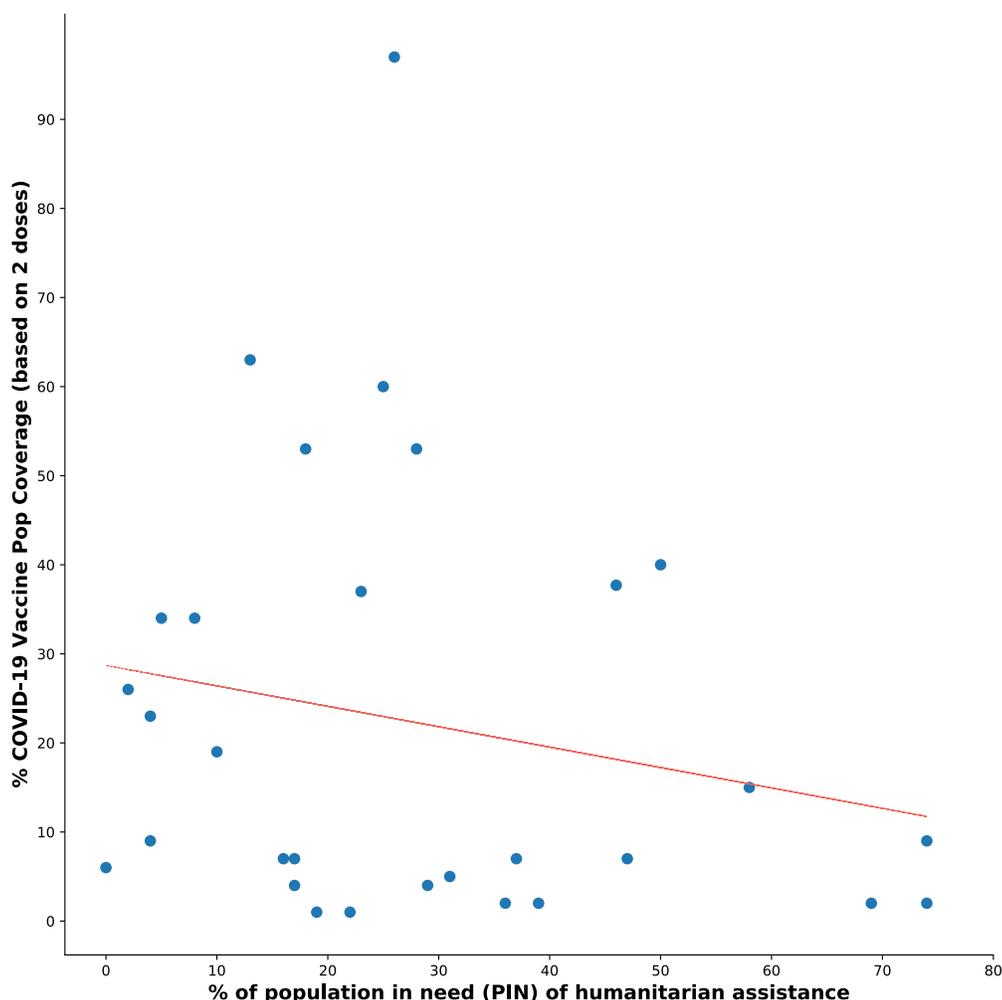


Figure 5. Percentage of population in need of international humanitarian assistance and COVID-19 Vaccine population coverage (based on 2 doses)⁸ (as of 30 November 2021)

⁸ People in Need (UNOCHA), Population coverage based on 2 doses.

Sources: Epidemiological Update (World Health Organization, Our World in Data, Media sources); Vaccine update (Gavi, Our World in Data, UNICEF, WHO, World Bank, IMF, other media sources); Secondary Impacts (UN Women, World Bank, UNCTAD); Funding Update (OCHA) as of 31 November. For feedback, please contact: centrehumdata@un.org.

Based on the latest COVAX allocation round, doses will continue to increase to HRP countries in December. However, most doses will continue to be delivered to a small group of HRP countries. In November, COVAX announced the latest (Round 8/9) allocation. This allocation is the largest allocation round to date, aiming to distribute in total 136 million doses to 91 COVAX participants. Doses are expected to be delivered by end of 2021. Almost half of the doses (64m) will go to 24 HRP countries, with over two-thirds (44m) of the doses allocated to five countries. Nigeria has been allocated the largest number of doses (24.2m), followed by Ethiopia (7.5m), Sudan (4.5m) Ukraine (3.8m) and Cameroon (3.8m). The latest COVAX allocation round follows an exceptional allocation (Round 7) in September, that allocated 33 million doses to 13 HRPs, with over a third of those doses going to Pakistan (12m) followed by Ethiopia (5m) and Nigeria (3.9m). Despite several HRP countries receiving significant allocations, the majority of HRP countries, however, received small allotments and countries with the least vaccine population coverage continue to receive the least number of doses. Excluding Nigeria, less than one-third of allocated doses went to HRP countries with less than 10 per cent population coverage. In addition to country allocations, COVAX allocated 12.2 million doses to the COVAX Humanitarian Buffer, bringing total supply to 19.4 million. Dependent on supply, COVAX may release a further round in December as additional information is received on Q4 supply.

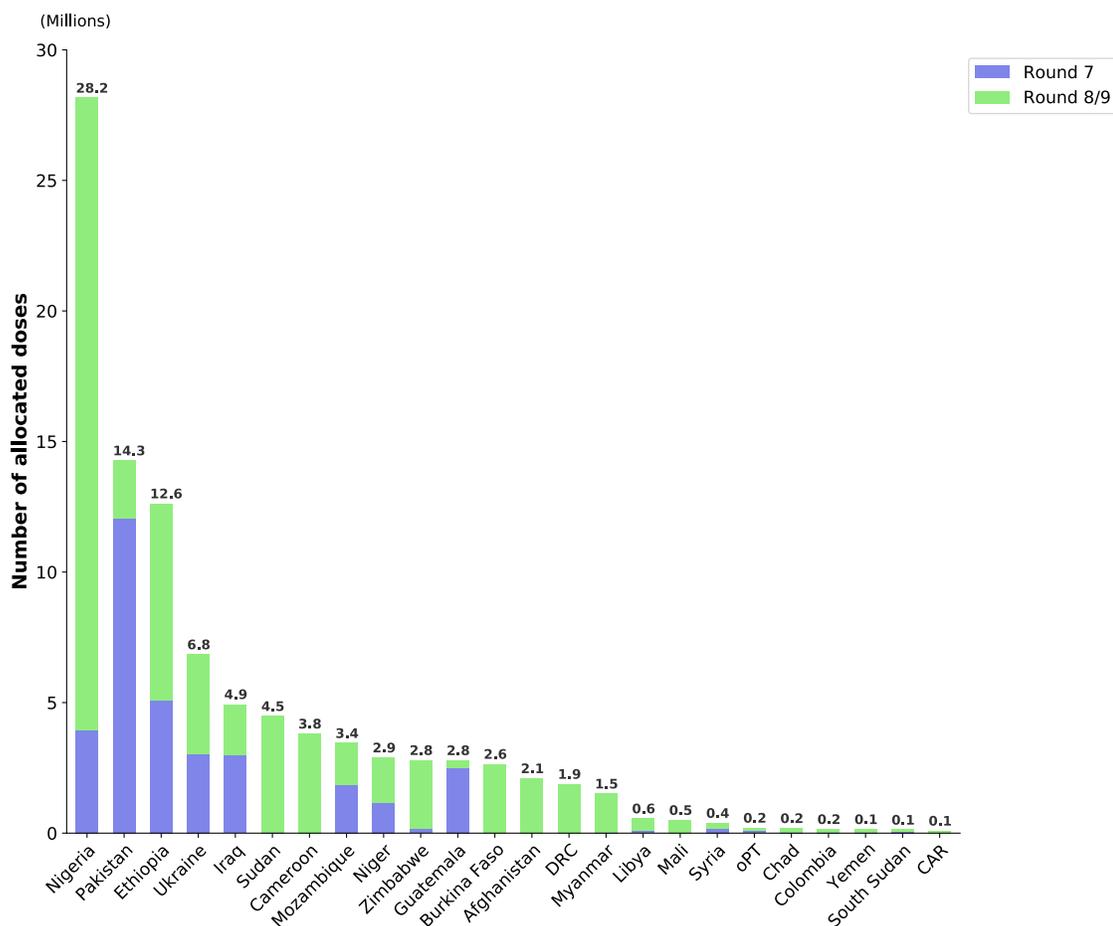


Figure 6. COVAX Allocations to HRP Countries (Rounds 7 and 8/9)⁹
 (as of 30 November 2021)

⁹ COVAX allocation Round 8/9; COVAX allocation Round 7.

Sources: Epidemiological Update (World Health Organization, Our World in Data, Media sources); Vaccine update (Gavi, Our World in Data, UNICEF, WHO, World Bank, IMF, other media sources); Secondary Impacts (UN Women, World Bank, UNCTAD); Funding Update (OCHA) as of 31 November. For feedback, please contact: centrehumdata@un.org.

There are several factors that could be driving low deliveries to most HRP countries including low administration and vaccine preference. On average, only 43 per cent of delivered doses have been administered in the 16 HRP countries with less than 10 per cent population coverage. In the Democratic Republic of Congo, a country of more than 89 million people, less than 200,000 doses have been administered to date. South Sudan and Haiti have administered just over half of the 500,000 total doses they received and Chad just over one-third of 700,000 doses. Vaccine preference may be another reason. In advance of rounds 7-9 COVAX participants for the first time were invited to express direct vaccine preference. Vaccines assigned as “highly undesirable” by participants were not allocated. Out of the 97 million doses COVAX allocated to HRP countries in rounds 7-9, 63 per cent of doses allocated were Pfizer or Moderna. A quarter (6) of the HRP countries receiving allocations in these latest rounds only received Pfizer and Moderna, including several countries with low population coverage (Cameroon, CAR, Chad and DRC).

Two-thirds of HRP countries are off track to reach the WHO target of vaccinating 40 percent of populations by end of 2021 (based on 2 doses). Considering the latest COVAX allocations, without additional doses procured or donated (or a subsequent COVAX round in 2021) over half of HRP countries will enter 2022 with vaccination coverage below 20 per cent. While the latest COVAX allocation round may support five countries (Burkina Faso, Cameroon, Nigeria, Sudan and Syria) to get close to or slightly above 10 per cent population coverage, nine HRP countries are estimated to not have enough doses to vaccinate 10 per cent of their population by the end of the year. Several countries (Burundi, Chad, DRC and Haiti) will have less than 3 per cent population coverage. Based on current figures, only nine HRP countries (Colombia, Libya, Guatemala, Zimbabwe, El Salvador, oPt, Ukraine, Venezuela, and Honduras) are expected to go above WHO’s target of vaccinating 40 per cent of the population by end of 2021.

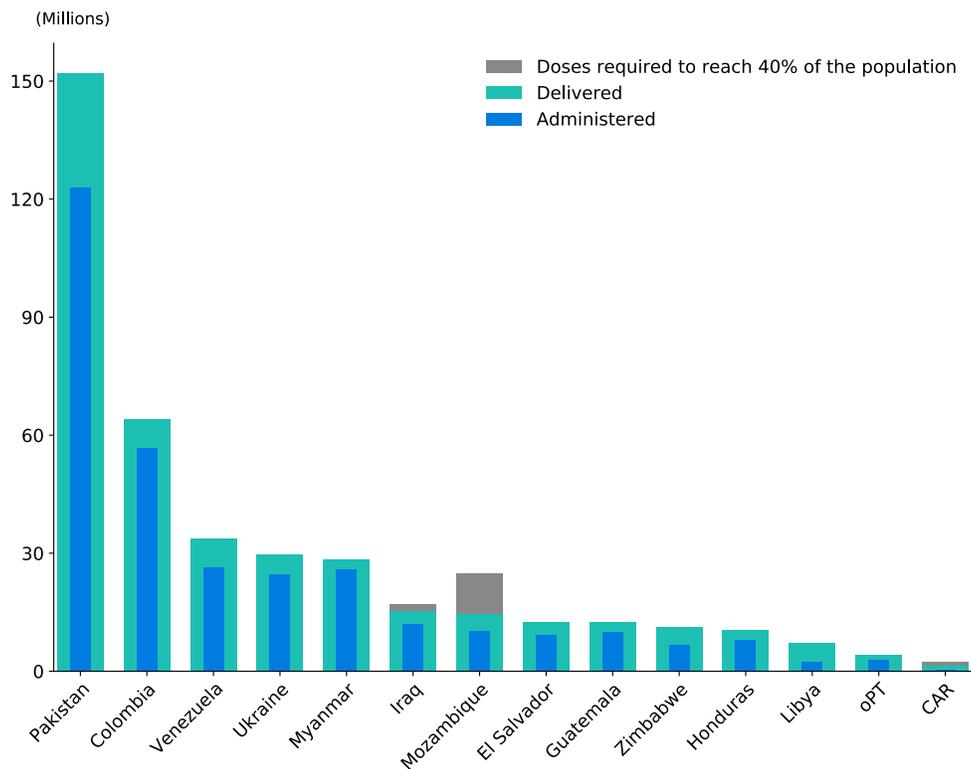


Figure 7. COVID-19 Vaccines Delivered, Administered and Required for HRP countries above 10 percent population coverage (based on 2 doses) (as of 30 November 2021)

Sources: Epidemiological Update (World Health Organization, Our World in Data, Media sources); Vaccine update (Gavi, Our World in Data, UNICEF, WHO, World Bank, IMF, other media sources); Secondary Impacts (UN Women, World Bank, UNCTAD); Funding Update (OCHA) as of 31 November. For feedback, please contact: centrehumdata@un.org.

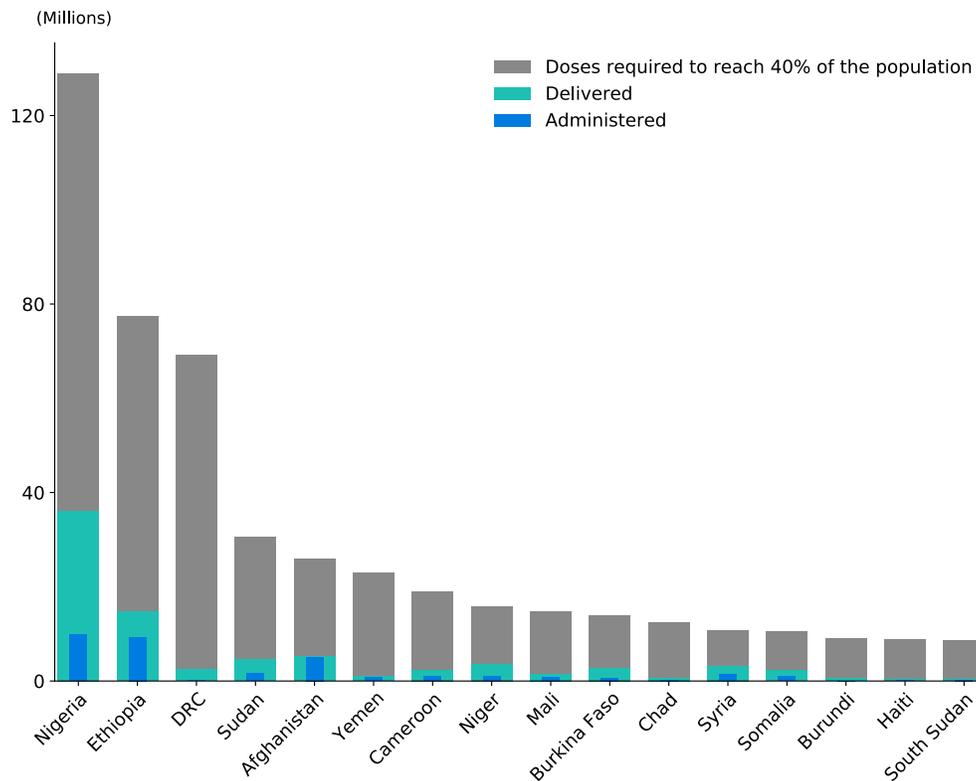


Figure 8. COVID-19 Vaccines Delivered, Administered and Required for HRP countries for countries with less than 10 percent coverage (based on 2 doses) (as of 30 November 2021)

It is critical HRP countries with the least population coverage are supported to ramp-up administration of vaccines. Many countries with humanitarian emergencies, particularly the poorest and those in situations of conflict, face significant barriers to administering vaccines. In almost half of HRP countries (12), the cost of vaccinating 70 percent of the population is more than double total government health expenditure. In DRC, South Sudan, Cameroon and CAR, the cost would be equivalent to 4 to 5 times the total government health spending per capita.¹⁰ Without adequate support, these HRP countries cannot conduct COVID-19 vaccination campaigns at scale without severely risking other public health services. Financing provided by the World Bank and the Gavi Country Delivery Support (CDS) is an important step, but its essential resources are deployed quickly and targeted appropriately. In November, more than USD39.5 million in previously approved GAVI funding was disbursed to 14 GHO countries to support vaccine roll-out. Almost 90 percent of GAVI CDS funding to GHO countries has now been disbursed, 73 per cent of which went to 21 HRP countries. In addition to finance to increase health workers, transport and health care infrastructure, high levels of mistrust, vaccine hesitancy and access to populations remain significant hurdles to demand. Going forward, it will be important to continue to understand the specific bottlenecks to demand for vaccines and administration challenges at the country-level so targeted support and programs can be scaled.

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

¹⁰ African Countries Will Continue to Face Tough Choices on COVID-19 Vaccines: We've Developed a Toolkit That Can Help | Center For Global Development (cgdev.org).

Sources: Epidemiological Update (World Health Organization, Our World in Data, Media sources); Vaccine update (Gavi, Our World in Data, UNICEF, WHO, World Bank, IMF, other media sources); Secondary Impacts (UN Women, World Bank, UNCTAD); Funding Update (OCHA) as of 31 November. For feedback, please contact: centrehumdata@un.org.

3. Secondary Impacts

Violence Against Women

The pathways have changed, but COVID-19 continues to drive increases in violence against women and girls (VAW), according to a UN Women report launched in November. UN Women conducted surveys on VAW across 13 countries, including seven GHO countries - Kenya, Jordan, Nigeria, Colombia, Ukraine, Cameroon, and Paraguay. According to the study, almost half of women surveyed report being exposed directly or indirectly to violence amidst the pandemic. The relationship between COVID-19 and VAW has evolved over the course of the pandemic. Early in the pandemic, lockdowns isolated many women and girls, leaving them home with abusers and blocking them from accessing critical resources and support. During the first six months of the pandemic, UNFPA estimated more than 31 million new incidents of gender-based violence occurred.¹¹ This number may be larger, given underreporting and gaps in data. Yet even once lockdowns ended in many countries, women and girls still faced increased physical, verbal, sexual and financial abuse both at home and in public spaces. UN Women found that almost three-quarters of surveyed women reported that verbal and physical abuse by an intimate partner has become more common, and 40 percent report COVID-19 has made them feel less safe walking alone at night.

The pandemic exacerbates preexisting drivers of VAW and creates new pathways for VAW to occur. Women who face additional hardships – such as unemployment, full-time caregiving, or food insecurity – are more likely to report violence, and VAW occurs disproportionately in low- and lower-middle income countries. UN Women finds that verbal abuse and denial of basic resources is the most common (23 percent) form of VAW reported amidst COVID-19, demonstrating how unemployment or food insecurity caused by the pandemic may be weaponized against women as a form of abuse. Boosting economic recovery, increasing livelihood opportunities for all, and providing economic support to households can help prevent VAW. It is also critical women and girls can access resources and support, many of which have been closed or had funding re-prioritized due to the pandemic.¹² In addition to economic opportunities, more investment is needed in education, and community networks for women and girls, which can help to mitigate vulnerabilities fueling VAW. As countries face the new Omicron variant, it is critical the impact of pandemic containment policies on women and girls are considered and addressed. Lessons must be learned from 2020, so women and girls are not placed in situations of risk for further violence and can access the services they need.

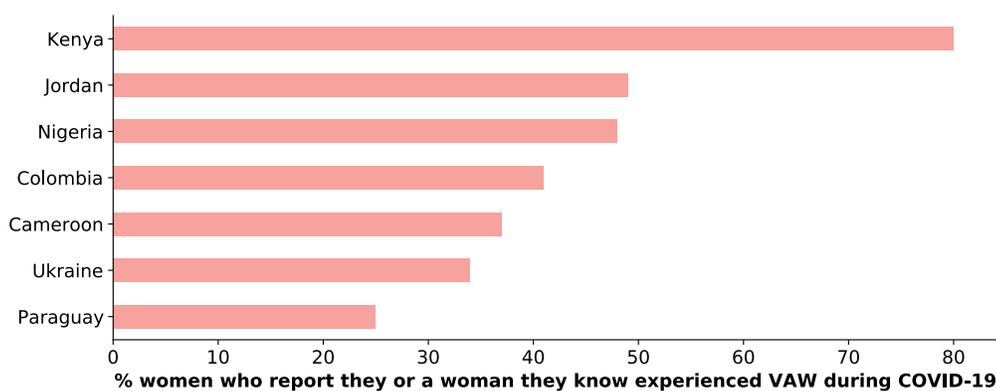


Figure 9. Proportion of women surveyed who reported that they or a woman they know experienced a form of violence against women since the COVID-19 pandemic – GHO countries

(24 November, UN Women)¹³

¹¹ 2021 Report of the High-Level <https://www.nairobisummiticpd.org/publication/no-exceptions-no-exclusions> Commission on the Nairobi Summit on ICPD25 Follow-up, p. 28.

¹² 2021 Report of the High-Level <https://www.nairobisummiticpd.org/publication/no-exceptions-no-exclusions> Commission on the Nairobi Summit on ICPD25 Follow-up, p. 25.

¹³ The GHO countries surveyed in UN Women’s report [Measuring the shadow pandemic: Violence against women during COVID-19](#). Sources: Epidemiological Update (World Health Organization, Our World in Data, Media sources); Vaccine update (Gavi, Our World in Data, UNICEF, WHO, World Bank, IMF, other media sources); Secondary Impacts (UN Women, World Bank, UNCTAD); Funding Update (OCHA) as of 31 November. For feedback, please contact: centrehumdata@un.org.

Economy - Foreign Direct Investment

Foreign Direct Investment (FDI) growth rates in high-income countries increased by 117 percent in the first half of 2021, while rates in low-income countries decreased by 9 percent. Before COVID-19, FDI inflows were on a decline with the pandemic further negatively impacting investment based on UNCTAD research. Between 2019 and 2020, FDI decreased in two-thirds of HRP countries, many of which continue to face a sluggish recovery. Despite, FDI rebounding globally in 2021, recovering more than 70 percent of COVID-related loss in the first half of 2021 with an average global growth rate of 78 percent, this uneven recovery is primarily concentrated in wealthier countries. In 2021, FDI in developed economies grew by 193 percent compared to only 28 per cent in developing economies. There are many factors that impact FDI, but continued uncertainty amidst ongoing COVID-19 surges and low vaccination rates in low-income countries is a significant factor.¹⁴ FDI supports job creation, infrastructure investment, and overall socioeconomic recovery from the pandemic. Declining FDI further delays recovery in low-income countries and can leave them more vulnerable to rising poverty and unrest.

Decreased FDI is set against a backdrop of other economic stressors, with two HRP countries – Mozambique and Somalia – already in debt distress and another eight at high risk of distress. This will be worsened by the pending end of the Debt Service Suspension Initiative on December 31, 2021, triggering the resumption of debt repayment in 14 HRP countries.

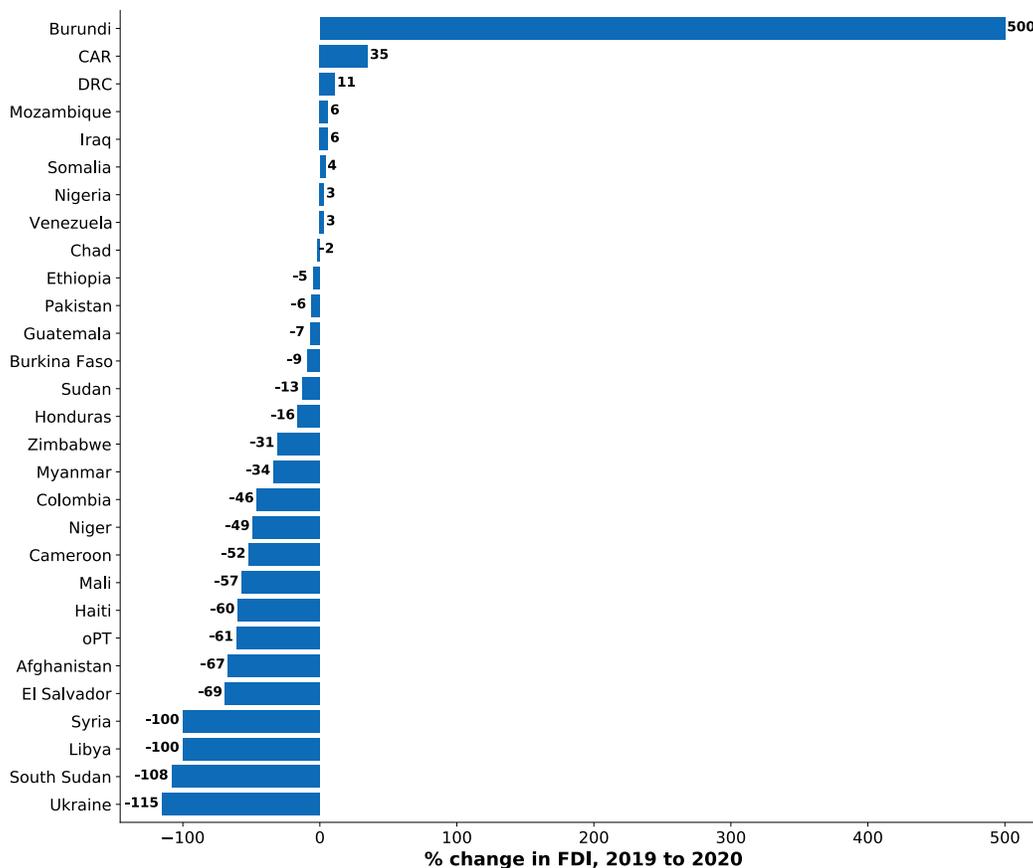


Figure 10. Percentage difference in FDI in HRP countries 2019 to 2020¹⁵

¹⁴ 'In highly uneven recovery, global investment flows rebound,' <https://news.un.org/en/story/2021/10/1103402>.

¹⁵ World Bank, <https://data.worldbank.org/indicator/BX.KLT.DINV.WD.GD.ZS?locations=AF>.

Sources: Epidemiological Update (World Health Organization, Our World in Data, Media sources); Vaccine update (Gavi, Our World in Data, UNICEF, WHO, World Bank, IMF, other media sources); Secondary Impacts (UN Women, World Bank, UNCTAD); Funding Update (OCHA) as of 31 November. For feedback, please contact: centrehumdata@un.org.

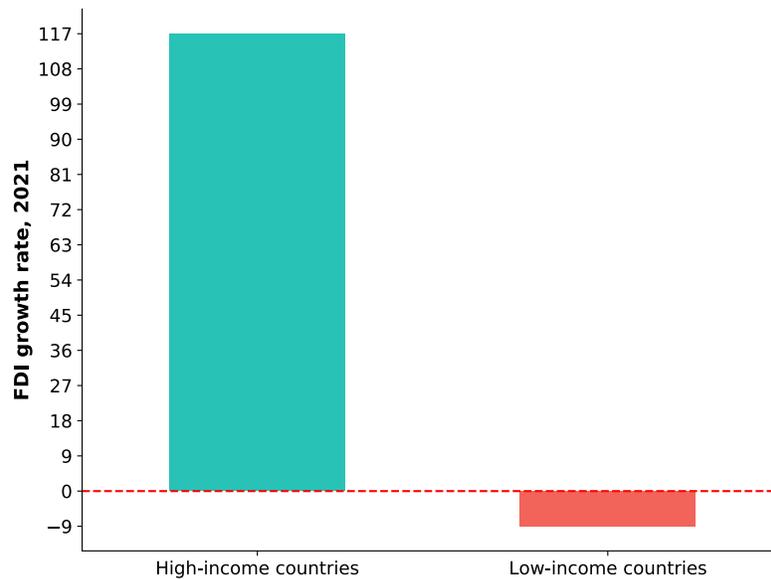


Figure 11. FDI growth rates in High Income Countries versus Low Income Countries 2021¹⁶

4. Funding Update

As of November 30, 2021, 46 percent of humanitarian financial requirements for the 2021 Global Humanitarian Overview are funded. Appeals for 16 HRP countries still have more than half their funding needs unmet. Financing the GHO is the best way to support vulnerable populations and to offset suffering caused by the COVID-19 pandemic.

On 2 December, the 2022 Global Humanitarian Overview was launched. More than 274 million people need international humanitarian assistance and protection, a 17 per cent increase from 2021 and a doubling of requirements in just four years. The 2022 GHO requires USD41 billion to assist a targeted 183 million people across 63 countries. This includes more than 4.47 billion for response to Afghanistan, the world’s largest ever humanitarian funding appeal. Conflict, climate change, and the COVID-19 pandemic have driven the increase in needs. If the required support is not provided to HRP countries and vulnerable populations to address the pandemic and its socio-economic impacts, humanitarian needs will only continue to grow throughout 2022.

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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¹⁶ Country level data not yet available. UNCTAD, Investment Trends Monitor. https://unctad.org/system/files/official-document/diaeiainf2021d2_en.pdf.
 Sources: Epidemiological Update (World Health Organization, Our World in Data, Media sources); Vaccine update (Gavi, Our World in Data, UNICEF, WHO, World Bank, IMF, other media sources); Secondary Impacts (UN Women, World Bank, UNCTAD); Funding Update (OCHA) as of 31 November. For feedback, please contact: centrehumdata@un.org.