

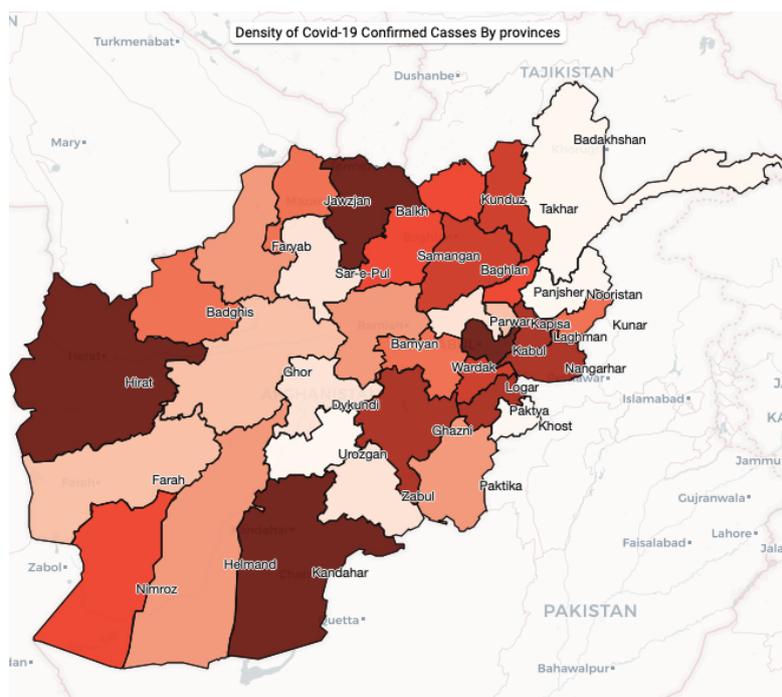
## Key Messages: **UPDATED**

- **People confirmed to have COVID-19: 3,563** (as of 2pm, 7 May. Source: Afghanistan Ministry of Public Health - MoPH)
- **Deaths from COVID-19: 106**
- **Samples tested: 14,389**

**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 **3,563** people across all 34 provinces in Afghanistan are now confirmed to have COVID-19. Some 468 people have recovered, and **106** people have died. **11** healthcare workers are among those who have died from COVID-19. Among the fatalities, 76 people had at least one underlying disease, the most common of which are cardio-vascular disease, lung disease, diabetes and neurological disease. The majority of the deaths were people between ages of 40-69. Men between the ages of 40-69 represent more than 50 per cent of all COVID-19-related deaths. Roughly 30,000 diagnostic testing kits are currently available in-country; as countries continue to be affected by global supply shortages, WHO is working to secure a steady pipeline for essential supplies, including laboratory reagents and diagnostic tests. Cases are expected to increase rapidly 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	110	132	265	660	179	697	158	443	119	308	69	164	22	45	8	27	3563
# deaths from COVID-19	1	1	0	0	0	10	3	20	3	11	7	20	1	9	2	7	106

## Response Coordination: **UPDATED**

On 7 May, the updated [Global Humanitarian Response Plan](#) was launched. The updated plan captures the rapid evolution of humanitarian needs, the inclusion of additional countries, increased cost of essential health and other supplies and air and sea transport. To reflect these changes, the updated financial requirement for the global plan has

risen from \$2 billion to \$6.69 billion. As of 5 May, \$923 million has been received towards the GHRP, with another \$608 million reported outside the GHRP.

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

### Foreword by the UN Emergency Relief Coordinator - Updated COVID-19 Global Humanitarian Response Plan (7 May 2020):

***The COVID-19 pandemic is hurting us all. But the most devastating and destabilising effects will be felt in the world's poorest countries.***

*We face the biggest economic slowdown in living memory. The humanitarian system is preparing for a sharp rise in conflict, food insecurity, and poverty as economies contract, and export earnings, remittances and tourism disappear. Lockdowns and economic recession may mean a hunger pandemic ahead for millions.*

*As countries with weak health systems attempt to fight the virus, we can expect an increase in measles, malaria, cholera and other diseases as vaccinations are put on hold, health systems buckle under the strain and medical supplies are disrupted. If we do not support poorer countries as they battle the pandemic, we are leaving the virus to spread unchecked and circle back around the world. That is in no-one's interest. Nor is economic collapse and instability in fragile and poor countries.*

*It is in all our interests to come together in an urgent and coordinated response to this pandemic in the world's most fragile settings. The COVID-19 Global Humanitarian Response Plan (GHRP) is the international community's primary fundraising vehicle to do that. This update of the Plan is based on extensive in-country consultations and reflects real-time needs. It brings together appeals from the WHO and other UN humanitarian agencies. Non-governmental organizations and NGO consortia, often the frontline responders have been instrumental in helping shape the plan and can access funding through it.*

*Lockdowns, curfews and restrictions on movements of personnel and cargo – part of the strategy to slow down transmission of the virus – are affecting humanitarian operations. But despite these obstacles, resources are moving quickly to the field and having immediate impact. The GHRP has supported the installation of handwashing facilities in vulnerable places like refugee camps; the distribution of gloves, surgical masks, N95 respirators, gowns and goggles to help vulnerable countries respond to the pandemic; and the creation of new transport hubs from which supplies can be transported by air.*

*The Plan prioritizes the needs of the most vulnerable including older people, people with disabilities, and women and girls. Given that the pandemic has already heightened existing levels of discrimination, inequality and gender-based violence, the Plan includes specific metrics to ensure that the vulnerabilities of these groups are addressed. This plan also includes programmes that respond to the projected rapid growth in food insecurity.*

*Everything achieved so far has only been possible because of the generous funding donors have provided. Progress will only continue if additional funding is made available. As we come together to combat this virus, I urge wealthy governments to make their response proportionate to the scale of the problem we face.*

*I ask wealthy governments to take two steps. Firstly, pledge your support to this COVID-19 GHRP. It requires \$6.7 billion. Secondly, continue to support existing humanitarian response plans. If funding is diverted from these operations to tackle COVID-19, the consequences could be grave and potentially life-threatening for those already at greatest risk in humanitarian contexts. This pandemic is unlike anything we have dealt with in our lifetime. This is not business as usual. Extraordinary measures are needed.*

- **Mark Lowcock, Emergency Relief Coordinator, United Nations**

### **Cross Border Response and Concerns: UPDATED**

IOM, UNHCR, WHO and other partners are strengthening logistics, health (screening and surveillance) and monitoring assistance in border areas, in support of the Government efforts. Border monitoring teams have been put in place along main crossing points from Iran and Pakistan. UNHCR's latest [border monitoring report](#) shows that 78 per cent of those interviewed say they have received information about COVID-19 upon arrival in Afghanistan. Since the start of border monitoring on 5 April, 1,437 interviews were conducted with returnees from Iran (1,375) and Pakistan (62). According to interviews with those returning from Iran, a majority report lost work/wages in Iran due to COVID-19; 29 per cent also report fear of catching COVID-19 as a motivation for returning to Afghanistan.

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 5,801 citizens of Afghanistan returned from Iran through the Milak and Islam Qala borders between 26 April and 2 May, a 42 per cent decrease from the previous week (9,987). 3,526 people returned voluntarily and 2,275 were deported from Iran. IOM has provided post-arrival humanitarian assistance to 1,895 people (33 per cent of all undocumented Afghans from Iran) at its transit centres in Hirat and Nimroz.

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 6 May, more than 4,900 Afghanistan nationals returned from Pakistan through the Torkham 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 (both for transit trade from Afghanistan and bilateral trade). 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: **UPDATED**

'Measured lockdowns' aimed at limiting 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. 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 lifted and shops allowed to open during specific daytime hours. Humanitarians continue to urge the Government to employ a national approach to these issues so that individual negotiations are not required on a case-by-case basis. The closure of government institutions due to movement restrictions may create new coordination challenges for humanitarian agencies. 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 Sunday, 10 May. This service is planned to continue until regular commercial international flights resume. A one-time UNAMA flight carried UN and NGO passengers from Kabul to Islamabad and back on 7 May to support ongoing operations.

### More Information – Links: **UPDATED**

#### WHO

- [WHO's latest information on COVID-19](#)
- [WHO COVID-19 Global Dashboard](#)
- [Interim guidance: Public Health and Social Measures for COVID-19 Preparedness and Response Operations in Low Capacity and Humanitarian Settings](#)

#### 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 \[Pashto\]\(#\)\)](#)

#### UN and others

- [UN: Global Humanitarian Response Plan: COVID-19 \(April – December 2020\) – GHRP May Update](#)
- [Relief Web: COVID-19 Response Page](#)
- [UN: A Disability-Inclusive Response to COVID-19](#)
- [UN: The impact of COVID-19 on older persons](#)
- [UN: The Secretary-General's UN COVID-19 Response and Recovery Fund](#)
- [UN Women: Addressing the impacts of the COVID-19 pandemic on women migrant workers](#)
- [UNICEF: WASH and Infection Prevention and Control Measures in Schools](#)
- [Nutrition Cluster: Operational guidance on Nutrition Sectoral/Cluster Coordination in the context of COVID-19](#)

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