

## Key Messages: **UPDATED**

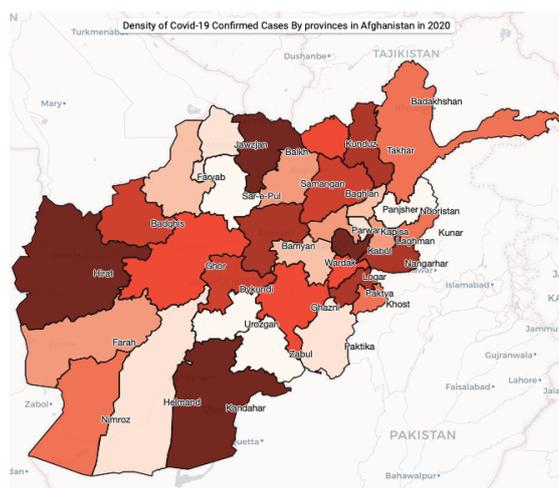
- **People confirmed to have COVID-19: 38,544** (as of 2pm, 10 September. Source: Afghanistan Ministry of Public Health - MoPH)
- **Deaths from COVID-19: 1,420**
- **Samples tested: 105,422**

**Key concerns: Border crossing areas, in-country testing capacity, protective equipment for frontline workers, maintaining essential health services, public complacency, sustained prevention and mitigation measures, messaging and rumour management**

## Situation Overview: **UPDATED**

**MoPH data** shows that **38,544** people across all 34 provinces in Afghanistan are now confirmed to have COVID-19. Some **31,048** people have recovered, and **1,420** people have died - **75** of whom are healthcare workers. **Almost 10 per cent of the total confirmed COVID-19 cases are among healthcare staff. 105,422** people out of a population of **37.6 million** have been tested. The majority of the deaths were people between the ages of 40 and 69. Men in this age group represent half of all COVID-19-related deaths. Men account for more than 70 per cent of the total COVID-19 confirmed cases, although this may be the result of over-representation of men in testing. Due to limited public health resources and testing capacity, as well as the absence of a national death register, confirmed cases of and deaths from COVID-19 are likely to be under-reported overall in Afghanistan. Kabul remains the most affected part of the country in terms of confirmed cases, followed by Hirat, Balkh, Kandahar and Nangarhar provinces. Complacency and failure to follow public health advice is creating grave risks in the community, with people generally not observing physical distancing protocols.

Hospitals and clinics continue to report challenges maintaining or expanding their facilities' capacity to treat patients with COVID-19 as well as maintaining essential health services. In Afghanistan, there has been a general decrease of 30 to 40 per cent in the utilisation of essential health services. Meanwhile, mobile health team consultations between April and July increased by 83 per cent compared to the same period last year. WHO emphasises that infection prevention and control need to be improved in health facilities to encourage people to return to health services safely. WHO reiterates the importance of ensuring healthcare workers have the proper personal protection to carry out services. In addition, effective and accurate risk communication activities are needed to reassure people that it is safe to seek treatment at hospitals and health centres, and that health centres are carrying out proper infection prevention and control measures.



Source: [MoPH](#)

	Age 0-19		Age 20-29		Age 30-39		Age 40-49		Age 50-59		Age 60-69		Age 70-79		Age 80+		Unspecified	Total
	Girls	Boys	Women	Men	Women	Men	Women	Men										
<b># People confirmed with COVID-19</b>	980	1,050	3,079	6,547	2,067	6,953	1,768	4,804	1,608	3,307	968	2,228	414	862	119	343	1,447	38,544
<b># Deaths from COVID-19</b>	5	4	12	29	19	71	45	144	93	224	96	299	46	141	16	83	93	1,420

Current laboratory capacity in Afghanistan remains limited. Humanitarian partners urge the Government of Afghanistan to ensure laboratories are appropriately equipped and that procured supplies go to under-resourced health centres in a transparent manner, so that life-saving support can be delivered to those most in need.

WHO notes that when health systems are overwhelmed, as is being seen in Afghanistan, both direct mortality from the outbreak and indirect mortality from vaccine-preventable and treatable conditions increase dramatically. WHO stresses the need to balance the demands of responding directly to COVID-19, with simultaneously engaging in strategic planning and coordinated action to maintain essential health service delivery, mitigating against the risk of system collapse.

### **Response Activities:** UPDATED

Humanitarians have rapidly scaled-up services to support the response to the pandemic, reaching millions of people with life-saving assistance for new and existing needs. For a detailed update of all cluster response activities in Afghanistan please see the latest [Operational Situation Report](#).

The latest cumulative COVID-19 response figures include:

- Health Cluster partners have reached almost 4.7m people with risk communication and community engagement messages
- More than 2.3 million people have been reached with WASH assistance
- More than 564,000 people have been reached by ES-NFI partners with key messages on prevention of COVID-19
- Protection partners have reached more than 269,000 people with psychosocial support services
- Close to 327,000 people have been reached with COVID-19 specific food assistance by FSAC partners between the beginning of May and 31 July.
- More than 100,000 children have been reached with home-based learning materials
- Nutrition partners have distributed more than 87,000 IEC materials across the country since the start of the crisis.

Humanitarians remain concerned about the impact of COVID-19 on the most-vulnerable, particularly people with disabilities and families who rely on casual daily labour and lack alternative income sources. According to [WFP's market monitoring](#), the average wheat flour price (low price and high price) increased by 9 per cent between 14 March and 9 September, while the cost of pulses, sugar, cooking oil and rice (low quality) increased by 27 per cent, 20 per cent, 27 per cent, and 18 per cent, respectively, over the same period. This price increase is accompanied by declining purchasing power of casual labourers and pastoralists – which have deteriorated by 4 per cent and 7 per cent respectively (compared to 14 March).

The Afghanistan Joint Market Monitoring Initiative (JMMI) has released analysis from its fourth round of data collection between 10 and 20 August, in 30 provinces. According to the report, people interviewed reported that 70 per cent of consumers faced barriers to accessing markets. Of those people reporting market access challenges, 36 per cent cited fear of exposure to COVID-19 and public health restrictions as the main reason. Moreover, supply chains have been interrupted in a number of places across the country, with 7 per cent of people interviewed reporting difficulties in obtaining enough commodities to meet demand in the last 30 days. The cost of a [Minimum Expenditure Basket](#) has increased by one per cent, whereas the cost of a food basket has increased by two per cent, compared to the third JMMI round (14 and 26 July). The report finds that an increased number of shops being open, an increase in demand, and seasonality (i.e. post-harvest) are the main reasons for the price stability. For additional information, please see the latest [JMMI Situation Overview](#).

### **Cross Border:** UPDATED

On 3 September, armed clashes between Pakistan and Afghanistan security forces reportedly took place along the Durand Line in the Mohmandara district close to the Torkham border crossing. Both sides have now reached an agreement and the situation has since normalised.

Ghulam Khan border crossing remains closed for pedestrian movement. Pakistan continues to facilitate the movement of cargo trucks and containers into Afghanistan. Since 21 August, five border crossing points (Ghulam Khan, Torkham, Spin Boldak, Angor Adda and Kharlachi) have been open for trucks, six days a week (every day except Saturday).

The Milak (Nimroz) and Islam Qala-Dogharoon (Hirat) crossings with Iran are officially open to commercial traffic and movement of documented Afghanistan nationals. According to the Border Monitoring Team of the Directorate of Refugees and Repatriation (DoRR), a total of 16,664 Afghanistan nationals returned from Iran through the Milak and Islam Qala border crossing sites between 30 August and 5 September, a 10 per cent decrease from the previous week (18,615). 8,163 people returned voluntarily and 8,501 were deported. IOM provided post-arrival humanitarian assistance to 1,631 people or 10 per cent of all undocumented Afghanistan nationals returning from Iran at its transit centres in Hirat and Nimroz during the past week.

Borders with Tajikistan, Uzbekistan and Turkmenistan remain open only for commercial traffic and crossings of passport holders back into Afghanistan. Humanitarians emphasise the critical importance of maintaining a reliable flow of traffic for humanitarian cargo from all neighbouring countries and are advocating for special consideration to expedite movement of humanitarian food and relief items through border crossings.

### Operational Issues:

Commercial domestic flights are operating. The United Nations Humanitarian Air Service (UNHAS) has reduced domestic flight days from five to four days a week. UNHAS will continue to support any required evacuation and relocation flights during all days of the week.

International commercial air travel has resumed with Air Arabia, Ariana Airlines, Kam Air, and Emirates Airlines providing round-trip international flight services to/from Kabul. [Emirates Airlines announced](#) that effective from 1 August, all passengers travelling to Dubai, including those in transit, must have a negative COVID-19 test certificate issued by an [Emirates-approved laboratory](#) to be accepted on the flight.

The UNHAS airbridge connecting Kabul and Doha continues to operate on Sundays, Tuesdays and Thursdays. Flights into Doha accommodate transiting passengers only. UNHAS remains fully committed to supporting the Doha Airbridge until 30 September, as per the initial plan. The next UNHAS flight to Doha is planned for Sunday, 13 September.

### More Information – Links: **UPDATED**

#### WHO

- [WHO's latest information on COVID-19](#)
- [WHO COVID-19 Global Dashboard](#)
- [COVID-19 Partners Platform](#)
- [Timeline of WHO's response to COVID-19](#)
- [Weekly Epidemiological Update \(6 September 2020\)](#)
- [Global report on the epidemiology and burden of sepsis](#)

#### Government of Afghanistan:

- [Ministry of Public Health: COVID-19 Dashboard](#)

#### Inter-Agency Standing Committee

- [IASC-endorsed COVID-19 guidance – new materials available](#)
- [Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak \(available in \[English\]\(#\), \[Dari\]\(#\), \[Pashto\]\(#\)\)](#)

#### UN and others

- [UN: Global Humanitarian Response Plan: COVID-19 \(April – December 2020\) – GHRP July Update](#)
- [UN: Comprehensive Response to COVID-19](#)
- [Relief Web: COVID-19 Response Page](#)
- [OCHA: Asia Pacific COVID-19 - Humanitarian Data Portal](#)
- [OCHA: Afghanistan Humanitarian Response Plan 2018-2021 \(June 2020 Revision\)](#)

- [OCHA: Afghanistan Humanitarian Response Plan 2018-2021 \(June 2020 update\) - Infographic](#)
- [UNEP: A multi-organization high-level compilation of the latest climate science information](#)
- [SC: The impact of COVID-19 on children's lives](#)
- [SC, Theirworld: Protecting Children in Armed Conflict](#)
- [IPS: World Risks Losing Entire Generation of Children](#)
- [ICRC: Gilles Carbonnier on impact of heavy explosive weapons in populated areas](#)
- [IOM: Impact On Key Locations of Internal Mobility - Bi-Weekly Analysis, 9 September 2020](#)
- [IOM: COVID-19 Impact On Points Of Entry](#)
- [ICRC: Collectively we need to do more to protect education from attack](#)
- [ECHO: Commission completes vaccines portfolio following talks with a sixth manufacturer](#)
- [UNAIDS: 1 moment, 2 epidemics, 3 opportunities—how to seize the moment to learn, leverage and build a new way forward for everyone's health and rights](#)
- [UNHCR: Global COVID-19 Emergency Response](#)
- [IOM: COVID-19 Protection Monitoring May – July 2020](#)
- [REACH: Afghanistan Joint Market Monitoring Initiative \(JMIMI\) - Perceived Impact of Covid-19 on Markets](#)
- [OCHA: Afghanistan Weekly Humanitarian Update](#)
- [OCHA: Afghanistan COVID-19 Multi-Sectoral Response Operational Situation Report](#)

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