Key Messages: UPDATED

- People confirmed to have COVID-19: 22
- People tested for COVID-19: 305
- People confirmed negative for COVID-19: 273
- Pending results: 10
- Key concern: Border crossing areas in the country’s west

(Source: Ministry of Public Health of Afghanistan)

Situation Overview: UPDATED

Globally, 194,029 people have been confirmed to have contracted COVID-19 and 7,873 fatalities have been reported across 164 countries. The overall number of confirmed cases and fatalities outside China is now higher than in China. On 11 March, WHO declared the COVID-19 outbreak as a global pandemic. WHO reminds all countries and communities that the spread of this virus can be significantly slowed or even reversed through the implementation of robust containment and control activities. The increasing spread of the virus from and within Italy, Iran, Spain, France, Germany and South Korea remains a concern. Travel restrictions by countries are changing rapidly and should be monitored on daily basis.

The first person to test positive for COVID-19 in Afghanistan was confirmed on 24 February by the Ministry of Public Health (MoPH). A total of 22 people are now confirmed to have the virus in Hirat (13), Badghis (1), Balkh (1), Daykundi (1), Loghar (2), Kapisa (1) and Samangan (3) provinces. Contact tracing for the people confirmed with COVID-19 is ongoing. The clinical condition of the people both confirmed and presumptive for the virus is considered good. One patient in Hirat has reportedly recovered and been discharged from the treatment facility. On 14 March, the Government of Afghanistan announced that all schools would be closed for an initial period of 4 weeks – through to 18 April 2020. It is reported that all public gatherings in Hirat have been banned until further notice and further advice is being given against public celebration of the Nawruz holiday in Mazar-e-Sharif.

A number of people being held in isolation in hospital in Hirat left the facility on 16 March, although some have reportedly since returned to the hospital. A range of factors including hospital conditions, distrust of the authorities, loss of livelihoods issues, stigma and lack of understanding of risk and fear are likely to have contributed to this situation and warrant a scale-up of awareness raising among those being isolated in hospitals. The Protection Cluster will endeavour to negotiate access to those being held in medical isolation in order to ensure they understand what is happening to them and that their well-being is being protected and their specific needs addressed. Improved awareness raising at border crossings will also support this. Addressing rumours and community fears of seeking medical treatment through community engagement will be critical. The Government has also advised its provincial and district level counterparts to initiate awareness raising through community leaders and using mosques.

Response UPDATED

The focus of activities in Afghanistan remains on both preparedness and containment. MoPH is working closely with UN and other partners to rapidly expand in-country preparedness and containment capacity. The aim is to strengthen detection and surveillance capacity at points-of-entry into Afghanistan including airports and border-crossing sites (especially in the west), and to continue the training of medical staff on case-management, risk communication and community engagement. The level of support and activities in all key areas will need to be expanded rapidly to manage the further spread of the disease.

MoPH has established six committees for the surveillance of COVID-19 at the national and provincial level: Points of Entry Committee; Population Surveillance Committee; Data Management Committee; National COVID-19 Contact Tracing Committee; the Lab Surveillance Committee and Public Relations. While Afghanistan has recently received 25,000 diagnostic kits from UAE and 4000 kits from China, diagnostic testing is still stretched given the increasing demand to test suspected cases. The outbreak is likely to spread to other provinces, beyond those already affected.

Currently, a national isolation centre with a capacity of 100 beds, as well as regional and provincial isolation centers with total capacity of 991 beds, are in place. The Hirat Department of Public Health also informed that a new hospital with the capacity to hold 100 isolation beds will be set up within the coming weeks. The Central Public Health Laboratory (CPHL) is currently undertaking diagnostic tests for COVID-19 with a maximum of 50 tests a day. By April, health partners plan
to equip a laboratory in Hirat that would be able to undertake COVID-19 tests, meaning these no longer need to go to Kabul. Laboratory technicians are being trained on COVID-19 testing. Humanitarian partners have provided over 300 sets of Personal Protective Equipment (PPE) and masks have been provided to isolation wards in Hirat. Four major airports with international flights and all ground crossings are staffed and equipped for screening of travellers with a focus on those arriving from global COVID-19 hotspots.

Health partners have trained some 360 healthcare workers on case management and infection prevention and control. Partners have further installed temporary washing stations for returnees at screening facilities and are completing the construction of permanent WASH facilities – 19 facilities at the Islam Qala border crossing. Some 55 handwashing stations have been installed in all transit facilities in border areas in efforts to limit transmission. Community awareness activities in internal displacement sites in Hirat and COVID-19 trainings for 15 Mobile Health Teams in Ghor and Badghis provinces have also been provided.

In February, Awaaz started to collaborate with the World Health Organisation (WHO) to raise awareness and inform callers about COVID-19. In close coordination with WHO, Awaaz recorded awareness-raising messages which had been heard by 1,975 callers from throughout the country by the end of the February. Up until 14 March, the message was played to an additional 2,695 callers, either while they were on hold or when calling outside of Awaaz's operating hours. In February, Awaaz received 144 calls from 22 provinces with callers enquiring about COVID-19. One case of a recent returnee from Iran indicating he thought he had corona-related symptoms was shared immediately with the health cluster for follow-up. From 1-14 March, Awaaz registered 185 enquiries around COVID-19 from 28 different provinces.

Cross Border Concerns: UPDATED
As of 18 March, there are 241 people confirmed to have COVID-19 in Pakistan. In Iran, WHO reports that 16,169 people have COVID-19 and 988 people have died after contracting the virus.

IOM reports that the flow of spontaneous returnees from Iran has surged considerably since 8 March primarily due to concerns about the spread of COVID-19 in Iran. During the week starting 8 March, IOM reported that between 5,000 and 8,000 returnees came into Afghanistan each day through the Islam Qala border crossing alone. Between 14 and 15 March, more than 20,000 returnees arrived into Afghanistan from Iran through this crossing – the largest two-day return ever recorded. While thermal scanners along with computers and other equipment are being installed at Islam Qala border aimed at high accuracy screening, the scale of returns and the diminishing capacity of partners to register returnees is considered a high risk.

In early March, Afghanistan's neighbours – Tajikistan, Turkmenistan and Uzbekistan – either closed their borders for civilian movement or suspended flights to and from Afghanistan. On 13 March, Pakistan announced it was sealing its western border with Afghanistan and Iran for an initial period of 14 days related to protective measures against COVID-19. This closure announcement was to take into effect on 16 March. Specific information related to commercial movements has not been made public. As the main supply routes for many critical relief commodities are via the Afghanistan-Pakistan border, humanitarian partners are concerned about resulting delays and interruptions to the ongoing humanitarian response. Coordinated efforts are underway to secure corridors for the transport of humanitarian goods.

Furthermore, informal reports show that the outbreak is starting to have an impact on the market for basic consumer goods in Afghanistan, particularly those that are imported. There are already anecdotal reports of price rises are happening in Kabul and Jalalabad. In some cases, this appears opportunistic and not justified by actual shortages. This is on top of steadily accelerating year-on-year inflation (including food and energy commodities) seen in 2019, as well as rapidly escalating rates of household debt. Humanitarian partners are closely monitoring market prices for key food commodities. If realised, price rises in consumer goods as well as transportation costs will have a disproportionate effect on the finances of impoverished households, as well as the country's economy as a whole. Some 14.3m people are projected to be in crisis and emergency levels of food insecurity through until the end of March 2020. The current price situation may further threaten food security and the health and well-being of individuals, in turn raising the chances of a more severe impact if people are exposed to COVID-19.

Operational Response Capacity:

On 16 March, the Government shared revised administrative regulations for its staff with focus on temporary alternate work modalities for older and pregnant staff. Additionally, some NGOs have already started reducing their international footprint in country, while others are preparing to scale-up to respond to the COVID-19 risk and ensure continuity of existing services in the areas where they operate. Already, due to a scale-down of operations among livelihoods partners, seasonal livelihood support activities that were planned to start in April have temporarily been paused, while existing livelihood support such as distribution of seeds is planned to continue. This will affect some of the 70,000 people planned to receive livelihoods support each month. While the impact of this temporary suspension is viewed to be minimal in the
immediate term, given the extended lead times ahead of delivery of planned activities, the Food Security and Agriculture Cluster is concerned about loss of value in value and supply if the temporary pause extends over one month.

UN Flight Operations
There are currently no major disruptions to any United Nations Humanitarian Air Service (UNHAS) flights and daily operations are ongoing. However, COVID-19 is challenging the financial viability of the service due to a drastic reduction of cost recovery funds because there are fewer passengers. On 17 March 2020, UNHAS informed that it is implementing additional preventive measures to reduce the spread of the virus and to protect the health of passengers and humanitarian staff members. UNHAS requires all passengers to undergo temperature checks (using a non-contact infrared thermometer); and to wash and disinfect their hands before entering the UN terminal or UNHAS check-in counters. UNHAS disinfects aircrafts prior to passengers boarding.

Coordination:

Global/Regional UPDATED
- A WHO Regional Office for the Eastern Mediterranean (EMRO) support mission to Afghanistan has arrived in Afghanistan. The mission team will support WHO Afghanistan in enhancing operational readiness and response measures in six major areas: surveillance and rapid response; risk communication and community engagement; infection prevention and control; and mass gathering/points of entry. The mission team will remain in-country for 10-14 days to conduct full assessment and implementation of recommendations, with the possibility for 1-2 people to stay longer (up to 4 weeks) to continue with implementing the recommendations.

National UPDATED
- The humanitarian community’s overall efforts towards the response are coordinated under the Humanitarian Country Team as the strategic decision-making body and the inter-Cluster Coordination Team as its operational arm.
- WHO together with the Health Cluster has developed and is implementing a COVID-19 Preparedness Plan to complement the MoPH Emergency Response Plan for Coronavirus 2020 and additional funding is currently being sought for this plan. The Inter-Cluster Coordination Team is developing a wider Multi-Sector Country Plan that outlines preparedness and response efforts, complementing the health response to COVID-19 outbreak in Afghanistan. This Plan will be finalised later this week. The Plan also aims to highlight the potential effects of the outbreak on ongoing humanitarian response and spell out mitigation measures being employed to reduce interruptions to life-saving services. The HCT will be briefed on the plan on Thursday. Briefings will also be provided by UNHAS and ACBAR.

Sub-national UPDATED
- At the regional-level, Humanitarian Regional Teams are engaged in local planning for the outbreak and are liaising closely with local Government and health authorities. Price rises in local markets are being monitored by staff on the ground. In the West, focal points have been identified for each of the relevant pillars under the Country Plan and 3Ws (Who does what, where) are being collated.

Funding: UPDATED
- On 3 March, the World Bank announced an initial package of up to US$12 billion in loans and grants in immediate support to countries coping with the health and economic impacts of COVID-19. The World Bank support will prioritise the poorest countries and those at high risk with low capacity.
- On 1 March, the Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator released $15 million from the Central Emergency Response Fund (CERF) to support global efforts to contain the COVID-19 virus. The funding will help countries with fragile health systems boost their detection and response operations.
- On 24 February, EU committed €232 million for global efforts to tackle COVID-19 outbreak. Part of these funds will be allocated immediately, while some will be released in the coming months.
- On 25 February, the Government of Afghanistan announced the availability of $15 million to respond to COVID-19 outbreak and an additional $10 million in reserve funds for MoPH. Some $5.2m of this has been pledged to the response in the country’s west (Hirat).
- On 26 February, the UN Humanitarian Coordinator, supported by the Advisory Board of the Afghanistan Humanitarian Fund (AHF), allocated $1.5 million for urgently required COVID-19 preparedness and response capacity in-country.
- Some $2m from in-country contributions from US and ECHO was availed to WHO to accelerate preparedness and containment activities.
For the latest available information on travel restrictions, please see link below:

More Information
WHO
- WHO situation dashboard: https://experience.arcgis.com/experience/685d0ace521648f8a5beeeee1b9125cd
- General information: https://www.who.int/health-topics/coronavirus
- Introduction to COVID-19 online course: https://openwho.org/courses/introduction-to-ncov
- WHO Afghanistan Twitter page: https://twitter.com/WHOAfghanistan
- When and how to use masks: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks

United Nations UPDATED
- Updates on COVID-19 for the public as well as for UN Staff at UNHQ and UN Personnel worldwide: www.un.org/coronavirus
- Recommendations developed by UN Medical Directors: https://hr.un.org/sites/hr.un.org/files/Coronavirus_RMP_2020-03-02_FINAL_0.pdf
- Information and guidelines specifically for UN personnel: https://hr.un.org/page/coronavirus-disease-covid-19
- Information on telecommuting: https://iseek.un.org/telecommuting with resources and tips for working from home successfully.
- For Secretariat Staff, the Coronavirus page on iSeek remains the central repository of stories, broadcast and announcements sent by Management and Medical services as well as Regional Offices for field missions with specific local information: https://iseek.un.org/coronavirus

Inter-Agency Standing Committee
- Key mental health and psychosocial support considerations in relation to the COVID-19 outbreak: https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/briefing-note-about

* The next update will be published on 22 March 2020 unless there is a significant change in the situation *

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