

Highlights:

- In July, almost a third of the globally reported cases and half of the globally reported deaths were recorded in countries in the Global Humanitarian Overview (GHO) – more than 4.4 million cases and over 118,000 deaths. Overall cases and deaths in GHO countries slightly declined in July compared to the previous month, however this is not uniform. 10 GHO countries faced their largest surges since the beginning of the pandemic. In Myanmar, recorded deaths increased by 178 percent and cases by 88 per cent compared to the previous month. In Zimbabwe, the total number of cases and deaths reported almost doubled from the beginning of July to the end of the month. Other GHO countries that are facing severe surges are Bangladesh, Iraq, Libya and Mozambique.
- In July, the 27 countries with a humanitarian response plan (HRP) received the most deliveries of COVID-19 vaccinations to date. 27 million doses were delivered to 15 HRP countries in July, bringing the total number of delivered vaccines to 100 million. Donations drove the increase, with 75 per cent of the 27 million delivered doses in July provided by the United States through COVAX. The increase in deliveries in July is positive, but significant gaps remain. More than 860 million vaccines – or nine times the total delivered to date – are still required for HRP countries to reach the WHO's target of vaccinating 40 per cent of each countries' populations by the end of the year.
- Despite the limited quantities of vaccines delivered, the number of doses administered in HRP countries relative to deliveries has increased. However, more than half (16) of HRP countries have still only administered 50 per cent or less of delivered doses and six countries (Burkina Faso, CAR, Chad, DRC, Haiti, Syria) have administered less than 25 per cent. As deliveries of COVID-19 vaccines are expected to substantially increase toward the end of 2021, more support will be required to ensure countries and partners are able to accelerate the pace of administering vaccines without compromising other essential health services, particularly in the most fragile contexts.
- The COVID-19 pandemic is continuing to disrupt immunization campaigns exposing millions of people to other vaccine-preventable diseases. Since the beginning of 2021, on average an estimated 123 million people per month have not received immunizations in 25 GHO countries with campaigns being postponed due to COVID-19. The majority of these campaigns targeted children and youth. In the 25 GHO countries with postponed immunization campaigns, more than half (17 countries) have had campaigns postponed in five or more months. Measles and Rubella was the most common campaign to be postponed.
- Most schools in GHO countries are open, but education continues to be disrupted in almost 30 per cent of GHO countries with full or partial closures due to COVID-19. As cases rise, schools continue to be at risk of closure. In the last few months, several GHO countries have implemented brief school closures amidst rising cases, including in Zimbabwe, Iraq and Myanmar. As children and youth lack access to the technologies needed for home-based learning in most humanitarian contexts, it is critical schools are kept open wherever possible.
- On 2 August, the IMF approved a general allocation of Special Drawing Rights (SDRs) equivalent to USD650 billion to support economies to recover from COVID-19. Out of the SDR allocation, approximately USD26 billion will go to 26 HRP countries, but almost two thirds of this funding will go to just seven countries (Colombia, Iraq, Libya, Nigeria, Pakistan, Ukraine, Venezuela). For the remaining 19 countries, the majority will receive less than USD500 million. The small amount that will be channeled to most HRP countries makes it critical wealthier countries reallocate their SDRs in a manner that benefits the poorest and most vulnerable economies.

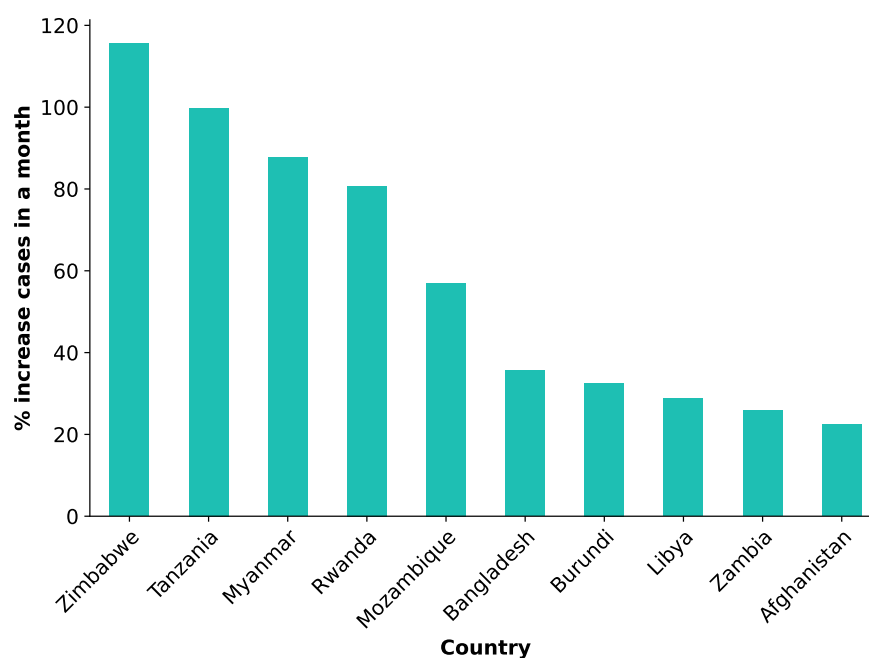
Three issues to monitor in August:

- **GHO countries with rising cases or deaths as of 31 July, including Angola, Bangladesh, Burundi, Iraq, Mozambique, Myanmar, Pakistan, Rwanda, Tanzania and Zimbabwe.**
- **The next round of COVAX allocations that will forecast supply to GHO countries over the coming months.**
- **Rollout of financing and technical support for HRP countries to strengthen the deployment of COVID-19 vaccines.**

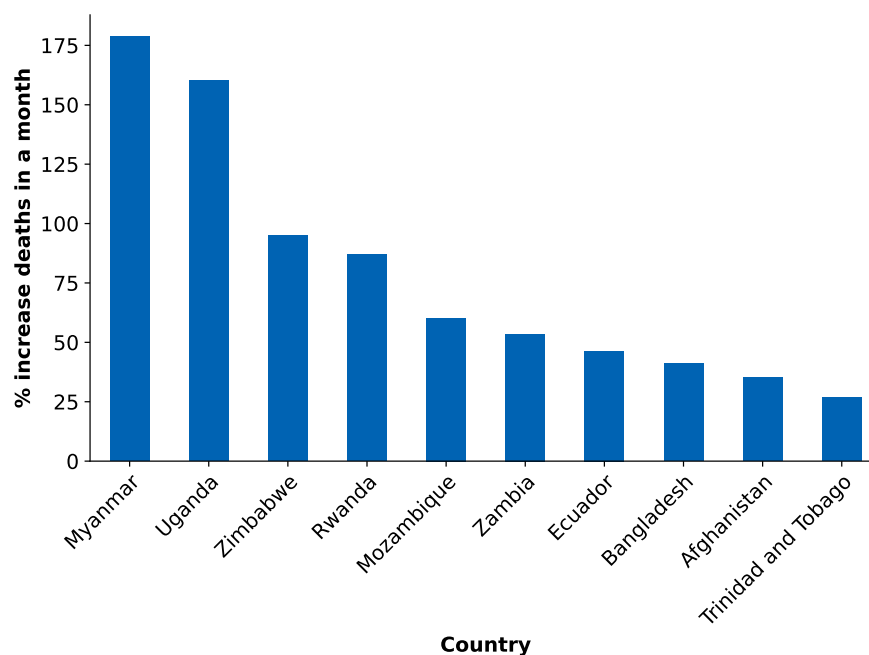
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1. Epidemiological Update

Almost a third of globally reported cases and a half of globally reported deaths in July were recorded in GHO countries. Ten countries faced their largest surges since the beginning of the pandemic. In July, more than 15 million cases and over 263,000 deaths were recorded globally. After a steady decline in cases globally since April, cases increased week-on-week in July, increasing by 9 per cent compared to June. All regions experienced an increasing trend in July, except for Africa where a decline in cases in South Africa masks significant increases in other countries in the region, including in Libya, Mozambique, Rwanda, Uganda, Zimbabwe and Zambia. In GHO countries, cases and deaths slightly decreased in July compared to the previous month, with more than 4.4 million cases recorded and over 118,000 deaths. Despite the overall decrease, many countries experienced concerning increases in July, with 11 GHO countries reporting more than a 25 per cent increase in deaths, and 12 countries reporting more than a 20 per cent increase in cases. Several countries faced alarming surges. In Myanmar, 45 per cent of total reported COVID-19 cases and 60 percent of deaths were reported in July alone. In Zimbabwe, the total number of reported cases and deaths almost doubled from the beginning of July to the end of the month. A further eight countries also reported their highest number of weekly cases or deaths in July (Bangladesh, Burundi, Iraq, Libya, Mozambique, Rwanda, United Republic of Tanzania, and Uganda). Of these 8 countries, all have verified the presence of the Delta Variant of Concern, except Libya and the United Republic of Tanzania.



**Figure 1. Ten GHO countries with the highest increases in COVID-19 cases¹
(as of 31 July 2021)**

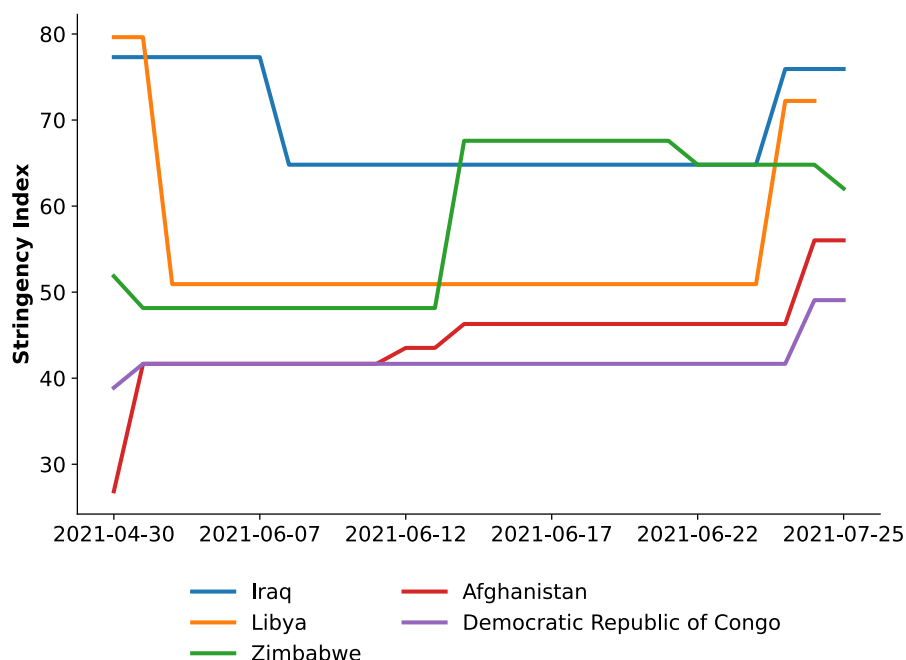


**Figure 2. Ten GHO countries with the highest increases in COVID-19 deaths
(as of 31 July 2021)**

¹ Note: Prior to week of 25 July 2021, United Republic of Tanzania had no recorded cases since the week of 10 May 2020. The data is insufficient to understand COVID-19 epidemiological trends.

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

Half of the HRP countries with large increases in July implemented stricter COVID-19 policies to curb transmission but varied in level of stringency and whether they were nationally or locally targeted. According to the Oxford Stringency Index, Iraq, Libya, Zimbabwe, Afghanistan, and the DRC all implemented stricter COVID-19 policies in June and July as COVID-19 cases increased.² Iraq, Libya, and Zimbabwe all implemented measures nationally, whereas Afghanistan and the DRC combined a national response with enhanced local measures. These local measures – such as the banning of large gatherings in provinces including Kabul or a curfew in Kinshasa – largely apply to urban centers. Other HRP countries that experienced a significant increase in July also implemented several stricter localized measures. For example, Mozambique’s curfew in Maputo and provincial capitals. Ongoing monitoring of government responses to increased transmission will be important to understand how movement of humanitarian personnel or access to services may be affected, and where and what type of socio-economic support may be required to vulnerable communities impacted by stricter COVID-19 policy measures aimed at curbing transmission.



**Figure 3. HRP countries with largest increase in COVID-19 policy measures in July 2021³
(as of 25 July 2021)**

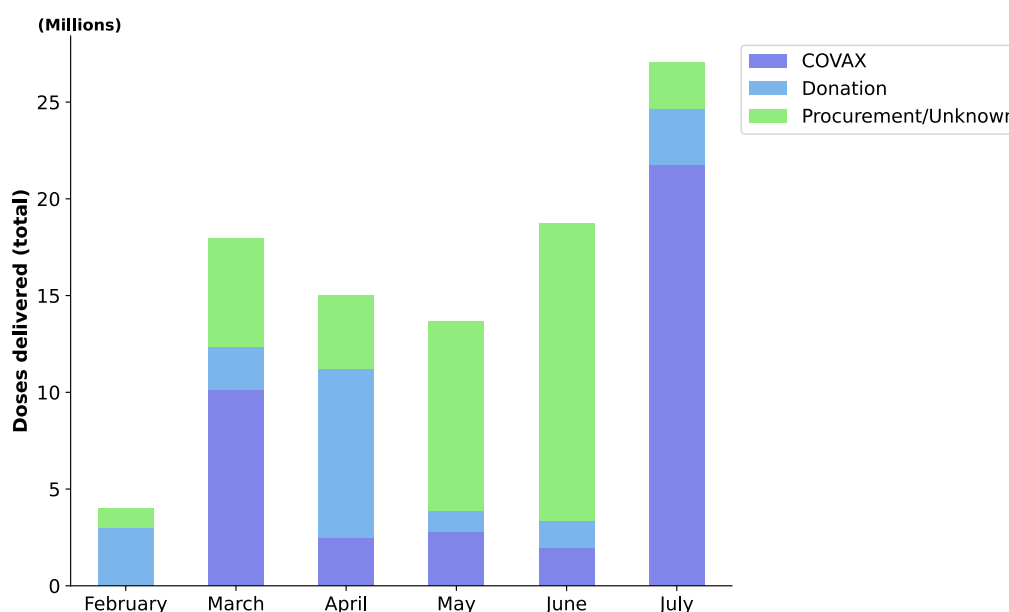
² The Oxford Stringency Index captures 'lockdown style' policies such as curfews, school and workplace closures, and restrictions on gatherings and internal movement.

³ As of 4 August, the latest data available for Libya was 12 July 2021.

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

2. COVID-19 Vaccination Update

In July, HRP countries received the most deliveries of COVID-19 vaccinations to date. 27 million doses were delivered to HRP countries in July, bringing the total number of delivered vaccines to 100 million by the end of July.⁴ Donations drove the increase, with 75 per cent of the 27 million delivered doses in July provided by the United States through COVAX. COVAX was the largest source of vaccines to HRP countries in July (80 per cent), followed by bilateral donations (11 per cent) and procurements/ unknown (9 per cent). Fifteen HRP countries received COVID-19 vaccines, however four countries – Pakistan (6.7m), Colombia (6m), Zimbabwe (3.5m), and Afghanistan (3.4m)– received 73 per cent of those doses. Donations through COVAX substantially boosted COVAX supply of vaccines to HRP countries, with July’s delivered vaccinations constituting 45 per cent of total doses delivered through COVAX to date. In addition to US donations through COVAX, Sweden and France both donated over 100,000 doses each. Pakistan was the only HRP country to receive 1.2m doses from doses purchased directly by the COVAX facility. Outside of COVAX, donations were made by Portugal to Mozambique and by China to Zimbabwe, Myanmar, and Syria. The number of doses obtained through procurement or other measures also dropped significantly from a peak of 15.3 million doses in June to only 2.4m in July. As more HRP countries receive World Bank financing to purchase vaccines, procurements may increase in the coming months. With COVAX continuing to face supply constraints in the short-term, donations through COVAX will continue to be a vital source of supply for HRP countries over the coming months. At the end of July, the UK provided 5m unearmarked doses through COVAX.⁵



**Figure 4. Estimated COVID-19 vaccines delivered per month to HRP countries⁶
(February-July 2021)**

⁴ The OCHA HDX Data Explorer COVID-19 vaccine tracker is based on publicly available data sources and may not capture all delivered vaccines if information is not publicly available.

⁵ [UK begins donating millions of COVID-19 vaccines overseas - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/uk-begins-donating-millions-of-covid-19-vaccines-overseas)

⁶ The OCHA HDX Data Explorer COVID-19 vaccine tracker is based on publicly available data sources.

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

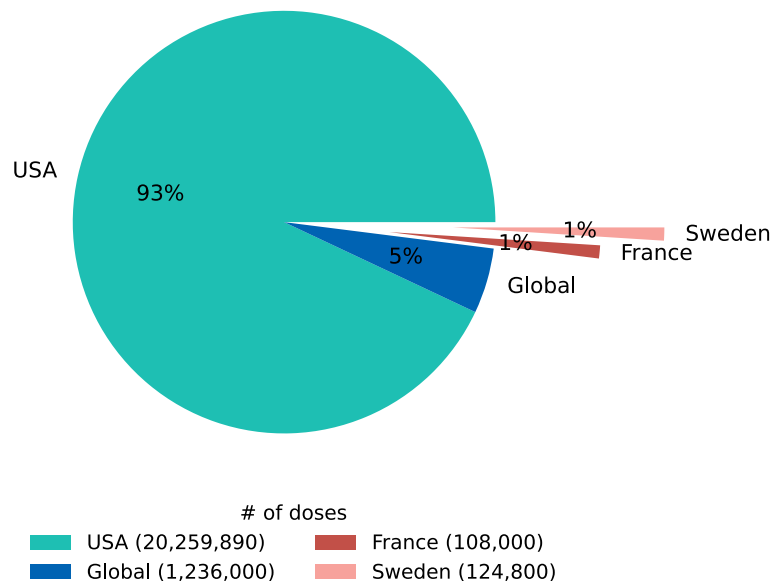


Figure 5. Source of COVAX vaccines – July 2021
(as of 31 July 2021)

More than 860M vaccine doses – or nine times the total delivered to date – are still required for HRP countries to reach the WHO’s target of vaccinating 40 per cent of each countries’ populations by the end of the year. Despite the significant increase in delivered doses in July, only 10 per cent of the number of doses required to reach WHO’s 40 per cent goal have arrived in HRP countries. While a few HRP countries have reached the 10 per cent target, most are falling far short of the doses required. At the end of July, almost 81 per cent of HRP countries have less than 5 per cent of the doses needed to vaccinate their national population (assuming two doses per person). Just 20 per cent of HRP countries have doses for more than 5 per cent of their population, with only 8 per cent in possession of the doses needed to vaccinate more than 15 per cent.

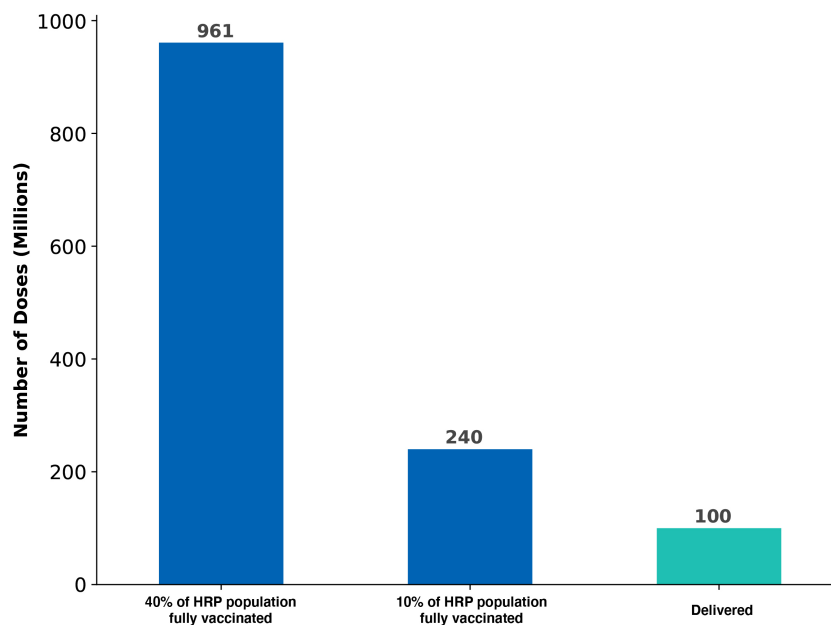


Figure 6. Vaccines required in HRP countries to reach WHO’s target to fully vaccinate 10 per cent of the population by September 2021 and 40 per cent of the population by December 2021 (based on 2 doses)
(as of 31 July 2021)

Despite the limited quantities of vaccines delivered, the number of doses administered in HRP countries relative to deliveries has increased. However, more than half (16) of HRP countries have still only administered 50 per cent or less of delivered doses. At the end of July, over 4 billion doses had been administered globally, but less than 90 million (approximately 2 per cent) in HRP countries. Over half of the administered doses in HRP countries were in Colombia and Pakistan. Administration of vaccines however are still slow in most HRP countries, with more than half of GHO countries administering 50 per cent or less of delivered doses, and six countries (Burkina Faso, CAR, Chad, DRC, Haiti, Syria) administering less than 25 per cent. As deliveries of COVID-19 vaccines are expected to substantially increase toward the end of 2021, more support will be required to ensure countries and partners are able to accelerate the pace of administering vaccines without compromising other essential health services, particularly in the most fragile contexts. In July, the World Bank approved USD355m for the purchase of COVID-19 vaccines and their deployment in three GHO countries (DRC, Angola, and Guyana). This brings total World Bank financing for COVID-19 vaccine procurement and delivery in 2021 to almost USD2 billion for 18 GHO countries, including just over USD1 billion to 9 countries with an inter-agency humanitarian response plan (HRP).

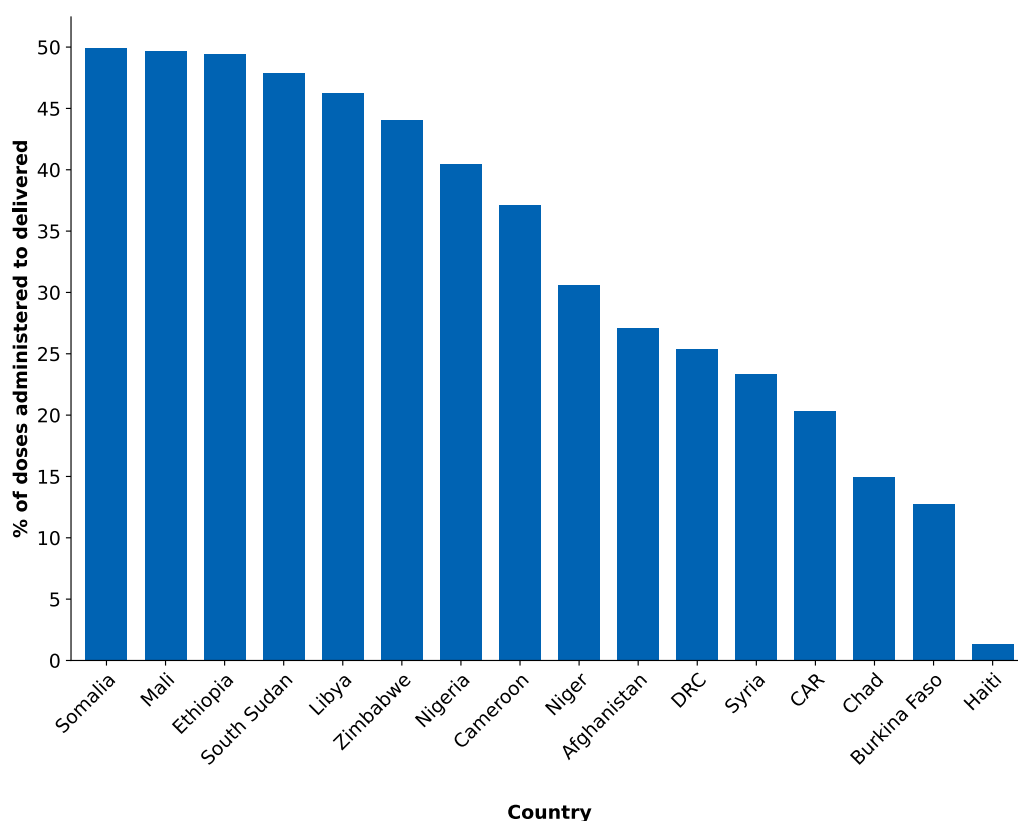


Figure 7. COVID-19 Vaccines – HRP countries with less than 50 per cent of delivered doses administered (as of 31 July 2021)

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

3. Secondary Impacts

Immunization

Since the beginning of 2021, on average an estimated 123 million people per month have not received immunizations in 25 GHO countries with campaigns being postponed due to COVID-19. The majority of these campaigns targeted children and youth. In 2020, UNICEF and WHO report 23 million children missed out on basic vaccines through routine immunization services.⁷ Despite many immunization campaigns resuming in 2021, the pandemic is continuing to disrupt campaigns exposing millions of people to other vaccine-preventable diseases. In the 25 GHO countries with postponed immunization campaigns, more than half (17 countries) have had campaigns postponed in five or more months. Measles and Rubella were the most common campaign to be postponed, with campaigns being postponed in nine countries, followed by Inactivated Polio and Yellow Fever in five countries. Health services, including immunization campaigns, are being disrupted for a variety of reasons including diversion of health staff for COVID-19 response; economic hardship and lockdown measures reducing access to services; insufficient demand due to fear and mistrust; and insufficient PPEs. To avoid further disease outbreaks, it is critical people can access routine health services and COVID-19 response does not divert resources and personnel from immunization provision.

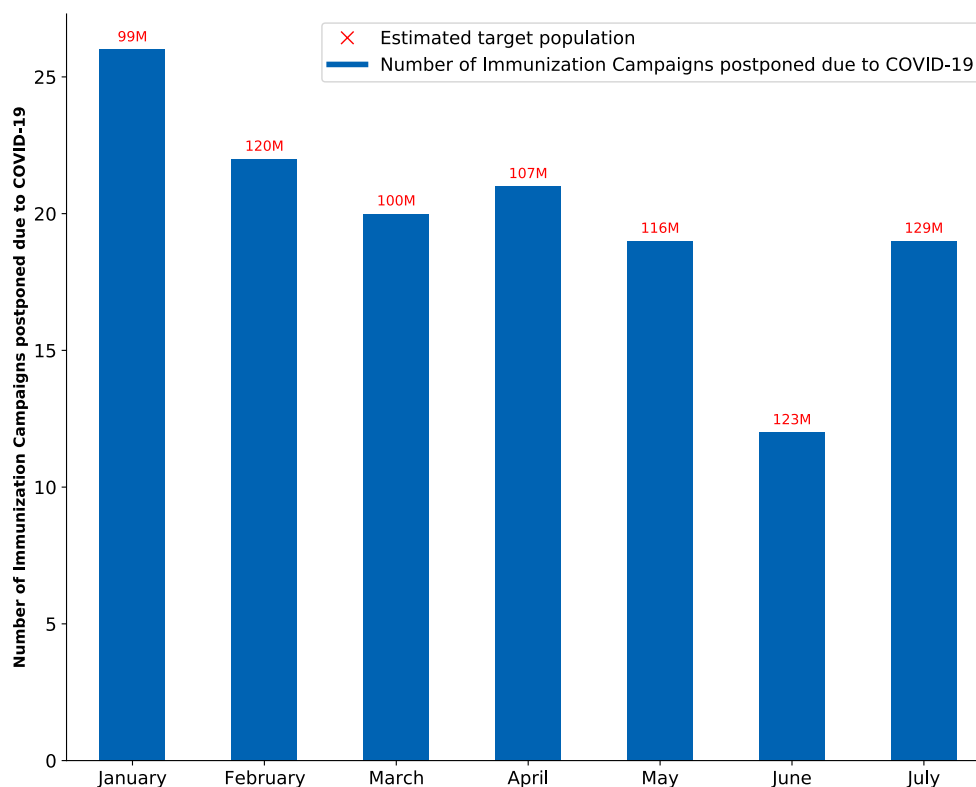


Figure 8. Postponement of Immunization Campaigns in GHO countries due to COVID-19 (January – July 2021)

⁷ [COVID-19 pandemic leads to major backsliding on childhood vaccinations, new WHO, UNICEF data shows](#)

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

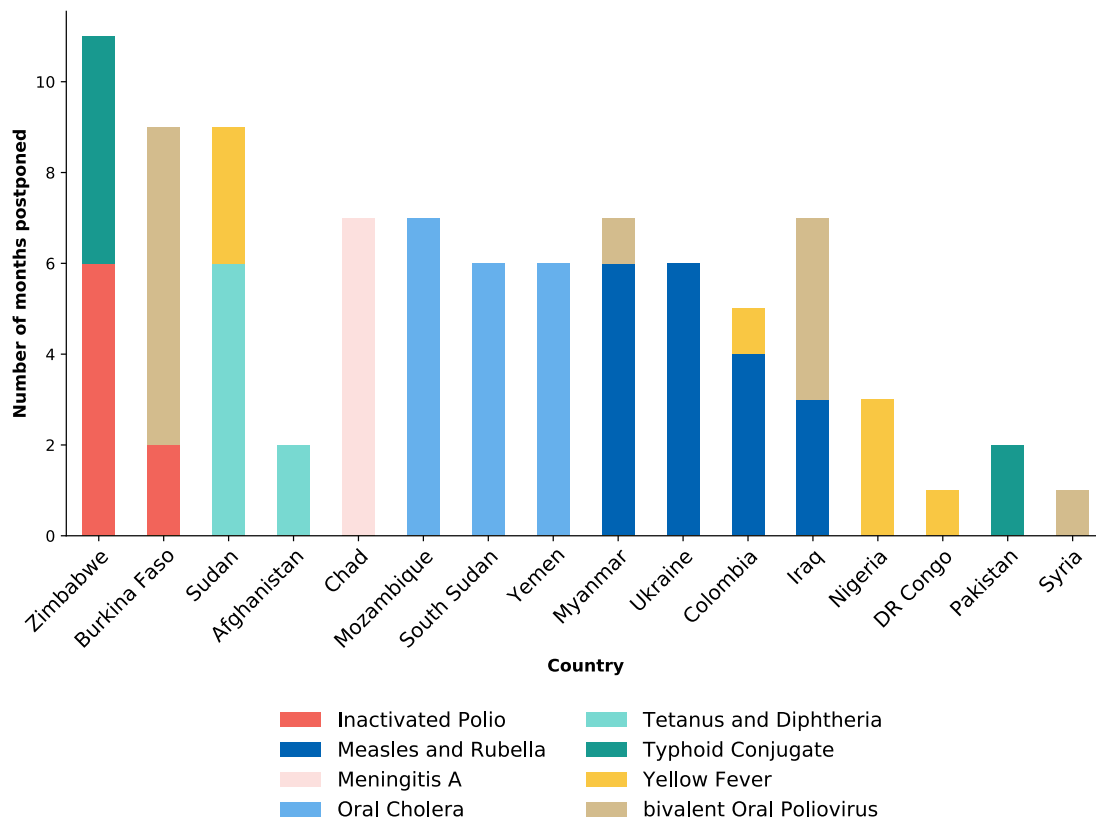


Figure 9. Type and length of time of Immunization Campaigns postponed in HRP countries (as of 31 July 2021)

Education

Most schools in GHO countries are open, but education continues to be disrupted in almost 30 per cent of GHO countries with full or partial closures due to COVID-19. As COVID-19 cases rise efforts must continue to keep schools open. In 2020, the COVID-19 pandemic disrupted education for more than 1.6 billion children worldwide. Despite many schools being re-opened in 2021, more than 600 million children globally are still affected by school closures.⁸ In GHO countries the overall pattern is similar, with most schools either fully open (18) or on academic break (20). However, for children in 18 GHO countries, education continues to be impacted by partial or full school closures and often for lengthy periods of time. Schools have been closed nationwide for seven consecutive months in Venezuela, and for five consecutive months in Peru and Panama, impacting more than 20 million children and youth. As cases rise, children continue to be at risk of having their education interrupted. Several GHO countries have, in the last few months, implemented brief school closures amidst rising cases, including in Zimbabwe, Iraq and Myanmar. COVID-19 school closures, however, are not the only obstacle students face. Even in countries where schools remain officially open, children continue to face barriers to education compounded by the pandemic, such as an inability to pay school fees or poverty-related pressure to withdraw from school to prioritize marriage or labor. UNICEF estimates, that when including pre-pandemic levels, 40% of school-aged children across Eastern and Southern Africa are not in school due to both COVID-19 and pre-pandemic barriers.⁹ As children and youth lack

⁸ Geneva Palais briefing note on the current COVID-19-induced education crisis - World | ReliefWeb

⁹ 40 per cent of children in Eastern and Southern Africa are not in school (unicef.org)

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

access to the technologies needed for home-based learning in most humanitarian contexts, it is critical schools are kept open wherever possible. Countries should not wait for vaccination to reopen schools or maintain school openings. Non-pharmaceutical interventions like social distancing – for instance, marking out safe distances between students’ desks where classroom capacity permits, opening windows or doors for additional ventilation, and holding classes outside can all decrease the risk of transmission.¹⁰

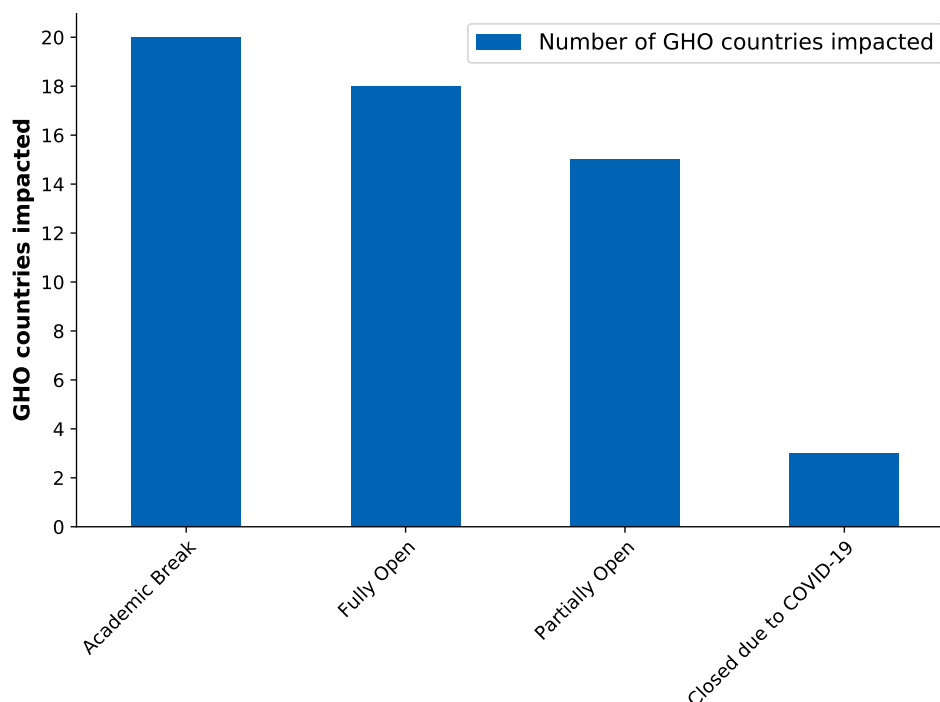


Figure 10. School Status in GHO countries
(as of 31 July 2021)

4. Funding Update

At the end of July, the Global Humanitarian Overview received approximately USD10 billion out of total requirements of 36 billion, approximately 29 per cent funded. With the exception of Libya, the inter-agency appeals of all HRP countries that experienced their largest surges of COVID-19 in July (Iraq, Mozambique, Myanmar, Zimbabwe) have received less than 30 per cent of funding. Zimbabwe has only been 5 per cent funded. Financing Humanitarian Response Plans is critical to support COVID-19 preparedness and response for the most vulnerable people and to ensure they can continue to access other vital life-saving needs. Inadequate funding of HRP will weaken people’s capacity to cope as COVID-19 surges hit and undermine humanitarian actors’ ability to quickly respond.

Of the Special Drawing Rights allocation approved by the IMF (equivalent to USD650 billion), approximately USD26 billion will benefit HRP countries. Almost two thirds of this will go to just seven countries. Most of the remaining 19 HRP countries will receive less than USD500 million. On 2 August, the IMF approved a general allocation of Special Drawing Rights (SDRs) equivalent to USD650 billion to boost global liquidity and support economies to recover from COVID-19. Out of the SDR allocation, approximately USD26 billion will go to 26 HRP countries, but almost two thirds will go to just seven countries (Colombia, Iraq, Libya, Nigeria, Pakistan, Ukraine, Venezuela). For the remaining 19 countries, the majority will receive less than USD500 million. This makes it even more critical that wealthier countries reallocate their SDRs in a manner that benefits the most vulnerable and poorest countries, as called for by the Secretary-General on 3 August.

¹⁰ [Emerging-lessons-from-countries-experiences-of-reopening-schools-2020.pdf \(unicef.org\)](https://www.unicef.org/emergencies/emerging-lessons-from-countries-experiences-of-reopening-schools-2020.pdf)

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

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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