Key Messages: UPDATED

- People confirmed to have COVID-19: 38,288 (as of 2pm, 3 September. Source: Afghanistan Ministry of Public Health - MoPH)
- Deaths from COVID-19: 1,410
- Samples tested: 103,722

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

MoPH data shows that 38,288 people across all 34 provinces in Afghanistan are now confirmed to have COVID-19. Some 29,390 people have recovered, and 1,410 people have died (72 of whom are healthcare workers). 103,722 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 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 Herat, 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 conflict in the north-east and flooding in the centre and east of the country has affected and displaced thousands of households. Compliance with COVID-19 preventative measures is challenging for the majority of those affected, exposing them to heightened risk of COVID-19 infection and transmission. Risk communications messaging to these groups is critical.

As part of the flood response in the north-east, a WHO team travelled to Kunduz to support the local Emergency Preparedness Response Committee. A surveillance team is in place at displacement sites and has so far identified 48 people with COVID-19 symptoms who have been referred for medical care. No positive COVID-19 cases have been identified in informal settings. The WHO team also assisted with the provision of PPE to NGOs. Moreover, NGOs operating in Kunduz disseminated risk communication messages in newly displaced settlements and carried out community engagement activities to women, people living with disability and other vulnerable groups. Additionally, rumour tracking has been ongoing in informal settlements in the area.

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. In Afghanistan, there has been a general decrease of 30 to 40 per cent in the utilization of essential health services. Moreover, mobile health team consultations have increased by 83 per cent between April to July compared to the same period last year. WHO emphasise that infection prevention and control need to be improved in health facilities to encourage people to return to health services safely.

Source: MoPH
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.

**Funding: UPDATED**

The second progress report for the Global Humanitarian Response Plan (GHRP) for COVID-19 was published on 31 August. According to the report, the impacts of the COVID-19 pandemic on the lives and livelihoods of the most vulnerable people are enormous, both in terms of the number of people infected and the profound economic crisis that has been unleashed. People who were already suffering from violence, stigma, discrimination and unequal access to basic services and living conditions are bearing the brunt of this new crisis. The GHRP is currently only 23.1 per cent funded, with humanitarian partners reporting $2.38 billion in funding received. In Afghanistan, the revised Humanitarian Response Plan for 2020 requires $1.1b to reach 11.1m of the most acutely vulnerable people. According to OCHA’s Financial Tracking Service, the Afghanistan HRP is currently 30 per cent funded with $333.6m received since the start of the year.

**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 2.3 million people have been reached with WASH assistance
- More than 553,512 people have been reached by ES-NFI partners with key messages on the prevention of COVID-19
- Protection partners have reached more than 262,000 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 99,000 children have been reached with home-based learning materials
- Nutrition partners have distributed more than 85,000 IEC materials across the country since the start of the crisis.

**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 18,615 Afghanistan nationals returned from Iran through the Milak and Islam Qala border crossing sites between 23 and 29 August, a 6 per cent decrease from the previous week (19,778). 9,393 people returned voluntarily and 9,222 were deported. IOM provided post-arrival humanitarian assistance to 1,260 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. 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 23 and 29 August), 33 per cent of returnees interviewed at the Islam Qala and Milak border crossing points and 43 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 87 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. Almost 9 per cent of returnees interviewed at the Milak border crossing point, more than 13 per cent at Islam Qala, and almost 74 per cent interviewed at Torkham border crossing reported that they had not received information about COVID-19 upon arrival in Afghanistan. Ghulam Khan border crossing remains closed for pedestrian movement.

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: UPDATED**

**Three-month nationwide lockdown measures** remain officially in place. According to reports, the measures intended to limit the spread of COVID-19 are no longer being enforced. In the early days of the COVID-19 outbreak, provincial lockdown measures periodically impedied humanitarian movement. Following engagement by OCHA with provincial authorities and a general relaxation of lockdown measures, the situation improved with humanitarian movement no longer impeded by COVID-19 related lockdown measures. For more information on access constraints, please see the latest C-19 Access Impediment Report. 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 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. 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 UNHAS airbridge connecting Kabul and Doha continues to operate on Sundays, Tuesdays and Thursdays. Flights into Doha accommodate transiting passengers only. UNHAS remains fully committed to supporting the Doha Airbridge until 30 September, as per the initial plan. Since the start of the airbridge in April, UNHAS has completed 102 flights, carrying a total of 824 passengers. 46 per cent of all passengers were members of the diplomatic community, 31 per cent were UN staff members and more than 20 per cent were NGO staff. With the resumption of international flights to Kabul, UNHAS has experienced a significant reduction in the number of passengers using the airbridge service, with UNHAS currently operating at approximately 15 to 20 per cent of its aircraft’s capacity. UNHAS announced that it will cancel all flights on Tuesday, 8 September 2020. However, flights will resume as per schedule after this date. The next UNHAS flight is planned for Thursday, 10 September.

**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
- WHO Director-General’s opening remarks at the media briefing on COVID-19
- In WHO global pulse survey, 90% of countries report disruptions to essential health services since COVID-19 pandemic

**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**
- UN: Comprehensive Response to COVID-19
- Relief Web: COVID-19 Response Page
- OCHA: Afghanistan Humanitarian Response Plan 2018-2021 (June 2020 Revision)
The mission of the United Nations Office for the Coordination of Humanitarian Affairs is to mobilize and coordinate effective and principled humanitarian action in partnership with national and international actors.

For further information, please contact:
Dr. David Lai, Health Cluster Coordinator, Health Emergencies Programme, WHO, laidavid@who.int, Tel. (+93) 078 176 4906 (for Technical Expertise)
Dr. Dauod Altaf, Team Lead, WHO Health Emergency, WHO, altafm@who.int, Tel. (+93) 078 220 0342 (for Technical Expertise)
Danielle Parry, Head of Strategy and Coordination, OCHA, parryd@un.org, Tel. (+61) 0413 13 7283