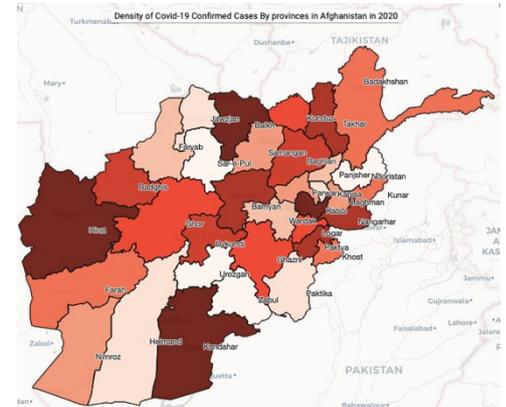


The next Strategic Situation Report will be released on 8 October

### Situation Overview: **UPDATED**

**Global Update:** According to [John Hopkins University](#), the number of people worldwide who have died with COVID-19 has passed one million, with many regions still reporting surging numbers of new infections. In a [video message](#) released on 29 September, UN Secretary-General António Guterres called it a "mind-numbing" figure and "an agonising milestone" while urging the world to "never lose sight of each and every individual life". The pandemic has now spread to 188 countries with close to 34 million confirmed cases, as of 8 October.

**MOPH Figures:** [MoPH data](#) shows that **39,285 people across all 34 provinces in Afghanistan are now confirmed to have COVID-19. Some 32,842 people have recovered, and 1,458 people have died - 76 of whom are healthcare workers. 111,310 people out of a population of 37.6 million have been tested.** The majority of the recorded deaths were men between the ages of 50 and 79. Men account for more than 70 per cent of the total COVID-19



Source: [MoPH](#)

confirmed cases in the MOPH data, although this may be the result of over-representation of men in testing. Different gender trends are also emerging in the west of the country. Due to limited public health resources and testing capacity, as well as the absence of a national death register, confirmed cases of and deaths from COVID-19 are likely to be under-reported overall in Afghanistan. Kabul remains the most affected part of the country in terms of confirmed cases, followed by Hirat, Balkh, Kandahar and Nangarhar provinces. WHO warns that widespread complacency and failure to follow public health advice is creating grave risks in the community with people generally not observing physical distancing protocols.

**Second Wave:** With a fragile health system, a developing economy and underlying vulnerabilities, the people of Afghanistan are facing extreme consequences from the COVID-19 pandemic. While data suggests that the first wave seemed to peak in June, a new rise in cases is being closely monitored, especially in the west of the country. Doctors are warning that the second wave of COVID-19 may be deadlier than the first if people do not follow health advice. This dangerous second wave of the virus comes at a time of increased conflict and political uncertainty and with reduced community adherence to prevention measures. Limited access to water and sanitation, widespread food insecurity and high rates of malnutrition are all additional complicating factors for Afghanistan. Resourcing community engagement, surveillance, and contact tracing is critical to supporting the COVID-19 response and preventing unnecessary suffering. Effective awareness raising, rumour management, adoption of safety measures, and identification of people with COVID-19 requires substantial investment in community-informed communication and engagement.

**Health Services:** Hospitals and clinics continue to report challenges maintaining or expanding their facilities' capacity to treat patients with COVID-19 as well as maintaining essential health services. A WHO comparison of HMIS health data from Q2 2019 with Q2 2020 shows that the utilisation of health services has dramatically decreased during the pandemic. The drop in the utilisation of health services indicates that many of the severe medical cases that required hospital care have been unable to receive treatment during the COVID-19 pandemic as a result of a variety of factors including health staff falling ill with COVID-19, overwhelmed health facilities focused on COVID-19 response, patients' unwillingness to attend health facilities, movement restrictions. These unaddressed medical conditions will likely to result in increased mortality and increased needs in the second half of the year and into 2021. WHO notes that when health systems are under stress, as is being seen in Afghanistan, both direct mortality from the outbreak and indirect mortality from vaccine-preventable and treatable conditions increase dramatically. WHO emphasises that infection prevention and control need to be improved in health facilities to encourage people to return to health services safely. Effective and accurate risk communication activities are needed to reassure people that it is safe to seek treatment at hospitals and health centres, and that health centres are carrying out proper infection prevention and control measures. WHO stresses the need to balance the demands of responding directly to COVID-19, with simultaneously engaging in strategic planning and coordinated action to maintain essential health service delivery, mitigating against the risk of system collapse.

Around 10 per cent of the total confirmed COVID-19 cases are among healthcare staff. Health facilities across the country are reporting shortfalls in PPE, medical supplies and equipment, further challenging their capacity to treat COVID-19 patients. In support of the Government, humanitarian partners have provided tens of thousands of pieces of PPE and several thousand items of life-saving medical equipment to the Ministry of Public Health. With a second wave of the

gathering pace globally, there is an urgent need to ensure a rapid distribution of medical and protective equipment to all corners of the country.

While 13 laboratories are now operating in Afghanistan, laboratory capacity in Afghanistan remains limited. Humanitarian partners urge the Government of Afghanistan to ensure laboratories are appropriately equipped and that procured supplies go to under-resourced health centres in a transparent manner, so that life-saving support can be delivered to those most in need.

### Afghanistan's commitment to information access - key to saving lives, building trust, bringing hope UNAMA (28 September 2020)

**KABUL, Afghanistan** –Luminaries from Afghanistan's media, human rights, corruption watchdog sector and other civil society bodies were joined on 28 September in Kabul by the UN at an event held at the Presidential Palace to observe the International Day of Universal Access to Information.

Participants highlighted how critical access to information is to societies in terms of accountable government, empowering citizens and building trust. Special emphasis was given to the importance of access to information at times of crisis, such as that presented by the COVID-19 pandemic.

Speaking about the international context of access to information, Deborah Lyons, the Secretary-General's Special Representative for Afghanistan said, "Timely access to information can be the difference between life and death. Not sharing the information or spreading misinformation takes lives. As we look around the world, we see erosion of public trust in public institutions. We need to reverse the trend. The right to access to information is one of the tools to reverse it."

Part of the solution to the global crisis caused by COVID-19 is in enhanced access to information. During the current crisis, accurate and timely information makes it possible for citizens to protect themselves and to follow rules concerning travel, schooling and virus testing. When citizens can exercise their right to access information, it results in greater transparency of public policies, benefits good governance, curbs corruption and builds communities' trust in the work of public institutions.

Recognising that access to information is the right of every citizen and, according to the law in Afghanistan, any person can seek information from a public office, Second Vice President Sarwar Danish said, "Access to information is one of the foundations and the oxygen of democracy. The president has always emphasised that government functionaries are not owners but guardians of information and if true information is not shared with people, misinformation and rumours will take its place."

For more information, please see: <https://unama.unmissions.org/afghanistan's-commitment-information-access-key-saving-lives-building-trust-bringing-hope>

**Protection concerns:** In Afghanistan, conflict, poverty and repeated natural disasters have left an acutely vulnerable population with eroded emotional and financial capacity to cope with the unfolding COVID-19 crisis. Providing mental health support is critical to helping adults and children survive the pandemic, on top of the stress of war, disaster and displacement. Pregnant women and new-born babies are also vulnerable as pre- and ante-natal care has been de-prioritised by families for fear of catching the COVID-19 virus at health facilities. There is also a higher risk of child labour and early marriage in situations where families become economically stressed.

A recent survey was carried out by UN Women and the IRC to understand the gender specific impacts of COVID-19 in Afghanistan, particularly in relation to changes in employment, earnings and unpaid domestic and care work in the household. The study found that COVID-19 has increased the burden of unpaid domestic work for everyone, with women reporting the largest increases. The survey also finds significant gender differentials in relation to primary sources of information on the pandemic with women more likely to either not know about COVID-19 or to find the information provided is unclear. The survey recommends increased livelihood/economic empowerment programmes, the strengthening of meaningful access to information on COVID-19 that targets women and efforts to ensure women and girl-led decision making and co-ownership of programming.

**Socio-economic impacts:** Afghanistan is facing an ongoing food security crisis that is being compounded by the economic shock of COVID-19. Over the past 5 years, the food security situation in Afghanistan has steadily deteriorated as the percentage of food insecure people has almost doubled. A new Integrated Food Security Phase Classification (IPC) analysis for 2020-2021 is just being finalised and is expected to show this situation has further deteriorated during COVID-19 with worrying implications for the winter season ahead. This comes alongside preliminary data from the Whole of Afghanistan Assessment showing that household debt is spiralling in terms of both the number of people in debt and the scale of that debt. Simultaneously, average prices for key commodities remain elevated above pre-COVID levels while purchasing power has diminished. According to [WFP's market monitoring](#), the average wheat flour price (low price and high price) increased by more than 8 per cent between 14 March and 30 September, while the cost of pulses, sugar, cooking oil and rice (low quality) increased by 25 per cent, 20 per cent, 26 per cent, and almost 18 per cent, respectively, over the same period. This price increase is accompanied by a declining purchasing power of casual labourers and pastoralists – which have deteriorated by 6 per cent and 10 per cent respectively (compared to 14 March)

**Cross Border: UPDATED**

**Border Crossings:** The Milak (Nimroz) and Islam Qala-Dogharoon (Hirat) crossings with Iran are officially open to commercial traffic and movement of documented Afghanistan nationals. According to the Border Monitoring Team of the Directorate of Refugees and Repatriation (DoRR), a total of 26,801 Afghanistan nationals returned from Iran through the Milak and Islam Qala border crossing sites between 20 and 26 September, a 23 per cent increase from the previous week (21,781). 13,217 people returned voluntarily and 13,584 were deported. IOM provided post-arrival humanitarian assistance to 1,336 people or 5 per cent of all undocumented Afghanistan nationals returning from Iran at its transit centres in Hirat and Nimroz during the past week. On 28 September, the Pakistan Ministry of Interior announced the reopening of Torkham border crossing for pedestrian movement on Tuesdays, Wednesdays, Thursdays and Saturdays effective 29 September with a full daily reopening to follow in the coming weeks. Pedestrian movement through Torkham will only be permitted on valid passport and visa. Ghulam Khan border crossing remains closed for pedestrian movement.

**Reports from Returnees:** According to [UNHCR's latest border monitoring report](#) (covering the period between 20 and 26 September), 33 per cent of returnees interviewed at the Islam Qala and Milak border crossing points and 30 per cent of returnees interviewed at the Torkham and Spin Boldak border crossing points said they faced problems during the COVID-19 outbreak in neighbouring countries, such as lost work/wages, discrimination/stigmatisation by local communities, lack of access to markets, pressure from authorities to return to Afghanistan, movement restrictions related to the lockdown, and lack of access to medical services. 94 per cent of respondents returning from Iran and 78 per cent of respondents returning from Pakistan stated that they had received information about COVID-19 in the respective countries, mainly through TV, radio, religious leaders and local communities. More than 7 per cent of returnees interviewed at the Milak border crossing point, more than 11 per cent at Islam Qala, 44 per cent at Spin Boldak, and 63 per cent interviewed at Torkham border crossing reported that they had not received information about COVID-19 upon arrival in Afghanistan.

**Operational Issues: UPDATED**

Humanitarians stress the critical importance of maintaining a reliable flow of traffic for humanitarian cargo from all neighbouring countries and are advocating for special consideration to expedite movement of humanitarian food and relief items through border crossings.

Commercial domestic flights are operating. The United Nations Humanitarian Air Service (UNHAS) has reduced domestic flight days from five to four days a week. UNHAS will continue to support any required evacuation and relocation flights during all days of the week.

International commercial air travel has resumed with Air Arabia, Ariana Airlines, Kam Air, and Emirates Airlines providing round-trip international flight services to/from Kabul. Effective from 1 August, all [Emirates Airlines](#) passengers travelling to Dubai, including those in transit, must have a negative COVID-19 test certificate issued by an [Emirates-approved laboratory](#) to be accepted on the flight. [Turkish Airlines](#) resumed flights to Afghanistan on 20 September. According to the new flight schedule, Turkish Airlines will carry out 7 flights per week between Kabul and Istanbul during October. Similarly, the airline will carry out three flights per week to Mazar-i-Sharif effective 15 October.

The UNHAS airbridge connecting Kabul and Doha continues to operate on Sundays, Tuesdays and Thursdays. Flights into Doha accommodate transiting passengers only. At a minimum, the Doha Airbridge service will continue for another month until 31 October. The newly contracted aircraft will be based in Doha and will operate Doha – Kabul – Doha route. UNHAS is looking to secure additional funding to continue the airbridge service until December, if required. Effective from 1 October, UNHAS will operate Doha-Kabul-Doha flights with new flight times; flights from Doha to Kabul will depart from Doha at 08:30 and arrive in Kabul at 13:00, whereas flights from Kabul to Doha will depart from Kabul at 14:00 and arrive in Doha at 15:40. The next UNHAS flight to Doha is planned for Sunday, 4 October.

**More Information – Links: UPDATED****WHO**

- [WHO's latest information on COVID-19](#)
- [WHO COVID-19 Global Dashboard](#)
- [COVID-19 Partners Platform](#)
- [UN welcomes nearly \\$1 billion in recent pledges - to bolster access to lifesaving tests, treatments and vaccines to end COVID-19](#)
- [A global pandemic requires a world effort to end it – none of us will be safe until everyone is safe](#)
- [Never too late to fight back against pandemic](#)
- [Global partnership to make available 120 million affordable, quality COVID-19 rapid tests for low- and middle-income countries](#)

- [Weekly Operational Update on COVID-19 \(25 September\)](#)

**Government of Afghanistan:**

- [Ministry of Public Health: COVID-19 Dashboard](#)

**Inter-Agency Standing Committee**

- [IASC-endorsed COVID-19 guidance – new materials available](#)
- [NGO Projects Supported by the PSEA Outreach Fund in 2020](#)
- [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 July Update
- UN: Comprehensive Response to COVID-19 – September Update
- Relief Web: COVID-19 Response Page
- OCHA: Asia Pacific COVID-19 - Humanitarian Data Portal
- OCHA: Afghanistan Humanitarian Response Plan 2018-2021 (June 2020 Revision)
- OCHA: Afghanistan Humanitarian Response Plan 2018-2021 (June 2020 update) - Infographic
- UN: The Future We Want, The UN We Need: Update on the Work of the Office on the Commemoration of the UN's 75th Anniversary
- UN: "Never lose sight of each and every individual life"
- UN: ACT Together to End COVID-19
- UN HRC: Reported reprisals continue unabated, says UN
- UN HRC: Older persons remain chronically invisible despite pandemic spotlight, says UN expert
- UN HRC: HRC holds annual panel discussion on the integration of a gender perspective in its work
- UNHCR: Livelihoods and Economic Inclusion - COVID-19
- UNHCR: UNHCR urges more support for refugee higher education to withstand impact of COVID-19 pandemic
- UNHCR: UNHCR and some 100 NGOs urge world not to leave refugees behind in COVID-19 responses
- UNHCR: UNHCR Global COVID-19 Emergency Response
- UNHCR: UNHCR welcomes Pope Francis' support for internally displaced
- ICRC: COVID-19: Experts discuss long-term humanitarian needs and partnering for the future
- ICRC: One-size-fits-all approach cannot work for victims and survivors of sexual and gender-based violence
- IFRC: "A million individual tragedies"
- IFRC +8 more: COVID-19 pandemic: countries urged to take stronger action to stop spread of harmful information
- Gates Foundation: Commitments to Expanded Access for COVID-19 Diagnostics, Therapeutics, and Vaccines
- UNDP: COVID-19: B20-UNDP Joint Statement
- UNDP: Global coronavirus death toll passes 1 million
- UNFPA: Survivors of sexual violence need healing and justice even amid pandemic, leaders assert
- UN Women: As COVID-19 exposes the fault lines of gender equality, a strong focus on violence against women
- UN Women, UNDP: UNDP and UN Women launch COVID-19 Global Gender Response Tracker
- GAVI: Collaboration makes 100 million doses of COVID-19 vaccine available to low- and middle-income countries
- UNESCO: How teachers are leading efforts to ensure learning never stops during COVID-19 education disruption
- IPI: Whatever Future Holds for Peace Operations, Peacebuilding Must Be More Local and Plural
- SSHAP: Emerging Evidence on Shielding Vulnerable Groups
- Amnesty: World leaders responding to pandemic must not forfeit action on climate crisis
- CARE, HI, IRC +3 more: Over 21,000 People Killed since UN Global Ceasefire-Resolution
- UNICEF, WHO: Rise, Refocus, Recover - 2020 Progress Report on the Every Woman Every Child Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)
- WFP: Global Response to COVID-19
- IRC: Covid-19 and Fragile Contexts: Reviving Multilateralism's Promise to "Leave No One Behind"
- CartONG, MapAction: Simple, informative and visually coherent maps can be strong allies in a pandemic
- IRC: 25 Years Following the Beijing Platform for Action Finds Widening Gaps in Gender Equality for Women and Girls in Conflict Settings
- UNHCR: Afghanistan Border Monitoring Update COVID-19

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