Key Messages: UPDATED

- People confirmed to have COVID-19: 444 (Source: Afghanistan Ministry of Public Health (MoPH))
- Deaths from COVID-19: 15
- Tests completed: 3,103

Key concerns: Border crossing areas, measured lockdowns, testing capacity, protective equipment for frontline workers, commodity prices, floods, plans for camp and camp-like quarantine sites, messaging and rumour management, international air services

7 April marked World Health Day and this year WHO paid tribute to the incredible contribution of all health workers at this difficult time, especially nurses and midwives. Nurses are the largest component of the health workforce and play a fundamental role in combatting COVID-19, achieving universal health coverage and the Sustainable Development Goals.

Situation Overview: UPDATED

According to Johns Hopkins University data, as of 8 April, 1.44m cases of COVID-19 have been confirmed and 83,471 deaths have been reported across 184 countries and territories. The COVID-19 pandemic is straining health systems worldwide. WHO has stressed that to defeat the virus, countries need to use aggressive and comprehensive package of measures: find, test, isolate and treat every case, and trace every contact. In a bid to increase access to quality-assured, accurate tests for COVID-19, on 7 April, WHO gave ‘emergency use listing’ (EUL) for the first two diagnostic tests. The EUL procedure was established to expedite the availability of diagnostics needed in public health emergency situations. On 3 April, the UN Secretary-General called for an immediate global ceasefire to help people in war-torn regions receive life-saving aid to fight the pandemic. On 5 April, the Secretary-General urged governments to make the prevention and redress of violence against women a key part of their national response plans for COVID-19 after reports of alarming global rise in domestic violence cases since the start of the outbreak.

In Afghanistan, MoPH data showed that 444 people across 24 provinces were confirmed to have the virus and 15 people have now died. The case fatality rate is 3.4 per cent. As of 7 April, there were 41 confirmed cases among healthcare workers in Afghanistan and one death. Importantly, more people have now acquired the virus inside Afghanistan than have brought it from other affected countries. Hirat is still the most affected part of the country, now with 257 of the confirmed cases, as of 7 April. To date, MoPH reported that 3,103 tests have been conducted. To scale-up testing efforts, WHO has supported the Government to establish two testing facilities in Kabul, two in Hirat, one in Mazar-e-Sharif, one in Kandahar and one in Nangarhar province with more to come. Altogether, the Government plans to expand to 15 testing facilities across the country within the month.

There has been a surge in people returning to Afghanistan across the border from Pakistan over the past three days. An estimated 60,000 people crossed into Afghanistan at the Torkham and Chaman-Spin Boldak border crossings since the border was re-opened on 6 April – many without undergoing formal document checking/registration and health screening. However, the process was reportedly more orderly on 8 April than the previous day with health screening procedures being followed. Yet, there remains screening gaps at the border. Initial plans to quarantine all returnees from Pakistan for up to 21 days have now been revised due to the scale of the returns. Instead, returnees are being instructed to self-quarantine in their respective homes. Humanitarian partners stress that quarantine and isolation should only be conducted for people presenting with symptoms of COVID-19 and no more than one person should be housed in one room or tent. Awareness-raising and sensitization on the virus are also urgently needed for returnees upon their arrival.

Response: UPDATED

On 28 March, President Ghani, announced a series of measures to allow Governors to take the lead in the response to COVID-19 in their provinces. Details can be found in the 1 April COVID Daily Brief. The Government is also mobilising religious leaders to encourage people to conduct their prayers at home in the areas where movements are restricted due to the spread of COVID-19. Coordination of emergency response and disaster management on the Government’s side comes under the portfolio of First Vice President and through the Emergency Committee for Prevention of COVID-19.

The humanitarian community’s overall efforts towards the response are coordinated under the Humanitarian Country Team and the Inter-Cluster Coordination Team at the national level, and via Humanitarian Regional Teams at the subnational level. The overall focus of the health response is on preparedness, containment and mitigation. Polio teams
On 6 April, 10,525 citizens of Afghanistan returned from Pakistan and on 7 April a further 15,000 people crossed the border over the past three days, at times overwhelming COVID-19 screening measures.

WHO notes that expanding access to health services is critical to stopping the spread of COVID-19. Currently, about one third of the population in Afghanistan (mostly those living in hard-to-reach areas) does not have access to a functional health centre within two hours of their home. There also remains a critical shortage of medical supplies across the country and particularly in the west, including personal protective equipment (PPE) and hygiene kits. Healthcare workers rely on PPE to protect themselves and their patients from being infected and infecting others.

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 (April-June) and highlights the potential effects of the outbreak on ongoing humanitarian response. It also spells out mitigation measures being employed to reduce interruptions to life-saving services. In addition to an allocation of $1.5m towards urgently required COVID-19 preparedness and response health capacity made on 26 February, OCHA’s Humanitarian Financing Unit is supporting the Humanitarian Coordinator to make further allocations to support the response. On 6 April, OCHA convened a meeting of information/data management colleagues from both humanitarian and development organisations to discuss how to harmonise their support towards the response. The COVID-19 Risk Communications and Community Engagement (RCCE) Working Group, led by WHO and NRC, has started its work in support of the Government of Afghanistan to tailor global COVID-19 guidance on risk communication activities to Afghanistan’s unique context. Humanitarian and development organisations involved in the sharing of community messages related to COVID-19 are encouraged to participate.

Cross Border Concerns: UPDATED

As of 8 April, according to Johns Hopkins University there are 4,072 people confirmed to have COVID-19 in Pakistan. The country’s Torkham and Chaman-Spin Boldak border crossings with Afghanistan re-opened on 6 April and will remain open until 9 April. The aim is to allow citizens of Afghanistan who have been stuck in Pakistan to return. Thousands of people have come across the border over the past three days, at times overwhelming COVID-19 screening measures. On 6 April, 10,525 citizens of Afghanistan returned from Pakistan and on 7 April a further 15,000 people crossed the border.

| WHO Director-General’s remarks at the media briefing on COVID-19 and the use of masks (6 April 2020): |
| WHO understands that some countries have recommended or are considering the use of both medical and non-medical masks in the general population to prevent the spread of COVID-19. First and foremost, medical masks must be prioritised for health workers on the front lines of the response. We know medical masks can help to protect health workers, but they’re in short supply globally. |
| We are concerned that the mass use of medical masks by the general population could exacerbate the shortage of these specialised masks for the people who need them most. In some places, these shortages are putting health workers in real danger. In health care facilities, WHO continues to recommend the use of medical masks, respirators and other personal protective equipment for health workers. |
| In the community, we recommend the use of medical masks by people who are sick and those who are caring for a sick person at home. |
| WHO has been evaluating the use of medical and non-medical masks for COVID-19 more widely. Today, WHO is issuing guidance and criteria to support countries in making that decision. For example, countries could consider using masks in communities where other measures such as cleaning hands and physical distancing are harder to achieve because of lack of water or cramped living conditions. |
| If masks are worn, they must be used safely and properly. WHO has guidance on how to put on, take off and dispose of masks. What is clear is that there is limited research in this area. |
| We encourage countries that are considering the use of masks for the general population to study their effectiveness, so we can all learn. Most importantly, masks should only ever be used as part of a comprehensive package of interventions. There is no black or white answer, and no silver bullet. Masks alone cannot stop the pandemic. Countries must continue to find, test, isolate and treat every case and trace every contact. Mask or no mask, there are proven things all of us can do to protect ourselves and others – keep your distance, clean your hands, cough or sneeze into your elbow, and avoid touching your face. |

(For more information, see: https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---6-april-2020)
border according to IOM. According to preliminary reports, the returns have continued at a high rate today. More than 13,000 citizens of Afghanistan crossed Torkham border crossing on 8 April, and a further 17,000 people crossed Chaman-Spin Boldak border with screening proceeding in a more orderly manner compared to the previous days. However, screening gaps remains a key concern. At both border sites, mainly documented returnees crossed the border on 8 April.

Initially people returning to Afghanistan were placed under quarantine immediately after crossing the border, irrespective of whether they had any symptoms. However, local authorities later changed their position due to the volume of the cross-border movement and instructed people to self-quarantine in their respective homes. According to reports, no returnees are currently being held at quarantine sites in Nangarhar, however this may change if new COVID-19 cases are identified through screening. The humanitarian community does not support the establishment of camps or camp-like quarantine sites for people returning in large numbers. Keeping people in confined spaces in a pandemic situation is not best practice and the experience in other countries has demonstrated that this increases the risk of the virus spreading. Only those with COVID-19 symptoms should be held in isolation for testing. The humanitarian community is working to support the government on alternatives to quarantine sites for the returnees. IOM is supporting referrals for non-COVID-19 medical cases that require treatment/referrals.

The Food Security and Agriculture Cluster is anxious to move 577 metric tons of food that remains stuck at the Spin-Boldak border crossing. Since the opening of the border with Pakistan on 6 April, only foot traffic has been allowed. The Afghan Chamber of Commerce is holding a meeting with the Pakistani border police to discuss truck passage. Partners encourage the Government of Afghanistan to further engage with Pakistan authorities to enable fast track clearance of humanitarian cargo and call on the authorities on both sides of the border to approve the establishment of a transhipment point to facilitate the uninterrupted flow of humanitarian goods irrespective of border closure.

As of 8 April, Johns Hopkins University reports that there are 64,586 confirmed cases of COVID-19 in Iran. 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. Due to heavy rains, the road leading from the crossing into Afghanistan remains partly closed. All flights to and from Iran are suspended.

In early March, Afghanistan’s other neighbours – Tajikistan, Turkmenistan and Uzbekistan – announced the closure of their borders, with some exemptions, and suspended flights to and from Afghanistan. Commercial traffic and return of citizens of Afghanistan continues according to the Afghan Border Police. Humanitarians are concerned about the potential supply disruption of key food commodities (wheat flour and wheat grains) and the possible negative economic impacts following the announcement by export restrictions by Afghanistan’s northern neighbour, Kazakhstan - a key supplier of these commodities. In Afghanistan, the price of wheat increased by 16 per cent between 14 March and 7 April 2020, whereas the cost of pulses, sugar and rice increased by 2-6 per cent over the same period. The poorest households including casual labourers and small traders will suffer disproportionally from potential food price spikes with urban areas hit hardest. Between 14 March – 7 April, the purchasing power of casual labour and pastoralists significantly deteriorated by 17 per cent and 13 per cent, respectively, due to wheat price increase and decreased wages. This will lead to the poorest households in Afghanistan adopting negative food-related coping strategies such as compromising on the quality and quantity of food.

Operational Issues: UPDATED

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. Additional measures to contain the spread of COVID-19 came into effect in Kabul on 8 April which may impact on mobility – especially for national UN and NGO staff members travelling in private vehicles. All Kabul residents are required to remain at their homes, except for cases of medical emergencies or when there is a particular need to go out to purchase essential food items. According to a decree distributed by the Ministry of Interior Affairs on 7 April, all ANSF personnel patrolling Kabul are instructed to prevent movement of all residents of Kabul, except for personnel/staff/workers of the entities working for the health sector, emergency services, media and other essential services. Staff members of these entities are allowed to move in Kabul only with valid ID cards indicating their role and organisation of employment. Details of how lockdowns are being implemented in different regions can be found in previous days’ COVID-19 Daily Briefs. The Government’s Emergency Committee for Prevention of COVID-19 has indicated that any interruptions to UN and NGO operations related to COVID-19 movement restrictions would be resolved soon. Humanitarian partners 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.

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.

Commercial flight suspensions to Afghanistan are now in force and the United Nations Humanitarian Air Service (UNHAS) is urgently making arrangements for a possible international airbridge. UNHAS has received an initial $3.7m in funding from the Afghanistan Humanitarian Fund and is now in the process of securing flight approvals for a service starting on 21 April with three flights per week. UNHAS has contracted a 50-seater aircraft (EMB145) which will serve both international as well as domestic locations, depending on demand.

As an interim measure, UNAMA attempted to arrange for an extraordinary flight on 7 April from Kabul to Doha, Qatar, and back to Kabul. However, the flight did not take place and UNAMA are now working closely with Qatari authorities on arranging for a flight on 14 April. Domestic UNHAS flights in Afghanistan are still operating normally and flights to Hirat are currently departing three times per week. Twice weekly UNHAS helicopter services have been introduced to move staff to and from Jalalabad.

More Information:
WHO

UN and NGOs
- IOM dashboard on impacts of the COVID-19 pandemic on human mobility: https://migration.iom.int/

Inter-Agency Standing Committee

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