

Top 6 highlights to know:

- In June, almost half of the globally reported cases and deaths were recorded in countries in the Global Humanitarian Overview - almost 5 million cases and 130,000 deaths. Despite a downward trend at the global level, cases have increased 25% week-on-week for the past six weeks in Africa. In June, four GHO countries in the region faced their highest infection rates or mortality since the beginning of the pandemic. Uganda and Zambia experienced a 173 per cent and 67 per cent increase in deaths respectively in June compared to the previous month. Other countries with an inter-agency Humanitarian Response Plan (HRP) that are battling major surges include Afghanistan, Colombia, DRC, Haiti and Zimbabwe. It is unlikely that vaccines will arrive in meaningful quantities in 2021 to halt these surges. Public health and social measures will be the main way to counter the spread of the virus in GHO countries for the remainder of the year. At the same time, socio-economic support must be scaled-up to support governments to put in place PHSM and to mitigate the devastating impacts on vulnerable households and populations that have even less capacity to cope than last year.
- At the halfway point of 2021, almost 75 per cent of GHO countries have reported more cases or deaths in 2021 than all of 2020. In over a third of those GHO countries, at least three times more cases or deaths have been recorded this year compared to last. Cases and deaths are expected to continue to escalate due to the Delta variant becoming dominant globally, low vaccination rates and insufficient or fatigue with public health and social measures. Severe outbreaks in most GHO countries are unlikely to be reflected in reported cases and deaths due to inadequate testing. For example, at the end of June, on average 28 tests per 100,000 people were being conducted in HRP countries, compared to over 400 tests in High Income Countries.
- Although deliveries of COVID-19 vaccines to HRP countries reached a record high in June, with almost 19 million doses delivered, approximately 75 per cent of those doses went to just two countries (Colombia, Pakistan). COVAX deliveries to HRP countries fell below 2 million, the lowest since deliveries began. WHO have set a goal to vaccinate 10 per cent of the population by September. Approximately 174 million additional doses are required for HRP countries to reach this goal – 2.5 times the amount of vaccines delivered to date.
- The administration of vaccines in humanitarian settings continues to be a challenge. Almost half of HRP countries have administered less than 50 per cent of delivered doses. Countries receiving the least number of doses have the lowest administration rates, confirming the poorest countries require much greater support to administer vaccines. Financing approved by the World Bank in June to support another 8 GHO countries to purchase and deploy vaccines, and the approval of the Gavi Board to create a COVID-19 Delivery Support envelope with at least USD775 million to support roll-out in the next 6-12 months, are welcome. It will now be essential for funds to be rapidly deployed and to be directed toward the poorest countries with the least vaccines and capacity to administer them.
- Food prices are at their highest in almost a decade. In the last 3 months, the cost of a food basket in 11 HRP countries is at least 30 per cent higher when compared to the same period in the past five years. In Sudan and Syria the cost is six times more. For the most vulnerable people, they are experiencing a successive and more severe wave of the pandemic with less capacity to cope and for many in alarming states of hunger. It is critical funding for food assistance and nutrition is urgently scaled.

- Last year, much of the humanitarian funding received in the second quarter of the year was related to COVID-19. This year, two-thirds of HRP countries have received less humanitarian funding compared to last year, despite more severe waves of the pandemic in most countries. COVID-19 continues to place weak health systems under pressure, disrupt services for vulnerable populations, hamper immunizations and place humanitarian and health workers at risk. Increased funding must be made available to support COVID-19 preparedness and response and to address life-saving humanitarian needs.

Three issues to monitor in July:

- Rising cases and deaths across Africa, including in DRC, Mozambique and Zimbabwe and countries that have neighboring countries with severe outbreaks. Afghanistan, Colombia, Haiti, Iraq and Venezuela should also be closely monitored as countries experiencing an increasing trend at the end of June.
- The next round of COVAX allocations that will forecast supply to GHO, including HRP countries, over the coming months.
- The launch of the State of Food Security and Nutrition in the World (2021) on 12 July 2021, providing an evidence-based assessment of the impact of the COVID-19 pandemic on hunger and food insecurity.

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1. Epidemiological Update

Almost half of the globally reported cases and deaths in June were recorded in GHO countries. In June, more than 11 million new cases and over 278,000 additional deaths were recorded globally. Almost half of the reported cases and deaths were reported in the 56 countries in the Global Humanitarian Overview,¹ with GHO countries recording an additional 4.9 million cases and 130,000 deaths. Globally, cases and deaths continue to decline with reported deaths in the last week of June being the lowest since November 2020. However, the global figure masks the regional disparity in the distribution of cases, and severe surges in cases and deaths in low income countries. In June, cases in Africa rose 25 per cent week-on-week, with four GHO countries in the region (DRC, Rwanda, Uganda, Zambia) facing their highest infection rates or mortality since the beginning of the pandemic. In Latin America, Haiti, Trinidad and Tobago, Paraguay and Colombia continued to face their largest surges, with an increasing trend in cases and deaths in Colombia since end of March. In Afghanistan, almost 40 per cent of cases and deaths reported since the beginning of the pandemic were in June alone.

¹ For a full list of the 56 countries in the Global Humanitarian Overview: Global Humanitarian Overview 2021 | Global Humanitarian Overview (unocha.org)
Sources: Epidemiological Update (World Health Organization, Our World in Data; Gavi and WHO – COVAX; FIND); Vaccine update (Gavi-COVAX, Our World in Data, World Bank, other media sources); Secondary Impacts (OCHA, WFP, IPC, World Bank, IMF, WHO); Funding Update (OCHA) as of 30 June. For feedback, please contact: centrehumdata@un.org.

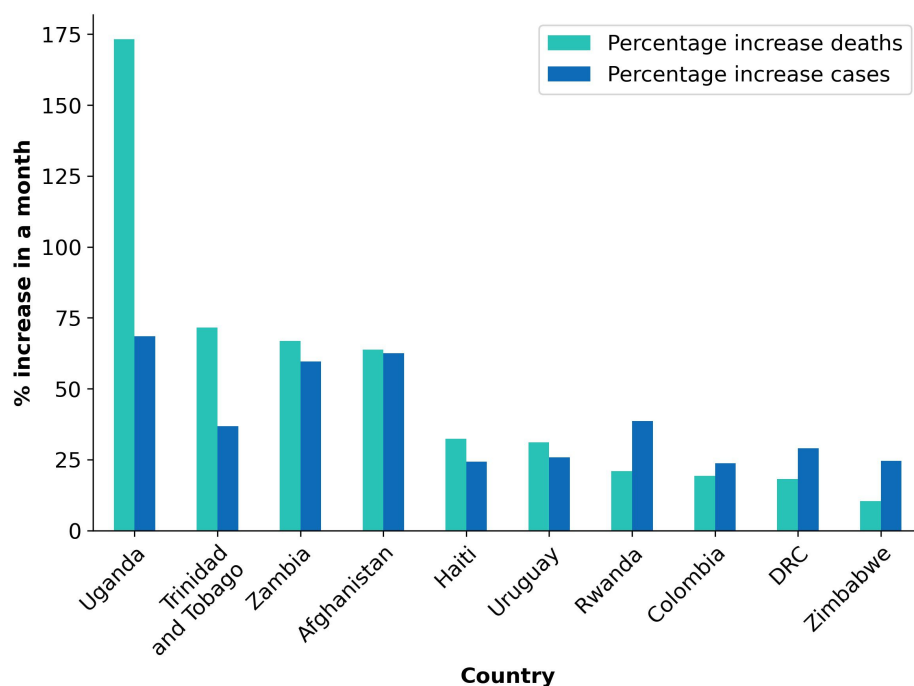


Figure 1. Ten GHO countries with the highest increases in COVID-19 cases and deaths (as of 30 June 2021)

At the halfway point of 2021, almost 75 per cent of GHO countries have reported more cases or deaths in 2021 than all of 2020. In more than a third of those GHO countries, at least 3 times more cases or deaths have been recorded this year compared to last year, with many 4-6 times more. Eight HRP countries have reported at least three times the number of cases or deaths in 2021 compared to 2020 (Burundi, Cameroon, Mozambique, South Sudan, Somalia, Venezuela, Yemen, Zimbabwe).

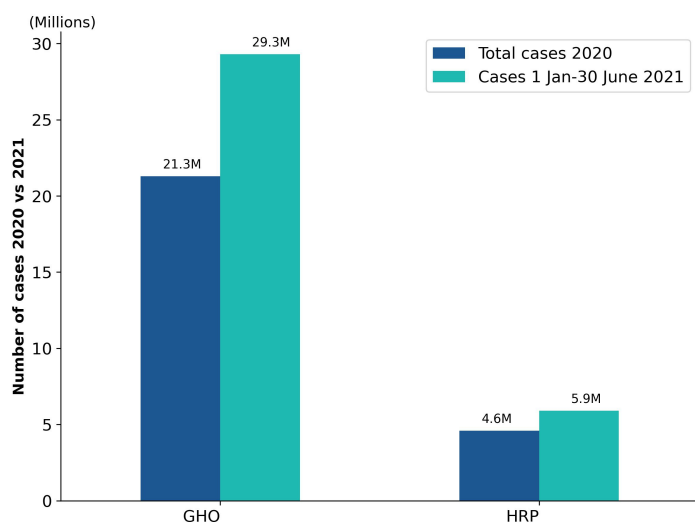


Figure 2. COVID-19 cases in 2020 vs 2021 in GHO and HRP countries

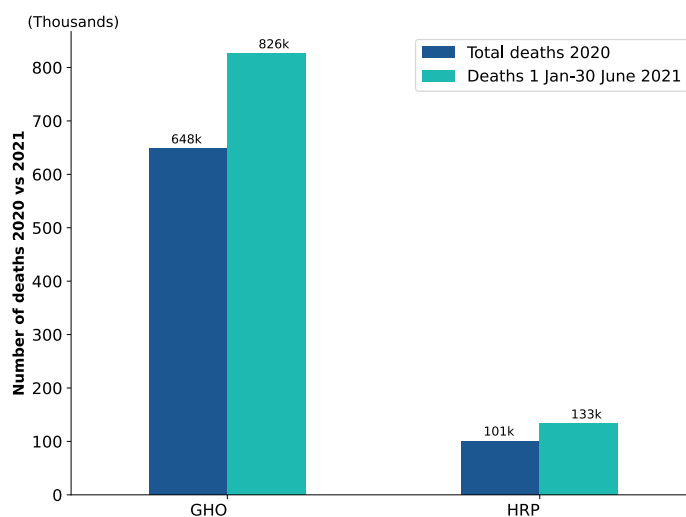


Figure 3. COVID-19 deaths in 2020 vs 2021 in GHO and HRP countries

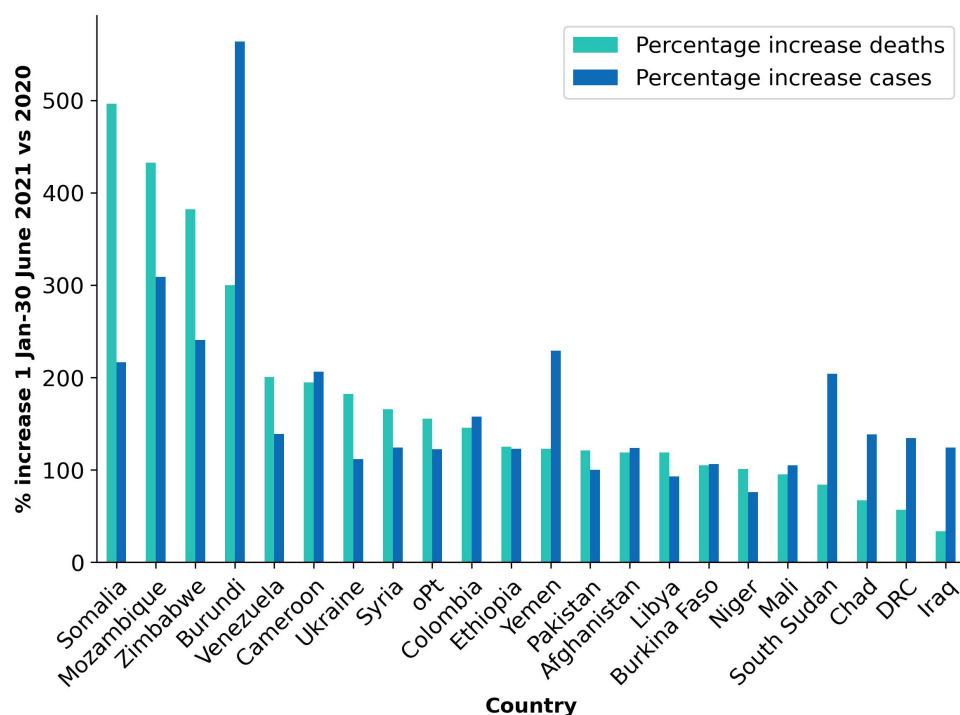


Figure 4. Percentage increases in cases and deaths in HRP countries 2021 vs 2020

Severe outbreaks in most HRP countries are unlikely to be reflected in reported cases and deaths due to inadequate testing. Inadequate testing continues to mask the actual impact of COVID-19 in HRP countries. At the end of June, on average 29 tests per 100,000 people were being conducted over a 7-day rolling average in the 23 HRP countries with testing data available.² In comparison, High Income Countries were conducting 411 tests, Upper Middle Income 96 tests and India 147 tests per 100,000. The average number of tests in HRP countries hides significant discrepancies. For example, three HRP countries conducted over 100 tests (Colombia, Iraq and Zimbabwe) whereas almost half of HRP countries conducted less than 5 tests per 100,000 people. As figure 5 below demonstrates, cases in HRP and low-income countries are likely to be very under-reported due to much lower testing rates. Early detection of new surges is critical to timely and effective response, however inadequate testing will make this task more difficult and complicated. Therefore, in addition to reported cases and deaths, in humanitarian settings monitoring the spread of Variants of Concern, adherence to public health and social measures, and local health and social service system capacities will be important to identify countries at risk and where preparedness and response measures should be scaled up.

² Test tracker - FIND (finddx.org). The 7-day rolling average for tests were not available for 12 of the 23 countries. For those 12 countries, the latest available testing data in June was used.

Sources: Epidemiological Update ([World Health Organization](https://www.who.int/publications-detail/epidemiological-update)), Our World in Data; Gavi and WHO – COVAX; [FIND](https://finddx.org); Vaccine update (Gavi-COVAX, Our World in Data, [World Bank](https://www.worldbank.org), other media sources); Secondary Impacts (OCHA, WFP, IPC, World Bank, IMF, WHO); Funding Update (OCHA) as of 30 June. For feedback, please contact: centrehumdata@un.org.

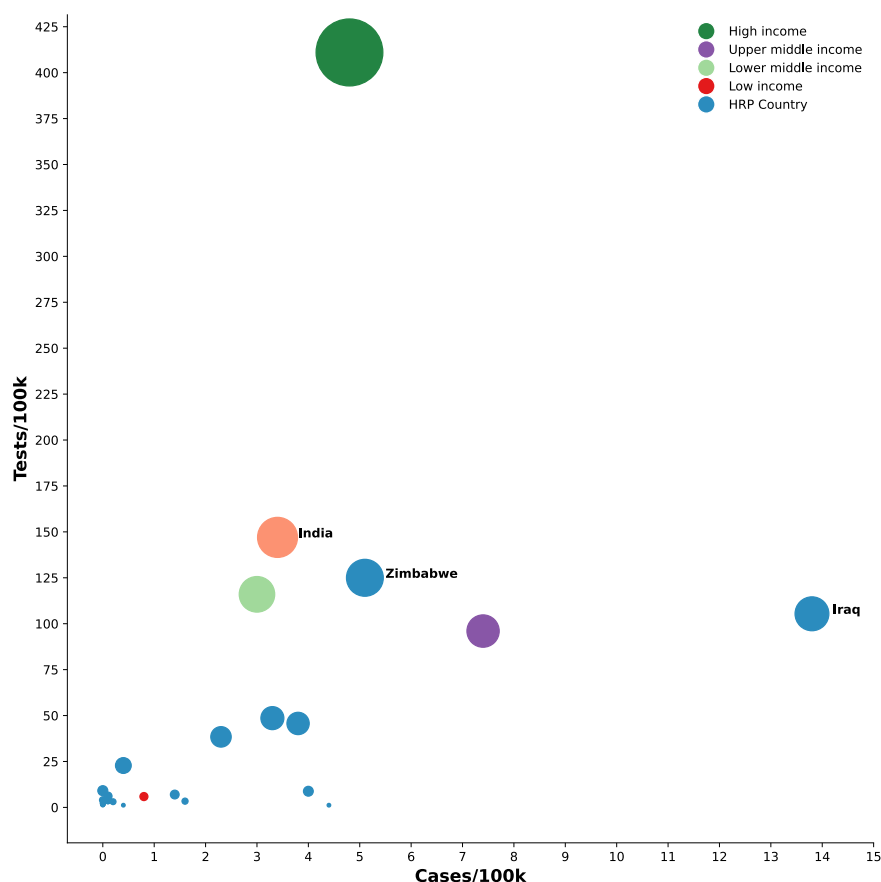


Figure 5. Testing rate and cases per 100/k by HRP, Income Group and India.
(7-day rolling average as of 30 June 2021)³

The Delta variant is becoming dominant, verified in more than a third of GHO countries. The Delta variant is expected to become the dominant strain globally within the coming months due to its significantly increased transmissibility.⁴ Compared with the Alpha variant, the Delta variant is estimated to be 55% more transmissible.⁵ As of 29 June, the Delta variant⁶ has been verified in 90 countries, including in 17 GHO and 4 HRP countries - almost double the number from May. A further 34 GHO countries share a border with at least one country where the Delta variant has been verified. Public health and social measures (PHSM) remain critical and effective in curbing the spread of all SARS-CoV-2 variants, including the Delta variant. Inadequate or fatigue with public health and social measures remain a concern in most GHO countries. Increasing PHSM and compliance with them will be critical to controlling severe outbreaks in the coming months. At the same, socio-economic support must be scaled-up to support governments to put in place PHSM and to mitigate the devastating impacts on vulnerable households and populations that have even less capacity to cope than last year.

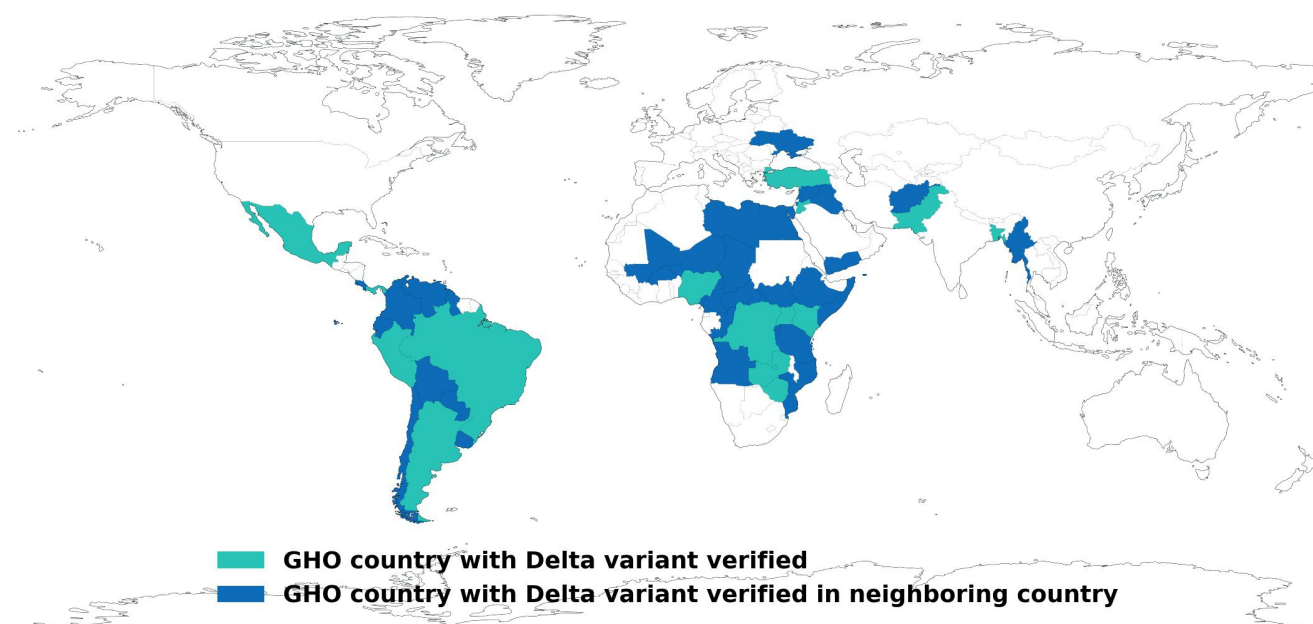
³ Test tracker - FIND (finddx.org). The 7-day rolling average for tests were not available for 12 of the 23 countries. For those 12 countries, the latest available testing data in June was used. For the visual, Colombia was excluded. As of 30 June, the 7-day rolling average was 215 tests/ 100k and 63 cases/100k.

⁴ Weekly epidemiological update on COVID-19 - 29 June 2021 ([who.int](https://www.who.int))

⁵ Weekly epidemiological update on COVID-19 - 29 June 2021 ([who.int](https://www.who.int))

⁶ Delta variant and Unspecified B.1.617

Sources: Epidemiological Update ([World Health Organization](https://www.who.int), Our World in Data; Gavi and WHO – COVAX; [FIND](https://finddx.org)); Vaccine update (Gavi-COVAX, Our World in Data, [World Bank](https://www.worldbank.org), other media sources); Secondary Impacts (OCHA, WFP, IPC, World Bank, IMF, WHO); Funding Update (OCHA) as of 30 June. For feedback, please contact: centrehumdata@un.org.



**Figure 6. Delta variant in GHO countries
(verified or neighboring a country with the Delta variant⁷)
(as of 29 June 2021)**

2. COVID-19 Vaccination Update

In June, deliveries of COVID-19 vaccines to HRP countries reached a record high, but almost 75 per cent went to just two countries. COVAX deliveries to HRP countries fell below 2 million, the lowest since February. Approximately 18.7 million doses were delivered to 14 HRP countries in June, an increase from the 12.2 million delivered in May. In June, more than 80 per cent of doses were procured or of unknown origin, the majority of those doses going to Colombia (6.7m) and Pakistan (6.7m). COVAX delivered 1.98 million vaccines to Colombia and Ukraine, the only two HRP countries to receive doses from COVAX in June and the lowest number of doses COVAX has delivered to HRP countries since it began. Based on publicly available sources, approximately 1.37 million doses were donated to six HRP countries. China donated the most doses, providing 1.28 million doses to 5 countries, including 700,000 to Afghanistan and 200,000 to Chad – the first vaccines Chad has received. Despite the surge in cases, only 7 HRP countries in Africa received a total of 479,000 doses in June. By the end of June, 25 HRP countries had received a total of 66 million doses through COVAX, donations or procurements. Burundi and Haiti have not received any COVID-19 vaccine doses to date.

⁷ Delta variant and Unspecified B.1.617

Sources: Epidemiological Update (World Health Organization, Our World in Data; Gavi and WHO – COVAX; FIND); Vaccine update (Gavi-COVAX, Our World in Data, World Bank, other media sources); Secondary Impacts (OCHA, WFP, IPC, World Bank, IMF, WHO); Funding Update (OCHA) as of 30 June. For feedback, please contact: centrehumdata@un.org.

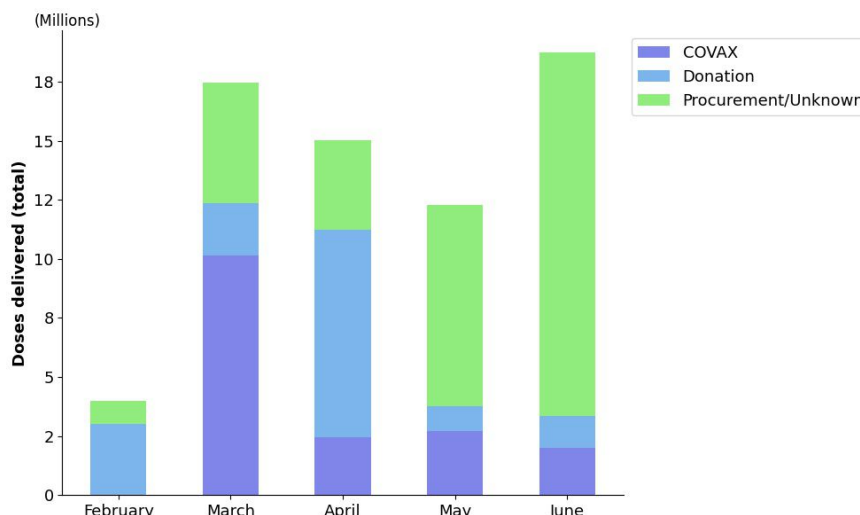


Figure 7. Estimated COVID-19 vaccines delivered per month to HRP countries (February-June 2021)

Approximately 174 million doses are required for HRP countries to reach the WHO goal of vaccinating 10 per cent of the population by September (based on 2 doses). Amidst a surge in cases for many countries, WHO has urged for 10 per cent of the population of every country to be vaccinated by September. To reach this goal, HRP countries would need to receive more than 2.5 times the amount of vaccines received to date in the coming three months. Only two HRP countries have met the 10 per cent goal, with Colombia having received enough doses to vaccinate 20 percent of its population with two doses and the occupied Palestinian territories, 11 per cent of its population. Two-thirds of HRP countries have only received enough doses to fully vaccinate less than 2 per cent of their population (based on 2 doses). Twelve of those HRP countries have only received enough doses to fully vaccinate less than 1 per cent.

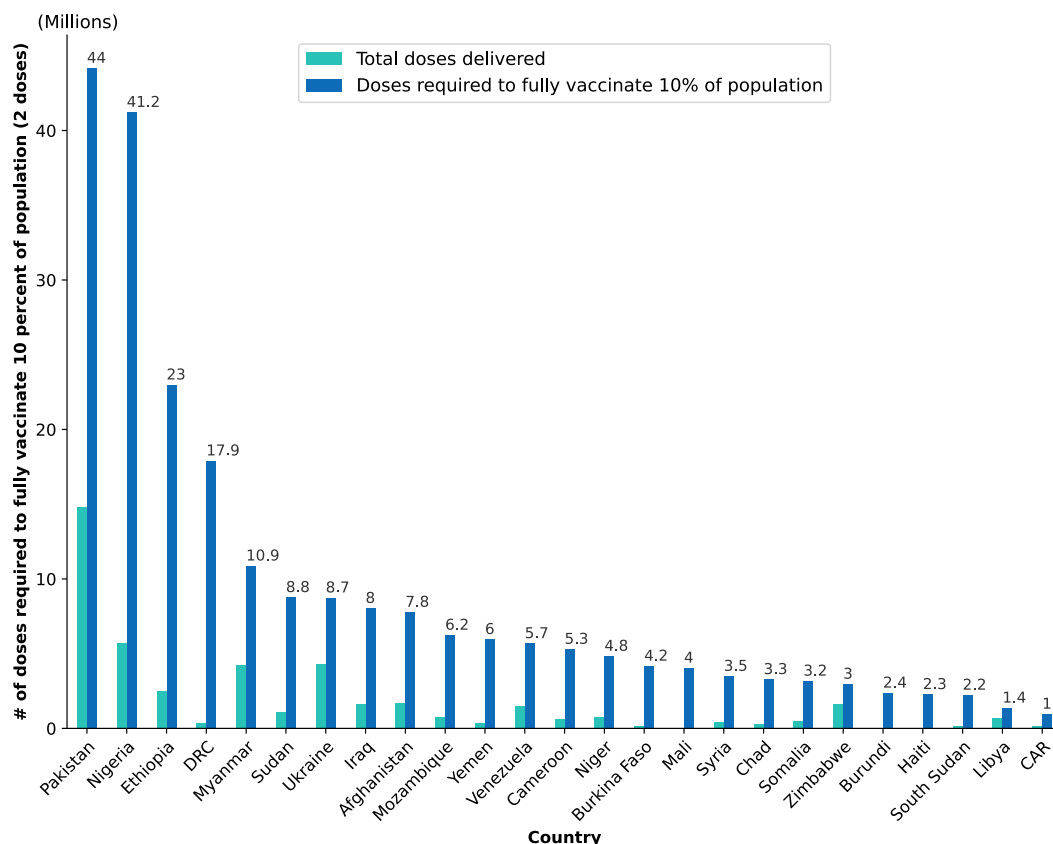
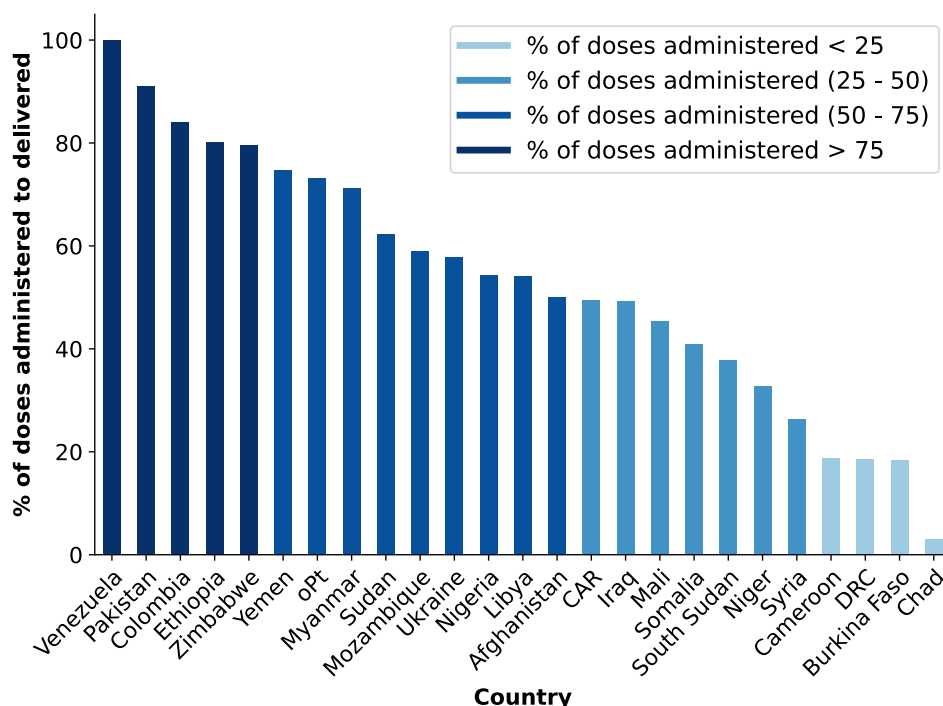


Figure 8. COVID-19 vaccine doses required in HRP countries to fully vaccinate 10 per cent of population based on 2 doses

(Delivered vs Required, as of 30 June 2021)

COVID-19 vaccines are unlikely to arrive in meaningful volumes in HRP countries this year leaving most HRP countries at risk of severe outbreaks in 2021. At the beginning of June, the G7 committed to share at least 870 million doses over the next 12 months, with at least half by the end of 2021 and channeled principally through COVAX toward those in greatest need. The commitments are positive but are insufficient given more than 5 billion doses are needed to vaccinate 70 per cent of low and low-middle income countries.⁸ The timing of the delivery of those doses are also back-loaded. Based on the G7 commitments, doses will only begin to be shared in August with most of the doses coming toward the end of 2021 and 2022. On 23 June, COVAX issued its latest [COVAX Global Supply Forecast](#), including confirmed donations. By the end of September, up to 390 million doses could be available for AMC countries, however only some of these will benefit HRP countries and supply and delivery is still conditioned upon manufacturing productivity, regulatory approval, country readiness and indemnification and liability agreements in place. While supply is expected to increase toward the end of 2021, delays in vaccines over the coming months will continue to place most HRP countries at risk of large waves of the pandemic for the remainder of the year.

Almost half of HRP countries have administered less than 50 per cent of delivered vaccines. Countries receiving the least number of doses have the lowest administration rates. At the end of June, over 3 billion doses had been administered globally, but only 51 million (approximately 1.7 per cent) in HRP countries. Vaccine campaigns continue, albeit with slow progress particularly in the poorest countries. Only five countries have administered more than 75 percent of administered doses (Colombia, Ethiopia, Pakistan, Venezuela, Zimbabwe). Almost half of HRP countries (11 countries) have administered less than 50 per cent.⁹ Nine of these countries have received less than 600,000 doses, many of them in March and April, confirming the poorest countries require much greater support to administer vaccines. Increasing the rate of administration is urgent, not only due to the spread of COVID-19 but the short expiration dates. In five countries with less than 50 per cent of delivered vaccines administered, many of the vaccines are at risk of expiring in July.



**Figure 9. COVID-19 Vaccines – Percent of doses administered to delivered
(as of 30 June 2021)**

⁸ The WHO has estimated 11 billion doses are needed to vaccinate 70% of the world's population based on a two dose regimen. Based on the 11 billion figure, LMICs will require over 5 billion doses as they represent 48% of the global population (according to World Bank population statistics).

⁹ Burundi and Haiti are excluded as neither country has received vaccines as of 30 June 2021.

Sources: Epidemiological Update ([World Health Organization](#), Our World in Data; Gavi and WHO – COVAX; [FIND](#)); Vaccine update (Gavi-COVAX, Our World in Data, [World Bank](#), other media sources); Secondary Impacts (OCHA, WFP, IPC, World Bank, IMF, WHO); Funding Update (OCHA) as of 30 June. For feedback, please contact: centrehumdata@un.org.

Financing is starting to increase for purchasing and deploying COVID-19 vaccines, but it will be critical to ensure funds are targeted toward the poorest countries with the least vaccines and capacity to administer them. In June, the World Bank approved USD494 million to 8 GHO countries, bringing total World Bank financing for the purchase of COVID-19 vaccines and their deployment, including health system strengthening to USD1.62 billion to 15 GHO countries in 2021. Almost half, USD827.2 billion went to 8 HRP countries, including USD264million announced in June to Mozambique (USD115m), Sudan (USD100m), Niger (USD29m) and Yemen (USD20m). A further USD200 million for DRC is currently under preparation. On 30 June, the World Bank announced it would boost its total financing for COVID-19 vaccine purchase and deployment to USD20 billion from its previous target of USD12 billion (announced October 2020). The Gavi Board on 23-24 June also approved a COVID-19 Delivery Support envelope, with at least USD775 million to ensure the rapid roll-out and scale up of COVID-19 vaccines in the next 6-12 months. The World Bank funding and Gavi Board decision are welcome and important steps. It will now be essential for funds to be rapidly deployed and to be directed toward the poorest countries with the least vaccines and capacity to administer them.

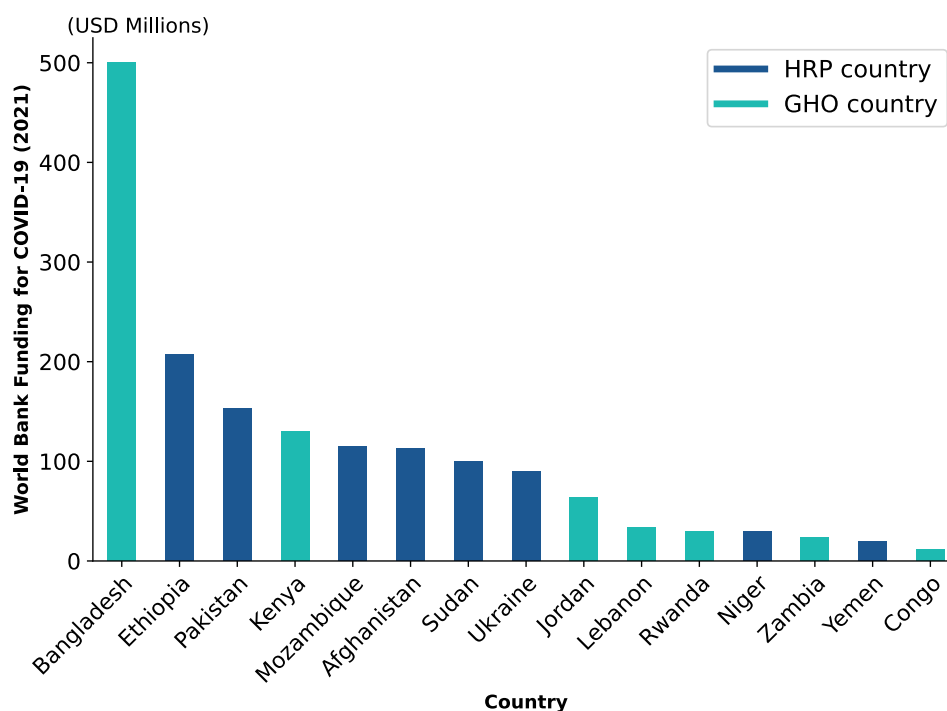


Figure 10. World Bank financing to GHO countries in 2021 for vaccine purchase and deployment¹⁰ (as of 30 June 2021)

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

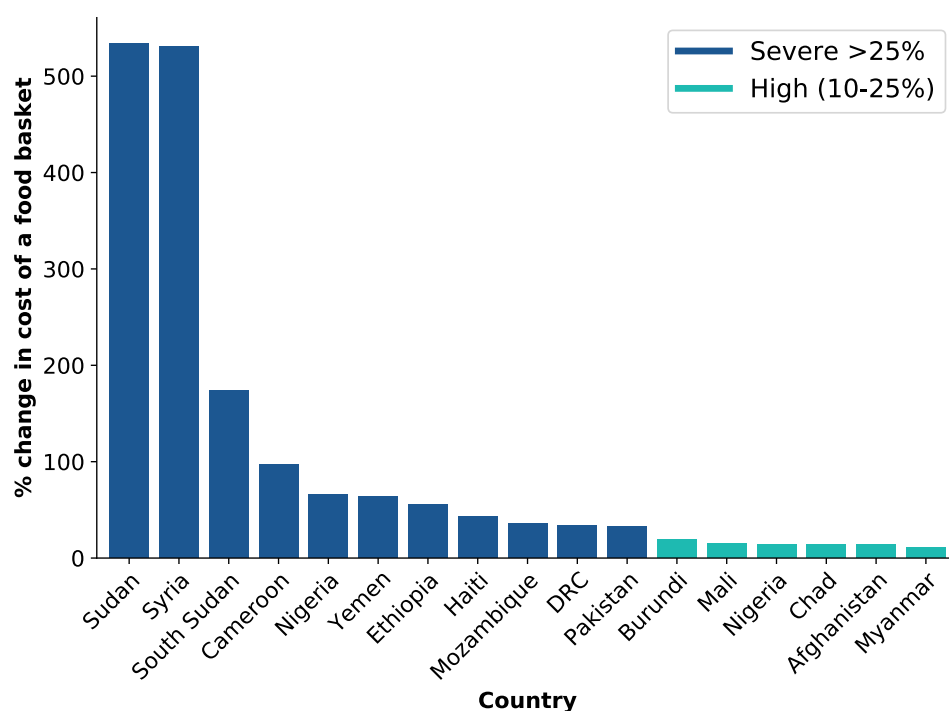
¹⁰ [World Bank Support for Country Access to COVID-19 Vaccines](#)

Sources: Epidemiological Update (World Health Organization, Our World in Data; Gavi and WHO – COVAX; FIND); Vaccine update (Gavi-COVAX, Our World in Data, World Bank, other media sources); Secondary Impacts (OCHA, WFP, IPC, World Bank, IMF, WHO); Funding Update (OCHA) as of 30 June. For feedback, please contact: centrehumdata@un.org.

3. Secondary Impacts

Food security

Food prices are at their highest in almost a decade and severe outbreaks of COVID-19 risk further deteriorating food insecurity. The FAO Food Price Index (FFPI) averaged 127 points in May, an increase of almost 40 per cent from the same period last year and the twelfth consecutive monthly rise to its highest level since September 2011. In comparing the cost of a food basket over the past three months (March-May) to the same period in the past five years, the cost is at least 30 per cent higher in 11 HRP countries with the cost being 6 times more in Sudan (534%) and Syria (531%) and almost three times more in South Sudan (174%). With almost 110 million people in acute food insecurity (IPC Phase 3 or above) in HRP countries at the end of June, the spread of COVID-19 and subsequent public health and social measures further risk deteriorating food insecurity. On 12 July, the State of Food Security and Nutrition in the World (2021) will be released, detailing the devastating impact of the pandemic on hunger and food insecurity in 2020. The most vulnerable people in the world are experiencing a successive and more severe wave of the pandemic this year with less capacity to cope and, for many, an alarming state of hunger. With the food security sector of the GHO only 30 per cent funded, and the nutrition sector less than 20 percent funded, it is critical funding for food assistance is urgently scaled.



**Figure 11. Percentage change in cost of a food basket in HRP countries¹¹
(3-month trend, March-May 2021 vs baseline)**

¹¹ WFP, [Global Market Monitor \(wfp.org\)](https://www.wfp.org/global-market-monitor)

Sources: Epidemiological Update ([World Health Organization](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports)), Our World in Data; Gavi and WHO – COVAX; [FIND](https://www.find.org/); Vaccine update (Gavi-COVAX, Our World in Data, [World Bank](https://www.worldbank.org/), other media sources); Secondary Impacts (OCHA, WFP, IPC, World Bank, IMF, WHO); Funding Update (OCHA) as of 30 June. For feedback, please contact: centrehumdata@un.org.

4. Funding Update

Last year, much of the funding received in the second quarter of the year was related to COVID-19. This year, two-thirds of HRP countries have received less humanitarian funding despite more severe waves of COVID-19 in most countries. At the end of June, the Global Humanitarian Overview received approximately USD7.51 billion out of total requirement of USD36 billion, approximately 21 per cent funded. The gap is similar in both actual and percentage terms as the same time in 2020, but it is much wider in percentage than in previous years. While seven countries have more funding in June 2021 than mid-year 2020, most notably Yemen which increased more than \$1 billion when compared to last year, 18 HRP countries, have received less funding. Six of those HRP countries have experienced a decrease of more than 33 per cent (Chad, Niger, Somalia, Syria, Venezuela and Zimbabwe) despite battling more COVID-19 cases or deaths in 2021, including up to 5 times more deaths in Somalia and 4 times more in Zimbabwe. COVID-19 continues to place weak health systems under pressure, disrupt services for vulnerable populations, hamper immunizations and place health and humanitarian workers at risk. Increased funding must be made available to both support COVID-19 preparedness and response and address life-saving humanitarian needs.

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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