Global Governmental Response to COVID-19 in accordance to WHO guidelines

Actions taken by Afghanistan to prevent the spread of COVID-19 as of February 6, 2021.

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Our Organization

The UN Compliance Research Group is a global organization which specializes in monitoring the work of the United Nations (UN). Through our professional team of academics, scholars, researchers and students we aim to serve as the world's leading independent source of information on members' compliance to UN resolutions and guidelines. Our scope of activity is broad, including assessing the compliance of member states to UN resolutions and plan of actions, adherence to judgments of the International Court of Justice (ICJ), World Health Organization (WHO) guidelines and commitments made at UN pledging conferences. We’re proud to present the international community and global governments with our native research findings on states’ annual compliance with the commitments of the UN and its affiliated agencies. Our goal as world citizens is to foster a global change towards a sustainable future; one which starts with ensuring that the words of delegates are transformed into action and that UN initiatives don’t remain ink on paper. Hence, we offer policy analysis and provide advice on fostering accountability and transparency in UN governance as well as tracing the connection between the UN policy-makers and Non-governmental organizations (NGOs). Yet, we aim to adopt a neutral path and do not engage in advocacy for issues or actions taken by the UN or member states. Acting as such, for the sake of transparency, The UN Compliance Research Group dedicates all its effort to inform the public and scholars about the issues and agenda of the UN and its affiliated agencies.
The International Health Regulations (2005) are legally binding on 196 States Parties, including all WHO Member States. The IHR aims to keep the world informed about public health risks, through committing all signatories to cooperate together in combating any future “illness or medical condition, irrespective of origin or source, that presents or could present significant harm to humans.” Under IHR, countries agreed to strengthen their public health capacities and notify the WHO of any such illness in their populations. The WHO would be the centralized body for all countries facing a health threat, with the power to declare a “public health emergency of international concern,” issue recommendations, and work with countries to tackle a crisis.

Although, with the sudden and rapid spread of COVID-19 in the world, many countries varied in implementing the WHO guidelines and health recommendations. While some countries followed the WHO guidelines, others imposed travel restrictions against the WHO’s recommendations. Some refused to share their data with the organization. Others banned the export of medical equipment, even in the face of global shortages. The UN Compliance Research group will focus during the current cycle on analyzing the compliance of the WHO member states to the organization’s guidelines during the COVID-19 pandemic.
### School/educational institutions:
- Decision makers should consider the following if they decide to open or close schools:
  - Current understanding about COVID-19 transmission and severity in children.
  - Local situation and epidemiology of COVID-19 where the school(s) are located.
  - School setting and ability to maintain COVID-19 prevention and control measures.
- Recommended to promote:
  - Hygiene and environmental cleaning to limit exposure.
  - Screening and management of sick students, teachers, and other school staff.
  - Communication with parents and students.
  - Physical distancing at school.
  - Tele-schooling and distance learning.

### Workplaces and institutions:
- Partial closure of workplaces as of early March.
- Hand hygiene: Regular and thorough handwashing.
- Respiratory hygiene: Promote respiratory etiquette, develop a policy on wearing a mask or a face covering.
- Physical distancing: less people, implementing shifts.
- Reduce and manage work-related travels.
- Regular environmental cleaning and disinfection.
- Risk communication, training, and education: Provide posters, videos, and electronic message boards.
- Management of people with COVID-19 or their contacts: introduce thermal screening.
- Take more measures when it comes to jobs at medium and high risk.

### Public events:
- Restriction to host gatherings or events that exceed a large number of individuals, ex) sport games, religious functions, restaurants, etc.
- Planning phase: Liaison with all relevant stakeholders, development of a preparedness and response plan, assessment of capacities and resources.
- Operational phase: Modifications of the event, risk communication, surveillance of participants, aimed at detecting and managing individuals developing symptoms during the event.
- Post-event phase: Liaison between event organizers and health authorities.

### Public Transport:
- Reduce crowding, limit access to, or close public spaces, restaurants, sporting events, entertainment venues, places of worship, 25 or venues with limited ventilation.
- Encourage physical distancing in public places and transportation.
- Reduce mixing between individuals and households.
- Communicate to recommend wearing masks in public.
### WHO Guidelines and Recommendations

#### Public Information Campaign:
- Communicate risk clearly with information on how to protect oneself and others.
- Simplify messages, encourage sharing of information.
- Engage with communities in decision-making and to strengthen engagement for public health measures.
- Identify local networks and engage communities, businesses, religious leaders, and local influencers.

#### Domestic/International Travel:
- Reduction in Travel to prevent the spread of COVID-19.
- International travel should not occur unless in an emergency.
- Recommended to adhere to safety measures while travelling.
- Establish effective contingency plans and arrangements for responding a Public Health Emergency.

#### Testing Framework:
- Set up testing centers in large venues or in check points.
- Require travellers to self-quarantine after being tested.
- Molecular (e.g. PCR) testing of respiratory tract samples is the recommended method for the identification and laboratory confirmation of COVID-19 cases.
- To inform WHO policy on the use of immunodiagnostic rapid tests for COVID-19.

#### Contact Tracing:
- Set up relational databases linking lists of contacts to line lists of cases.
- Allow for tailored case investigation forms, contact listing forms, and contact follow-up forms to be set up.
- Used for self-checking and self-reporting of signs and symptoms by people through mobile phone apps or SMS technology.

#### Lockdown/Curfew:
- Implementation of curfew hours.
- Require citizens to stay in home unless of an emergency.
- Monitor locations to abide by the curfew hours.
This report draws on the methodology developed by the G8 Research Group, which has been monitoring G7/8 compliance since 1996 (the International Organisations Research Institute at the Higher School of Economics (IORI HSE) joined this multi-year project in 2005, and Bond University participated in 2014). The use of this methodology builds cross-institutional and cross-member consistency and also allows compatibility with compliance assessments of other institutions. The methodology uses a scale from −1 to +1, where +1 indicates full compliance with the stated commitment, −1 indicates a failure to comply or action taken that is directly opposite to the stated instruments or goal of the commitment, and 0 indicates partial compliance or work in progress, such as initiatives that have been launched but are not yet near completion and whose full results can therefore not be assessed. Each member assessed receives a score of −1, 0 or +1 for each commitment. For convenience, the scores in the tables have been converted to percentages, where −1 equals 0 percent and +1 equals 100 percent.
<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>-1</td>
<td>State does not comply with the International Health Regulations (IHR 2005), nor does it comply with any of the World Health Organization’s guidelines and recommendations to curb the spread of the Coronavirus.</td>
</tr>
<tr>
<td>0</td>
<td>State complies with the IHR and partially complies with the WHO recommendations on combating the Coronavirus, through implementing policies and actions which adhere to at least two commitments of the WHO guidelines on curbing the pandemic.</td>
</tr>
<tr>
<td>+1</td>
<td>State fully complies with the IHR and the WHO guidelines on combating the Coronavirus, through implementing policies and actions which adhere to all nine areas of the WHO guidelines on curbing the pandemic.</td>
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</tbody>
</table>
Assessment

<table>
<thead>
<tr>
<th>Country</th>
<th>No Compliance</th>
<th>Partial Compliance</th>
<th>Full Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>0</td>
<td>0</td>
<td></td>
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</tbody>
</table>

* Afghanistan complied with the International Health Regulations (IHR) but partially complied with the World Health Organization’s guidelines and recommendations on curbing the Coronavirus (COVID-19), through implementing complying policies and actions only in some commitment features. Thus, Afghanistan receives a compliance score of 0.
## Afghanistan

<table>
<thead>
<tr>
<th>Lockdown/ Curfew</th>
<th>Educational Institutions</th>
<th>Domestic/ International Travel</th>
<th>Public Transportation</th>
<th>Workplace and Institutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>On 22 March 2020, Public Health Minister Ferozuddin Feroz urged the government to</td>
<td>On 14 March 2020, it was announced that all educational institutes in the country would not</td>
<td>On 23 February 2020, after suspecting three cases in Herat, Afghanistan closed its borders with</td>
<td>On 27 March 2020, The government of Afghanistan restricted public transportation unless</td>
<td>On 16 April 2020, in Herat Province, more than 35,000 shops and factories were closed.</td>
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<td>lock down the city of Herat.</td>
<td>not open until 21 April.</td>
<td>Iran.</td>
<td>it's necessary for 3 weeks.</td>
<td>As of 6 September 2020, the government of Afghanistan has reopened workplaces that have</td>
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<td>On 27 March 2020, it was announced that Kabul would undergo lockdown from 28 March</td>
<td>On 11 April 2020, it was announced that lessons would be taught online via television and</td>
<td>On March 2020, the Afghan Civil Aviation Authority restricted most international flights by</td>
<td>On 9 April 2020, all highways were closed and strict measures were taken to reduce any</td>
<td>been previously shutdown.</td>
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<td>for three weeks.</td>
<td>radio.</td>
<td>Afghan airlines.</td>
<td>violations of the governments lockdown measures.</td>
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<tr>
<td>On 9 April 2020, over 1,500 police officers had been deployed in Kabul to</td>
<td>On 7 May 2020, the Ministry of Education launched an online website for school students in</td>
<td>On 1 April 2020, the Government of Afghanistan suspended flights between Kabul and Herat.</td>
<td>As of 31 December 2020, the government of Afghanistan has re-imposed stricter restrictions</td>
<td></td>
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<tr>
<td>enforce stricter measures and extend the lockdown to 3 weeks.</td>
<td>Dari and Pashto. Acting Minister Mirwais Balkhi announced that all coursework at home would</td>
<td>On 19 June 2020, Aviation and ground transportation, travel and borders to other countries,</td>
<td>to public transport and limiting private transport to a maximum of 4 people.</td>
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<td>As of 4 May 2020, the government of Afghanistan has extended the lockdown until</td>
<td>be graded if exams were not held.</td>
<td>would also remain closed until the decrease of COVID-19 cases.</td>
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<td>24 May.</td>
<td>On 19 June 2020, it was announced that all Afghan universities and schools will remain</td>
<td>As of 6 September 2020, Afghanistan has announced the resumption of travel.</td>
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<td>As of 24 May 2020, the government has eased the lockdown restrictions.</td>
<td>closed until September.</td>
<td>As of 31 December 2020, the government imposed stricter land border security for individuals</td>
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<td></td>
<td>As of 22 August 2020, schools in Afghanistan have reopened.</td>
<td>leaving Afghanistan. Travellers going to Afghanistan who tested negative for the coronavirus</td>
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<td></td>
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<td>are required to quarantine for 14 days, while travellers who tested positive should go seek</td>
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<td></td>
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<td>care immediately.</td>
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As of 22 August 2020, Afghanistan has announced the resumption of travel. As of 31 December 2020, the government of Afghanistan has re-imposed stricter restrictions to public transport and limiting private transport to a maximum of 4 people.
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Afghanistan

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<tr>
<th>Public Events</th>
<th>Public Info Campaign</th>
<th>Testing Framework</th>
<th>Contact Tracing</th>
<th>Vaccine</th>
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</thead>
<tbody>
<tr>
<td>On 14 March 2020, The Nowruz celebrations in Balkh were canceled after the first case of COVID-19 was reported. President Ashraf Ghani told the public to avoid large gatherings and to focus on the use of hygiene.</td>
<td>On 22 March 2020, doctors at Blossom Hospital in Kabul launched a public awareness campaign to help the public understand how to prevent the spread of the virus.</td>
<td>Up until 10 March 2020, the Afghan government had spent $15 million in response to the outbreak and a total of 142 suspected cases had been tested, with only five being positive for COVID-19.</td>
<td>Data on Afghanistan conducting COVID-19 contact tracing remains limited.</td>
<td>On 9 December 2020, the Minister of Health announced that Afghanistan is expected to receive the first dose of the COVID-19 vaccine by Mid-2021, which will be sufficient to vaccinate 3% of the country’s population.</td>
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<td>On 5 April 2020, the Ministry of Haji and Religious Affairs and clerics announced a fatwa, including restrictions on Friday prayers and other prayers in mosques across Afghanistan. Also, the Afghanistan National Olympic Committee (ANOC) announced that all sport events were canceled.</td>
<td></td>
<td>On 4 April 2020, the Ministry of Public Health opened a testing center in Mazar-i-Sharif, Balkh Province, with the capacity of testing 30 cases a day.</td>
<td></td>
<td>On 25 January 2021, Afghanistan announced that it’ll receive 500,000 doses of the Oxford-AstraZeneca vaccine from India.</td>
</tr>
<tr>
<td>On 22 May 2020, the Hajj Ministry told people that they should avoid gatherings on Eid-al-Fitr if they have COVID-19 symptoms. As of 2 September 2020, Afghanistan has announced the reopening of public spaces. On 31 December 2020, the government of Afghanistan has imposed stricter restrictions on public spaces and gatherings with the strict use of face masks and practicing safe social distancing.</td>
<td>On 22 March 2020, Cordaid announced that they would distribute soap in communities, handle waste management and supply thermometers to reduce the risk of covid-19 spreading in Afghanistan. On 12 April 2020, it was announced that a group consisting of doctors and religious scholars, under the name, Voice of the pulpit and the doctor, would launch a public awareness campaign in Kabul.</td>
<td>On 31 May 2020, it has been reported that 39,628 tests had been carried out. On 16 June 2020, testing stopped in Herat and Balkh due to a lack of equipment. On 22 June 2020, it was reported that 40 of the 314 ventilators in Afghan public hospitals were not functional.</td>
<td></td>
<td></td>
</tr>
</tbody>
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As of 6 February 2021, Afghanistan has done a total of 6,619 per 1 million COVID-19 tests.

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Sources