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Coping with COVID-19 and Conflict in Afghanistan

Afghanistan faces many hurdles in coping with the COVID-19 pandemic: a prolonged armed conflict, a lack of social protection systems, limited healthcare capacity, and insufficient preparedness and coordination mechanisms. The Afghan government has developed a response plan and secured aid from international donors, but effective implementation remains challenging. This briefing provides an overview of the current state of the COVID-19 response against the background of the ongoing conflict. It also details the additional challenges that hamper Afghanistan's response and provides recommendations for mitigating them.

About the Authors

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Introduction

The coronavirus pandemic has now reached some 188 countries, challenging healthcare systems, shattering economies, and stretching emergency response capacity across the globe. Countries burdened by conflict face an additional range of challenges in responding to the virus. Afghanistan is grappling with a deadly insurgency led by the Taliban, the Islamic State of Khurasan, and other armed groups, while simultaneously working to implement measures to contain the spread of COVID-19. Even after the United States (US) and the Taliban signed an agreement "for bringing peace to Afghanistan" on February 29, 2020, the level of violence has remained high. United Nations (UN) Secretary-General António Guterres's appeal for a global ceasefire has gone unanswered.

On February 24, Afghanistan registered its first case of COVID-19 among a group of returnees from Iran in Herat province. The government swiftly announced a state of emergency in Herat, and subsequently introduced lockdown measures throughout the country. The virus has since spread, with over 8,145 positive cases and 187 deaths recorded so far. While these numbers are low, a much higher portion of the population may have been exposed to the virus. A random sampling of 500 individuals in Kabul found one-third of the population had been infected with COVID-19. The Afghan Ministry of Public Health estimates exposure could become as high as 16 million, with 700,000 requiring hospitalization and 210,000 needing intensive care. If even half of this estimate becomes a reality, Afghanistan will face the biggest health crisis in its history with one of the weakest healthcare systems in the world.

The conflict impedes the ability of the government and private sector to deliver food and services to the population, including access to healthcare facilities and information. It also puts the safety of the public and healthcare professionals at risk. The destruction of public infrastructure by armed groups further hampers the state's ability to deal with the health crisis. The insurgents have attacked and damaged pylons and transmission lines, leaving many areas without electricity—a problem for healthcare facilities in particular. The sheer number of conflict-related deaths this year suggest that any hope that the conflict can be sidelined to prioritize public health is slim.

A Context of Continuing Violence

Although the Taliban have not announced their usual annual spring offensive, attacks on the Afghan national defense and security forces (ANDSF) persist—at a rate averaging 55 attacks per day. Numerous ANDSF and Taliban combatants have been killed. More painfully, the number of civilian casualties remains high, with 533 dead and 760 injured in the first quarter of 2020, a toll attributed to all parties in varying degrees. Recently, a terrorist attack on the Médecins Sans Frontières maternity hospital in Kabul killed 24, including pregnant women and newborn babies. Another attack during a funeral in Nangarhar province left 32 dead and at least 100 injured. These recent attacks have caused government armed forces to switch from a defensive to an offensive mode, although the government still reiterated its commitment to the peace process.

While the Afghan government and the international community have repeatedly called for a ceasefire, the US-Taliban agreement left the terms of a comprehensive ceasefire to future intra-Afghan negotiations, which are yet to begin. Currently, prisoner exchange remains an obstacle to progress in the process, as the Taliban argue that 5,000 Taliban prisoners (in exchange for 1,000 ANDSF) must be released as a precondition to beginning the intra-Afghan negotiations. The Afghan government released 1,000 prisoners and, in return, the Taliban released 241, but the government has halted the release of more prisoners citing the enduring level of violence and the failure of the Taliban to release sufficient numbers of ANDSF. Prisoner exchange has become an even more pressing concern due to fears of COVID-19 spreading in the prison population. Kabul's Pul-e-Charkhi prison had reported 47 positive cases by the end of April and confirmed cases were also reported in Nangarhar prison. In response, President Ashraf Ghani issued a decree to release some 24,000 prisoners from the general prison population due to COVID-19. So far, 6,000 have been released, and there are appeals to expedite the process, including by prioritizing women inmates.

The COVID-19 Response So Far

The Afghan government is taking the [pandemic seriously](#), and has presented the international community with a proposal that serves as the basis for a nationwide response to COVID-19. The proposal invites the donor community to reexamine their priorities and repurpose funding to align with COVID-19 response. The government's proposed initiatives are focused on managing situational and structural risks in the healthcare system and in socioeconomic sectors. The plan is to be implemented in response to five stages of the crisis: acknowledgment, diffusion, peak curve, relief, and recovery. In response, the donor community has pledged some half a billion US dollars in aid: $240 million from the Afghanistan Reconstruction Trust Fund, a pool of 34 donors, plus $160 million [from the World Bank's](#) International Development Association, $18 million [from the US](#), and $115 million [from the European Union](#).

The COVID-19 response is now well underway, although still inadequate. Afghanistan has increased its testing capacity from 100 to around 2,000 tests per day. The government is also increasing hospital capacity: Kabul, for instance, has reportedly prepared for 20,000 additional beds. A 100-bed hospital was built in three weeks in Herat. For the first time, Afghanistan is [producing its own personal protective equipment (PPE)](#) kits. Another government initiative provides bread rations to the needy. Beneficiaries for the program are selected by local elected council representatives (wakil-e guzar) and imams of the local mosques, while the flour is purchased by the government and the bread is distributed through private bakeries.

There are also some small-scale local response initiatives organized by the private sector and citizens. One newspaper, [_Etilaat Roz_](#), has launched a campaign for assisting the vulnerable populations, including a call for rent relief in Kabul that encourages landlords to forgive or reduce rents. Some business owners, politicians, and members of the Afghan diaspora have also distributed food, masks, and hand sanitizer to the needy—but most of these efforts have targeted their specific constituencies or communities.

The response has also included some level of regional cooperation geared at keeping the borders open for the transfer of goods, as well as aid from regional powers. Border restrictions are now easing between Afghanistan, Pakistan, and Central Asian neighbors, but some transit delays are still reported—in one case, 1,900 containers bound for Afghanistan [were stranded in Karachi port](#). Iran has also pledged to support Afghanistan's fight against COVID-19. Although relations between the two countries soured after the [drowning of several Afghan migrant workers](#) by the Iranian border patrol, Iran has still kept the Chabahar port open for goods, including [75,000 tons of wheat sent by India as aid](#) to Afghanistan. China has provided [7.5 tons of medical supplies](#), including test kits

and personal protective equipment, in addition to some medical supply aid the Chinese military sent to the Afghan ministry of defense.

The Taliban have said that they will cooperate with healthcare organizations in their areas of control to tackle the spread of coronavirus, and in some cases have even sought the government's medical assistance. They have engaged in some public health information campaigning about COVID-19, attempting to show that they are capable of responding. In some places, they have ordered returnees from Iran to quarantine. The Afghan government has downplayed the Taliban response to COVID-19, saying that the group does not have the capacity to deliver healthcare services to the public and that they will need the government's assistance. But despite taking the issue seriously, the government also faces a number of additional challenges in delivering on that promise.

Challenges Beyond the Conflict

Social protection is a major issue in Afghanistan, with poverty and hunger rising as the country grapples with the socioeconomic impact of COVID-19. According to the UN, approximately 11.3 million Afghans, including 7 million children, are at risk of acute food insecurity. Afghanistan lacks comprehensive social protection systems, and as yet there is no stimulus package to safeguard vulnerable populations or shore up the private sector and sustain jobs. The poverty rate in the country is estimated at 55 percent, and unemployment may reach as high as 40 percent due to COVID-19. Additionally, food prices are soaring as a result of the border closures and conflict. Schemes like bread distribution do not provide sufficient nutrition to people in need.

Testing capacity remains low, despite efforts to increase it. According to one Public Health Ministry official, there are only seven labs in the entire country of 35 million people. The capacity needed is 10,000 tests per day, according to an official familiar with the issue. Moreover, some of the test kits received in aid supplies are unable to accurately detect the virus. Hospitals are in dire need of swabs, reagents, masks, sample collection kits, and PPE. The government and the international community are willing to purchase these products, but some producing countries have imposed export restrictions that have made procurement difficult.

Corruption is also a concern, especially with respect to fair distribution of aid. Some people were arrested in Kabul for diverting food aid to themselves and their families rather than distributing it. In Ghor province, people took to the streets to demand equal distribution of aid. The protest became violent, leading to six deaths, including those of two police officers, and 19 injured. In Laghman province, protestors complained about corruption in the midst of conflict and COVID-19. Some shopkeepers in Kabul alleged that the police were taking bribes from shops to allow them to remain open even during the lockdown.

Physical distancing has been difficult as populations refuse to comply because of hunger and for social reasons. Many street vendors have continued to go out in order to make a living for themselves and their families, especially during Ramadan. Some imams have also vowed to gather for prayers. There is also the risk of virus transmission due to people crowding in large numbers at aid distribution sites. While public awareness about COVID-19 has increased due to information from government, private media, and civil society, compliance with physical distancing measures remains a challenge.

Coordination and preparedness are insufficient. As COVID-19 spread throughout the country, it revealed a lack of preparedness, particularly the absence of an established and institutionalized multi-stakeholder coordination mechanism for such a crisis. As a result, the response faced multiple challenges, from duplication of efforts and possible waste of resources to a lack of clarity on roles and responsibilities between the President's Office, the Ministry of Public Health, and other government entities. There are also issues with clear messaging from authorities on lockdown measures, and press briefings are largely centralized in Kabul.

Conclusion

Efforts are under way by the government of Afghanistan and the international community to cope with COVID-19, but the response faces many hurdles—above all, the ongoing conflict. The government has drafted strategies to deal with many of the other issues detailed here, including testing and hospitalization capacity and the looming food crises. However, the conflict continues to create major impediments to implementing these initiatives. Meanwhile, other issues like poor coordination and corruption will continue to affect Afghanistan's handling of the crisis. The most important step Afghanistan needs now is a ceasefire, so that all parties can shift their focus to responding effectively to COVID-19 without further distractions.

Recommendations

- To facilitate the COVID-19 response, the Taliban should consider the UN and the Afghan government call for a ceasefire. The prisoner-exchange process should be expedited to facilitate intra-Afghan dialogue, although mechanisms should be in place to ensure that released prisoners do not return to the battlefield.

- The capacity for rapid testing, tracing, and antibody tests must be increased to ensure better data on the extent of COVID-19, allowing decisions on the next steps to be taken on the basis of scientific data.

- Afghanistan should adopt a more systematic approach to social protection. In the medium and long term, the government should establish a vulnerability-based comprehensive social protection system with the capacity to provide information on geographic and wealth distribution of the population. Providing food and cash aid to those in the lower wealth quintiles to will prevent negative outcomes and allow the country to better cope with future crises.

- The state should streamline coordination structures for responding to current and future crises (pandemic, flood, famine, earthquake, and so forth). Multi-sector coordination needs to be strengthened and institutionalized. One possible option would be the establishment of a crisis team in the President's Office with analytical capabilities to monitor and analyze trends in the country, in the region, and globally, to ensure holistic multi-sectoral preparedness and response capability.

- The government, partners, and donors should recognize that community-level engagement of all stakeholders and all parties to the conflict in both government and Taliban-controlled areas is essential for an effective, culturally sensitive, and demand-driven participatory response to COVID-19. This engagement should be funded and pursued.

- Measures to safeguard the vulnerable should continue even as restrictions are lifted and the economy reopened. Practices such as physical distancing, hygiene promotion, and the use of masks in public places, including at bakeries during bread distribution, should remain in place. Government and partners should supplement bread aid with more nutritious items. Briefings from health officials should increase at the district and provincial levels to raise public awareness about the virus.

- Stakeholders responsible for fund disbursement and aid distribution should demonstrate more accountability to reduce corruption and mismanagement of funds and aid. The process of aid distribution, in particular, should include robust accountability mechanisms that involve civil society organizations and representatives of the beneficiaries.