

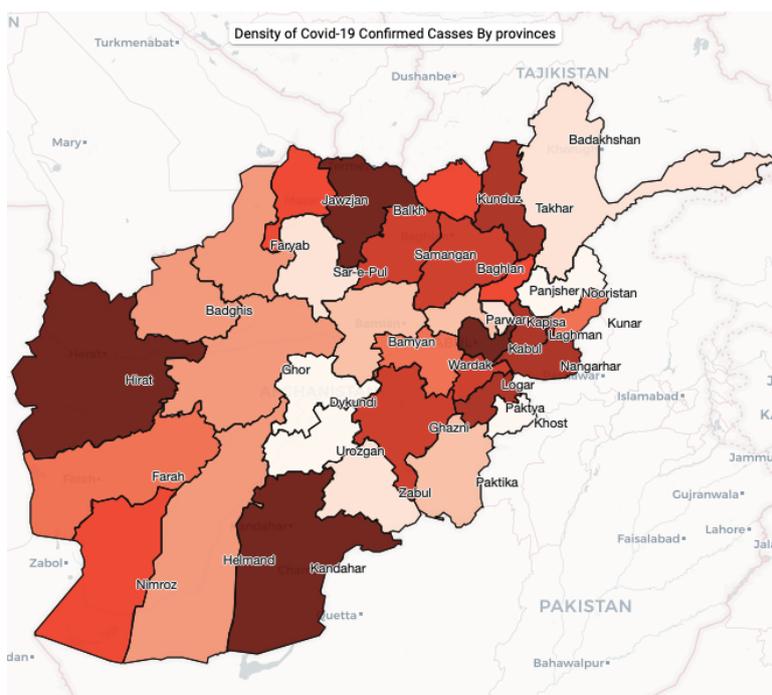
Key Messages: **UPDATED**

- **People confirmed to have COVID-19: 4,402** (as of 2pm, 10 May. Source: Afghanistan Ministry of Public Health - MoPH)
- **Deaths from COVID-19: 119**
- **Samples tested: 16,655**

Key concerns: Border crossing areas, in-country testing capacity, protective equipment for frontline workers, commodity prices, floods, messaging and rumour management, international air services

Situation Overview: **UPDATED**

MoPH data shows that 4,402 people across all 34 provinces in Afghanistan are now confirmed to have COVID-19. Some 558 people have recovered, and 119 people have died. 11 healthcare workers are among those who have died from COVID-19. Among the fatalities, 98 people had at least one underlying disease, the most common of which are cardio-vascular disease, diabetes, neurological disease and lung disease. The majority of the deaths were people between ages of 40 and 69. Men between the ages of 40 and 69 represent more than half of all COVID-19-related deaths. Cases are expected to continue to increase over the weeks ahead as community transmission escalates, creating grave implications for Afghanistan's economy and people's well-being. Kabul remains the most affected part of the country in terms of confirmed cases, followed by Hirat, Kandahar and Balkh.



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+		Total
	Girls	Boys	Women	Men	Women	Men											
# people confirmed with COVID-19	127	152	303	753	207	758	181	518	136	342	81	186	26	52	10	31	4402
# deaths from COVID-19	1	1	0	0	0	11	3	20	4	14	8	21	1	9	2	8	119

Response Activities: **UPDATED**

7 May, the UN issued an updated [Global Humanitarian Response Plan](#). The US\$6.7 billion global appeal aims to protect millions of lives and stem the spread of COVID-19 in fragile countries.

On 7 May, the World Bank approved a [\\$400 million grant to help Afghanistan](#) sustain the pace of key economic and public finance reforms, as well as supporting the country to manage current risks and uncertainties compounded by the

COVID-19 crisis. The grant will support a range of key reforms to improve business regulation and encourage private investment, expand social inclusion and support civil service reforms, increase resilience to natural disasters, improve tax administration and public financial management, and safeguard fiscal sustainability.

The International Federation of Red Cross and Red Crescent Societies (IFRC) and Afghanistan Red Crescent Society (ARCS) have carried out a range of activities across the country as part of their MoPH-approved COVID-19 domestic country plan. ARCS is mobilising all of its 138 health facilities to carry out detection and surveillance activities and 4,000 community volunteers to engage in risk communication to respond to the pandemic. To date, ARCS has carried out health screening of 174,000 people across 10 provinces, reached 557,600 people (40 per cent of whom are women) with awareness raising and risk communication, assessed and selected 5,647 households for livelihood support in Kabul, Kandahar, Hirat and Ghazni, and provided food items to 1,546 households in Bamyan, Badghis and Ghazni. The IFRC's newly-released appeal – which covers a period of nine months with funding requirements totalling approximately \$17.3 million for Afghanistan – focuses on duty of care, health, livelihoods and ARCS response system strengthening. It aims to reach 2.7 million people in all 34 provinces with health, WASH, food and livelihoods support.

For a detailed update of all Cluster response activities in Afghanistan please see the latest [operational Situation Report](#).

COVID-19 Crisis and the Informal Economy – International Labour Organization (ILO) (7 May 2020):

Lockdown measures will worsen poverty and vulnerabilities among the world's two billion informal economy workers, says the International Labour Organization.

A [new briefing paper](#) issued by ILO warns that COVID-19 lockdown and containment measures threaten to increase relative poverty levels among the world's informal economy workers by as much as 56 percentage points in low-income countries.

According to the brief, as many as 1.6 billion of the world's two billion informal economy workers are affected by lockdown and containment measures. Most are working in the hardest-hit sectors or in small units more vulnerable to shocks. These include workers in accommodation and food services, manufacturing, wholesale and retail, and the more than 500 million farmers producing for the urban market. Women are particularly affected in high-risk sectors, the report says. The paper further indicates that COVID-19 containment measures in many countries cannot be implemented successfully as many workers will respond to the need to feed their families. This is endangering governments' efforts to protect the population and fight the pandemic and may become a source of social tension in countries with large informal economies.

More than 75 per cent of total informal employment takes place in businesses of fewer than ten workers, including 45 per cent of independent workers without employees. With most informal workers having no other means of support, they face an almost unsolvable dilemma: to die from hunger or from the virus. This has been exacerbated by disruptions in food supplies, which have particularly affected those in the informal economy.

"The COVID-19 crisis is exacerbating already existing vulnerabilities and inequalities," says Philippe Marcadent, Chief of the ILO's INWORK branch. "Policy responses must ensure that support reaches the workers and enterprises who need it most." The countries with the largest informal economies where full lockdowns have been adopted, are suffering the most from the consequences of the pandemic. For instance, 73 per cent of all informal economy workers in Asia and the Pacific are significantly impacted by lockdown, according to the report.

The ILO urges countries to follow a multi-track strategy that combines several lines of action relating to both the health and economic impacts of the pandemic. Among its recommendations, the brief highlights the need for policies that reduce the exposure of informal workers to the virus; ensures that those infected have access to health care; provides income and food support to individuals and their families; and prevents damage to the economic fabric of countries.

Cross Border: **UPDATED**

The Milak crossing (Nimroz) is officially open to commercial traffic and documented citizens of Afghanistan. The Islam Qala-Dogharoon land border crossings (Hirat) remain open on both sides for documented travellers and commercial traffic.

Afghanistan's frontier with Pakistan at Spin Boldak and at Torkham remains mainly closed due to COVID-19-related restrictions, however limited openings have been granted for the return of stranded nationals from Afghanistan and Pakistan to their respective countries. On 1 May, the Government of Pakistan announced that the Torkham and Spin Boldak crossing points will allow pedestrian movement of stranded Afghans and Pakistanis once a week (Saturday). A maximum of 500 people will be allowed to cross into Pakistan through Torkham and 300 individuals through the Spin Boldak crossing point. However, on 9 May, 5,523 Afghanistan nationals returned from Pakistan through the Spin Boldak border crossing. The process was reportedly orderly and health screening procedures were followed.

Pakistan continues to facilitate the movement of cargo trucks and containers into Afghanistan. On 1 May, the Government of Pakistan announced that the Torkham and Spin Boldak crossing points will now be opened five days a week (Monday-Friday) for commercial purposes. Humanitarians emphasise the critical importance of maintaining a reliable flow of traffic for humanitarian cargo and are advocating for special consideration to expedite humanitarian food and relief items through border crossings.

Borders with Tajikistan, Uzbekistan and Turkmenistan remain open only for commercial traffic and crossings of passport holders back into Afghanistan.

Operational Issues:

'**Measured lockdowns**' aimed at limiting mass gatherings and the exposure of residents to COVID-19 continue throughout the country, resulting in closures of sections of each city and/or movement limitations. On 2 May, the Government of Afghanistan extended its nationwide lockdown until 24 May in a bid to contain the spread of the virus. The decision was made following a Cabinet meeting chaired by President Ghani. Humanitarian personnel have received permission to continue their duties amidst the movement restrictions, however NGOs report periodic delays and complications. However, a number of provinces – including Kandahar, Hilmand and Ghazni – have begun easing their lockdowns. The move, which coincides with the start of Ramadan, has seen movement restrictions temporarily lifted and local shops – barring hotels and restaurants – allowed to open during specific daytime hours. For additional information on access constraints, please see the [C-19 Access Impediment Report](#).

On 2 May, the Government of Afghanistan announced the suspension of all commercial domestic flights until the end of Ramadan (24 May). The United Nations Humanitarian Air Service (UNHAS) has started airbridge service connecting Kabul and Doha and is now operating regularly on Tuesdays, Thursdays, and Sundays. Flights into Doha accommodate transiting passengers only. The next flight is planned for Tuesday, 12 May. This service is planned to continue until regular commercial international flights resume.

More Information – Links: **UPDATED**

WHO

- [WHO's latest information on COVID-19](#)
- [WHO COVID-19 Global Dashboard](#)
- [Breastfeeding advice during the COVID-19 outbreak](#)
- ["Immunity passports" in the context of COVID-19](#)

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](#) (now available in [English](#), [Dari](#) and [Pashto](#))
- [Key Messages: Fast-track health and aid workers and supplies at borders and in countries](#)
- [Interim guidance on Public Health and Social Measures for COVID-19 Preparedness and Response Operations in Low Capacity and Humanitarian Settings](#)

UN and others

- [UN: Global Humanitarian Response Plan: COVID-19 \(April – December 2020\) – GHRP May Update](#)

- [Relief Web: COVID-19 Response Page](#)
- [ILO: COVID-19 crisis and the informal economy](#)
- [UN Women: Gender Alert on COVID-19 in Afghanistan](#)
- [IFRC, UNICEF, WHO: Community-based health care, including outreach and campaigns, in the context of the COVID-19 pandemic](#)
- [The Alliance, UNICEF: COVID-19 and Children Deprived of their Liberty](#)
- [WFP: COVID-19 and Pregnancy, Interim Guidance](#)
- [ICRC: Hacking humanitarians: mapping the cyber environment and threat landscape](#)
- [FAO: At the frontline of the response to COVID-19 to ensure food security](#)
- [IFAD: Small-scale farmers can help build resilient food systems in a post-COVID-19 world](#)
- [IOM, UNHCR: COVID-19: Access Challenges and the Implications of Border Restrictions](#)
- [OCHA: NGOs at the forefront of COVID-19 efforts with OCHA's pooled funds](#)
- [UN HRC: COVID-19 not an excuse for unlawful deprivation of liberty](#)
- [Save the Children: Children at risk of lasting psychological distress from coronavirus lockdown](#)
- [IOM: Points Of Entry Weekly Analysis \(6 May\)](#)

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) 0782200342 (for Technical Expertise)

Danielle Parry, Head of Strategy and Coordination Unit, OCHA, parryd@un.org, Tel. (+93) 0793001124