



WHO team conducting a supervisory and monitoring visit at the Kandahar COVID-19 Isolation Ward



**3.7M**  
AFFECTED<sup>1</sup>



**202,856**  
DISPLACED<sup>2</sup>



**576,801**  
RETURNEES<sup>3</sup>



**862**  
MEDICAL KITS



**223**  
OUTBREAKS<sup>4</sup>

## KEY FIGURES — JAN-SEPT 2020

394	WHO STAFF IN THE COUNTRY
60	HEALTH CLUSTER PARTNERS
2.1M	OUTREACH (POPULATION REACHED)
<b>HEALTH FACILITIES</b>	
2,865	TOTAL NUMBER OF HEALTH FACILITIES
37	TOTAL NUMBER OF HEALTH FACILITIES AFFECTED
16	HEALTH WORKERS, PATIENTS AND OTHERS KILLED
20	HEALTH WORKERS AND PATIENTS INJURED/DETAINED
12	HEALTH FACILITIES RE-OPENED
<b>DISEASES<sup>4</sup></b>	
3,822,702	ACUTE RESPIRATORY INFECTION (ARI) CASES
1,392,417	ACUTE DIARRHEA DISEASE (ADD)
290	MEASLES CASES DURING OUTBREAK
154	CCHF DURING OUTBREAK
51	MUMPS DURING OUTBREAK
58	DOG BITS DURING OUTBREAK

## SITUATION UPDATE

- Over 3.7 million people remain in need of emergency health services across Afghanistan due to conflict, natural disasters and population displacement
- A total of 9,016 people fled their homes in September 2020 due to conflict, increasing the total number of IDPs to 202,856 in 2020
- Some 576,801 people returned to Afghanistan from Pakistan (5,001 people) and Iran (571,800 people) between January-September 2020. Of this, 70,734 people returned from Iran and Pakistan in September alone
- A total of 89,981 people were affected by natural disasters throughout the country (198 killed, 207 injured, 6,646 houses damaged and 2,489 houses destroyed) between January-September 2020
- Four health care facilities were attacked and 2 health facilities closed down in September 2020. Overall, there have been 35 attacks on health care since January 2020, which have shut 37 health facilities, killed 3 health care workers and injured 1. Some 14 health care facilities have reopened between January-September 2020
- A total of 11 health care personnel have been detained between January-September 2020, of which 2 were detained in September 2020
- A total of 6,291 trauma cases (5,485 OPD and 806 IPD) were reported in September 2020. Overall, 134,414 trauma cases (104,490 OPD and 29,294 IPD) have reported since January 2020
- A total of 32 outbreaks (CCHF, food poisoning, measles, scabies) amounting to an overall caseload of 102 and 2 deaths from CCHF, were reported in September 2020. Some 385,678 cases of ARI causing 86 deaths and 260,482 cases of ADD causing 20 deaths were also reported in September 2020
- A total of 165,080 beneficiaries (127,602 men and 37,474 women) received services provided by the WHO and Health Cluster implementing partners between January-September 2020
- A total of 2,644 people (1,491 men and 1,153 women) benefited from Health Cluster services in September 2020
- One Trauma Kit (A+B), 1 Cholera Kit and 10 IEHK Basic Kits were distributed to cover health needs of 10,350 people in September 2020

<sup>1</sup> Afghanistan Humanitarian Needs Overview, humanitarian program cycle, December 2019

<sup>2</sup> <https://www.humanitarianresponse.info/en/operations/afghanistan/idp>

<sup>3</sup> <https://afghanistan.iom.int/pakistan-returns>

<sup>4</sup> MoPH Surveillance Data

## Public Health Concerns

- Rising number of COVID-19 cases and lack of precautionary measures, especially among students at schools and universities in the west region is a major concern
- COVID-19 preventative measures not being observed and rising number of cases the southeast region is a growing concern
- There is a need to enhance risk communications in the north region to encourage more people to follow COVID-19 preventative measures
- COVID-19 has caused significant disruption to essential health services including immunization and maternal health in the east region. This needs to be addressed to ensure those in need of services can access them easily
- Closure of health facilities and lack of access to health care in the south region is a key hurdle in adequate provision of health care for all
- Low routine immunization outreach due to the unstable security situation in Urozgan and Helmand could lead to a rise in the number of vaccine preventable diseases
- Disruption to the expanded programme on immunization in Paktia and Khost provinces has further lowered the level coverage of health services in the region
- The increase in the number of trauma cases and mass casualty incidents in the north region needs to be addressed, especially since the numbers are higher than compared to last year
- The likelihood of disease outbreaks among communities deprived of health care services in the east region needs to be mitigated
- Communities affected by floods need to be provided with health care services to prevent spread of communicable diseases

## Health Needs, Priorities and Gaps

- Trainings for school teachers on COVID-19 preventative measures are needed in Herat province
- Lack of access to PPE and other COVID-19 infection prevention essentials for frontline health care workers still remains to be a challenge in many health facilities
- Lack of standard ICUs to treat severe cases of COVID-19 across multiple regions remains to be a major gap
- Standard trainings on COVID-19 case management and ICU for health care workers across the country continue to be a key need
- The additional load placed on health care and disruption caused to essential services due to the on-going COVID-19 epidemic need to be addressed
- Lack of budget for provision of health care services for refugees in Gulistan refugee camp in the Khost province needs to be addressed
- The limited availability and quality of health care service delivery for North Waziristan refugees in the Laman area of Bermal district of Paktika province need to be addressed
- The decrease (10-40%) in the number of clients receiving health care services and vaccination across all regions due to the COVID-19 epidemic remains to be an on-going concern
- Accessibility to and coverage of routine immunization, including polio vaccination remains to be an on-going challenge
- Occasional shortage of medicine and supplies in health facilities for the treatment of patients in routine OPDs remains to be a hurdle in various provinces
- The Farah road comprehensive health center, which is currently only partially functional after a car bomb explosion occurred near the facility, needs to be facilitated to resume full operational capacity
- Better systems of information sharing need to be developed to overcome delays in informing communities about available services to promote improved accessibility

## WHO Action

- The Herat Agriculture Laboratory's renovation commenced through WHO support
- Trauma Care Service (TCS) equipment was supplied to the Urozgan provincial hospital
- Spinboldak district hospital's trauma care unit was upgraded and visits were conducted by the WHO team to assess the activities of the Spinboldak Zero Point screening teams
- A one-day online trauma care service training was conducted for healthcare workers of the east region
- A health emergency winterization plan was developed for the east region
- One digital X-Ray and one doppler ultrasound was supplied to the Sharana provincial hospital in the east region
- One Trauma A+B kit was sent to the Ghazni provincial hospital in the east region
- 10 Basic IEHK Kits were distributed to Bakhtar Development Network (BDN) BPHS NGO in Balkh province
- Monitoring visits were conducted to Kandahar, Urozgan, Bamyan and Herat provinces by WHO teams. The teams also assessed the current COVID-19 situation and potential needs
- WHO monitored the COVID-19 response in Badghis and Ghor provinces with a particular focus on trauma care units and mobile health teams

## Health Cluster

- AHF Reserve 5 worth USD 4 million was launched in September to further facilitate the COVID-19 emergency health response. The Health Cluster has been involved in the COVID-19 response, including surveillance, primary health care, risk communication and community engagement, and case management since the beginning of the

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