Key Messages: UPDATED

- People confirmed to have COVID-19: 38,855 (as of 1pm, 17 September. Source: Afghanistan Ministry of Public Health - MoPH)
- Deaths from COVID-19: 1,436
- Samples tested: 107,593

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

According to John Hopkins University, over the course of 2020, COVID-19, has taken more than 900,000 lives and infected close to 30 million people across the globe. In Afghanistan, MoPH data shows that 38,855 people across all 34 provinces are now confirmed to have COVID-19. Some 32,503 people have recovered, and 1,436 people have died - 76 of whom are healthcare workers. Almost 10 per cent of the total confirmed COVID-19 cases are among healthcare staff. 107,593 people out of a population of 37.6 million have been tested. The majority of the deaths were people between the ages of 50 and 79. 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. Recent modelling on COVID-19 projections, developed by the Centre for Humanitarian Data in collaboration with Johns Hopkins Applied Physics Laboratory and released on 9 September, suggests cases and deaths will continue to rise over the next four weeks. Modelling further suggests a significant increase in severe cases (potentially up to 3x the number) should current preventative measures be lifted, with serious risks for Afghanistan’s economy and people’s well-being.
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.

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.

Demand for Afghanistan’s midwives unflagging during COVID-19 pandemic – UNFPA
(14 September 2020)

KABUL, Afghanistan – “When I returned home from work, I had to isolate myself,” explained Suhaila Sadat, a midwife at the Malalai Maternity Hospital in Afghanistan. “My parents were worried about me because I interact with patients all day at the hospital. The risk of COVID-19 infection exists here.”

The pandemic has taken a serious toll in Afghanistan. So far, more than 38,000 people have tested positive for the virus, out of 100,000 tested samples. Nearly 10 per cent of confirmed cases are among health professionals. And Kabul – where Ms. Sadat works – is the most affected part of the country.

The onset of the outbreak in Afghanistan was a particularly difficult time. Ms. Sadat came to the hospital early in the morning and left late in the evening, but in late March the hospital adopted a flexible work policy. Since then, front-line health workers have reported to work every other day to reduce infection risks. Despite the stresses, Ms. Sadat remains committed to her work. “I’m scared of the coronavirus, but still I have to serve the women who need my support.”

Demands unflagging

Even amid the pandemic, Ms. Sadat’s services are as in-demand as ever. To enable midwives to continue providing antenatal care, safe delivery services and post-natal care, UNFPA is providing infection prevention and control supplies and personal protective equipment (PPE) to the Malalai National Maternity Hospital in Kabul. Supplies include hand sanitisers, face masks, sodium hypochlorite solution for surface disinfection, foot coverings, hand-washing liquid and rubber gloves, as well as other items.

“We are feeling more secure and safe by wearing masks and gloves, and complying with medical and sanitary advice,” Ms. Sadat told UNFPA. But she knows the risk of infection cannot be fully eliminated. Her parents are still anxious about her safety. “I explained to my parents that I’m complying with all the possible precautionary measures in my workplace every day. But they’re still concerned because they know the challenges of the health system of the country.”

The mission in a global pandemic

Sajia Mansoori is another midwife at the Malalai Maternity Hospital. Like Ms. Sadat, she says these last months have been difficult, but she has accepted the risks. “I have been trained as a midwife, and it’s my commitment to not leave those who need my support,” she said. “My family encourages and supports me to do my job. But in the meantime, they emphasise on complying with the prevention measures.”

The work of midwives in Afghanistan has always been challenging – they have long faced insecurity, poverty and a poorly resourced health system. Now, with the pandemic, they are undeterred. “The COVID-19 pandemic is the biggest challenge in our history,” Ms. Mansoori said. “Today pregnant women need our support more than ever. Let’s pledge to do our best to beat the pandemic and gain the biggest victory.”

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 2.6m people have been reached with WASH assistance
- More than 566,000 people have been reached by ES-NFI partners with key messages on prevention of COVID-19
- Protection partners have reached more than 278,000 people with psychosocial support services
The mission of the United Nations Office for the Coordination of Humanitarian Affairs is to mobilize and coordinate effective and principled humanitarian action in partnership with national and international actors.

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 112,000 children have been reached with home-based learning materials
• More than 88,000 IEC materials have been distributed across the country by Nutrition partners since the start of the crisis.

Cross Border: UPDATED

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 20,933 Afghanistan nationals returned from Iran through the Milak and Islam Qala border crossing sites between 6 and 12 September, a 26 per cent increase from the previous week (16,664). 10,539 people returned voluntarily and 10,394 were deported. IOM provided post-arrival humanitarian assistance to 1,474 people or 7 per cent of all undocumented Afghanistan nationals returning from Iran at its transit centres in Hirat and Nimroz during the past week.

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).

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. At a minimum, the Doha Airbridge service will continue for another month until 31 October. Moreover, UNHAS are looking to secure additional funding to continue the airbridge service until December. The next UNHAS flight to Doha is planned for Sunday, 20 September.

More Information – Links: UPDATED

WHO
• WHO’s latest information on COVID-19
• WHO COVID-19 Global Dashboard
• COVID-19 Partners Platform
• Health worker safety: a priority for patient safety
• WHO’s three messages for UN75
• Weekly Epidemiological Update (14 September 2020)

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: Comprehensive Response to COVID-19 – September Update
• 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
• UN: UN Chief: COVID-19 vaccine must be affordable and available to all
• IOM: Global Mobility Restriction Overview
• EU, FAO, WFP: Food Crises and COVID-19
• IPI: Peacebuilding during a Pandemic
• BMJ: Health and human rights are inextricably linked in the COVID-19 response
• UN: Women: Regular resources rise to the immense challenges of COVID-19
• FAO: COVID-19 impacts driving up acute hunger in countries already in food crisis
• FAO: Tracking progress on food and agriculture-related SDG indicators 2020
• IDS: Social Impacts and Responses Related to Covid-19 in Low- and Middle-income Countries
• Kinderfoodlife +5 more: World Risk Report 2020 - Focus: Forced Displacement and Migration
• Gates Foundation: Gates Foundation’s Annual Goalkeepers Report Shows COVID-19 Has Stalled 20 Years of Progress, Calls for Global Response to End the Pandemic
• Their world: New ‘Snakes and Ladders’ Game Exposes Global Education Crisis
• IPI: Considerations for the Future of United Nations Peacekeeping
• GPEI: Polio Eradication and Essential Programme on Immunization Interim Programme of Work for Integrated Actions in the context of the COVID-19 pandemic
• Global Fund: The Global Fund Results Report 2020
• WB, WHO: Global Preparedness Monitoring Board
• IFRC, UNICEF: Building Trust Within and Across Communities for Health Emergency Preparedness
• MMC: COVID-19 and the Global Compact for Migration
• IFRC: COVID-19 Pandemic Six Month Update
• UNICEF: UNICEF uses online gaming to showcase potential, skills and creativity of refugee and migrant children

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. Dauod Altaf, Team Lead, WHO Health Emergency, WHO, altafm@who.int, Tel. (+93) 078 220 0342 (for Technical Expertise)
Danielle Parry, Head of Strategy and Coordination, OCHA, parryd@un.org, Tel. (+61) 0413 13 7283