AFGHANISTAN GETS READY FOR WINTER

WHO to provide supplies to 800,000 Afghans

Winter in Afghanistan is often harsh, and heavy snows, especially in mountainous regions, can have devastating repercussions for isolated populations.

In collaboration with the Afghan Ministry of Public Health (MoPH), WHO has identified areas where large populations are likely to be denied access to health services this winter and where NGOs are not currently working. These include mainly the northern, western and central areas of Afghanistan.

The major health risk faced by the Afghan population during winter months is acute respiratory infections. WHO has carried out a survey to identify the existence of MoPH health facilities in remote areas. In those regions where a functional health facility, WHO will provide new emergency health kits. Each kit will ensure 10,000 people have access to medical supplies for three months.

In those parts of the country where there are no health facilities, the community will supply a building, MoPH will ensure the presence of qualified staff and WHO will pay incentives, provide supplies and give in-service training courses to the MoPH staff.

"This is a temporary humanitarian measure," said Dr. Anne Ancia, Emergency and Humanitarian Action Coordinator. "We must save lives now while the process of reconstruction of the health sector continues," she added.

The World Health Organization is based in Kabul has eight sub-offices throughout Afghanistan, employing more than 250 national and international staff.
ACUTE WATERY DIARRHOEA OUTBREAK IN KABUL CONTROLLED

Early efforts by WHO, MoPH and partners prevent spread of diarrhoea and cholera

The usual summer outbreak of diarrheal disease in Afghanistan threatened to be particularly high this year because of the large number of population movements, and an increased population burden on limited water and sanitation resources. But early efforts by the Afghan Ministry of Public Health (MoPH) and its partners, including the Communicable Disease department of the WHO, helped control the spread of diarrheal diseases. In addition, although there were sporadic cases of cholera reported in the country, there was no major outbreak as had been the case in previous years.

For example, a disease sentinel site network by WHO and MoPH for Kabul district was established.

The epidemic curve reached its peak in week 34 (from 18 - 24 August) at 6,088 cases. Most of the 47 deaths were in children under the age of five.

Another important aspect of WHO's diarrhoeal control effort focused on chlorination of wells in Kabul. Four rounds of chlorination of wells were organized. Each round was preceded by a one week house-to-house hygiene education campaign, followed by two to three weeks of chlorination. The fourth round included extra messages on the prevention of acute infections in preparation for the winter months. In total, 214 hygiene education meetings were organized to sensitize the population and 20,000 wells were chlorinated for the benefit of nearly 300,000 people in all of 16 sub-districts of Kabul city.

In addition, on-going task forces for cholera and diarrhoeal disease were also organized in Kabul and five other major towns of Afghanistan. A weekly coordination meeting began in mid-July in Kabul, covering all managerial aspects of diarrhoeal disease control, through the sharing of updated information from sentinel surveillance sites, and the chlorination and hygiene education teams.

HIV CONTROL STRATEGY FOR AFGHANISTAN

WHO and partner agencies develop HIV control strategy for Afghanistan.

Although the number of HIV/AIDS cases in Afghanistan is believed to be very low, the Afghan Ministry of Health (MoPH) is working with its partners in the health sector to develop a multi-sectoral approach to controlling the spread of the disease. Afghanistan has several risk factors that could lead to a rapid increase in the number of HIV cases in the country. These include an unspecified number of intravenous drug users, and poor or non-existent blood security. At the same time, very little is known about sexual practices, including commercial sex workers or homosexuality, two other major sources of HIV infection.
RESTORATION PROCESS FOR LAB SERVICES BEGIN

Like so many health care services in the country, laboratory services in Afghanistan are in ruins. WHO is now restoring and rebuilding the country's laboratory services in an attempt to ensure safe blood, effective diagnosis and exact testing are available for the Afghan population. WHO has hired two specialists in laboratory practice and blood banking - Dr. Mircea Popa and Dr. Knaasen Engbaek - to design a plan of action.

The WHO strategy is multi-faceted. Existing laboratories will be repaired, new labs established, activities of labs adapted to actual needs, and technicians will be trained in theory and lab practice. In addition, the plan calls for peripheral labs to maintain a steady supply of reagents and ensure safe storage of purchased chemicals, media and reagents.

Quality control and quality assurance will be established to ensure a high standard of work. In addition, lab and personnel safety measures will also be implemented.

Besides technical support, WHO is focusing on a community-oriented approach to blood supplies and lab work. For example, WHO maintains that the community must be educated about the need of blood for treatment and that people must be motivated to become regular voluntary donors to help others. Microbiology service must be provided in response to the high prevalence and increasing incidence of infectious diseases and the rapid rate at which bacterial pathogens become resistant to commonly available and affordable antibiotics. To meet these needs, WHO is sponsoring a training programme for lab technicians in medical microbiology in the Central Laboratory that will continue throughout the coming months.
Malaria on the increase in Afghanistan

Drug efficacy studies underway

Crumbling infrastructure, poor access to health care, a breakdown in the national malaria programme, the spread of drug resistance and a vulnerable mobile population all contribute to an increasingly disturbing picture: the annual number of malaria cases is rising in Afghanistan.

Malaria already affects three to four million Afghans in the country, but with proper measures put in place, the disease can be effectively controlled.

WHO is working with the Ministry of Public Health (MoPH) and NGOs such as HealthNet International, Merlin and Hope Worldwide to gather essential data to design, plan and target interventions that can have a genuine impact on malaria.

First, two anti-malarial drug efficacy studies are underway. Chloroquine has long been used as the first line treatment of malaria in Afghanistan, despite the increasing likelihood of widespread P falciparum resistance. This potentially lethal form of malaria is on the rise. If the studies confirm chloroquine resistance, then the data will be used to inform the development of new effective treatment protocols for Afghanistan.

The second significant intervention is a nation-wide malaria prevalence survey during the peak falciparum transmission season. This is the first time that the security situation has allowed the inclusion of all areas of Afghanistan. Factors such as age, altitude and the presence of anaemia will be examined, along with looking at just how common falciparum malaria is around the country.

Once this information is available, WHO's Roll Back Malaria partnership can better plan to work together in ways that are effective in decreasing the burden of malaria in Afghanistan.
TACKLING MENTAL HEALTH DISORDERS THROUGH CAPACITY BUILDING

Primary Health Care Practitioners trained in detection and treatment

It is impossible to estimate the number of Afghans who are suffering from the mental health repercussions of two decades of strife, deprivation and lack of access to adequate psychological and psychiatric treatment.

Afghan women are particularly affected by mental health problems. Depression and anxiety disorders are common as are postpartum mental disorders which may lead to the neglect of the newborn. Other specific problems include premenstrual dysorphic disorder and psychological problems during menopause. Domestic violence also contributes to the poor mental health status of women. Other vulnerable groups in Afghanistan include children and returnees.

With these factors in mind, WHO held an intensive three-week training course at the end of August for fifteen primary health physicians from various regions throughout the country.

Although many Afghans affected by a mental disorder will initially approach a mullah for treatment, most of the mental health disorders in Afghanistan are likely to be first detected by primary health professionals. Properly trained psychiatrists are rare in Afghanistan.

The focus of the course, designed and facilitated by WHO's mental health officer, Dr. Mohamad Sayed Azimi, was to improve knowledge and skills of participants on common mental health problems encountered in the primary health setting. These include different types of depressions, and anxiety disorders but also severe cases of mental disorders such as schizophrenia among adults. Other problems include physical complaints with psychological origin.

It is not only the vulnerable affected by mental health problems. "The mainstream population needs to focus on stress management and the expression of anger through normal ways to reduce aggressive behavior and violence," said Dr. Azimi.

This training course is a first step in a WHO five year strategy to ensure better detection and treatment of mental health problems for all Afghans.

Dr. Mohamad Sayed Azimi

MOPH COMMUNICATIONS CAPACITY ENHANCED THROUGHOUT AFGHANISTAN

WHO has provided seven technical sets to the Ministry of Public Health to facilitate voice and data communication between regional offices and the central office in Kabul.

These sets are composed of HF (high frequency) radios with computer, printer, and modem. MoPH offices in Herat, Kabul and Mazar are the first to receive the sets to be followed by Kandahar, Kunduz, Jalalabad and Gerdez. Previously there was no communication capacity between MoPH sub-offices, hampering its ability to respond to emergencies and to coordinate work. WHO also plans to provide the Ministry with telephone and local area network infrastructure.

WORLD HEALTH ORGANIZATION AFGHANISTAN BULLETIN
WHO & UNICEF LAUNCH WOMEN’S HEALTH RADIO PROGRAMME

Two thousand Afghan women’s groups supplied with radios

In a crowded room on the ground floor of Radio Afghanistan in Kabul, twenty women listen to a young woman journalist ask a health specialist questions about family planning. When the interview is finished, Marion Canuti, a journalism trainer from the NGO Made in Action International, challenges the women to critique the session.

Interviewing skills will prove to be essential when production begins on a new women’s health radio programme on Radio Afghanistan. The project is jointly supported by WHO and UNICEF, with the participation of Habitat, the Afghan Ministry of Public Health, the Afghan Ministry of Women’s Affairs and the BBC. The twice weekly radio programmes in both Dari and Pashtu aim to inform women about salient health issues. Over 2,000 women’s groups will meet regularly to listen to the programmes, discuss the content and provide regular feedback to programme producers. In addition, a Baygen wind-up radio will be provided to each of the women’s groups to ensure access to radio listening.

“The content of the radio programmes will be designed through audience participation, thus enhancing the likelihood that the messages will have the intended positive impact on the knowledge, attitudes and behaviour of Afghan families,” said Loretta Hieber Girardet, WHO Information Officer.

Two months of extensive training are proceeding the broadcast of the first programme on Radio Afghanistan, scheduled for late Fall. The training encompasses two weeks of basic journalism skills, two weeks of health education, and a month of technical training. Two thousand facilitators are being trained by Habitat. WHO has supplied the technical equipment for the project, which includes the full equipping of the educational unit of Radio Afghanistan with computer-based digital radio broadcast material.

WOMEN ARE THE FOCUS OF BDN PROJECTS IN GHAZNI

The road to the remote village of Rabat twists like a snake through the dusty, parched hills of Ghazni province. Rabat is one of six villages in Ghazni chosen by WHO to take part in a BDN project promoting basic income generation. BDN stands for Basic Development Needs, and the project is designed to provide income generation as a means of ensuring developmental growth, particularly in times of economic hardship.

Rabat is like many villages in Ghazni that has fallen victim to the relentless drought that has contributed to the collapse of Afghanistan’s economy. At one time, the men of Rabat were proud of the apricots and other fruits harvested in their village. Today, the earth is sandy and the last significant rainfall dates back two years earlier. Income levels have dropped 80%. Villagers can barely scrape together enough money to dig communal wells in search of sufficient water to provide meager irrigation to the few trees still producing fruit.
To help tackle the economic shortfall, WHO is offering twelve families in Rabat a means of earning alternative income. Village women are taught how to design and weave carpets that are then exported to Pakistan. The money for the raw materials, thread, weaving, etc., is loaned to the family. It is expected to be paid back within an agreed upon amount of time. The total RBN package costs just $15,000 per village but this sum will provide the basis for a cocoon families to generate enough income to last for several years. Part of the profit made from the sale of the first carpet will be used to pay back an initial installment of the BN loan, while the rest is used to pay for more raw materials.

Another component of BDN projects involves literacy classes for women. Careful negotiation between WHO and village leaders contributed to a better understanding of the need for women to be literate as a way of improving the community’s economic future.

One of the criteria WHO used to choose villages to become BDN projects is the community’s willingness to educate girls. But this is not always easy. Although 300 girls attend classes in Rabat, they are crammed into a mosque where they learn mostly about the Koran. Village leaders say they are afraid to allow girls to use the schoolhouse, even in the afternoons when boys have finished with their classes.

Income-generation projects, female literacy and enhanced educational opportunities for girls form the cornerstone of these low-cost interventions. But underlying WHO’s economic support is a broader reality: better health for Afghanistan begins at the community level and by supporting women and their families, the health of the entire community will be improved.

AFGHANISTAN CLOSE TO STOPPING POLIO VIRUS SPREAD

Full rounds of NIDS crucial for eradication process.

Two Full rounds of nationwide immunization days were implemented in September and October and initial reports show high coverage throughout the country. Special emphasis has been placed on bordering areas between Pakistan and Afghanistan in an effort to reach mobile populations. Afghanistan faces a particular challenge in its eradication process because of the high number of internally displaced people, and the return of hundreds of thousands of refugees from neighboring countries in the past several months.

Despite two decades of war and deprivation, Afghanistan is nearing one of its first victories in the health sector. If current trends continue, Afghanistan will reach its goal of stopping the spread of the wild poliovirus by the end of this year. There are now only eleven active cases of polio in Afghanistan, including one case of wild poliovirus type II that has been detected in Kabul. After 2 years of no wild virus in the region.

As in earlier rounds of 2002 NIDS, more than 60,000 volunteer vaccinators, mobilized by the WHO and assisted by UNICEF with the help of communities and local leaders, carried out door-to-door vaccination. In Kabul, 70% of newly trained vaccinators were women. During each round, more than six million Afghan children under the age of five received two drops of the polio vaccine.

Throughout Afghanistan, social mobilization has been greatly enhanced by the support of the Afghan government and local officials. Afghan President Hamid Karzai has publicly vaccinated children and recorded radio messages urging full participation. In Herat, the regional governor, Ishmael Khan, has worked closely with WHO-Herat’s sub-office, offering great support for the eradication efforts in the Western region.

Afghanistan is one of ten countries in the world that is still polio-endemic. However, since the first National Immunization Day conducted in 1994, the number of polio cases in Afghanistan has drastically reduced. In order for country to be considered polio-free, there must be no new reported cases for two years.
WHO and Training: Building capacity for Afghanistan's future

Capacity building in Afghanistan's health sector is a key priority for WHO and this commitment is reflected by the dozens of training courses WHO has sponsored since the beginning of the year. Under the leadership of Dr. Bashir Noormal, WHO's Human Resource Development and Training unit has served an active role in defining and recommending the training required to jump start the process of building a functional health care system in Afghanistan. According to Dr. Noormal, "WHO believes that capacity building is the corner stone of establishing a health care system that really provides the services Afghans require."

WHO's training unit regularly actively participates in taskforce meetings in the Ministry of Public Health (MoPH) to develop training programmes for the health sector. WHO also works in active collaboration with the MoPH and related NGOs to define the roles and responsibility of Community Health Workers and design a training curriculum suited to their needs. Another essential component of the work entails selecting and sponsoring Fellowships for national Afghan medical personnel.

### 2002 Training

| Workshop on operational framework of MoPH & redefining departmental roles & responsibilities | 3-6 Feb 2002 |
| Preplanning management course for provincial health directors & directors of MoPH-Central Department | 10-15 Feb 2002 |
| Planning Workshop of MoPH with participation of MoPH, UN agencies and NGOs involved in health sector | 16-19 Feb 2002 |
| TOT on clinical management of severe malnutrition | 8-12 June |
| Training course on clinical management of severe malnutrition | 13-19 June |
| TOT on PHC, principles, components & management | 2-12 June |
| Training course on PHC, principles, components & management | June - July |
| Training course on PHC, principles, components & management for MOH Health | Sept - Oct |
| Training course on PHC, principles, components & management for MOH Health | October |
| Community based healthcare workshop | 23-25 Sept |
| Policy and strategy development workshop | 25-26 Aug, 12 Sept |
| National workshop on health information/registration | November |
| Workshop on curriculum design or intermediate medical education | December |
| Certificate course in district health practice | Nov - Dec |

### 2002 Fellowships

| 2nd International Training Course on rational use of drugs (Tehran) | 14-27 June |
| Course on surveillance of transmissible diseases (Basel, Switzerland) | 28 Aug - 10 Sept |
| Course on Epidemiology, Bacteriology and Surveillance at Aga Khan University (Karachi, Pakistan) | 1-31 Aug |
| Fellowships on Community Mental Health personnel (Iran) | |
| Training on promoting rational drug use in the community (Bangkok) | 3-18 Nov |
| PPH Study (Iran) | 9-21 Oct |
| Training Course on drug & therapeutic committees (Jordan) | 10-19 Dec |
| Quality assurance training course ( Cairo) | Oct |
| Inter-country training workshop on research methods for TR & other communicable diseases (Cairo) | 13-23 Oct |
| Advanced trauma life support (ATLS) training course (Cairo) | December |
| 3rd IDTTS expansion working group meeting (Canada) | 5-6 Oct |
| Consultation on integrated control strategies of tuberculosis (Khiva) | 1-4 Sept |
| Regional consultation on the framework convention on tobacco control (Bahrain) | 15-20 Sept |
| 49th Session of the regional committee for the Eastern Mediterranean (Cairo) | 30 Sept - 3 Oct |
| 3rd Global symposium of health and welfare system development in the 21st century (Japan) | |
| Congress on Anesthesiology and International Congress of Geographic Medicine (Iran) | 2-6 Oct |
| International Congress of Geographic Medicine (Iran) | 2-6 Oct |
| NTP Manager's Meeting (Damasus) | 15-17 Sept |

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