



ISLAMIC REPUBLIC OF AFGHANISTAN
MINISTRY OF PUBLIC HEALTH

SCIENCE, EPIEMDIOLOGY AND RESEARCH COMMITTEE TO FIGHT COVID-19

ISSUE 02

POLICY BRIEF

**Streamlining the Strategies to Fight Against COVID-19
Epidemic in Afghanistan**

13/04/2020

BACKGROUND

The initial outbreak of novel coronavirus occurred in Wuhan city, Hubei province, China in late December 2019. On January 30, 2020, the Director-General of the World Health Organization (WHO) declared the outbreak to be a Public Health Emergency of International Concern (PHEIC), based on the advice of the Emergency Committee under the International Health Regulations (2005). On February 11th 2020, WHO announced a name for the new coronavirus disease: COVID-19 and the virus SARS-Cov2. According to WHO, more than 1.3 million confirmed cases of COVID-19 across 222 countries and territories are recorded until April 10, 2020.ⁱ

Early detection and isolation of confirmed cases have so far been the most important step in breaking the chain of transmission. According to the European Centre for Disease Control (ECDC), SARS-Cov2 has been detected in asymptomatic persons. During a rapidly evolving cruise ship outbreak, where most of the passengers and staff were tested irrespective of symptoms, 51% of the laboratory-confirmed Covid-19 cases were asymptomatic at the time of confirmation. In Italy, 44% of the laboratory-confirmed cases were found to be asymptomatic. In Japan, 0.06% of the reported cases have been asymptomatic.ⁱⁱ

MAGNITUDE OF THE PROBLEM IN AFGHANISTAN

From January 01 to March 14, 2020, a total of 138,013 returnees have come back to Afghanistan through Iran and Pakistan borders. The first COVID-19 case in Afghanistan was confirmed on February 24, 2020 in one of the returnees from Iran in Herat province. To date, the virus has spread to more than 20 provinces infecting more than 600 individuals, with fatality rate of 3.5%.ⁱⁱⁱ

Afghanistan has extensive network of primary healthcare facilities in all over the country. Currently more than 3000 health facilities are actively providing primary and secondary care, mostly contracted out to NGOs. However, Afghanistan is particularly vulnerable due to limited availability of properly equipped medical facilities, inadequate numbers of trained medical staff, a large influx of returnees from Iran and Pakistan during recent weeks, and lack of technical and financial resources to support local government in tackling the epidemic. Insecurity is the other challenge for the health system, and it would make it hard for MoPH to apply preventive, curative and virus containment measure in areas under control of Anti-Government elements.

As of April 9, there are only five laboratories with the capacity of diagnosing SARS-Cov2 virus. The Central Public Health Laboratory (CPHL) is the major laboratory which has the capacity of processing only 150-200 specimens per day. At regional level, Herat, Kandahar, Balkh and Nangarhar provinces have the capacity of processing of less than 150 specimens per 24 hours each. In general, the testing capacity at national level is less than 700 tests per 24 hours, which is far below the demand for testing in the country^{iv}.

The other big challenge ahead of the government of Afghanistan is to apply and sustains quarantine/lockdown for longer time in order to contain the virus circulation. Most of Afghan citizens live on daily wages or are self-employed; hence, highly reliant on daily work or else their reserves will be consumed in days. Therefore, the social impact of the virus and impact on the social determinants of health would be huge requiring multi-dimensional intervention.

Multiple players within the government and numerous committees around the country have made the management structure more complicated. In total, there are around 60 committees at country level dedicated to fight COVID-19. At higher level, the President chairs COVID-19 related response meetings with provincial governors through video conference and virtual meetings. The Second Vice President is chairing Emergency and Disaster Response High Level Committee, which is the highest decision-making body for COVID-19 response.

In addition, there is intersectoral committee for COVID-19 response, which is chaired by Minister of Public Health. Apart from above mentioned committees, high level COVID-19 management committee also exist. The President's Office has also established risk communication committee, which is recently handed over to the Ministry of Public Health. There are some 20 committees involved in response measures in the MoPH. At provincial levels, there are provincial committees chaired by the Governor, and several other sub-committees dealing with coronavirus at local level. Coordination among these committees is said to be weak and there are no well-defined mechanisms to link the local committees to the highest level.

Governors and public health directors are given responsibility to decide about their basic needs and apply local strategies for their challenges, aiming to fight the disease. In most cases, the local authorities cannot make big decisions affecting socio-economic lives of the population. A good example can be delays in complete locking down of Herat city, which is still on partial containment and a proven epicentre of the virus in the country.

Nongovernmental organizations, which are the main providers of the health services in Afghanistan, are not given clear role in fight against COVID-19. The government should this extensive capacity and use strength of autonomy the NGOs have in this emergency environment.

In fact, Afghanistan faces the epidemic in a time, when the country is facing several challenges. The limited capacity of the health system in prevention, diagnosis and treatment of the virus is the major challenge. In addition, political and security turmoil in the country makes the fight against coronavirus more complicated. Furthermore, multiple sources of command, both at national and provincial level make the fight against COVID-19 more challenging and complicated.

CURRENT POLICY ARENA IN THE FIGHT AGAINST COVID-19

Several policy documents of the Government of Islamic Republic of Afghanistan have explicit provisions for dealing with infectious diseases during epidemics.

Article 21 of the Public Health Law has an explicit provision for addressing issues related to infectious diseases and in epidemic times. The article states that to protect health of public against severe infectious diseases, the Ministry of Public Health and its related institutions should take specialized preventive and curative measures. If required, affected people must be forced to be hospitalized and treated. Article 13 of the same law obliges public and other institutions to support medical staff in performing their duties when addressing the health needs. Article 5, section 5, designates Ministry of Public health for risk communication and awareness raising interventions during public health emergencies and epidemics. Moreover, article 4 of the Public Health law

indicates that protection of individual, public and environment health is a responsibility of the Ministry of Public health, and all other institutions and individuals are obliged to support MoPH in its mission.^v

Afghanistan Health Policy also has distinctive statements on protection of public health. It explicitly highlights that the Ministry of Public Health to particularly focus on *a) infectious disease control, especially due to emerging infectious diseases e.g. the Ebola virus, the Middle East respiratory syndrome coronavirus (MERS-CoV) and influenza; b) emergency planning, and c) the health care response to emergencies. In addition, Ministry's health policy decision is to considerably strengthen its mitigation of, pre-planning for, and response to emergencies and disasters. Communication systems and clear lines of responsibility, coordination and accountability.*^{vi}

With all these high-level policy provisions, the system has failed to apply essential measures for pre-disaster planning and preparedness before the disease spread in the country. Even after the first case in Herat, the system was not alert enough to guide policy level decision making. For several weeks, the country had not witnessed confirmed local transmission. It was a golden opportunity to contain the virus by applying preventive measures, especially on returnees from Iran. This happened mainly due to delays in decision making related to lock down of Herat City. Even, until now, when Herat has become the epicentre of the virus in the country, the measures taken are not sufficient and should be strengthened. At this stage, the main issue for Afghanistan is not the outbreak prevention but about the virus containment, as the local transmission has already been occurred.

The Public Health Law and Afghanistan health policy have explicit measures for managing and dealing with epidemics, and have given free hand to the government, particularly the Ministry of Public Health to enforce preventive and control measures, such as lockdown of cities, forced hospitalization of suspected/infected individuals and use of other resources for prevention and control.

POLICY RECOMMENDATIONS

1. The government must keep the fight against COVID-19 out of the current political turmoil.
2. The Ministry of Public Health must apply its power promulgated by the Public Health Law to contain the SARS-Cov2 in the country.
3. Considering public health constraints and impacts of SARS-Cov2 in the country, MoPH should play its leadership role in guiding public health interventions in all over the country. The governors, who have been given the authority to lead the fight against COVID-19 in their respective provinces, should receive guidance and policy instructions from Ministry of Public Health. A well-defined mechanism for this should be developed and applied.
4. Basic Package of Health Services contracting NGOs should be given authority and responsibility to fight against COVID-19. Ministry of Public Health needs to work with the NGOs to identify potential savings from their projects and reprogram for fight against COVID-19.
5. The government should give leadership, coordination and command of the fight against COVID-19 to Ministry of Public Health. However, for issues related to social determinants

of the virus, the government may designate other entities or institutions to take part. In addition, MoPH must be given autonomy to decide and procure required equipment supplies for fight against COVID-19.

6. Afghanistan should take proactive measures and plans to fight against COVID-19 in the long run, i.e. the governmental system should be ready for at least six months fight and potential lockdown of the major cities.
7. The Government should work with Ulam-e-Keram to use Masjids as a centre for risk communication; and introduce efficient strategies to avoid spread of virus in religious settings.
8. Ministry of Public Health should have alternate strategies for control and management of COVID-19 cases when existing hospitals existing capacity is utilized. MoPH must identify and several public places ready for quarantining and management of COVID-19 positive cases. All infected individuals should be under controlled management and follow up.
9. Ministry of Public Health must develop and forcefully apply comprehensive COVID-19 prevention, containment and control strategy, focusing on the following internationally proven interventions:
 - a. Implement aggressive information and risk communication campaigns;
 - b. Apply strategies to enhance testing capacity at national level, i.e. use GeneXpert machines which are available in almost all provinces.
 - c. Apply aggressive contact tracing measures, social distancing and community mobilization for prevention purposes.
 - d. Quarantine all infected individuals, MoPH should use its power given by article 21 of the Public Health Law.
 - e. Expand treatment capacity for those in need, only Afghan Japan Hospital is certainly not enough. All public hospitals in Kabul should get ready for management of COVID-19.
 - f. Introduce protective and preventive measures for all medical staff, with special focus on staff fighting COVID-19 in first line.
 - g. Use efficient strategies to disinfect contaminated environment.
 - h. Conduct studies/research with respect to COVID-19 and evaluate interventions in order institutionalize evidence decision making in health sector.

CONCLUSION

COVID-19 is a major challenge for most developed and developing countries and healthcare systems. As the current initiatives of advanced healthcare setups have failed to develop a treatment of choice, the best strategy for Afghanistan would be to fully rely on preventive and virus containment measures. MoPH must seek support from other governmental institutions and use its power given by the law to forcefully quarantine those who are infected and pose risk to the public health. Currently, out of more than 600 positive cases detected only few are hospitalized, and the rest are out of the health system radar. Afghanistan should apply reversal spread strategies, which can be achieved through non-pharmaceuticals interventions, such as strict lock down and social distancing measures in all over the country. Considering the wild nature of the virus, these interventions should continue until a successful vaccine/treatment plan is developed and made available in the country.

ACKNOWLEDGEMENT

This policy brief is a technical work of public health experts, epidemiologists and clinical specialists who are voluntary members of Science, Epidemiology and Research (SER) Committee to fight COVID-19 in the country. The content of this policy brief is intended as an advice to healthcare authorities in Afghanistan during emergency situation. MoPH will consult specialists and technical advisors to avoid any harm before its implementation. The Afghanistan National Public Health Institute (ANPHI) acknowledges the hard work of all committee members, particularly following colleagues who directly contributed in development and finalization of this policy brief.

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2. Dr Farhad FAREWAR (MoPH)
3. Dr Islam SAEED (AFETP/ANPHI)
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