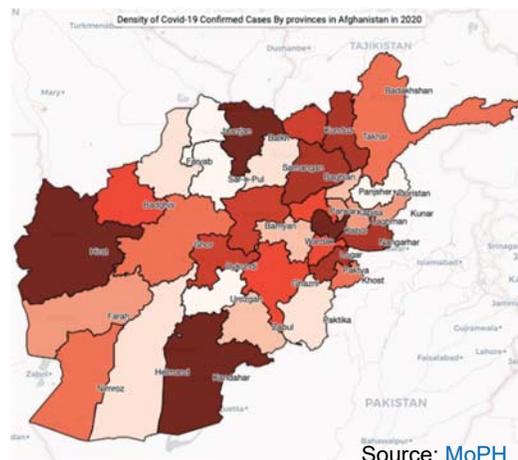


The next Strategic Situation Report will be released on 6 May

Situation Overview: **UPDATED**

Global Update: According to [John Hopkins University](#), more than 3 million people have now died with COVID-19 across the world. The pandemic is affecting 192 countries with some 143 million confirmed cases globally, as of 22 April. [WHO reports](#) that while the emergence of new virus variants is common, those with higher speed of transmission or potentially increased pathogenicity (i.e. the capacity of a microbe to cause damage in a host) are very concerning. Crucial investigations are underway to comprehensively understand the behaviour of the new virus mutation (B117) and steer the response accordingly.

MOPH Figures: As of 22 April, [MoPH data](#) shows that **58,346 people across all 34 provinces in Afghanistan are confirmed to have had COVID-19**. Some **52,307 people have recovered**, and **2,561 people have died** – at least **91 of whom are healthcare workers**. Only **388,760 people out of a population of 40.4 million have been tested**. While numbers remain far below those seen during the peak of the first and second waves, recent official MOPH case numbers indicate a deterioration of the situation, potentially signalling a third wave. According to WHO, the eastern region in particular has witnessed a sharp increase in COVID-19 cases and hospitalisations over the last two weeks.



Afghanistan now has a test-positivity-rate – positive tests as a percentage of total tests – of 15 per cent, suggesting overall under-testing of potential cases. The majority of recorded deaths were men between the ages of 50 and 79. Men account for more than 66 per cent of the total COVID-19 confirmed cases in the MoPH data, although this may be the result of over-representation of men in testing. Due to limited public health resources, lack of people coming forward for testing, 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. Stigma is considered a major factor in people choosing not to get tests and risk communications work is critical to turning this around. WHO warns that widespread complacency and failure to follow public health advice in Afghanistan is creating grave risks in the community with people generally not observing physical distancing or mask wearing protocols. WHO Afghanistan remains concerned about mutations of the virus, cases of which have been confirmed in Afghanistan. There is a significant increase in cases of the new, more infectious variant in Pakistan and Iran. The Ministry of Public Health is preparing contingencies for a third wave which includes scaling-up surveillance at borders and improving testing.

More than 7 per cent of the total confirmed COVID-19 cases are among healthcare staff and they are currently the highest priority for vaccination. There is an urgent need to ensure continued distribution of medical and protective equipment to frontline workers all corners of the country. 23 laboratories are now operating in Afghanistan – with plans to scale-up to at least one laboratory per province by June 2021. National laboratories are testing 7,200 samples a day. WHO reports that laboratories have capacity to test up to 8,500 samples but low demand means technicians are actually working reduced hours.

Vaccination: The [first batch](#) of 468,000 COVID-19 vaccination doses through the COVAX facility arrived in Afghanistan on 8 March. In total, Afghanistan has now received 968,000 doses of the vaccine – 468,000 from the COVAX facility and 500,000 directly from the government of India -- enabling the vaccination for some 484,000 people. COVID-19 vaccination through the Ministry of Public Health has now been opened to all those above 18 years of age. Vaccination is currently available in select health facilities and through mobile vaccination teams. More than 240,000 people have been vaccinated in Afghanistan to date, including some 89,000 health workers, 38,000 teachers, 13,000 people with co-morbidities and 13,000 prisoners. WHO weekly data shows that on average over 10,000 vaccinations are being administered every day across Afghanistan.

Overall, however, there remains some concern around low demand among healthcare workers and the equitable access to vaccines among all Afghans, especially vulnerable groups such as IDPs, returnees and nomadic populations and people living in hard-to-reach areas. IOM reports that vaccination coverage is extremely limited amongst all migrant populations due to negative perceptions and barriers to accessing care. Much more focus is needed to ensure migrant groups are vaccinated on pace with settled populations given the impact mobility has as a vector for transmission, especially with the more contagious viral variants now in Afghanistan. Additional efforts are also needed to reach women

and people living in non-government-controlled areas with vaccines. Vaccine uptake remains slow and continued risk communication and community engagement efforts are needed to ensure high-risk populations and frontline staff understand the benefits of the vaccine and can effectively dispel misinformation. Countering negative rumours about the vaccine is a priority. As cases increase, humanitarian partners continue to urge the Government to ensure laboratories and frontline staff are appropriately equipped and that procured supplies – including vaccines – go to under-resourced health centres across the entire country in a transparent manner, so that life-saving support can be delivered to those most in need. WHO reports that additional deliveries from the COVAX facility will likely be delayed due to global shortages. However, additional vaccines may become available through bilateral channels.

The UN has received 5,000 doses of the AstraZeneca vaccine for personnel so they can continue to deliver life-saving services to people in Afghanistan. Eligible groups include UN and INGO staff. In order to access the UN vaccination scheme, eligible individuals must register on the UN COVID-19 vaccine portal. In order to access the portal, INGOs are requested to develop a sponsorship agreement with their main UN partner. NNGO staff are able to be vaccinated through the Government's vaccination scheme. Please see the [UN COVID-19 Vaccination page](#) for more information. Vaccinations under the UN scheme began in Afghanistan on 13 April.

The WHO Global Advisory Committee for Vaccine Safety (GACVS) recently noted that a causal relationship between the vaccine and the occurrence of rare blood clots is considered plausible but is yet to be confirmed. More data from regions outside of Europe and the UK is needed to fully understand the potential relationship between vaccination and possible risk factors. The GACVS emphasised that while concerning, the clotting events under assessment are extremely rare and should be assessed against the risk of deaths from COVID-19 and the potential of the vaccines to prevent infections and reduce deaths. Accordingly, WHO advises that the benefit of the vaccine still far outweighs the risks and WHO's advice about taking the AstraZeneca vaccine remains unchanged.

Socio-economic impacts: The socio-economic impacts of COVID-19 have translated into a dramatic deterioration in food insecurity with levels similar to those seen during the 2018 drought. An updated IPC analysis just released estimates that 14.1 million people are in crisis or emergency levels of food insecurity through until the end of May 2021. Cumulative precipitation has been below average over the wet season with reduced precipitation and higher temperatures likely to affect farmers and pastoralists, as well as water availability over the next few months. Food prices are already at elevated levels due to COVID-19 and are likely to increase given the dry spell's likely impact on first and second crops in 2021. These factors, combined with COVID-19 related interruptions to informal employment and decreased remittances, are driving people into crippling debt. Data from the 2020 Whole of Afghanistan Assessment showed that the primary reason for taking on this debt last year was to pay for food (53 per cent).

Humanitarian Needs and Response Planning: The 2021 edition of the multi-year revised [Afghanistan HRP](#) identifies 18.4 million people in humanitarian need in 2021, as a result of COVID-19, ongoing conflict and natural disasters. Approximately six times the number of people are in need of humanitarian assistance in 2021 compared to four years ago when the multi-year HRP was first developed. Recognising the multiple, overlapping challenges facing the people of Afghanistan over the spring season – including low rainfall, intensifying conflict, and ongoing COVID-19 challenges – the ICCT conducted a [multi-sectoral analysis](#) of likely needs across highly-impacted provinces and has published a Spring Disaster Contingency Plan identifying the most urgent needs from March-June, with \$390 million required for response. Securing additional funding for this spring plan and the broader HRP is urgent with only 8.5 per cent of HRP requirements received to date.

Cross Border: **UPDATED**

Border Crossings: 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 31,833 Afghanistan nationals returned from Iran through the Milak and Islam Qala border crossing sites between 9 and 15 April. 13,947 people returned voluntarily and 17,886 were deported. Since the start of the year, a historically significant influx of 314,594 people have returned to Afghanistan, sparking new concerns related to the transmission of COVID-19 variants and overall absorption capacity of existing health resources. A sharp drop in remittances to Afghanistan has also been observed as well as negative socio-economic impacts linked to the return.

Afghanistan's border with Pakistan at Spin Boldak officially opened on 21 August 2020 and at Torkham on 28 September 2020. Torkham gate is open 6 days a week (Monday-Saturday). Sunday is closed for pedestrians but will remain open for transit (24/7). Between 9 and 15 April 2021, a total of 338 undocumented Afghans returned from Pakistan through the Torkham and Spin Boldak borders. 269 people returned voluntarily and 69 were deported.

More Information – Links: **UPDATED**

WHO

- WHO's latest information on COVID-19
- Benefits of continuing to provide life-saving HIV services outweigh the risk of COVID-19 transmission by 100 to 1
- COVID-19 and vaccine equity panel: what can the World Trade Organization contribute?
- COVID-19: WHO EMRO Biweekly Situation Report
- Statement on the seventh meeting of the International Health Regulations (2005) Emergency Committee regarding the coronavirus disease (COVID-19) pandemic
- WHO Director-General's opening remarks at the media briefing on COVID-19
- COVID-19: Weekly Epidemiological Update (18 April 2021)

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

- [Relief Web: COVID-19 Response Page](#)
- [OCHA: Global Humanitarian Overview 2021, March Update](#)
- [OCHA: Global Humanitarian Response Plan COVID-19 Progress Report: Final Progress Report, 22 February 2021](#)
- [UN: Comprehensive Response to COVID-19 \(September\)](#)
- [OCHA: Asia Pacific COVID-19 - Humanitarian Data Portal](#)
- [OCHA: Afghanistan Humanitarian Response Plan 2018-2021 \(2020 Year End Monitoring Report\)](#)
- [OCHA: Afghanistan Humanitarian Response Plan - 2020 Quarter Three Dashboard \(Jan - Sep 2020\)](#)
- [OCHA: Afghanistan Humanitarian Needs Overview 2021 \(December 2020\)](#)
- [OCHA: Afghanistan Humanitarian Response Plan 2021 \(January 2021\)](#)
- [OCHA: Afghanistan Humanitarian Needs and Planned Response 2021](#)
- [OCHA: COVID-19 Data Explorer: Global Humanitarian Operations Monthly Highlights, 31 March 2021](#)
- [OCHA: From digital promise to frontline practice](#)
- [UN: Without access to vaccines, COVID will continue widening inequality everywhere](#)
- [UN: Reforming Global Debt Architecture 'Critical', Secretary-General Says, Welcoming Steps by International Financial Institutions to Help Vulnerable Countries amid COVID-19](#)
- [UN: Solar energy powers COVID-19 treatment](#)
- [UN: Raise \\$2 Billion to Support Full Funding of COVAX Advance Market Commitment, Deputy Secretary-General Urges, in Message for Event](#)
- [GAVI: Global leaders rally to accelerate access to COVID-19 vaccines for lower-income countries](#)
- [UNU: COVID-19 and Humanitarian Access](#)
- [ECOSOC: Unequal Vaccine Distribution Self-Defeating, World Health Organization Chief Tells Economic and Social Council's Special Ministerial Meeting](#)
- [ECOSOC: Panels Seek Ways to Avoid Global Post-COVID Recovery That Leaves Some Behind, as Forum on Financing for Development Continues](#)

- [ECOSOC: Concluding Financing for Development Forum, Ministers Reaffirm Commitment to Strengthen Multilateral Cooperation, Solidarity in Combating Ill Effects of COVID-19](#)
- [ESCAP: Beyond the pandemic: Building back better from crises in Asia and the Pacific](#)
- [IOM: DTM Human Mobility in the context of the COVID-19 Pandemic – Capturing key information on human mobility during the pandemic](#)
- [IOM: DTM \(COVID-19\) Global Mobility Restriction Overview](#)
- [IOM: Strategic Response and Recovery Plan COVID-19 2021](#)
- [WFP: Recommendations for adjusting Standard Operating Procedures for food distributions in the context of the COVID-19 outbreak](#)
- [FAO: Food Coalition gains momentum as food security is featured on the G20 agenda](#)
- [UNHCR: This Ramadan, UNHCR calls for solidarity with those hit hardest by the global pandemic](#)
- [UNHCR: Global campaign boosts COVID-19 prevention among refugees](#)
- [OHCHR: Committee on the Rights of Migrant Workers Discusses the Effects of the COVID-19 Pandemic on Migrants and the Ratification of the Convention in a Meeting with States and Other Stakeholders](#)
- [UNICEF: A web of insecurity: How gender impacts childhood migration amid a pandemic](#)
- [UN-HABITAT: UN-Habitat's COVID-19 platform tracks third wave](#)
- [Govt. Sweden: Sweden to make major investment in global access to vaccines in the fight against the COVID-19 pandemic](#)
- [Govt. UK: UK aid and Unilever reach one billion people with global hygiene campaign to tackle Covid-19](#)
- [USAID: Humanitarian Assistance in Review: South and Central Asia](#)
- [OECD: COVID-19 spending helped to lift foreign aid to an all-time high in 2020 but more effort needed](#)
- [GFDRR, World Bank: Preparing Healthcare Systems for Shocks from Disasters to Pandemics](#)
- [World Bank: World Bank Financing for COVID-19 Vaccine Rollout Reaches \\$2 Billion](#)
- [IDS: Climate change risks flushing away global progress on sanitation](#)
- [Oxfam: Slight increase in aid only a drop in the ocean to combat the Covid-19 crisis](#)
- [IRC: The state of refugee inclusion in the World Bank's response to COVID-19](#)
- [WHH: The COVID-19 pandemic is exacerbating hunger worldwide](#)
- [Norwegian Red Cross: Protracted Crises, Worsening Inequalities - Indirect Negative Health Impacts of the COVID-19 Pandemic in Protracted Crises](#)
- [NORCAP: NORCAP Annual Report 2020](#)
- [AOAV: Explosive violence in March 2021](#)
- [FAO: Sweden's funding supports the most vulnerable food insecure farmers in Afghanistan](#)
- [IFRC: Afghanistan La Niña Drought - Emergency Appeal](#)
- [IFRC: Afghanistan 13 million lack food as drought crisis bites](#)
- [iMMAP: Afghanistan Multi-Sectoral Dashboard for Humanitarian Response Services \(March 2021\)](#)

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) 078 220 0342 (for Technical Expertise)

Danielle Parry, Head of Strategy and Coordination, OCHA, parryd@un.org, Tel. (+93) 079 300 1124