Afghanistan braced for second wave of COVID-19

Afghan health workers predict a second wave of COVID-19 infections, but is the health system ready? Sophie Cousins reports from Afghanistan.

Mohammad Gasim lies in bed taking oxygen at the Afghan–Japan Communicable Disease Hospital in Kabul, Afghanistan. The 63-year-old man arrived at the hospital a few days ago with body pain, fever, and weakness. He is lying in bed at the high dependency unit—one stage before the intensive care unit (ICU)—of the communicable disease hospital that has been transformed into a COVID-19 hospital with 120 beds. Patients travel from all over Afghanistan to this hospital in Kabul, knowing that their chance of recovery is best in the capital city.

Two family members stand next to Gasim, gripping his hand. One doctor attends to him without any personal protective equipment (PPE). Like many others at the hospital, his fate is unknown.

Down the corridor ten patients lie in the ICU ward. One is 85-year-old Mohammad Faruqui. In addition to COVID-19, he has pneumonia and hypertension. "Most will not go home", Hashmap Ullahtayz, a doctor in the ward, said. "These are patients with complications and chronic diseases." He added, "we are

mentally tired. We work 24-h shifts here".

At the Afghan–Japan Communicable Disease Hospital, the Director, Ahmad Zahir Sultani, said that since the pandemic began, more than 90% of staff have been infected; one nurse has died. On the day of this visit, another two doctors tested positive. Across the country, almost

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3000 health-care workers have been infected; 65 have died.

Narges Neyazi, senior technical adviser to the Minister of Public Health, said that she was particularly concerned about a lack of knowledge about COVID-19 among health-care workers and a shortage of PPE.

Most doctors are testing positive again, Sultani said, while not wearing a mask. This was one of the most confronting things about a visit to the country's top treatment facility:

a lack of basic infection prevention and control measures including multiple staff not wearing a mask.

Although infections have significantly declined in recent months, as the country gears up for a harsh winter season, there are signs that the virus is making a comeback. Cases are rising once again. A few months ago, confirmed cases were in the low teens or lower on many days. Some days no cases were recorded. On occasions last week, confirmed cases neared 200 per day. Health workers are worried about the brutal cold of the winter along with the influenza season. Furthermore, escalating violence could see more and more people displaced, which could lead to a rise in infections.

Afghanistan recorded its first case of COVID-19 in the western city of Herat in mid-February in a man who had returned from neighbouring Iran, where the virus had begun to spread rapidly. In March, as tens of thousands of migrant Afghan workers crossed the border from Iran back into Afghanistan, the virus spread rapidly as workers piled onto buses and travelled across the country. Lockdown measures were implemented soon afterwards. Infections peaked in May and June before significantly declining.

Over 44 000 COVID-19 cases and 1600 deaths have been recorded. However, Neyazi told *The Lancet* that the true figures—both of cases and deaths—were much higher. "Most people do not go for testing— they ignore the symptoms", she said, adding that Afghanistan had completed fewer than 125 000 tests. "There is a lot of stigma."

But even if more people sought testing, the country has a capacity to test only 1000 people per day, she said. At the beginning of the pandemic, only 200 tests a day could

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be done. "In the first wave, we didn't have the capacity to test people on time—patients received their results after they had recovered or had passed away", Neyazi said.

Neyazi added that she believed that up to 100 000 people could have died because of COVID-19, but because the country does not have a death registry and people prefer to wait out the disease at home, the data are unreliable. "People don't want to go to be admitted to a hospital", Neyazi said. "So, they pass away at home."

Her words echo Afghanistan's Minister of Public Health, Ahmad Jawad Osmani, who said that nearly a third of the country's population—approximately 10 million people—had been infected with COVID-19. In Kabul, more than half of the city's 5 million residents are estimated to have been infected according to the Ministry of Public Health.

After decades of war, Afghanistan has a weak public health system, with only 2·8 doctors for every 10 000 patients according to the World Bank. Poverty is endemic and so is a lack of education. "There's a huge shortage of physicians. There are huge segments of the population that aren't being taken care of—you could say that the health-care system has failed them", Jaffer Shah, a researcher at Drexel University, who has been studying the pandemic since January, told *The Lancet*.

For the millions who have lived through an endless war, and who now face rising violence across huge swaths of the country, in addition to poverty, job losses, hunger, and more, COVID-19 is yet another thing to worry about—or not. "If you've survived the Taliban and non-stop war, and you've grown up in an environment of insecurity where every day can be a life or death situation…you just don't have space to see the severity of COVID-19 and how widely it can spread", Shah said.

At Mirwais Hospital in the southern province of Kandahar, thousands of civilians arrive for medical care every day. Outside the hospital is filled with patients waiting while the corridors are packed with relatives. The hospital is seeing increasing numbers of patients injured in the escalating violence. The hospital, which has a 14-bed COVID-19 ward for people with severe disease, does not have space for more patients.

"The war has not finished. If we make this hospital a COVID hospital, where will everyone else go? I refuse to make this a COVID hospital", said hospital director Niamatullah Niamat.

As COVID-19 spread across the country earlier this year, multiple organisations and international agencies warned of the dire effect the pandemic could have on the population, from rising malnutrition to increased child marriage and infectious diseases. For example, following the cancellation of polio vaccination campaigns for several months, the virus has now resurfaced in areas that had not recorded a case for years. UNICEF meanwhile said that the number of children younger than 5 years with severe acute malnutrition increased from 690 000 to 780 000 between January and May. And then in mid-October, Human Rights Watch issued a so-called gender alert on COVID-19 in the country, writing that the crisis "has further reduced already severely limited access to education for women and girls", adding that the pandemic would "undermine progress on women's rights and gender equality achieved over the last two decades."

"Children who were not studying will be less likely to be able to do so, and many children whose schools closed will be at risk of not being able to return to studying. The crisis is likely diverting critical and already scarce resources away from the education system in ways that will have long-term consequences", Human Rights Watch said in a statement.

In October, the Ministry of Public Health, along with development

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partners including WHO and UNICEF, held a workshop on lessons learned from the first wave of COVID-19 in Afghanistan, with one clear goal: to prevent a deadly second wave. The workshop concluded that the ministry should focus on better training health-care providers on COVID-19, invest in a COVID-19 data management system to provide real-time data, develop a plan to ensure that supply shortages of medical equipment and human resources are avoided, and strengthen risk communication.

The ministry has also developed a national emergency response plan for the second wave of COVID-19. The plan has six objectives, including increasing testing capacity and ensuring that all laboratories are functional with adequate staff levels; conducting public health awareness campaigns; implementing home-based care for patients with mild and moderate disease (which has begun in Kabul province); and strengthening contact tracing through enhancing community surveillance. But whether such interventions will be implemented—and whether they are enough to avoid a second wave—remains to be seen.

"We will experience a second wave, but the severity is unclear", Neyazi said. "We simply can't predict the situation in Afghanistan."

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