

The Fourth Wave of the COVID-19 in Afghanistan: The Way Forward

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Abstract: The COVID-19 pandemic hit Afghanistan at a time when the country was most vulnerable, with a fragile healthcare system and unable to contain the disease, and meet the needs of the vulnerable people. The country has gone through four waves of the disease thus far. An analysis of the COVID-19 cases reported by the District Health Information Software-2 shows that the fourth wave has just passed in March 2022. With the resurgence of the COVID-19 cases in other countries, it is likely that the next wave might not be too far. Challenges such as the lack or insufficiency of donor funds, unstable political situation, inadequate healthcare services, insufficient healthcare workers and diagnostic capacity, illiteracy of people, poor economy and shortage of the COVID-19 vaccine are greatly threatening the nation. The de facto authority does not seem to have a clear plan to fight against the pandemic. Therefore, the international community, civil societies, healthcare workers and other stakeholders should stay alert and combine their efforts to rescue an already plagued nation. Fortunately, many COVID-19 hospitals and laboratories have resumed their activities with the funds coming from international donors. However, to combat the infection in the long term, there seems to be a great need to integrate the COVID-19 services in the existing package of healthcare services, ie the Sehatmandi project. Moreover, awareness campaigns should be continued to keep the most vulnerable groups safe and protected. Vaccination services also need to be speeded up to have a significant portion of people immunized. Public willingness towards getting the vaccine should be increased through awareness campaigns mostly conducted by social media volunteers and healthcare workers.

Keywords: fourth wave, COVID-19, pandemic, Afghanistan

Commentary

The first case of the Corona Virus Disease-2019 (COVID-19) in Afghanistan was detected on 22 February 2020 in a person who had returned from Qom city, Iran.¹ As of 30 May 2022, a total of 180,176 confirmed cases, including 7701 deaths, were reported to the World Health Organization (WHO). The recovery rate is reported to be around 90% and Case Fatality Rate to be 4.29%.² However, it is said that the actual figures of the infected cases might be much higher than the reported numbers.³

Meanwhile, a total of 6,118,557 doses of the COVID-19 vaccine have been administered to the residents in the country.² Afghanistan is the lowest among many nations in terms of the COVID-19 vaccine coverage. As per the official reports, around 10% of the total population are vaccinated thus far, which is way behind the proposed target for 2022, ie 60%.

Since the beginning of the pandemic, the COVID-19 has spread throughout the country in four waves. The first wave was reported to span from the end of April to June 2020; the second wave began by October 2020 and lasted until the end of December 2020; the third wave reportedly began by April 2021 and lasted until mid-August 2021.²

An analysis of the recent data uploaded by the District Health Information Software-2 (DHIS2) reveals that the fourth wave of the COVID-19 passed in March 2022. As shown in Figure 1, the peak numbers were reported during the month of February 2022 with highest confirmed cases in the first and second weeks, ie 3850 and 3847 cases, respectively. By March 2022, the cases began to decline until the curve almost fattened in April 2022.

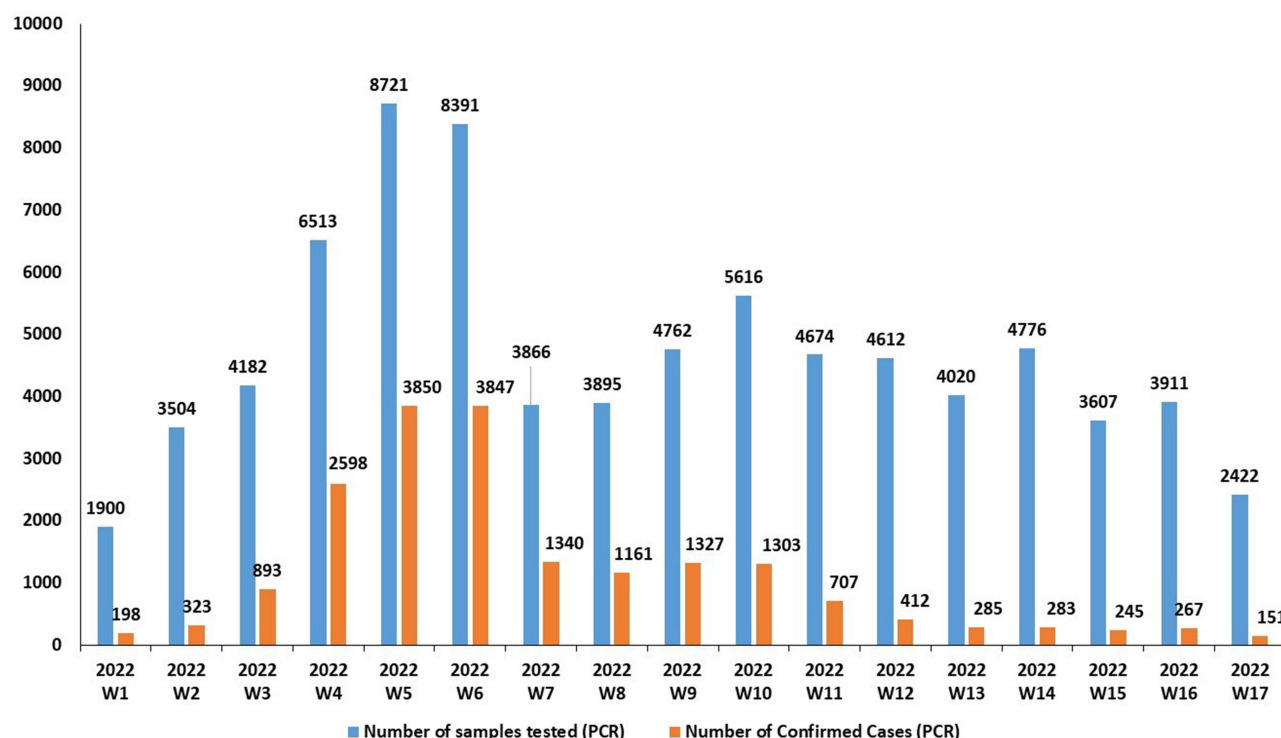


Figure I The trend of the COVID-19 confirmed cases during Jan–Apr 2022 (fourth wave).

The COVID-19 pandemic hit Afghanistan at a time when the country was politically undergoing changes, with a fragile healthcare system which was unable to respond to the emergence of COVID-19 and to the needs of the most vulnerable people. The government lacked the means to communicate adequately with the citizens, trace contacts, collect and test samples. In the beginning of the fight against COVID-19, the government had only one dedicated hospital, the Afghan Japan Hospital, for the provision of COVID-19 related services, including sample collection. A few months later, Ali Jinnah Hospital was also designated to treat COVID-19 patients in Kabul. In both these hospitals, the outpatient and inpatient clients were very high, making it almost impossible to provide the needed health services and case detection.

Before August 15, 2021, overall, a total of 38 COVID-19 hospitals were operating throughout the country, all of them funded by international donors. Alongside these, Rapid Response Teams (RRTs) and District Centers (DCs) were also established as part of the Emergency Response to COVID-19 to conduct risk communication sessions, collect samples of suspected cases, trace contacts and advice on mild and moderate cases to be treated at home. These actions were vital in helping to reduce the burden of the COVID-19 designated hospitals, and thus enabled them to focus on the management of severe and critical cases. After the collapse of the previous government, all funding and supports to the COVID-19 emergency response were reduced and most of the hospitals were forced to stop their operations due to lack of funds, doctors, medicine, and even heating.⁴

The lack of healthcare personnel to collect the samples of suspected individuals and the shortage of kits for laboratory diagnostic tests are still the major challenges in most districts of Afghanistan. High levels of financial insecurity in several parts of the country have had a large and direct negative effect on the provision and coverage of healthcare services for the general public.⁵ Unfortunately, many people who have received their first shots of the COVID-19 vaccine have not received the next dose due to shortage or unavailability of vaccine.⁶

Although the fourth wave of the COVID-19 passed with no clear and accurate data of the mortality and morbidities, it is assumed that the next wave might not be too far. Challenges such as the lack of or insufficient donor funds, unstable political situation, inadequate healthcare services, insufficient healthcare workers and diagnostic capacity, illiteracy of people, poor economy and shortage of the COVID-19 vaccine are threatening to push the nation towards a devastating stage. The de facto authority also does not seem to have a clear plan to fight against the pandemic. Therefore, the

international community, civil societies, healthcare workers and other stakeholders should pool their efforts immediately to improve and restore the health system.

Fortunately, many COVID-19 hospitals resumed their operations with the funds provided by international donors; however, for the long term, the COVID-19 services should be integrated in the country's existing healthcare services framework, ie the Sehatmandi project. Moreover, awareness campaigns should be continued to keep the most vulnerable groups safe and protected. Vaccination services also need to be speeded up to have a significant portion of people immunized. Public willingness towards getting the vaccine should be increased through awareness campaigns mostly conducted by social media volunteers and healthcare workers.

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Disclosure

The authors declare no conflicts of interest in relation to this work.

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