

Key Messages: **UPDATED**

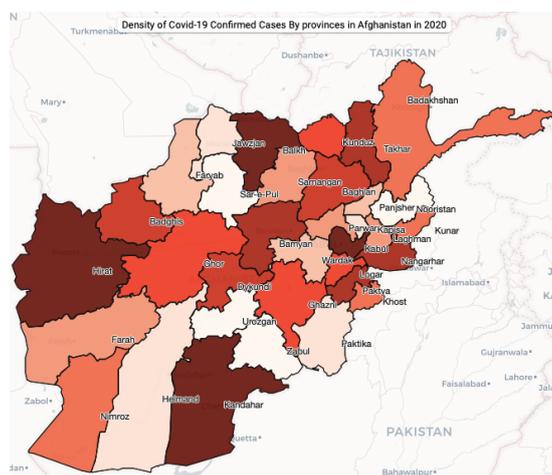
- **People confirmed to have COVID-19: 37,999** (as of 2pm, 23 August. Source: Afghanistan Ministry of Public Health - MoPH)
- **Deaths from COVID-19: 1,387**
- **Samples tested: 100,960**

Key concerns: Border crossing areas, in-country testing capacity, protective equipment for frontline workers, maintaining essential health services, public complacency, sustained prevention and mitigation measures, messaging and rumour management

Situation Overview: **UPDATED**

According to data from **Johns Hopkins University**, more than 23 million people have been diagnosed with COVID-19 around the world, and at least 800,000 people have died. **MoPH data** shows that 37,999 people across all 34 provinces in Afghanistan are now confirmed to have COVID-19. Some 28,180 people have recovered, and 1,387 people have died (68 of whom are healthcare workers). 100,960 people out of a population of 37.6 million have been tested. Almost 10 per cent of the total confirmed COVID-19 cases are among healthcare staff. The majority of the deaths were people between the ages of 50 and 79. Men in this age group represent 50 per cent of all COVID-19-related deaths. Moreover, men account for 70.5 per cent of the total COVID-19 confirmed cases 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 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.

Complacency and failure to follow public health advice is creating grave risks in the community with people generally not observing physical distancing protocols. Recent modelling on COVID-19 projections, developed by the Centre for Humanitarian Data in collaboration with Johns Hopkins Applied Physics Laboratory and released on 12 August, suggests cases and deaths will continue to rise over the next four weeks. Modelling further suggests a significant increase in severe cases (potentially up to 4x the number) should current preventative measures be lifted, creating grave implications for Afghanistan's economy and people's well-being.



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+ | | Unspecified | Total |
|---|----------|-------|-----------|-------|-----------|-------|-----------|-------|-----------|-------|-----------|-------|-----------|-----|---------|-----|-------------|--------|
| | Girls | Boys | Women | Men | Women | Men | Women | Men | | |
| # People confirmed with COVID-19 | 946 | 1,026 | 2,991 | 6,364 | 2,018 | 6,814 | 1,693 | 4,694 | 1,538 | 3,211 | 914 | 2,123 | 397 | 813 | 111 | 324 | 2,022 | 37,999 |
| # Deaths from COVID-19 | 5 | 3 | 11 | 24 | 15 | 65 | 33 | 112 | 72 | 185 | 82 | 245 | 38 | 110 | 13 | 73 | 301 | 1,387 |

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. WHO notes that it is important to ensure healthcare workers have the proper personal protection to carry out services. In addition, effective and accurate risk communication activities are needed to re-assure 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. Current 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.

WHO notes that when health systems are overwhelmed, as is being seen in Afghanistan, both direct mortality from the outbreak and indirect mortality from vaccine-preventable and treatable conditions increase dramatically. 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.

Ahead of World Humanitarian Day, OCHA celebrates a nurse in Afghanistan – OCHA (17 August 2020):



Bibi Anisa is a nurse working at Jalalabad Regional Hospital, Nangarhar province. Photo: OCHA, Charlotte Cans

64-year-old Bibi Anisa has been serving as a nurse for almost 40 years at the Jalalabad Regional Hospital in Nangarhar province, eastern Afghanistan. Anisa along with 11 other female nurses are working in the female surgical ward and putting themselves at risk to help others during this difficult time of the COVID-19 pandemic.

Unfortunately, most of Bibi Anisa's colleagues at the hospital got the virus at the beginning of the COVID-19 outbreak, including herself. She had to self-isolate for weeks to completely recover. "There is the chance of getting the virus again and even being a person above the age of 60 makes me higher risk, but I will never regret being a nurse and will always continue to serve others," Bibi Anisa said.

"It gives me happiness and a proud feeling to be a female nurse who can help other women who feel comfortable with me, compared to a male nurse, while they recover from a sickness," said Bibi Anisa.

This year alone, over 115,000 people have been displaced by conflict in Afghanistan.. The ongoing conflict throughout the country continues to take a toll on civilians and the COVID-19 outbreak has created an even greater demand for health services and healthcare workers.

Health workers such as Bibi Anisa, are also at risk of attack. Deliberate assaults on health care in Afghanistan have increased overall since 2017; 18 incidents impacting healthcare personnel and facilities were recorded in the first quarter of 2020 alone. People in Afghanistan are already facing challenges accessing healthcare services; a continuation of attacks on health facilities will further increase the proportion of the population denied access to health care.

Dedicated health co-workers like Bibi Anisa are playing an important role to save people's lives and are real-life heroes.

According to [a new assessment by UNDP](#) Afghanistan released on 28 July, the COVID-19 pandemic gravely threatens an already impoverished Afghanistan; warring factions should do "whatever it takes" to defuse conflict and transparently redirect resources to invest in people. According to UNDP, COVID-19 could push Afghanistan's poverty rate to nearly 70 percent, straining the country's under-developed health system and demanding interventions far beyond what the Government can afford. The assessment projects global and regional impacts of the pandemic will cause Afghanistan's GDP to plunge 6.25 percent in 2020, down from pre-pandemic projections of 3 percent growth. The poverty rate is expected to surge by 13 percentage points, from 55 percent to 68 percent of the country.

Funding: UPDATED

Since the outbreak of COVID-19, the [U.S. Government](#) has allocated \$39.4 million for COVID-19 assistance in Afghanistan. This includes more than \$19.1 million for health and humanitarian assistance to support the detection and treatment of COVID-19, nearly \$5.7 million in humanitarian assistance for internally displaced people and returnees (citizens of Afghanistan), \$500,000 to procure COVID-19 prevention and control supplies for correctional facilities, and \$14 million to support other activities related to the Government of Afghanistan's nationwide response to COVID-19.

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](#).

Key cumulative COVID-19 response figures include:

- Health Cluster partners have reached almost 4.7m people with risk communication and community engagement messages
- More than 2.2 million people have been reached with WASH assistance
- More than 523,000 people have been reached by ES-NFI partners with key messages on the prevention of COVID-19
- Protection partners have reached more than 224,000 people with psychosocial support services
- Close to 327,000 people have been reached with COVID-19 specific food assistance by FSAC partners between the beginning of May and 31 July
- More than 83,000 children have been reached with home-based learning materials
- Nutrition partners have distributed more than 67,000 IEC materials across the country since the start of the crisis.

The Afghanistan Joint Market Monitoring Initiative (JMMI) has released analysis from its third round of data collection. Data from the third round of the JMMI was collected between 14 and 26 July, in 29 provinces. According to the report, market access for all population groups has been impacted by the pandemic. Moreover, supply chains have been interrupted in a number of places across the country, with 7 per cent of key informants (KIs) interviewed reporting difficulties in obtaining enough commodities to meet demand in the last 30 days. The cost of a [Minimum Expenditure Basket](#) has decreased by three per cent, whereas the cost of food basket has decreased by six per cent, compared to the second JMMI round (8 and 21 June). The report finds increased number of shops, seasonality (i.e. post-harvest), and increase in demand as the main reasons for the decrease. For additional information, please see the latest [JMMI Situation Overview](#).

REACH, in collaboration with OCHA, the Inter-Cluster Coordination Team (ICCT), and Humanitarian Access Group (HAG), conducted a [third round of assessment](#) in 120 districts previously classified as hard-to-reach (HTR). Data for this assessment was collected between 19 July and 2 August 2020 through interviews with 3,533 KIs to assess the impact of COVID-19 in HTR districts. According to the report, in 91 per cent of assessed settlements, KIs reported COVID-19 as one of the reasons why some residents of the settlement had fallen ill in the last 3 months.

Cross Border: UPDATED

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 17,574 Afghanistan nationals returned from Iran through the Milak and Islam Qala border crossing sites between 9 and 15 August, a 71 per cent increase from the previous week (10,251). 8,868 people returned voluntarily and 8,706 were deported. IOM provided post-arrival humanitarian assistance to 1,395 people or 8 per cent of all undocumented Afghanistan nationals returning from Iran at its transit centres in Hirat and Nimroz during the past week. IOM notes that a reduction in assistance provided by IOM at transit centres is related to funding constraints for the cross-border return programme.

According to [UNHCR's latest border monitoring report](#) (covering the period between 9 and 15 August), 33 per cent of returnees interviewed at the Islam Qala and Milak border crossing points and 55 per cent of returnees interviewed at the Torkham border crossing point 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. 93 per cent of respondents returning from Iran and 92 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. 10 per cent of returnees interviewed at the Milak border crossing point, more than 14 per cent at Islam Qala, and more than 72 per cent interviewed at Torkham border crossing reported that they had not received

information about COVID-19 upon arrival in Afghanistan. Ghulam Khan border crossings remain officially closed for pedestrian movement.

On 21 August, 20,755 people returned from Pakistan through the Spin Boldak border crossing; on 22 August, 31,580 people returned to Afghanistan through Spin Boldak. IOM reports that the higher than recent totals returning through Spin Boldak are a reflection of the size of typical cross border movements prior to the COVID-19-related lockdown where local residents move across the border on a daily basis for work/commercial purposes and other family and service related needs. On 22 August, 6,551 people returned from Pakistan through Torkham border crossing site. Ghulam Khan border crossing remains closed for pedestrian movement.

In collaboration with the Governments of Afghanistan and Pakistan, [UNHCR](#) is preparing to resume facilitated voluntary repatriation of Afghan refugees from Pakistan. UNHCR in Pakistan will process the returns on Mondays and Tuesdays and returning refugees will be able to cross through Torkham and Spin Boldak crossing points on the same day. Once in Afghanistan, returnees will receive a cash grant covering costs for transport and initial reintegration (around USD 250 per person) and will be able to access basic services at one of three encashment centres in Nangarhar, Kabul, or Kandahar.

Pakistan continues to facilitate the movement of cargo trucks and containers into Afghanistan. Since 21 August, five border crossing points (Ghulam Khan, Torkham, Spin Boldak, Angor Adda and Kharlachi) have been open for trucks six days a week (every day except Saturday).

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

Operational Issues:

A nationwide lockdown remains officially in place. According to [reports](#), public health advice is not being followed and enforcement has been lenient. Measures to contain the spread of the virus continue to vary across provinces where local authorities are responsible for implementation. Provincial lockdown measures continue to periodically impede humanitarian movement. For more information on access constraints, please see the latest [HAG Quarterly Access Report \(Q2\)](#). Humanitarian partners remain active in responding to crises throughout the country and continue to urge all parties to the conflict to facilitate unimpeded access to civilians so humanitarian assistance is not delayed.

Commercial domestic flights have resumed after a three-month hiatus due to the COVID-19 pandemic. 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. [Emirates Airlines announced](#) that effective from 1 August, all 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. The test must be taken a maximum of 96 hours before departure. Passengers are encouraged to check with airlines on flight restrictions for international flights, as well as travel and immigration entry requirements of their destination country.

The UNHAS airbridge connecting Kabul and Doha continues to operate on Sundays, Tuesdays and Thursdays. Flights into Doha accommodate transiting passengers only. UNHAS has been closely monitoring demand on the Doha Airbridge and noted a significant reduction in passenger loads with the resumption of commercial flights. However, since there is still inadequate clarity on continuity and predictability of services from commercial airlines, UNHAS is fully committed to support the Doha Airbridge until 30 September 2020 as per the initial plan. The next UNHAS flight is planned for Tuesday, 25 August.

More Information – Links: **UPDATED**

WHO

- [WHO's latest information on COVID-19](#)
- [WHO COVID-19 Global Dashboard](#)
- [COVID-19 Partners Platform](#)
- [Timeline of WHO's response to COVID-19](#)
- [COVID-19 Weekly Epidemiological Update](#)

- [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](#))

Government of Afghanistan:

UN and others

- UN: Global Humanitarian Response Plan: COVID-19 (April – December 2020) – GHRP July Update
- UN: Comprehensive Response to COVID-19
- 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: UN driver delivers supplies during COVID-19 despite risk to family
- UN: UN salutes real-life heroes doing 'extraordinary things, in extraordinary times'
- UN-SG: Secretary-General Hails 'Unsung Heroes' Risking Their Lives to Help Others during COVID-19 Pandemic
- OSRSG Children and Armed Conflict: Full, Safe & Unhindered Humanitarian Access Must be Safeguarded to Ensure Protection of Conflict-Affected Children
- UN HRC: Governments must do more to support victims of violence
- UN HRC: Ban evictions during COVID-19 pandemic, UN expert urges
- UNICEF: Protecting Children from Violence in the Time of COVID-19
- ICRC: The Arms Trade Treaty is even more critical during COVID-19. It must be implemented fully
- UNFPA: To address gender-based violence amid COVID-19, we need creativity, collaboration and courage
- ECW: 275 world leaders call for urgent action to avoid 'COVID Generation'
- WV: Children and young people's voices in the time of the COVID-19 pandemic (Child-friendly report)
- CARE: Towards Healthier Homes in Humanitarian Settings
- WV: Faith Actors in the COVID-19 Response
- VOICE: Humanitarian action in the era of climate change
- UNICEF: How prepared are global education systems for future crises?
- UNHRC, UNEP: Human rights, the environment and Covid-19 key messages
- GCR2P: A reflection on the Responsibility to Protect in 2020
- LWF: World Humanitarian Day
- USAID: Acting Administrator John Barsa On World Humanitarian Day 2020
- ECHO: Statement on World Humanitarian Day 2020
- UNHCR: UNHCR chief praises aid workers battling multiple crises
- UNFPA: Statement by UNFPA Executive Director Dr. Natalia Kanem on World Humanitarian Day
- WHO: A tribute to aid workers on the front lines
- SC: Humanitarian health workers put their lives on the line during COVID-19 pandemic
- UNFPA: On World Humanitarian Day, UNFPA applauds real-life superheroes
- OCHA: A tribute to aid workers on the front lines
- OCHA: Meet #RealLifeHeroes - World Humanitarian Day
- WFP: Common Services Highlights, 20 August 2020
- WFP: Common Services Brief COVID-19 Response
- WFP: COVID-19 Supply Chain System
- IOM: Global Mobility Restriction Overview
- IRC: Inside Our Response to COVID-19 - Summer 2020
- MSF: Protecting women's health during a pandemic
- WFP: The Market Monitor, Issue 48 - July 2020
- WFP: COVID-19 L3 Emergency - External Situation Report
- ADB: Frontiers of Water-Related Disaster Management and the Way Forward
- Qatar Red Crescent: QRCS set to support 22 countries against Coronavirus 2019
- Nutrition Cluster, UNICEF, WV: Global Nutrition Cluster 2020 Mid-year report
- CARE: Policy Report - Left Out and Left Behind: Ignoring Women Will Prevent Us From Solving the Hunger Crisis
- NRC: Statement by Secretary General of the Norwegian Refugee Council on record number of attacks on aid workers
- ICRC: 600 violent incidents recorded against healthcare providers, patients due to COVID-19
- UNHCR: Asia and the Pacific COVID-19 External Update
- IOM: Regional Office for Asia Pacific COVID-19 SitRep
- WFP: Afghanistan Weekly Market Price Bulletin, Issue 14
- EiE-WG, UNICEF: Education in Emergencies Working Group (EiEWG) Dashboard – COVID-19 response (Afghanistan)
- Health Cluster, WHO: Coordinated community engagement in Afghanistan
- UNHCR: Afghanistan Operational Update - June 2020
- OCHA: Afghanistan Weekly Humanitarian Update
- OCHA: Afghanistan COVID-19 Multi-Sectoral Response Operational Situation Report
- OCHA: Ahead of World Humanitarian Day, OCHA celebrates a nurse in Afghanistan
- OCHA: OCHA celebrates aid worker in Afghanistan ahead of World Humanitarian Day
- OCHA, REACH: Afghanistan Hard-to-Reach Assessment, July 2020: Overview of the impact of COVID-19 in Hard-to-Reach districts

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