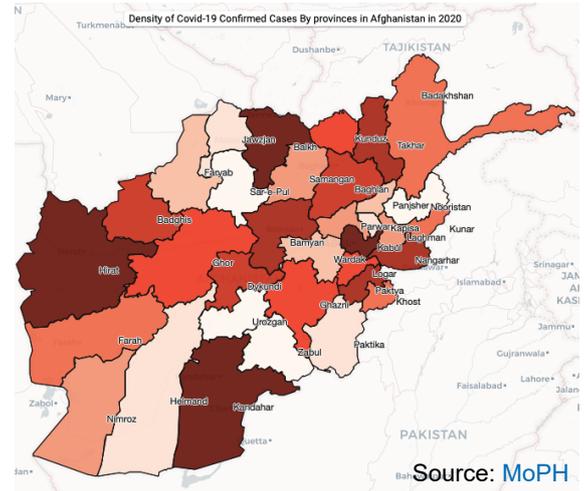


The next Strategic Situation Report will be released on 28 October

Situation Overview: **UPDATED**

Global Update: According to [John Hopkins University](#), the number of people worldwide who have died with COVID-19 has passed 1.1 million, with many regions still reporting surging numbers of new infections. The pandemic has now spread to 189 countries with over 41 million confirmed cases, as of 22 October.

MOPH Figures: [MoPH data](#) shows that **40,510 people across all 34 provinces in Afghanistan are now confirmed to have COVID-19. Some 33,824 people have recovered, and 1,501 people have died - 77 of whom are healthcare workers. 118,540 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 almost 70 per cent of the total COVID-19 confirmed cases in the MOPH data, although this may be the result of over-representation of men in testing. 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. 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 or mask wearing 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. WHO is 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 reduced community adherence to prevention measures. Limited access to water and sanitation for good hygiene, widespread food insecurity and high rates of malnutrition are all additional complicating factors for Afghanistan. Resourcing community engagement, surveillance, and contact tracing remains critical to supporting the COVID-19 response.

Ongoing Needs: Humanitarian partners are also mobilising to respond to needs in southern Afghanistan where an estimated 35,000 people have been displaced by conflict and there has been a surge in trauma cases. The violence has stretched hospitals in Lashkargah to capacity. Furthermore, attacks on health facilities during fighting are particularly worrying with WHO reporting that 12 health facilities have been targeted. The closure of health clinics in the area due to insecurity is affecting around 20,000 people. COVID-19 awareness raising and community engagement work is being incorporated into this response. For more information, please see the latest [OCHA Flash Update](#).

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. Health partners are continuing to see lower numbers of patients at fixed health and nutrition facilities due to people's fear of catching the virus and have been delivering programmes via mobile teams wherever possible. Utilisation of health services in Afghanistan has dramatically decreased during the pandemic according to WHO, indicating that many severe medical cases that required hospital care were unable or unwilling to receive treatment for a variety of reasons, including health staff falling ill with COVID-19, overwhelmed health facilities focused on COVID-19 response, or patients' unwillingness to attend health facilities, movement restrictions. These unaddressed medical conditions will likely result in increased mortality and 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 needs to be improved in health facilities to encourage people to return to health services safely. WHO also 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.

More than 9 per cent of the total confirmed COVID-19 cases are among healthcare staff. Health facilities across the country continue to report 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 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.

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. The socio-economic impacts of COVID-19 are translating into a dramatic impact in food insecurity with levels now similar to those seen during the 2018 drought. An estimated 14.7 million people are in acute food insecurity through until the end of October 2020. Looking forward, 16.9m people are in crisis or emergency food insecurity from November to March, 5.5 million of whom are in 'emergency' level food insecurity (IPC 4).

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. The data shows that 16 per cent of non-recent IDPs, 21 per cent of recent IDPs, 46 per cent of refugees, 19 per cent of returnees, and 17 per cent of vulnerable populations are at catastrophic levels (>65,000 AFN) of debt. At the same time, 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 almost 10 per cent between 14 March and 21 October, while the cost of pulses, sugar, cooking oil and rice (low quality) increased by 24 per cent, 20 per cent, 27 per cent, and 21 per cent, respectively, over the same period. This price increase is accompanied by declining purchasing power of casual labourers and pastoralists – which have deteriorated by 8 per cent and 12 per cent respectively (compared to 14 March)

The Afghanistan Joint Market Monitoring Initiative (JMMI) has released analysis from its fifth round of data collection between 10 and 22 September, in 30 provinces. According to the report, 55 per cent of people interviewed reported at least one population group whose ability to access markets had been impacted by COVID-19. Of those population groups affected, 34 per cent were people with chronic illnesses, 25 per cent were people with disabilities and 21 per cent were women and girls. The remaining groups whose access to markets have been impacted by COVID-19 consisted of IDPs (16 per cent), children (14 per cent), men and boys (11 per cent) and returnees (10 per cent). Supply chains have been interrupted in a number of places across the country, with 4 per cent of people interviewed reporting difficulties in obtaining enough commodities to meet demand in the last 30 days. The median cost of a Minimum Expenditure Basket has increased by one per cent, whereas the median cost of a food basket has increased by three per cent, compared to the fourth JMMI round (10 and 20 August). For additional information, please see the latest [JMMI Situation Overview](#).

Response Activities: **UPDATED**

Humanitarians have rapidly scaled-up services to support the 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](#).

The latest cumulative COVID-19 response figures include:

- Health Cluster partners have reached 4.7m people with risk communication and community engagement messages
- More than 2.7 million people have been reached with WASH assistance
- More than 578,000 people have been reached by ES-NFI partners with key messages on prevention of COVID-19
- Protection partners have reached more than 287,000 people with psychosocial support services
- As part of its regular programming, since the start of the COVID-19 crisis, WFP has reached 5 million people with food assistance; directly distributed over 76,000MT of food; and disbursed over \$10.8 million in cash-based transfers
- More than 118,000 children have been reached with home-based learning materials
- Nutrition partners have distributed more than 108,000 IEC materials across the country since the start of the crisis

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 21,762 Afghanistan nationals returned from Iran through the Milak and Islam Qala border crossing sites between 11 and 17 October, a 13 per cent increase from the previous week (19,254). 14,416 people returned voluntarily and 7,346 were deported. IOM provided post-arrival humanitarian assistance to 1,098 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. Afghanistan's frontier with Pakistan at Spin Boldak officially opened on 21 August and the border with Torkham on 29 September for undocumented returnees. Some level of COVID-19 restrictions remain in place and full border functionality is anticipated to resume before the end of October with a revised

visa regime in place for Afghanistan nationals traveling to Pakistan. Ghulam Khan border crossing remains closed for pedestrian movement.

Reports from Returnees: According to [UNHCR's latest border monitoring report](#) (covering 11 and 17 October), 33 per cent of returnees interviewed at the Islam Qala and Milak border crossing points and 32 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 75 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. The figures from Pakistan have steadily declined compared to August (87 per cent), July (94 per cent), and June (95 per cent). Almost 6 per cent of returnees interviewed at the Milak border crossing point, 10 per cent at Islam Qala, 48 per cent at Spin Boldak, and almost 44 per cent interviewed at Torkham border crossing reported that they had not received information about COVID-19 upon arrival in Afghanistan.

According to [UNHCR](#), facilitated returns to Afghanistan have been impacted by border closures and limited air travel. From 1 January to 2 October, UNHCR assisted the voluntary return of 1,282 Afghan refugees from Iran, Pakistan and other countries including Tajikistan, India, Kazakhstan, Azerbaijan, and the Russian Federation under its facilitated voluntary repatriation programme. The number of Afghan refugees who returned in 2019 under UNHCR's facilitated voluntary repatriation programme was 8,079, demonstrating the impact of the COVID-19 pandemic on returns.

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. In view of the upcoming holiday of Mowlood-e-Sharif (the Prophet's Birthday) on Thursday, 29 October, UNHAS will not operate its domestic flights and the booking offices (including email bookings) will be closed. However, 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, Turkish Airlines 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 has resumed flights between Istanbul and Kabul 6 days a week in October, with 7 flights per week planned in November. Similarly, Turkish Airlines will carry out two flights per week to Mazar-i-Sharif effective from 24 October, with 3 flights per week planned in November.

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 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 flights from Doha to Kabul will depart from Doha at 08:30 and arrive in Kabul at 13:00; flights from Kabul to Doha will depart from Kabul at 14:30 and arrive in Doha at 15:40. The next UNHAS flight to Doha is planned for Sunday, 25 October. The UNHAS airbridge connecting Doha and Kabul will operate normally during the upcoming holiday of Mowlood-e-Sharif on Thursday, 29 October.

More Information – Links: UPDATED

WHO

- [WHO's latest information on COVID-19](#)
- [WHO COVID-19 Global Dashboard](#)
- [Weekly Epidemiological Update](#)
- [Handwashing can't stop – millions of lives are at stake](#)
- [Pandemic fatigue: Reinvigorating the public to prevent COVID-19](#)
- [Regional COVID-19 mission to Afghanistan concludes](#)

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

- [OCHA: Global Humanitarian Response Plan COVID-19 Progress Report: Third Edition, 30 September 2020](#)
- [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) - Mid-Year Monitoring Report (Jan - Jun 2020)
- UN: Join #PledgetoPause to Combat COVID-19 Misinformation Online
- UN: Corruption is the ultimate betrayal of public trust
- UN GA: COVID-19 amplifying threats to migrant workers, religious minorities, experts tell Third Committee, as delegates debate questions of bias in their findings
- UNDRR: UNDRR COVID-19 Engagement Strategy interim report
- UN DESA: The World's Women 2020
- UN HRC: Unilateral sanctions make it harder to fight COVID-19, must be dropped, says UN expert
- UNICEF: UNICEF introduces disposable MUAC tapes for children amid fears of COVID-19 transmission
- UNICEF: Lack of handwashing with soap puts millions at increased risk to COVID-19 and other infectious diseases
- UNICEF: Research on violence against children during the COVID-19 pandemic
- UNAIDS: COVID-19's impact on HIV treatment less severe than feared
- GAVI, UNICEF: UNICEF to stockpile over half a billion syringes by year end, as part of efforts to prepare for eventual COVID-19 vaccinations
- EIB, UNDP: UNDP and EIB expand partnership to support governments in tackling global crisis
- SPACE: The Potential Role of Economic Inclusion Programmes to Respond to Those Affected by COVID-19
- SPACE: Strengthening Gender Equality and Social Inclusion (GESI) During the Implementation of Social Protection Responses to COVID-19
- SPACE: Linking Humanitarian & Social Protection Information Systems in the COVID-19 Response And Beyond
- SPACE: Value for Money of Social Protection and Humanitarian Cash Transfers in the Context of COVID-19
- SPACE: 'Cash Plus' Approaches in the Response to COVID-19
- SPACE: Identifying Practical Options for Linking Humanitarian Assistance and Social Protection in the COVID-19 Response
- SPACE: Informal Workers and Social Protection
- SPACE: Social Protection in the COVID-19 Recovery
- SPACE: Preparing for future shocks: priority actions for social protection practitioners in the wake of covid-19
- SPACE: Guidance for framing case studies on social protection responses to covid-19
- IOM: COVID-19 Disease Response SitRep 31
- IOM: IOM COVID-19 Impact on IDPs
- IOM: How Tackling COVID-19 and Reducing Disaster Risk Go Hand in Hand
- ILO: Youth & COVID-19: Impacts on jobs, education, rights and mental well-being
- IFRC: How can we tackle a growing COVID-19 caused mental health crisis?
- AAH, +5 more: Humanitarian leaders call on global donors to fund nutrition crisis on World Food Day
- FAO: As FAO turns 75, its mission to end hunger and nourish the world is as relevant today as ever
- FAO: Addressing the impacts of COVID-19 in food crisis contexts
- FAO + 3 more: Impact of COVID-19 on people's livelihoods, their health and our food systems
- SC, Tdh: Implementing the Global Compact on Refugees for children
- GEF: Repairing our broken food system
- ECDC: Guidance for discharge and ending of isolation of people with COVID-19
- WB: World Bank COVID-19 response
- Mercy Corps: Why women are crucial to our COVID-19 response
- SC: Almost 600 million children completely missed out on financial support during COVID-19
- SC: Financing Social Spending in Times of COVID-19 Briefing
- Govt. Germany: Forgotten crises: healthcare for refugees in Afghanistan
- HRW: Child marriage, pregnancies soar during pandemic
- Oxfam: Over 80 per cent of IMF Covid-19 loans will push austerity on poor countries
- FOEI: Global grassroots organisations demand radical transformation of food systems to tackle the impacts of COVID-19
- Tdh: The Condition of the Girl Child worldwide
- WB: Afghanistan's Citizens' Charter Program
- UNHCR: Asia and the Pacific COVID-19 External Update
- UNHCR: UNHCR calls for protection, support for civilians affected by violence in southern Afghanistan
- IOM: Return of Undocumented Afghans Weekly SitRep
- OCHA: Afghanistan COVID-19 Multi-Sectoral Response Operational Situation Report
- REACH: Afghanistan Joint Market Monitoring Initiative
- FAO: Afghanistan Protecting livestock herders and markets in times of COVID-19
- HelpAge, Samuel Hall: The impact of COVID-19 on older persons - Afghanistan analytical brief
- MMC: The Impact of COVID-19 on the Smuggling of Refugees and Migrants from Afghanistan
- UNICEF: Rapid Behavioural and Sentiment Assessment

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