Key Messages: UPDATED

- People confirmed to have COVID-19: 91
- Deaths from COVID-19: 2
- People recovered: 3
- Key concerns: Border crossing areas, movement restrictions, strategic messaging and rumour management

(Source: Ministry of Public Health of Afghanistan)

Situation Overview: UPDATED

According to the WHO Global Dashboard, as of 27 March 465,915 cases of COVID-19 have been confirmed and 21,031 deaths have been reported across 199 countries and territories. On 11 March, WHO declared the COVID-19 outbreak as a global pandemic. Physical distancing measures can help to slow transmission of the virus and reduce the burden on the health system. But to suppress and control epidemics, countries must isolate, test, treat and trace. As the virus moves to low-income countries, WHO is deeply concerned about the impact it could have among populations with high HIV prevalence, or among malnourished children – the latter being of particular concern in Afghanistan.

In Afghanistan, 91 people across 13 provinces are now confirmed to have the virus. Hirat is still the most affected part of the country with 65 of the confirmed cases (see map). Confirmed cases are predominantly men. Two people have now died from the virus in Balkh and Hirat Provinces. Contact tracing for the people confirmed with COVID-19 is ongoing. To date, testing has been small scale which may account for the relatively low number of confirmed cases given the high number of people crossing the border from Iran. This testing is now being scaled-up.

In a press conference today, the Government of Afghanistan announced a ‘measured lockdown’ in Kabul City effective from tomorrow (28 March) for a period of three weeks. The measures announced by the Government are:

- All government institutions/administration centres will be closed for three weeks
- All business centres, wedding halls, sports clubs, parks, social and public gathering centres, except food shops, banks and pharmacies to remain closed for three weeks with possibility of extension
- All Kabul residents are requested to stay at home and avoid non-essential movement
- Crowds of more than three people will not be allowed in the city
- All public transportation including buses and mini buses will not be allowed to move around, with the exception of small cars with not more than four people
- Buses will not be allowed to move in or out of the city
- Banks and food industry can operate with proper precautionary measures in place. Bakeries will remain open for takeaway
- A Government Operation Control Center for COVID-19 will be based in Darulaman Palace, PD 6, Kabul on 24/7 basis. The telephone number 166 or 119 can be called for any emergency support
- Joint Mobile Teams and Emergency Centres will be established in various locations like wedding halls and educational institutions, Polytechnic Institute (PD5), Rabani Educational Institute (PD5), Habibya High School (PD7), Nadaria High School (PD2), and other locations in Kabul
Earlier this week, the Hirat Provincial Governor announced restrictions on movement due to COVID-19 from 25 March, along with plans to disinfect Hirat city. Other regions have also been discussing similar quarantine measures. On 14 March, the Government of Afghanistan also announced that all schools would be closed for an initial period of four weeks – through to 18 April 2020.

International travel restrictions and airlines services are changing rapidly and should be monitored on daily basis. Wide commercial flight suspensions to Kabul are now in force and the United Nations Humanitarian Air Service (UNHAS) is urgently investigating options for a possible international air-bridge service, although this would be dependent on landing rights, visa and other considerations. Various destinations are being explored.

Response: UPDATED

The overall focus of the health response is on preparedness, containment and mitigation. The outbreak has started to spread inside Afghanistan and this is expected to continue. WHO and a number of international organisations are working to provide reliable modelling on the evolution of the virus in the specific context of Afghanistan with its unique vulnerabilities including its porous borders, unpredictable borders closures, weak health system, high malnutrition rates, significant displacement, poor water and sanitation infrastructure, unequal access of women to health services and high rates of people with specific needs including physical disability and mental health issues.

A COVID-19 Multi-Sector Humanitarian Country Plan for Afghanistan has been finalised requiring US$108.1m to reach 6.1m people with life-saving assistance across all clusters. The plan outlines initial preparedness and response efforts for the next three months but is expected to be updated as the situation changes. This costed plan will form the basis of an HRP revision in the near future. The plan complements the health response to the COVID-19 outbreak in Afghanistan and has fed into a Global COVID-19 appeal. Importantly, the multi-sector 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 plan is available here. OCHA’s Humanitarian Financing Unit is supporting the Humanitarian Coordinator to make urgent pooled fund allocations to support the response.

The humanitarian community is prioritising COVID-19 prevention and response among persons of concern, taking a whole-of-community approach that takes into consideration IDPs, returnees and the host communities. UNHCR will provide vulnerable refugees and asylum seekers with a one-time grant of US$100 for hygiene items for three-months. For vulnerable refugees specifically, this top up will be in addition to the monthly subsistence all refugees receive from UNHCR. 61 vulnerable households (200 people) – both refugees and asylum seekers – have so far been assessed to be in need (female headed households, family with members who have chronic illnesses etc). In the Gulan settlement in Khost Province, UNHCR is conducting awareness raising and a distribution of soap (12 bars per household) reaching up to 3,500 households from 25 March. DAFI scholarship holders – all refugee returnees - will continue to be provided with their monthly allowance despite the suspension of school.

UNHCR has provided personal protection kits and office hygiene kits to DoRR and all UNHCR partners who are at the frontline of COVID-19 prevention and response. The kits were sent to the field on 25 March, covering 670 government and partner frontline staff. Each protection kit consists of hand sanitiser, masks, gloves, antibacterial wet wipes for three months. Office hygiene kits consist of hand sanitiser and disinfectant for up to three months. These kits were sent to the field on 25 March, covering 82 government and partner office premises.

The COVID-19 Risk Communications and Community Engagement Working Group met on 26 March to ensure that COVID-19 related communication activities take into account community information needs, communications preferences, community dynamics, social norms, cultural beliefs, superstitions and other factors that could impact on how COVID-19 risk reduction messaging is perceived and understood by communities in Afghanistan. The group is being led by WHO.

Humanitarian partners and the authorities are closely monitoring market prices for key food commodities due to concerns about panic buying and import constraints. The World Food Programme has started collecting the prices of staple foods in eight major urban markets on a daily basis following a spike in prices observed in Kabul on 16 March due to COVID-19. The situation stabilised following the Government’s initial intervention, however food prices have increased again. On 25 March, wheat and wheat flour were 11 – 12 per cent more expensive compared to 14 March and the price for cooking oil had increased by 6.5 per cent. Price rises for 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.
**Cross Border Concerns:** UPDATED

As of 27 March, WHO reports that there are 29,406 confirmed cases of COVID-19 in Iran. From 8-21 March, IOM reports a spontaneous return of undocumented Afghans from Iran of 115,410 - the highest two-week total on record. Since 19 March, returns have subsided during the Nawroz-Persian New Year holidays in Iran and Afghanistan. 500 people crossed the border in Hirat and 300 in Nimroz today. According to media reports, the Government of Iran has banned internal travel after many people did not heed warnings not to move around the country over the New Year holiday. This is expected to have a significant impact on the scale of returns over the days ahead. Alongside the Government (DoRR), IOM and UNHCR are jointly leading the humanitarian response at the border and are scaling-up awareness raising sessions for new arrivals on COVID-19. Over the past week, nine commercial trucks carrying 60 mt of mixed food commodities were stopped at two checkpoints in the Western Region for three days due to movement restrictions ordered by authorities to quell the spread of the coronavirus. All of the trucks have since been able to reach their destination. All flights to and from Iran are suspended.

As of 27 March, there are 1057 people confirmed to have COVID-19 in Pakistan. After initially announcing the country's border with Afghanistan would close, on 20 March the Prime Minister of Pakistan announced the country was allowing trucks through the Chaman-Spin Boldak border to ensure continued supplies of goods in Afghanistan. IOM reports that while a limited number of commercial trucks were allowed to cross at the Chaman border point for a brief period last weekend, this has now stopped. As of 25 March, 15 WFP trucks carrying 578 mt of SuperCereal and vegetable oil remained at the border. The humanitarian community is concerned about the impact of repeated border interruptions on supplies of commercial goods which are driving up domestic prices across Afghanistan, as well as the impact on pipelines for humanitarian goods (e.g. food) which are partially sourced in Pakistan.

**Operational Response Capacity:** UPDATED

With various movement restrictions and quarantine measures announced for different parts of the country, the UN and humanitarian partners are working to ensure that they can maintain operational capability. Colleagues in Hirat have informed that security forces have been told not to block the movement of UN and marked NGO vehicles around the city.

Further details will be shared once available. The closure of government institutions may create new coordination challenges for humanitarian agencies. Some NGOs have reduced their international footprint in country and many staff are now working remotely. Others are scaling-up to respond to the COVID-19 risk and ensure continuity of operations, border crossings, market monitoring and response capacity.

**Coordination:**

**Global**

- The UN has launched a $2 billion Global Humanitarian Response Plan to fight COVID-19 in some of the world’s most vulnerable countries. The plan is aimed at protecting millions of people and stopping the virus from circling back around the globe. The response plan will be implemented by UN agencies, with international NGOs and NGO consortia playing a direct role in the response across 51 countries. Governments are urged to commit to fully supporting the global humanitarian response plan, while sustaining funding to existing humanitarian appeals. The plan is available here. The plan will:
  - Deliver essential laboratory equipment to test for the virus, and medical supplies to treat people;
  - Install handwashing stations in camps and settlements;
  - Launch public information campaigns on how to protect yourself and others from the virus; and
  - Establish airbridges and hubs across Africa, Asia and Latin America to move humanitarian workers and supplies to where they are needed most.

**National**

- 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. The next HCT meeting will again be dedicated to COVID-19 with an update on the final COVID-19 response plan, flight operations, border crossings, market monitoring and response capacity.
- As mentioned above, a COVID-19 Multi-Sector Humanitarian Country Plan has been finalised requiring $108.1m for urgent activities supporting the COVID-19 response.
- WHO together with the Health Cluster has developed and is implementing a health-focused COVID-19 Preparedness Plan. This complements the MoPH Emergency Response Plan for Coronavirus 2020 and additional funding is currently being sought for this plan.
Sub-national

- From 22-23 March, the Humanitarian Coordinator, Toby Lanzer and WHO Representative, Rik Peeperkorn, visited the Islam Qala border crossing point between Afghanistan and Iran.

- 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. The situation at various border crossings is also being closely monitored.

**Funding:** UPDATED

- As mentioned above, OCHA’s Humanitarian Financing Unit is supporting the Humanitarian Coordinator to make urgent pooled fund allocations to support the response.

- WHO has partnered with the UN Foundation and the Swiss Philanthropy Foundation to launch the COVID-19 Solidarity Response Fund to enable individuals and organization to contribute to the response.

- 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.

- 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.

- 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.

- $2m from the USA and ECHO has been provided to WHO to accelerate preparedness and containment activities in Afghanistan.

**More Information:**

This section is being updated.

For further information, please contact:
Dr. David Lai, Health Cluster Coordinator, Health Emergencies Programme, WHO, laidavid@who.int, Tel. (+93) 078 176 4906 (for Technical Expertise)
Dr. Daud Altaf, Team Lead, WHO Health Emergency, WHO, altafm@who.int, Tel. (+93) 0782200342 (for Technical Expertise)
Danielle Parry, Head of Strategy and Coordination Unit, OCHA, parryd@un.org, Tel. (+93) 0793001124 (for Information)