Flygtningenævnets baggrundsmateriale

Bilagsnr.:	**1091**
Land:	Afghanistan
Kilde:	Afghan Analysts Network (AAN)
Titel:	Covid-19 in Afghanistan (4): A precarious interplay between war and epidemic
Udgivet:	19. juni 2020
Optaget på baggrundsmaterialet:	16. november 2020

Document #2032821

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Covid-19 in Afghanistan (4): A precarious interplay between war and epidemic

Original link (please quote from the original source directly):
https://www.afghanistan-analysts.org/en/reports/war-and-peace/covid-19-in-afghanistan-4-a-precarious-interplay-between-war-and-epidemic/

S Reza Kazemi • Fazl Rahman Muzhary

Afghans are now being killed by both the continuing war and Covid-19. The epidemic has ground much of life to a halt – with the notable exception of the fighting. In this report, AAN researchers Reza Kazemi and Fazal Muzhary (with input from Kate Clark) look at the interplay between war and disease. They provide statistics, where available, on those killed, injured, infected and recovering. They also look at the wider political context, how the government has tried to use the epidemic to push for a humanitarian ceasefire – rejected by the Taleban – and the Taleban's push to speed up prisoner release – reluctantly agreed to by the government. They find that both parties have been protecting their own interests, as they respond to the double crisis of war and epidemic, rather than seeking to protect the people they claim to represent and serve.

War as a killer

In the years of the Taleban insurgency, there have been only three short respites from the fighting. From the Taleban's point of view, two of these lulls came on their terms. They were the three-day ceasefires during Eid al-Fitr, the feast marking the end of Ramadan, from 15 to 17 June 2018 and, again, from 24 to 26 May 2020. The third respite was the reduction in violence (RiV) week (22-28 February 2020), agreed to with the US ahead of their deal which bound the US to withdraw troops in exchange for Taleban guarantees on counter-terrorism. The RiV was meant to gauge the extent of the Taleban's authority over their forces. In total, then, Afghans have had 13 days of relative peace in many years of conflict. They were at least a chance to experience their country without war and imagine a very different future – before war as normal resumed. The Taleban have ignored other, repeated calls, particularly by the Afghan government, to put a stop, even if temporarily, to the fighting. The conflict has continued unabated.

The dynamics of the conflict so far this year, contrasted with the levels of violence in 2019, can be seen in figures 1-3 below, which have been compiled by Roger Helms using data from the open-source Armed Conflict Location & Event Data Project (ACLED). (1) They show incidents of violence by all actors, by the Taleban only, and by the Afghan National Security Forces (ANSF) and US forces only.

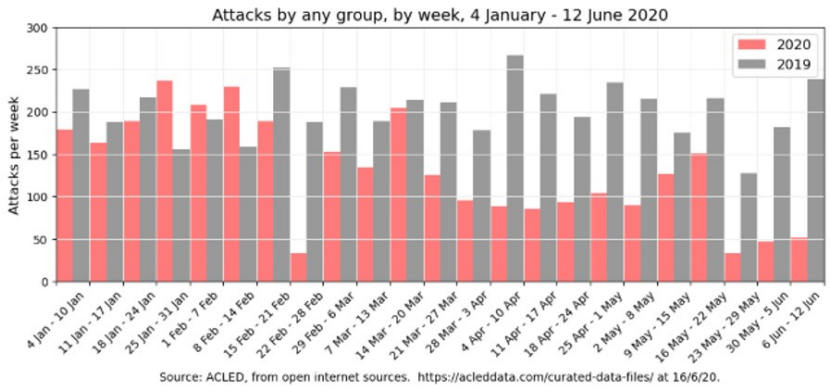

Figure 1: Weekly incidents of violence by all actors, 4 January-12 June 2020.

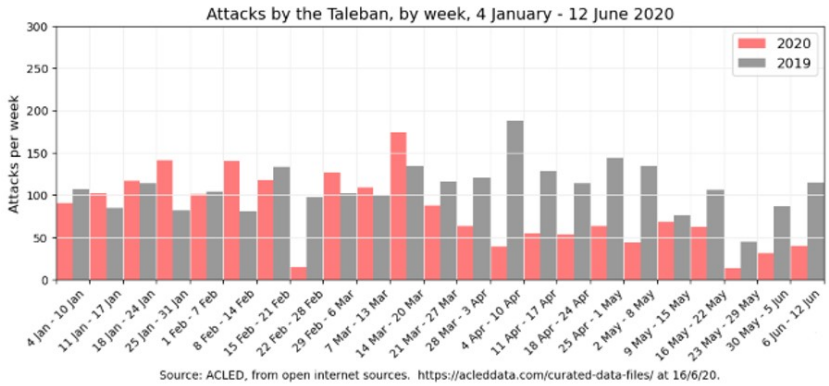

Figure 2: Weekly incidents of violence by the Taleban, 4 January-12 June 2020.

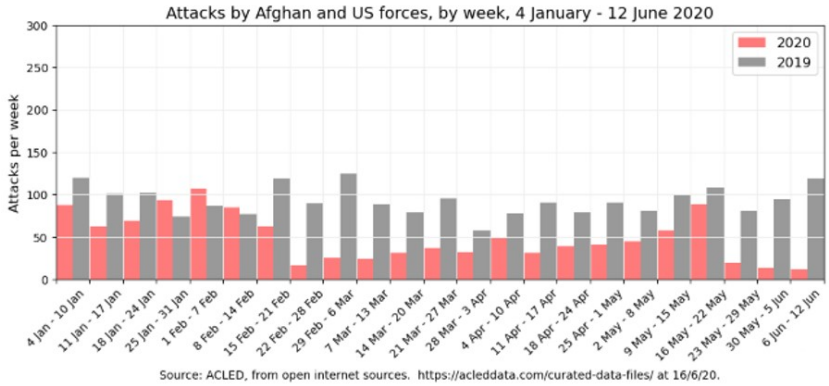

Figure 3: Weekly incidents of violence by the ANSF and US forces, 4 January-12 June 2020.

Before the RiV week, the violence was on a par with 2019. That week of respite did give many people hope that it could lead to a lasting ceasefire and peace. The hope soon dissipated. Violent incidents rebounded. As can be seen in the data and as we reported at the time, the initial rebound was overwhelmingly from the Taleban and caused:

... an emerging distinction between districts controlled or largely controlled by the Taleban where civilians were still enjoying a reduction in violence because of the halt in government and US operations, and contested areas. There, civilians were seeing renewed violence, as the Taleban launched attacks, set IEDs [improvised explosive devices], carried out targeted killings and set up checkposts.

In response, the ANSF officially moved from a 'defensive' to an 'active defensive' posture in mid-March 2020 and then to an offensive posture on 13 May 2020 after an attack on the Médecins Sans Frontières (MSF)-run maternity wing of the Dasht-e Barchi hospital in Kabul on 12 May (which the government blamed on the Taleban and which they denied; MSF withdrew from Dasht-e Barchi on 15 June). Meanwhile, the Taleban then also escalated their actions. On 19 May, they launched a major offensive against the northern city of Kunduz, as they have done most years since 2015, when they briefly captured it. The Afghan government responded, including with an airstrike on an NGO clinic that was treating wounded Taliban fighters alongside civilian patients. Medical facilities, staff and patients, including wounded combatants, are specifically protected by International Humanitarian Law.

Violence again fell off with the Eid ceasefire and is still at relatively low levels. This appears directly related to US pressure, with the Afghan government now releasing more Taleban prisoners, as per the US-Taleban agreement. This has been a main aim of the Taleban and will be looked at in detail later.

The US, the only international force to have a direct role in the war since 2014, has largely withdrawn from any direct involvement since the RiV week, with the exception of a few airstrikes. The Taleban, meanwhile, have stopped targeting foreign forces, as per their written agreement with the US. They have also largely avoided high-profile attacks on provincial capitals and mass casualty attacks on urban centres. This appeared to be part of their unspoken agreement with the US. At least, they referred to this on 5 April, while denying there was any general reduction in violence agreement or that they were bound to restrict their attacks on the ANSF or Kabul government (for a discussion of this, see this AAN report). The Eid ceasefire and continuing reduction in violence on the Taleban's part since look to be a direct response to the government releasing prisoners, which was done mainly because of American pressure.

The bloody consequences of the war were documented in the first 2020 quarterly (January to March) civilian casualty report from the United Nations Assistance Mission in Afghanistan (UNAMA). It said the war in Afghanistan "continues to be one of the deadliest in the world for civilians," inflicting a heavy toll, particularly on children and women (see figure 4), with more than twelve hundred people killed and injured. These casualties have

resulted from ground fights, targeted killings, IEDs, airstrikes and explosive remnants of war, and have been perpetrated by a host of actors – the Taleban, ANSF, Islamic State in Khorasan Province (ISKP) and international military forces (pages 4 and 7 of the report). After the RiV week, however, UNAMA attributed no civilian casualties to the international military forces.

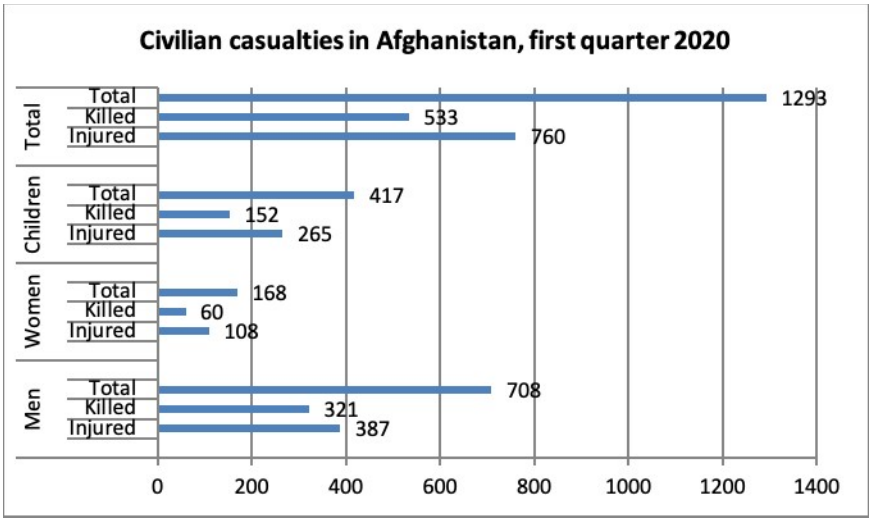

Figure 4: civilian casualties (total, children, women, men) in Afghanistan from 1 January to 31 March 2020. Source: authors' illustration of UNAMA data.

By mid-May, UNAMA's preliminary figures indicated that the war had become more brutal and more lethal with: "a trend of escalating civilian casualties in April from operations conducted by both the Taliban and the Afghan National Security Forces (ANSF)." The numbers of civilians killed and injured in April 2020 was substantially higher than in April 2019. UNAMA also expressed "grave concern about levels of violence in the first half of May, including recent attacks claimed by Islamic State-Khorasan Province (ISKP)." Among the most egregious targets in May and the first half of June 2020 have been: MSF maternity ward staff and mothers waiting to give birth, in labour or nursing newborns; the NGO clinic treating war wounded in Kunduz; worshippers in four mosques, in Kabul (two), Khost (one) and Parwan (one) and; a vehicle carrying Afghan media staff in Kabul.

UNAMA figures for the numbers of those killed and injured in the war following the most recent Eid ceasefire (24-26 May 2020) are not yet released, but given that attacks have only tailed off somewhat since then, more deaths and injuries are only to be expected (see some indications by 11 June in New York Times reporting).

Coronavirus as a killer

In contrast to conflict-related deaths and injuries, Covid-19 has been an insidious killer. The disease emerged in Afghanistan while many people were enjoying the calm of the RiV week; the first confirmed infection was on 24 February 2020, two days after the lull in fighting had gone into effect. Since then, the disease has been spreading through all of Afghanistan's 34 provinces, slowly but steadily, with Kabul, Herat, Balkh, Nangrahar and Kandahar being the most affected. (2) By 18 June (4:57 pm CEST), the disease was known to have infected 27,337 and killed 546 people, with numbers rising especially from April onwards, as can be seen in figures 5 and 6, which use data from the World Health Organisation (WHO) Coronavirus Disease (Covid-19) Dashboard. (The WHO – Worldometer and the UN Office for the Coordination of Humanitarian Affairs (OCHA) cited below – all get their data on Afghanistan from the Ministry of Public Health, MoPH).

Figure 5: Cumulative increase in Covid-19 infections in Afghanistan over time, by 18 June 2020 (4:57 pm CEST). Source: WHO Coronavirus Disease (Covid-19) Dashboard.

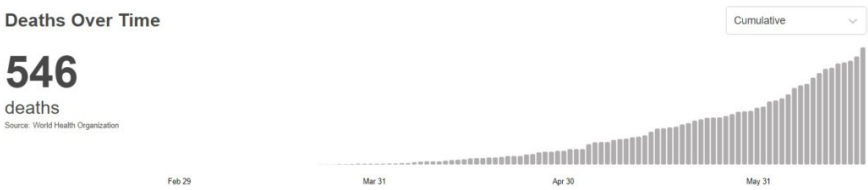

Figure 6: Cumulative increase in Covid-19 deaths in Afghanistan over time, by 18 June 2020 (4:57 pm CEST). Source: WHO Coronavirus Disease (Covid-19) Dashboard.

These graphs only show the data on the disease that has been officially reported by the MoPH. Given that Afghanistan has one of the lowest testing rates for Covid-19 in the world (an estimated number of 1,573 tests per 1,000,000 population or 157.3 tests per 100,000 population, according to real-time statistics website Worldometer, by 17 June) with a test positivity rate – positive tests as a percentage of total tests – of over 44 per cent (according to OCHA and WHO latest brief of 14 June 2020 on Covid-19 in Afghanistan), it is highly plausible that actual rates both for infections and deaths are far greater than what has been reported.

There have been no major, known Covid-19 outbreaks in Afghanistan yet, by which we mean significant numbers of infections and deaths in a particular location, at least by the time of writing. However, the authors have increasingly been hearing about rising numbers of infections and deaths, especially among the elderly, that have gone unreported, and also about increased pressure on the health system in cities like Kabul and Herat, the country's two most affected places. Any sharp rise in numbers could cause the collapse of the already creaky and patchy health service, meaning even less protection for Afghans who get sick. In their brief cited above, OCHA and WHO express a similar concern:

With a fragile health system, a developing economy and underlying vulnerabilities, the people of Afghanistan are facing extreme consequences from the COVID-19 pandemic. Cases are expected to continue to increase over the weeks ahead as community transmission escalates, creating grave implications for Afghanistan's economy and people's well-being.

War-epidemic interplay

In the rest of this report, we investigate the interplay between the ongoing war and the epidemic. Because war is caused by humans, an obvious expectation was that the fighting could stop, at least temporarily, so that all efforts could be put into tackling the epidemic and helping those getting sick. Yet, as we described in the previous section, there has been no such respite and both war and disease have continued to take and harm lives. Indeed, it is ironic that, while the coronavirus has ground much of life to a halt in our country, the exception has been the other killer – the war. In fact, the epidemic has become a backdrop to the war, with both the government and Taleban trying to appropriate it to further their agendas, and putting everyone, including themselves, at greater risk.

Below, we discuss the interaction between the war and the epidemic in three areas. First is the lack of a humanitarian ceasefire. The Taleban view the government as having tried to exploit a global appeal for ceasefires because of coronavirus for its own short-term ends and so have rejected it. Second, the epidemic has contributed somewhat to the speeding up of prisoner releases, the main Taleban demand before it will countenance any intra-Afghan talks. Third, the Taleban have responded positively to the epidemic in some ways, for example, making statements in support of the medical effort. However, according to UNAMA reporting (which is contested by the Taleban), pushing on with the conflict has inevitably undermined the humanitarian response to the epidemic at least in some actively contested areas.

Ultimately, it is the war that has shaped – or harmed – the response by hitting health services that were already barely functioning in actively contested areas. All in all, we find that both the government and Taleban have been muddled and superficial in their epidemic response, with grave consequences for the physical and health security of the people they claim to represent and serve in Afghanistan, themselves included.

1. Rejecting humanitarian calls for a ceasefire

On 23 March 2020, about two weeks after WHO confirmed the coronavirus was a pandemic, UN Secretary-General António Guterres called for an "immediate global ceasefire in all corners of the world… to put armed conflict on lockdown and focus together on the true fight of our lives." The UN said that stopping wars would enable the delivery of vital humanitarian aid, facilitate the work of already fragile health systems, alleviate somewhat the stress of health workers in war-ravaged countries, boost peace-oriented diplomacy and inspire hope for the most vulnerable. The UN warned that the coronavirus "attacks all, relentlessly" in peacetime and, even more so, in wartime.

The Afghan government amplified this appeal. In early April, its UN diplomatic mission asked the Security Council to ask the Taleban to, as it tweeted, "heed the Secretary-General's appeal & establish at least a humanitarian ceasefire" to prevent the spread of the coronavirus in the country. In mid-April, in a video message, President Ashraf Ghani urged "the Taleban to respond positively to the legitimate request of the UN, regional countries and the Afghan people to halt fighting and announce ceasefire" in the midst of the "scourge of corona." On 24 April, on the eve of Ramadan, President Ghani repeated his call to the Taleban to "accept our voice for peace and ceasefire." Afghanistan's Minister for Hajj and Religious Affairs, Mawlawi Abdul Hakim Munib, followed suit by requesting the Taleban to accept a ceasefire "to combat coronavirus or at least during the month of Ramadan."

For their part, the Taleban kept rejecting the ceasefire call (see for instance these media reports here and here). However, they reportedly said they would announce a ceasefire in areas under their control if there was an outbreak.

The differing government and Taleban (and US) stances on a peace process have meant that a humanitarian ceasefire in the face of the epidemic was never a possibility in Afghanistan. Where the calls foundered was in the deep distrust between the parties to the war and the prioritising by each side of what it believes to be its best interests, vis-à-vis the conflict.

The Taleban views the government as trying to appropriate the emergency of the epidemic to push for a ceasefire. In conversation with AAN, Taleban spokesman Zabihullah Mujahed called the government's ceasefire call "a tactic and conspiracy." This is also part of a pattern in which the Taleban have agreed to lulls in the fighting, but only ever on their own terms or in agreement with the US, but never in response to calls by the government or other entities.

Mujahed told AAN that the Taleban did want a ceasefire, but only as part of the sequence of events outlined in their agreement with the US and much further down the line (see figure 7):

We have been insisting on a permanent peace. In the signed agreement [with the US], the path for a ceasefire was clarified. First of all, 6,000 prisoners must be released. After that, we'll move to intra-Afghan talks, where problems will be discussed. There, a ceasefire will be the key issue. The issue should be discussed and if we reach an agreement, there'll be progress toward a ceasefire. We want an enduring peace in order to put an end to the war and invasion [US-led intervention into Afghanistan], which will remove any need for carrying arms.

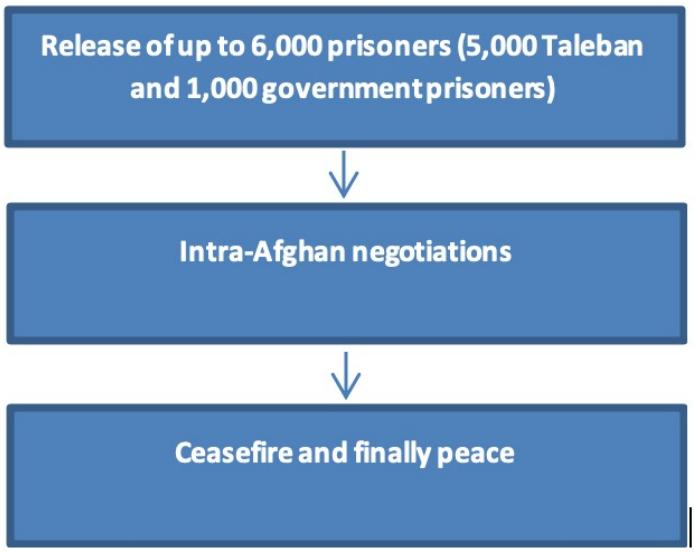

Figure 7: Taleban's stated vision of peace in which the failure of one stage is deemed to break the entire strict sequence. Source: authors.

For the Taleban, a ceasefire will be an eventual *product* of intra-Afghan talks. For the government, a Covid-19 humanitarian ceasefire would be a *step* towards peace. Moreover, such a ceasefire would have been beneficial for the government and detrimental for the Taleban. The Taleban believed that a ceasefire would cost them crucial leverage, accrued from their superiority, as they see it, on the battlefield, for no strategic gain. Indeed, they thought the government was trying to exploit the emergency to impose its preferred sequencing of events on the peace process. In all fairness to the government, it has never wanted to adhere to a sequence which was agreed between the US and Taleban. The coronavirus has had no impact on the positions of the Afghan government or the Taleban. Calls to the Taleban to show mercy to the population during a pandemic fell on deaf ears.

As part of our interview with Mujahed, we wanted to know if there had been discussion among the Taleban, at least among their *ulama* (religious scholars), about whether or not it is religiously permitted to continue fighting during an epidemic. The Taleban spokesman did not answer. However, in the court of public opinion, the Taleban's rejection of a humanitarian ceasefire will be set against their efforts (see below) to help people cope with the pandemic.

Ultimately, the coronavirus will not be 'patient' or let either of the warring parties dictate the unfolding of events. It also does not 'discriminate' between the warring parties. Media reports have suggested the virus has already begun infecting members of the government, Taleban and US/NATO military present in the country, although the extent of the contagion remains disputed and unknown (see here, here and here).

2. Hastening prisoner releases

While the epidemic has had no impact on switching priorities from waging the war to dealing with the virus, it has added some urgency to prisoner releases, particularly after the coronavirus found its way into some prisons, including Afghanistan's largest, Pul-e Charkhi, in late April 2020 (see these media reports here and here). The other, more important factor in getting the prisoner releases going was pressure on Kabul by US Special Envoy Zalmay Khalilzad, so that, according to America's agreement with the Taleban, intra-Afghan talks can start.

As noted earlier, the start of intra-Afghan negotiations hinges on a sequence of events agreed by the US and Taleban, that first up to 5,000 Taleban prisoners should be freed in exchange for up to 1,000 government prisoners. No one has any idea where these numbers came from. Mujahed told AAN that, prior to the releases, there were about 3,000-4,000 Taleban prisoners in government jails. He said he could not give details about prisoners in Taleban custody "due to security reasons, but they are around 1,000 in number."

Although they rejected a humanitarian ceasefire, the Taleban did express their concern about the coronavirus contagion spreading into prisons soon after infections were reported in the country. They warned it could lead to "a major humanitarian disaster." They also claimed the government was deliberately spreading the virus in prisons to make them give in to its demands, although they gave no evidence for this claim. Mujahed told AAN that if their prisoners died from coronavirus infections, it would mean they had been killed deliberately. "We consider this an intentional crime and avenging it is our obligation," he said, without explaining what Taleban's revenge would be, or indeed why they were still holding government prisoners, if this was their position.

As the emergency of the epidemic played into the government desire for ceasefire, so for the Taleban, it reinforced their case for prisoner releases. Also, similar to the Taleban's concern about losing their most important leverage (not laying down arms), the government has been anxious about losing its crucial leverage (holding Taleban prisoners). It was also concerned that they might just go straight back to the battlefield rather than returning to civilian life. Moreover, if the Taleban leadership is not serious about a negotiated end to the war, but are limiting their attacks now with the short-term aim of getting their people out of prison and a longer-term aim of getting their main enemy off the battlefield, releasing prisoners would be doubly dangerous. Finally, the government was also concerned about the legality of the releases.

From a humanitarian viewpoint, the fate of not just 6,000 political prisoners but also of Afghanistan's entire prisoner population, estimated at between 29,000 and 43,000 people, has been at stake. (3) The concern is that places of detention, whether belonging to the government or the far fewer places belonging to the Taleban, are closed settings with a very high risk of rapid and widespread contagion. Human rights organisations have been raising this concern since the virus appeared in the country, in particular calling for the immediate release of women prisoners, many of whom have their children with them in jail.

Another compounding factor is the appalling conditions in both government and Taleban places of detention. Government jails are generally inhumane (for details, see these two research reports here and here). In early May 2020, Ahmad Rashed Totakhel, who is in charge of Afghanistan's prison system, spoke out about the wide range of problems including: time served going unmonitored (leaving many prisoners lingering in jail once their sentences are finished), corruption, sexual abuse of underage prisoners, sexual harassment of female prison staff by male colleagues, overcrowding and a general lack of medical care. Similarly, third-party sources such as UNAMA have reported on the inhumane conditions in Taleban places of detention. In May 2019, for instance, based on interviews with detainees who had been freed from one 'jail', the UN mission expressed its grave concern about the mistreatment of prisoners by the Taleban. It reported consistent accounts of prisoners "being held underground in five overcrowded rooms [in a particular place] and being forced to work for at least seven hours a day, including making improvised explosive devices." It also quoted the interviewees as saying that "they were held in sub-zero temperatures during winter and were fed beans and bread twice a day, with no medical aid apart from some painkillers and antiseptic for wounds."

Despite the appropriation – as the government saw it – of Covid-19 to further the Taleban's agenda on prisoners, the increasing contagion in some prisons did actually appear to contribute to speeding up the release of both political and ordinary prisoners. By 18 June 2020, according to the authors' monitoring of various media and social media, the government had released about 3,200 Taleban prisoners, and the Taleban had released around 600 government prisoners. By 11 June, Khalilzad had referred to the release of over 3,000 Taleban prisoners by the government and more than 500 government prisoners by the Taleban as "a new milestone" in prisoner releases. On several occasions, however, both sides have disputed the other's prisoner release figures, claiming those released were fewer than what was stated.

The release of prisoners by both sides has been controversial and fraught. The Taleban called back their 'technical' delegation from Kabul in April over delays in prisoner release and the government halted releases in May over lack of Taleban reciprocation in releasing government prisoners. However, the Taleban sent their delegation back to Kabul in late May and the government resumed releasing prisoners. The Eid ceasefire helped secure this cooperation. At the same time, the government has also been releasing thousands of ordinary prisoners, in particular women, juveniles and sick people, to prevent the spread of the coronavirus in the prison system.

There are several factors at play in speeding up prisoner releases. Coronavirus is one. US pressure is another. However, it is as yet unclear if and when the target of 6,000 prisoners will be hit to allow the peace process sequence to move on.

3. Responding to the epidemic while continuing the war: the Taleban actions

Judging by what the Taleban have said and done about the coronavirus, it is hard to say they do not take this biological enemy seriously. After the virus first emerged in Afghanistan, the Taleban released two statements. They said they considered the virus to be both a divine punishment for human wrongdoing (with no further elaboration)

and a divine test of human patience. Although only God, they said, could contain the virus, they regarded human efforts as necessary to prevent its spread and they relayed general medical guidance. A second statement focussed on their prisoners in government jails and their anxiety for their hygiene and health.

In the practical realm, the Taleban have been responding to the coronavirus while continuing to fight the government. Mujahed said the Taleban leadership had allocated a specific budget (amount not given) and instructed their health commission to combat the epidemic (see also these media report here and here). During "coordination among the *ulama*, doctors and Taleban," he said, "the ulama had considered that medical instructions – taking precautions, quarantining when needed and avoiding gatherings – were obligatory for people to follow." Mujahed also said they had been consulting their *ulama* about "suspending" gatherings in places like mosques. As part of their cooperation with health officials including those working with the government, he said the Taleban had requested returnees, particularly those from Iran, to get checked and quarantined in provinces such as Faryab, Herat, Jawzjan and Samangan. They had also returned, he said, some infected people who had run away from health centres in Balkh and Ghazni provinces, and sent swabs to MoPH for coronavirus testing. AAN has also heard from some doctors in Ghazni and Wardak that the Taleban have been cooperative in raising public awareness about the disease, including through mosques, and allowing those suspected of or with coronavirus infection to travel to health facilities in government-controlled areas.

In terms of social outreach, the Taleban launched a public awareness-raising campaign about the coronavirus and invited various members of the media, including one of the authors, to cover it. This has happened in different provinces across the country including Badghis, Baghlan, Helmand, Herat, Ghazni, Laghman, Logar, Kapisa, Paktia and Wardak (see here, here and here). During the campaign, they asked residents to take coronavirus seriously and pay close attention to taking preventive measures. For instance, a local Taleban commander in Baghlan told Pajhwok news agency they had been stressing to "the people the need for social distancing and staying indoors. We also asked locals to inform us about new arrivals from Iran." In the same province, the Taleban have also dedicated two "quarantine centres for coronavirus patients." During the campaign, the Taleban also distributed information pamphlets, soap, gloves, face masks and food assistance (watch this video and see this report).

In many ways, the Taleban's approach has been strikingly similar to that of the government. This is most obviously seen in their silence about whether or not public schools should open. The government ordered them to stay shut after the Nawruz holiday and they have yet to give the go-ahead for re-opening. In contrast to previous occasions, when the Taleban have insisted shut schools be open, for example, during the September 2019 presidential elections, they have been quiet this time. They have neither ordered schools to close nor said they should open. The Taleban have not even said whether madrasas should open or close (in Andar district of Ghazni, at least, some have operated normally, others have closed), or whether gatherings such as weddings should be held.

In one important way, though, Taleban's handling of the coronavirus has differed markedly from that of the government. The Taleban have announced no lockdown or restriction on movement in areas under their rule. Mujahed explained to AAN that "corona is mostly in urban areas, so the risk in rural areas is low." Moreover, he said most people in rural areas were poor and putting them in lockdown would have caused severe economic hardship. "We don't want to create problems for people beforehand. Currently, there's no serious need for lockdown in areas under our control."

On the other hand, the government, although imposing a lockdown, has hardly been uniformly strict in enforcing it. For example, as AAN has reported (see here and here), in the second most affected province of Herat, the government-imposed lockdown has been lax throughout, with many easily flouting it without any consequences. Part of the government's reasoning has been similar to the Taleban's: if not coronavirus, then no work and no food might kill those most vulnerable.

Through such words and deeds, the Taleban have tried to capitalise on the coronavirus to portray themselves as legitimate rulers. Some have argued that the epidemic has provided "the Taleban an opportunity to project itself as a responsible and credible actor." Others have said they have been "using the coronavirus crisis for propaganda" or they have only been portraying themselves "as the more capable governance alternative" compared to the Afghan government.

Whatever the Taleban's intentions behind their response to the coronavirus, the fact that they have continued to fight has caused trouble for those trying to deliver much-needed health services, particularly in contested areas. In its first quarterly civilian casualty report for 2020 cited above, UNAMA detailed 18 incidents that had harmed healthcare during the epidemic. It attributed responsibility for 17 of them to the Taleban. (4) They included: "a direct attack targeting a clinic; intentional killings and abduction of protected personnel; threats against healthcare personnel and facilities; and damage to healthcare facilities caused by fighting in the area." As a result, UNAMA said some 50 health facilities had been temporarily shut down in the country, particularly in the east. Rejecting the UNAMA report as "biased," Mujahed said the Taleban did not attack any health facilities and linked the closure of 50 such facilities to the poor performance of the NGOs in charge of them and even alleged that one was gathering intelligence for the government under the guise of an NGO. Meanwhile, UNAMA has warned that during the "Covid-19 pandemic, incidents affecting medical facilities or personnel can have particularly serious and wide-ranging consequences impacting individuals' access to essential healthcare services."

[the following part was added on 21 June 2020, 02.20pm Kabul time:

Things have gone from bad to worse, according to a latest UNAMA report on attacks that have "significantly undermined healthcare delivery." Covering the period from 11 March to 23 May 2020, the UNAMA report has documented 15 incidents impacting healthcare (12 deliberate attacks and three cases of incidental harm). UNAMA attributed responsibility of eight deliberate attacks and two cases of incidental harm to the Taleban, three deliberate attacks to the ANSF and one case of incidental harm to Taleban-ANSF clashes; the culprit for the most savage deliberate attack – the one on the maternity ward of the Dasht-e Barchi hospital – still remains unknown. (5) In these incidents, UNAMA reported that:

... the Taliban continued abducting healthcare workers and attacked a pharmacy; the Afghan national security forces carried out deliberate acts of violence and intimidation affecting a healthcare facility, workers and the delivery of medical supplies; and unknown gunmen perpetrated an abhorrent attack on a maternity ward in a hospital in Kabul, resulting in dozens of civilian casualties.

UNAMA has reiterated that "the harm caused by attacks on healthcare, particularly during a health pandemic, extends well beyond the direct victims of those incidents" and stressed that "deliberate acts of violence against healthcare facilities, including hospitals, and related personnel are prohibited under international humanitarian law and constitute war crimes."]

Conclusion

In this report, we have investigated the interconnection between the ongoing war and the Covid-19 epidemic in Afghanistan. The warring sides, chiefly the government and Taleban, have appeared to be mostly unshaken by thousands of Afghans falling ill in front of their eyes, with some of them dying, on top of the 'normal' catastrophe of war-caused casualties of civilians and combatants. They have operated as if it were business as usual. The epidemic has failed to dent their mutual deep distrust. In this sense, the war has shaped the response to the epidemic by miring it in distrustful and uncompromising politics dictated by the needs of the war. They have failed to mount a humanitarian ceasefire. They have been releasing each other's prisoners, but in a way that is anything but a smooth, credible transition to intra-Afghan talks. The contagion did, though, contribute to the release of both Taleban and ordinary prisoners by the government, which has been reciprocated by the Taleban. Finally, the continued fighting, mainly by the Taleban, has damaged healthcare, at least in some actively contested areas, during the epidemic.

It may be that until the leadership of the warring parties really feel the impact of the virus they will not alter their conduct. For now, though, 2020 has proven, already, a difficult year for civilians hit hard by both conflict and disease.

Edited by Kate Clark and Rachel Reid

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(1) ACLED's database covers both political violence and protests in Afghanistan spanning from January 2017 to the present, with data published weekly. ACLED researchers review approximately 60 sources in English and Dari/Farsi for reports of 'political violence' in Afghanistan. Approximately three-fifths of the ACLED data comes from the Afghan Ministry of Defence and the Taleban Voice of Jihad. For steps taken to avoid artificially increasing the number of reported fatalities and to ensure that fatality estimates are as accurate possible, see ACLED's Methodology and Coding Decisions, which can be found here.

(2) Find a list of infections per province in the public dashboard launched by Afghanistan's Ministry of Public Health (username: public, password: Covid@19).

(3) By 31 October 2018, there were 30,748 prisoners in Afghanistan with a proportion of 87 prisoners in every 100,000 population. Women constituted 2.6 per cent of the prison population by that date and juveniles 4 per cent by January 2007. As of 2013, prisoners were kept in 251 places of detention (34 provincial prisons, 187 district detention centres and 30 juvenile rehabilitation centres). Source: World Prison Brief.

(4) The one attributed to the Afghan national security forces was an airstrike on 2 February 2020 which targeted Taleban in Kunduz and damaged a health clinic and a school building. The airstrike on the NGO clinic in Kunduz referred to in this report took place on 19 May so was not included in UNAMA's data collection for its first quarterly report for 2020.

(5) During the reporting period (11-23 May 2020), UNAMA attributed no incidents affecting healthcare to international military forces.

Endnotes:

Revisions:

This article was last updated on 21 Jun 2020

ecoi.net summary:

Article on the slight impact the COVID-19 pandemic on the frequency of Taliban attacks

Country:
Afghanistan

Sources:
Kazemi, S. Reza; Muzhary, Fazl, Rahman (Author), published by AAN – Afghanistan Analysts Network

Original link:
https://www.afghanistan-analysts.org/en/reports/war-and-peace/covid-19-in-afghanistan-4-a-precarious-interplay-between-war-and-epidemic/

Document type:
Special or Analytical Report

Language:
English

Published:
19 June 2020

Document ID:
2032821

Austrian Red Cross
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ecoi.net is run by the Austrian Red Cross (department ACCORD) in cooperation with Informationsverbund Asyl & Migration. ecoi.net is funded by the Asylum, Migration and Integration Fund, the Austrian Ministry of the Interior and Caritas Austria. ecoi.net is supported by ECRE & UNHCR.