## Key Messages: UPDATED

- **People confirmed to have COVID-19: 18,054** (as of 2pm, 4 June. Source: Afghanistan Ministry of Public Health - MoPH)
- **Deaths from COVID-19: 300**
- **Samples tested: 43,569**

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

Situation Overview: UPDATED

MoPH data shows that 18,054 people across all 34 provinces in Afghanistan are now confirmed to have COVID-19. Some 1,585 people have recovered, and 300 people have died (13 of which are healthcare workers). 43,569 people out of the population of 37.6 million have been tested. Afghanistan has a test-positivity-rate – positive tests as a percentage of total tests – of more than 41 per cent. . More than five per cent of the total confirmed COVID-19 cases are among healthcare staff. The majority of the deaths were people between ages of 40 and 69. Men in this age group represent more than half of all COVID-19-related deaths. With a fragile health system, a developing economy and underlying vulnerabilities, the people of Afghanistan are facing extreme consequences from the COVID-19 pandemic. 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, Balkh, Nangarhar and Kandahar. COVID-19 is having a disproportionate impact on women, children and people with specific needs, as well as displaced people and those deprived of their liberty.

There have been issues with laboratories in Kandahar and Nangarhar that have meant they were unable to conduct tests for several days this month. The Kandahar lab remains closed after a problem with contamination of the facility. According to WHO in the east, four out of five PCR lab technicians there also tested positive for COVID-19 rendering the Jalalabad PCR lab temporarily out of service and causing delays in the processing of samples. Two technicians were deployed from Kabul and the Nangarhar laboratory has since been back up and running.
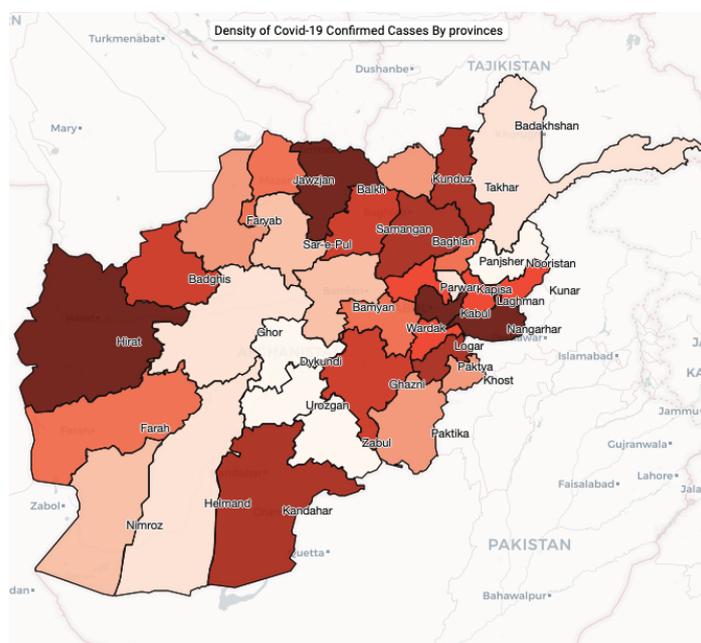
Source: MoPH

	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	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	
# people confirmed with COVID-19	405	525	1113	2672	682	2807	562	1875	444	1180	248	665	91	204	25	97	18054
# deaths from COVID-19	2	2	2	3	6	19	6	41	9	33	9	42	4	23	4	19	300

www.unocha.org

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.

Response Activities: UPDATED

Humanitarians have rapidly scale-up services to support the Government's 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.

Key cumulative COVID-19 response figures include:
- Health Cluster partners surveillance system has tracked 454,353 people since the start of the crisis.
- More than 1 million people have been reached with WASH assistance since the start of the crisis - hygiene promotion, handwashing and distribution of hygiene kits.
- Since the start of the crisis, more than 206,000 people across 12 provinces have been reached by ES- NFI partners with awareness raising sessions on the prevention of COVID-19 since the start of the crisis.
- 896,846 people have been sensitised on COVID-19 and preventive measures across the country by Protection partners
- 10,707 children have been reached with home-based learning materials since the start of the crisis.
- As part of WFP's regular programming, approximately 3.2 million people have been reached with food assistance[*].

Joint statement: Uniting for a people's vaccine against COVID-19 – UN and ICRC (3 June 2020)

The United Nations and the International Red Cross and Red Crescent Movement call for unity to scale up efforts to develop, test, and scale-up production of safe, effective, quality, affordable diagnostics, therapeutics, medicines and vaccines.

Specifically, we ask governments, the private sector, international organizations and civil society to unite towards "a people's vaccine".

COVID-19 is a global disease affecting people around the world but with a disproportionately higher impact on vulnerable groups and individuals. As the race to identify the most effective tools to combat this virus continues with steady pace, the spirit of global solidarity must prevail: no one should be left behind.

A people's vaccine should protect the affluent in cities and the poor in rural communities, the old in care homes and the young in refugee camps. A global social contract for a people's vaccine against COVID-19 is a moral imperative that brings us all together in our shared humanity.

The unity and commitment towards a people's vaccine against COVID-19 should be accompanied by equal global collaboration and resolve to sustain immunization against preventable diseases.

As a result of the COVID-19 pandemic routine childhood immunization services have been severely hit in at least 68 countries; measles campaigns have been suspended in 27 countries; and polio campaigns put on hold in 38 countries. As a result, at least 80 million children under the age of one are at risk of diseases like measles, diphtheria and polio.

The United Nations and the International Red Cross and Red Crescent Movement call on international and national partners to continue prioritizing delivery of vaccines as a key tool to avert excess mortality, particularly in low income countries and in humanitarian settings.

While the world invests in the development of new technologies against COVID-19 and in sustaining the provision of immunization services worldwide, we warn that biomedical interventions will only be partially effective without people's engagement and ownership of the response to the pandemic. We learned the tough consequences of non-prioritizing communities in the early phase of previous epidemics, like Ebola in DRC, and we should not repeat the same mistake.

We therefore call for governments and non-government actors to prioritize investments in communities and to ensure all people, without distinctions, are provided with the relevant knowledge, resources and tools to protect themselves from COVID-19. Until a people's vaccine becomes available, any hope of reducing the impact of this pandemic will primarily rest on the people's knowledge and behaviour and in their ability to withstand the direct and secondary impacts of COVID-19.

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. According to the Border Monitoring Team of the Directorate of Refugees and Repatriation (DoRR), a total of 4,684 citizens of Afghanistan returned from Iran through the Milak and Islam Qala border crossing sites between 24-30 May 2020, a 43 per cent decrease from the previous week (8,167) associated with Eid holidays where there was limited to no return for four days. 2,493 persons returned voluntarily and 2,191 were deported. IOM provided post-arrival humanitarian assistance to 1,853 (40 per cent) of all undocumented citizens of Afghanistan from Iran at its transit centers in Hirat and Nimroz during the past week.

---

[*] The tonnage of weekly food dispatched fluctuates regularly based on programme needs, use of commercial transporters versus WFP's own fleet, capacities to distribute in the field and other factors. Weekly figures are regularly consolidated and analysed as part of WFP's overall rolling implementation plan that ranges from two to four months.

According to UNHCR's latest border monitoring report, 42 per cent of returnees interviewed at the Islam Qala and Milak border crossing points said that they faced problems during the COVID-19 outbreak, such as lost work/wages, discrimination/stigmatisation by local communities, lack of access to markets, pressure by Iranian authorities to return to Afghanistan, and lack of access to medical services. Moreover, 86 per cent of the respondents stated that they had received information about COVID-19 in Iran, mainly through TV, radio and local communities. 25 per cent of returnees interviewed at the Milak border crossing point and 30 per cent at Islam Qala stated that they had not received information about COVID-19 upon arrival in Afghanistan. The information gap at Milak border crossing has improved (from 42 per cent to 25 per cent) since UNHCR's follow-up with partners in early May. However, the monitoring findings shows that the information gap at Islam Qala slightly increased compared to early May.

On 16 May, the Government of Pakistan announced that passenger movements of stranded nationals of Afghanistan and Pakistan are officially allowed once a week (Saturday) with a maximum of 500 people allowed to pass through the Torkham and 300 through the Spin Boldak crossing to facilitate return to their respective countries. Despite this, Spin Boldak crossing point has remained closed since 16 May for pedestrian movement of stranded citizens of Afghanistan and Pakistan. Pakistan continues to facilitate the movement of cargo trucks and containers into Afghanistan. On 16 May, the Government of Pakistan announced that the Torkham and Spin Boldak crossing points would open six days a week (except for Saturday) for commercial purposes. An unlimited number of trucks are being allowed to pass per day. 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.

According to UNHCR, 46 per cent of returnees interviewed at the Spin Boldak and Torkham border crossing points said they faced problems in Pakistan during the COVID-19 outbreak, mainly lost work/wages, movement restrictions due to the lockdown, lack of access to markets, and lack of access to medical services. 96 per cent of those interviewed stated that they had received information about COVID-19 in Pakistan, mainly through TV, radio, mosque/ religious leaders and local communities. 92 per cent of returnees interviewed at Torkham border crossing and 35 per cent at Spin Boldak stated that they had not received information about COVID-19 upon arrival in Afghanistan. The monitoring findings shows that the information gap at Spin Boldak slightly increased compared to early May, while the information gap at Torkham remains very high.

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

Operational Issues: UPDATED

The Government of Afghanistan announced on 2 May that it was extending the **nationwide lockdown** in a bid to contain the spread of the virus. Current nationwide lockdown measures are being reviewed. Measures to contain the spread of the virus continue to differ across provinces with provincial authorities been given the power to decide on and implement their own lockdown measures. A number of provinces have already eased their lockdowns, including Kandahar, Hilmand and Ghazni, Badakhshan, Khost, Paktya, Kunduz and Takhar provinces. A number of provinces in the East of the country continue to enforce stricter lockdowns (Laghman, Kunar) and there are reports that greater physical distancing behaviours are now being observed in Nangarhar due to increases in numbers of people showing possible COVID-19 symptoms. Similarly, the Balkh provincial government decided to elevate Mazār-e Sharīf's previous 'measured' lockdown to a full lockdown for a period of 10 days, effective from 31 May. Essential businesses (e.g. pharmacies, bakeries, vegetable shops, and general grocery stores) will be allowed to remain open. The rest of businesses/offices that were allowed to reopen on 10 May (e.g. electronics shops, toys shops, clothing shops, tailor shops, money exchange kiosks, barbershops etc.), will again be closed. A similar return to a complete lock-down has been implemented in Aybak City, Samangan Province, as of 30 May.

On 26 May, the government in Kabul issued a new plan to ease the COVID-19 lockdown, which outlines the use of an 'odds-and-evens' approach on vehicles to allow people to head back to work and enjoy other activities after weeks of lockdown. According to the plan, starting from 27 May, private vehicles are being allowed to run on an odd-even basis, alternating days according to the last digit of their license plates. Vehicles with odd numbers as the last digit of their license plates will be allowed to drive on Sundays, Tuesdays and Thursdays whereas those with even number plates will be allowed to drive on Saturdays, Mondays and Wednesdays. Vehicles with both even and odd numbers will be allowed to travel on Fridays. Humanitarian personnel, who have received permission to continue their duties amid the movement restrictions and under the 'odds-and-evens' system, are encouraged to monitor the situation closely. Reports indicate that despite assurances from the Government that the lockdowns would not limit critical program movements of NGOs and the UN, the measures continue to impact the mobility of humanitarian organisations, temporarily delaying the delivery of assistance and affecting access to humanitarian assistance. Humanitarian partners remain active in responding to crises throughout the country and continue to urge the Government to employ a national approach to these movement issues so that individual negotiations are not required on a case-by-case basis. 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 June. Kam Air has announced that it will continue to facilitate exceptional domestic flight operations during the suspension period. The next roundtrip flights are scheduled to depart from Kabul to Kandahar on 5 and 6 June and to Mazar-e-Sharif on 5 and 6 June.

The United Nations Humanitarian Air Service (UNHAS) airbridge connecting Kabul and Doha is operating regularly on Sunday, Tuesdays and Thursdays. Flights into Doha accommodate transiting passengers only. On 31 May, Qatar Airways authorities announced that they will approve up to 36 hours transit at Hamad International Airport (Doha) for inbound and outbound passengers with immediate effect. This service is planned to continue until regular commercial international flights resume. The next flight is planned for Sunday, 7 June. UNAMA is also considering the possibility of planning a special flight to Frankfurt to support UNAMA personnel and the humanitarian community (UN Agency and NGO personnel, donors, diplomats) in Afghanistan. The flight will depart from Kabul to Frankfurt on 9 June and then return back to Kabul from Frankfurt the following day.

More Information – Links: UPDATED

WHO
- WHO's latest information on COVID-19
- WHO COVID-19 Global Dashboard
- Disability Considerations during the COVID-19 Pandemic
- COVID-19 significantly impacts health services for noncommunicable diseases

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 May Update
- Relief Web: COVID-19 Response Page
- OCHA: Asia Pacific COVID-19 - Humanitarian Data Portal
- UN: COVID-19 and People on the Move (Policy Brief)
- UN: Why business needs to address the social impacts of COVID-19
- UN: COVID-19 a challenge, and opportunity, to fix remittances system
- WFP: WFP and the Grand Bargain (May 2020)
- UNDRR: Science and technology for DRR in the context of COVID-19
- ICRC, UN: Uniting for a people's vaccine against COVID-19 (Joint Statement)
- EC: Women's rights around the world in times of the coronavirus pandemic

- UNICEF: Digital contact tracing and surveillance during COVID-19
- MSF: Any future COVID-19 vaccines must be sold at cost and accessible to all
- UNICEF: A rapid review of economic policy and social protection responses to health and economic crises and their effects on children
- OHCHR: Disproportionate impact of COVID-19 on racial and ethnic minorities needs to be urgently addressed
- Logistics Cluster, WFP: Cargo Entry Point Update
- INEE: Education during the COVID-19 pandemic
- IOM: COVID-19 Disease Response (SitRep 17)
- We World GVC: Reframing education in COVID-19 era
- UNICEF + 4 more: HIV – Impact on mental health & quality of life in time of COVID-19
- WB: Countries Can Take Steps Now to Rebuild from COVID-19
- UNHCR: Global COVID-19 Emergency Response
- HALO Trust: COVID-19 and the need for global leadership
- ILO +12 more: Compulsory drug detention and rehabilitation centres in the context of COVID-19
- UNDRR: Scaling up social protection can build resilience to COVID-19
- Johanniter: Health Worker's Perception Survey on COVID19 (Afghanistan)
- UNICEF: Scaling up routine immunization amidst Covid 19 (Afghanistan)
- UNDP: Afghan students in Kazakhstan take up online learning as COVID-19 shutters universities
- WFP: Weekly Market Price Bulletin (Afghanistan)
- UNHCR: Border Monitoring Update - Afghanistan
- IRC: Afghanistan faces humanitarian disaster as COVID-19 spreads undetected

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)
Binto Bali, Humanitarian Affairs Officer, OCHA, binto.bali@un.org, +(93) 079 300 1183