

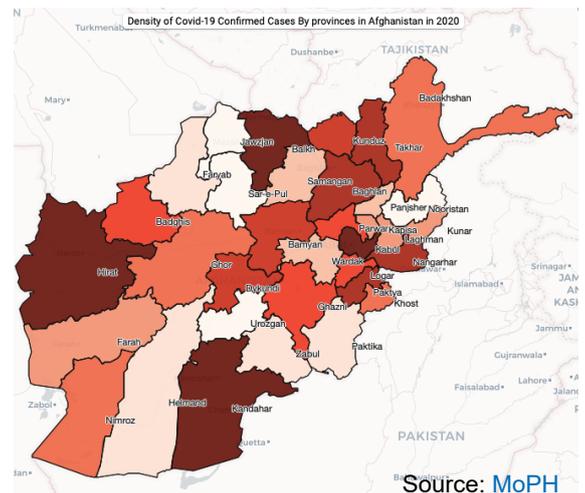
The next Strategic Situation Report will be released on 21 January

Situation Overview: **UPDATED**

Global Update: According to [John Hopkins University](#), the number of people worldwide who have died with COVID-19 is more than 1.8 million, with many regions still reporting surging numbers of new infections as part of a second and sometimes a third wave of the pandemic. The pandemic has spread to 191 countries with more than 82 million confirmed cases, as of 30 December. [WHO reports](#) that the emergence of new COVID-19 variants is common. However, those with higher speed of transmission or potentially increased pathogenicity are very concerning. Crucial investigations are underway to comprehensively understand the behaviour of the new mutant virus (B117) and steer response accordingly.

Country-level Coordination: The [Afghanistan Humanitarian Needs Overview \(HNO\) for 2021](#) was published on 19 December 2020. The HNO report that forty years of war, recurrent natural disasters, increasing poverty and COVID-19 are devastating the people of Afghanistan. The onset of COVID-19 has had catastrophic consequences for people's health, incomes and levels of debt. The economic and social conditions created by the COVID-19 pandemic have also exacerbated protection risks for vulnerable families, many of whom had already depleted limited financial, mental, and social coping capacities due to prolonged conflict or recurrent natural disasters. The additional stress from the pandemic has pushed households to adopt negative coping mechanisms, including increasingly requiring children to work or marry to offset financial burdens.

MOPH Figures: As of 31 December, [MoPH data](#) showed that **51,526** people across all 34 provinces in Afghanistan are confirmed to have had COVID-19. Some **41,727** people have recovered, and **2,188** people have died – at least **86** of whom are healthcare workers. Only **165,628** people out of a population of **36.7 million** have been tested. Afghanistan now has a test-positivity-rate – positive tests as a percentage of total tests – of 31 per cent, suggesting overall under-testing of potential cases. The majority of recorded deaths were men between the ages of 50 and 79. Men account for 68 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, lack of people coming forward for testing, 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. This is supported by the results of an early seropositivity study by MoPH, Johns Hopkins and WHO that estimated 30 per cent of the population had been exposed to COVID-19 by June 2020. Stigma is considered a major factor in people choosing not to get tests and risk communications work is critical to turning this around. 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: The MoPH has confirmed that Afghanistan is in a second wave of the COVID-19 pandemic. Following two months of consistently lower confirmed COVID-19 cases, MoPH tracking data is starting to reflect an uptick in cases, with 84 new COVID-19 cases recorded in the last 24 hours. Furthermore, suspected and confirmed cases of COVID-19 are again rising in the western part of the country in particular. While the official numbers across the country are not yet at the same level as the May/June peak, when taken together with reports of increased hospitalisations for COVID-19-like symptoms, the need for vigilance should be reinforced. The rollout of the annual influenza vaccination across Afghanistan will be more important than ever to help the health system manage the rise in COVID-19 cases. Increasing influenza vaccine coverage can reduce the strain on the health care system and free-up limited health resources to focus on treating more severe cases of COVID-19. Public health experts strongly urge the public to follow health advice on physical distancing, mask wearing, good hygiene, hand washing and other proven strategies that mitigate the risk of COVID-19 transmission amid this second wave.

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, especially in areas of active conflict. 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.

More than 8 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. 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 15 laboratories are now operating in Afghanistan, the capacity of these facilities remains limited and stocks of supplies have periodically run out. National capacity for COVID-19 testing has topped 5,800 a day. Humanitarian partners urge the Government to ensure laboratories are appropriately equipped, staff receive timely remuneration 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.

Afghan Red Crescent Society's (ARCS) and its Partners' COVID-19 Response - ARCS (27 December 2020)

Since the start of the pandemic, the Afghan Red Crescent Society's COVID-19 response has reached 3.57 million people in Afghanistan. Requested by the Ministry of Public Health, the ARCS turned its district hospital in Kabul into a COVID-19 facility and mobilised over 130 primary health care facilities to respond to the COVID-19 pandemic.

More than 440,000 people have been screened and 4,100 referred to relevant COVID-19 hospitals from ARCS facilities, including Mobile Health Teams. Additionally, COVID-19 health education has been provided to more than 1 million people. Another 960,000 people have been reached with COVID-19-related health education by community volunteers. ARCS is also continuing immunisation activities in hard-to-reach areas combined with COVID-19 risk communication.

ARCS also engaged in providing livelihoods support (food and cash) to 292,000 people, with a particular focus on people with disability, elderly- and female-headed households. Youth volunteers distributed 33,150 hand soaps to a total of 6,800 displaced and poor families in Hirat, Balkh and Nangarhar provinces. The Marastoon Social Centres – which provides humanitarian support to the poorest of the poor in the local community, especially underprivileged women, by offering shelter, food, education, vocational training and medicine – piloted a project on mask production and income-generation by the female residents.

ARCS's COVID-19 response received coordinated support from the Red-Cross Red Crescent Movement partners: IFRC, ICRC, Norwegian Red Cross, Kuwait Red Crescent, Qatar Red Crescent, Turkish Red Crescent, Canadian Red Cross, China Red Cross and Singapore Red Cross.

Vaccination: The Government of Afghanistan and the UN have initiated a number of steps to prepare for the rollout of a COVID-19 vaccine across the country, including the establishment of a dedicated National Technical Working Group (TWG) for COVID-19 response within the MoPH. The TWG will focus on operations, cold chain management, communication, surveillance, training and monitoring and evaluation/data and will complement the existing Vice Presidential COVID-19 Task Force.

“The end of the pandemic is in sight but we must not let our guard down”, the [Director-General of WHO](#) said on 18 December, as he welcomed the news that the global vaccine partnership COVAX has lined up almost two billion doses of existing and candidate vaccines for use worldwide. The huge vaccine reservoir means that COVAX, a 190-country international initiative that seeks to ensure all countries have equal access to coronavirus vaccines, can plan to start delivering the shots in the first quarter of 2021. By mid-2021, it will have delivered enough doses to protect health and social care workers in participating countries that have requested to get doses in that timeframe. All other participant countries are expected get sufficient doses to cover up to 20 per cent of their populations by the end of 2021, and receive more doses in 2022. The COVID-19 vaccine is expected to be available in Afghanistan in 2021 through the COVAX Advanced Market Commitment (AMC) facility. While COVAX will initially sponsor vaccine costs for up to 20 per cent of the population, the vaccine presentation, dosage, costs and cold chain requirements are not yet known. A plan to vaccinate the remaining 80 per cent of the population is currently being developed.

Socio-economic impacts: The socio-economic impacts of COVID-19 are translating into a dramatic deterioration in food insecurity with levels now similar to those seen during the 2018 drought. An estimated 16.9 million people are in crisis or emergency levels of food insecurity through until March 2021, 5.5 million of whom are in ‘emergency’ level food insecurity (IPC 4) – the second largest number globally. Food prices remain at elevated levels. According to [WFP's market monitoring](#), the average wheat flour price (low price and high price) increased by almost 13 per cent between 14 March and 30 December, while the cost of pulses, sugar, cooking oil and rice (low quality) increased by 22 per cent, 21 per cent, 43 per cent, and 19 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 almost 18 per cent and 17 per cent respectively (compared to 14 March). These factors, combined with COVID-19 related interruptions to informal employment and decreased remittances, are driving people into crippling debt. Data from the 2020 Whole of Afghanistan Assessment shows that household debt is rapidly escalating. For displaced households in debt, the primary reason for taking on this debt was to pay for food (53 per cent).

Winterisation support: Afghanistan is facing a grim winter ahead as people struggle to keep themselves warm amid soaring poverty driven by the economic shock of COVID-19. Given this situation, there is an urgent need for additional funding for winterisation support from both the Government and donors to help struggling households survive the harsh

weather ahead. The ICCT's \$138m winterisation plan aims to reach 2.5m people over the winter months with a range of life-saving support including cash and in-kind heating assistance for households and classrooms, warm clothes, seasonal food support, nutrition treatment, and health services for winter sickness. To date, about half of the funds needed have been committed by donors and the Government (\$67m), leaving a gap of \$71m.

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. 2020 is now the largest ever return year on record for undocumented Afghan migrants. Since 1 January 2020, the total number of undocumented returnees from Iran exceeds 830,000 people. According to the [Border Monitoring Team](#) of the Directorate of Refugees and Repatriation (DoRR), a total of 14,370 Afghanistan nationals returned from Iran through the Milak and Islam Qala border crossing sites between 13 and 19 December, a 17 per cent decrease from the previous week (17,217). 8,287 people returned voluntarily and 6,083 were deported. COVID-19-related lockdown restrictions in Iran have had an impact on overall returns. IOM provided post-arrival humanitarian assistance to 1,008 people or 7 per cent of all undocumented Afghanistan nationals returning from Iran at its transit centres in Hirat and Nimroz during the past week.

Afghanistan's border with Pakistan at Spin Boldak officially opened on 21 August and at Torkham on 28 September. Between 13 and 19 December, a total of 133 undocumented Afghans returned from Pakistan through the Torkham (22 returnees and 21 deportees) and Spin Boldak (68 returnees and 22 deportees) borders. [According to UNHCR](#), the Government of Pakistan has resumed issuance of visas, including visas upon arrival for people with medical issues which has resulted in increased population movements. Ghulam Khan border crossing remains closed for pedestrian movement.

Reports from Returnees: According to [UNHCR's latest border monitoring report](#) (covering 13 and 19 December), 35 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 lockdowns, and lack of access to medical services. 95 per cent of respondents returning from Iran and 69 per cent of respondents returning from Pakistan stated that they had received information about COVID-19, 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 5 per cent of returnees interviewed at the Milak border crossing point, 8 per cent at Islam Qala, 60 per cent at Spin Boldak, and over 51 per cent interviewed at Torkham border crossing reported that they had not received information about COVID-19 upon arrival in Afghanistan.

Operational Issues:

Commercial domestic flights are operating. The United Nations Humanitarian Air Service (UNHAS) is flying domestically four days per week. UNHAS will continue to support any required evacuation and relocation flights during all days of the week.

International commercial air travel continues with Air Arabia, Ariana Airlines, Kam Air and Emirates Airlines providing round-trip international flight services to/from Kabul. Given the potential for airlines to reduce their flights, passengers are encouraged to check with their airline for the latest advisories. UNHAS last airbridge flight (Doha-Kabul-Doha) departed on 31 December 2020.

More Information – Links: **UPDATED**

WHO

- [WHO's latest information on COVID-19](#)
- [WHO COVID-19 Global Dashboard](#)
- [Trekking through the snow to deliver vaccines](#)
- [A year without precedent: WHO's COVID-19 response](#)
- [Donors back WHO's diverse fight against the shifting COVID-19 pandemic all over the world](#)
- [10 global health issues to track in 2021](#)
- [COVID-19 Weekly Epidemiological Update](#)

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 Overview 2020](#)
- [OCHA: Global Humanitarian Response Plan COVID-19 Progress Report: Fourth Edition, 17 November 2020](#)
- [UN: Comprehensive Response to COVID-19 \(September\)](#)
- [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 \(Jan - Jun 2020\)](#)
- [OCHA: Afghanistan Humanitarian Response Plan - 2020 Quarter Three Dashboard \(Jan - Sep 2020\)](#)
- [OCHA: Afghanistan Humanitarian Needs Overview 2021 \(December 2020\)](#)

