

## Key Messages: **UPDATED**

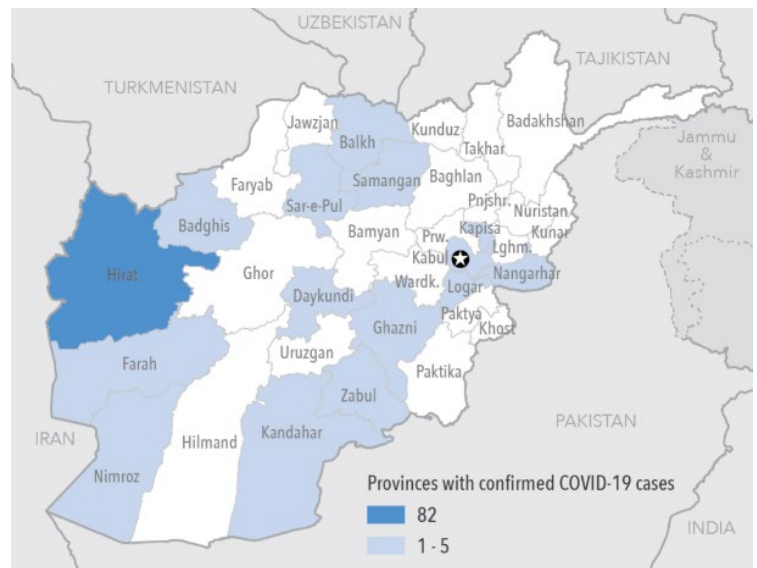
- **People confirmed to have COVID-19: 114**
- **Deaths from COVID-19: 4**
- **People recovered: 4**
- **Key concerns: Border crossing areas, movement restrictions, commodity prices, strategic messaging and rumour management**

(Source: Ministry of Public Health of Afghanistan)

## Situation Overview: **UPDATED**

According to [Johns Hopkins University data](#), as of 29 March 678,720 cases of COVID-19 have been confirmed and 31,700 deaths have been reported across 177 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 spreads in low-income countries, WHO is deeply concerned about the impact it could have on populations with high HIV prevalence, or among malnourished children – the latter being of particular concern in Afghanistan.

**In Afghanistan, 114 people are now confirmed to have the virus in 15 of the 34 provinces.** Hirat is still the most affected part of the country with 82 of the confirmed cases (see map). Confirmed cases are predominantly men. Four 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. Reduced community testing and lags in testing time remain critical concerns. The Ministry of Public Health reports that 1150 people have been tested since the outbreak began. There is additional laboratory testing capacity now available in Hirat province which has considerably reduced testing delays.



A number of provinces have instituted measures to limit the exposure of residents to COVID-19. In Kabul and Hirat these include **'measured lockdowns'** which have resulted in closures of sections of each city and/or limits on the number of people travelling together (see details [here](#)). Elsewhere – such as in Farah City, Jalalabad, Kandahar Province, Uruzgan Province, Zabol Province, Hilmand Province, Mazar City, Khost, Ghazni City, Panjshir and Nimroz Province – measures have primarily centred on limiting crowds and closing large venues where people gather, although reports suggest enforcement varies.

Humanitarian exemptions have been a key point of discussion in each area. In Hirat, the Government has instituted a policy to provide cards for humanitarian vehicles exempting passengers from the movement restrictions. In Kabul, the Ministry of Economy has released a letter stating that humanitarians can and should still be active during this critical time. A translated summary of the Kabul guidance is below:

- Partners working in the health sector shall continue their activities in close coordination with and guidance from MoPH in line with the movement restriction and with the aim of avoiding any gaps in providing health services.
- Partners to coordinate their activities with line departments and follow guidance accordingly.
- Partners with central offices in Kabul are advised to work remotely. In cases where staff presence in the office is required, essential staff can be present following the MoPH guidance.
- The Directorate of NGOs will be active during the period of movement restrictions in Kabul and will facilitate support to avoid delays in service delivery associated with restrictions. Partners are encouraged to follow the Ministry of Economy's recent announcement in sending requests and applications through email.

However, in both Hirat and Kabul, humanitarian partners have intermittently been stopped as they have moved around. This partly stems from unclear messaging or decision-making power at the operational level, and it is expected this will decrease over time as people become more aware of the instructions. The Government's Emergency Committee for COVID-19 will discuss this issue with the Ministry of Interior on 30 March to articulate an official policy for Kabul. The Government has not suspended or restricted flights inside the country or introduced any visa restrictions. However, commercial flight suspensions to Afghanistan 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, visas and other considerations. Various destinations are being explored. Furthermore, it was announced that Jalalabad airfield will cease operations for a period of one month starting from 29 March in line with efforts to curb the spread of the virus. To ensure critical humanitarian operations are not disrupted, UNHAS will start a helicopter service between Jalalabad and Kabul.

### **Response:** UPDATED

The overall focus of the **health response** is on preparedness, containment and mitigation. 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. 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](#) which seeks \$2 billion to fight COVID-19 in some of the world's most vulnerable countries. Importantly, the multi-sector plan for Afghanistan also aims to highlight the potential effects of the outbreak on ongoing humanitarian response and spells 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 \$100 for hygiene items for three-months. **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.

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. At the sub-national-level, Humanitarian Regional Teams are engaged in local planning for the outbreak and are liaising closely with local Government and health authorities.

### **HOW PEOPLE MIGHT REACT TO THE PANDEMIC .....**

In any epidemic, it is common for individuals to feel stressed and worried. People often:

- Fear falling ill, dying and losing loved ones
- Fear being separated from loved ones and social exclusion due to any quarantine regime/movement restrictions
- Experience feelings of helplessness, boredom, loneliness and depression due to being isolated.

The constant fear, worry, uncertainties and stressors in the population during the COVID-19 outbreak may also lead to a deterioration of social networks; stigma towards survivors resulting in rejection by communities; or a possible higher emotional state, anger and aggression against family/community members, government and frontline workers.

Unaccompanied or separated children, people with disabilities or the elderly may not receive the normal level of care due to fear of infection or because parents or caregivers have been taken into isolation. Older adults, especially those in isolation and those with cognitive decline/dementia, may become more anxious, angry, stressed, agitated, withdrawn, or suspicious during the outbreak/while in isolation.

## Cross Border Concerns: UPDATED

IOM, WHO and UNHCR have formed a Points of Entry Working Group to ensure effective coordination of planning and response across the four major border crossing points (two in the west bordering Iran and two in the south bordering Pakistan), with potential to expand to the other nine official land borders and four international airports.

As of 29 March, Johns Hopkins University reports that there are 38,309 confirmed cases of COVID-19 in Iran. All flights to and from Iran are suspended. However, the Islam Qala-Dogharoon land border crossings (Hirat) remain open on both sides for both individuals and commercial traffic. The Milak crossing (Nimroz) is formally open only to commercial traffic and documented Afghans. Despite a formal notice on the policy at this crossing, undocumented returnees are still crossing into Afghanistan. Up to the 21st of March, IOM reported a surge in spontaneous returns of undocumented Afghans from Iran with 115,410 undocumented returnees over a 2-week period – the highest return on record. The scale of returns has since subsided, notably during the Nawroz-Persian New Year holidays in Iran and Afghanistan. On 29 March, 1,705 people crossed the border into Hirat and 620 into Nimroz. From 22-28 March, 16,649 undocumented returnees had entered Afghanistan from Iran. Following [media reports](#) that the Government of Iran had banned internal travel, it is expected that the scale of returns will continue to reduce over the coming days. Alongside the Government (DORR), IOM and UNHCR are jointly leading the humanitarian response at the border in Islam Qala and are scaling-up awareness raising sessions for new arrivals on COVID-19. Should border returns persist but at a more limited level, staffing and resources will be redirected to community-level awareness raising, social mobilisation and contact tracing in close coordination with MOPH and WHO. IOM has received \$840,000 from the Government of Japan for COVID-19 response programming across the country.

As of 29 March, according to Johns Hopkins University there are 1,526 people confirmed to have COVID-19 in **Pakistan**. The country's border with Afghanistan is closed through until 9 April, however there have been several brief openings during which a limited number of commercial trucks have been allowed to cross the at the Chaman-Spin Boldak border point to ensure continued supplies of goods in Afghanistan. This has now stopped. The humanitarian community is concerned about repeated border interruptions 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.

In early March, Afghanistan's other neighbours – **Tajikistan, Turkmenistan and Uzbekistan** – informed of closure of their borders with some exemptions and suspended flights to and from Afghanistan. However, commercial traffic and return of citizens of Afghanistan continues according to the Afghan Border Police.

## Operational Response Capacity: UPDATED

With various movement restrictions and isolation measures announced for different parts of the country, the UN and humanitarian partners are working to clarify implications for humanitarian activities. While discussions are ongoing, humanitarian colleagues in Hirat have been informed that security forces have been told not to block the movement of UN and marked NGO vehicles around the city. In a letter issued on 28 March regarding Kabul, the Ministry of Economy has made it clear that humanitarians will still be allowed – and in fact expected – to respond to critical needs. However, UN and NGO vehicles continue to be stopped during routine travel around the city. These impediments are believed to be associated with inconsistent implementation of the Government's directive and are expected to reduce as clear guidance is made available to all enforcement authorities. 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 existing services in the areas where they operate. UN offices remain open and staff are working to ensure life-saving assistance continues to vulnerable people. Virtual meetings are being held as much as possible to protect staff from the virus.

## Market Monitoring

Humanitarian partners and the authorities are closely **monitoring market prices** for key food commodities. The World Food Programme collects price data from eight main city markets: Kabul, Kandahar, Jalalabad, Hirat, Mazar, Faizabad, Maimana and Nili. This monitoring shows there have been spikes in prices for some key food items such as wheat, wheat flour, and cooking oil due to COVID-19 issues. Price rises in local markets are also being monitored by staff on the ground who have seen similar trends.

A comparative analysis between WFP's price monitoring of key food commodities on 14 and 29 March shows that wheat flour price increased by 20 per cent in Faizabad – the highest spike recorded across the aforementioned major markets. Wheat flour prices rose 6 per cent rise in Kandahar during this period. Across the eight major markets, average cooking oil prices also showed an increase of 9 per cent. The average price of rice and pulses across the eight cities also rose modestly at 2-4 per cent. Although there hasn't been any change in labour wages or livestock prices so far, the increase in wheat prices means the purchasing power of casual labourers and pastoralists has deteriorated. 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.

## Funding:

- 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 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:

### IATA

- For the latest available information on travel restrictions, please see link below:  
<https://www.iatatravelcentre.com/international-travel-document-news/1580226297.htm>

### WHO

- WHO page on all latest information on the COVID-19 outbreak including situation dashboard, general information, advice for the public on how to protect one's self, myth busters on the pandemic, travel advice and other relevant operational updates: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
- IEC material (in English, Dari and Pashtun):  
<https://www.humanitarianresponse.info/en/operations/afghanistan/health/documents/publication-date/2020?search=COVID-19%20Poster>

### United Nations

- Updates on COVID-19 for the public as well as for UN Staff worldwide: [www.un.org/coronavirus](http://www.un.org/coronavirus)
- For Secretariat Staff, the Coronavirus page on iSeek remains the central repository of stories, broadcasts and announcements: <https://iseek.un.org/coronavirus>

### Inter-Agency Standing Committee **UPDATED**

- IASC-endorsed COVID-19 guidance – new materials available: <https://interagencystandingcommittee.org/covid-19-outbreak-readiness-and-response>
- IASC interim guidance on COVID regarding persons deprived of their liberty –  
<https://interagencystandingcommittee.org/system/files/2020-03/IASC%20Interim%20Guidance%20on%20COVID-19%20-%20Focus%20on%20Persons%20Deprived%20of%20Their%20Liberty.pdf>
- Guidance on GBV case management in the face of COVID-19: <http://www.sddirect.org.uk/media/1882/guidance-on-gbv-case-management-in-the-face-of-covid-19-outbreak-final-draft.pdf>

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