The children of Afghanistan became a “zone of peace” in November 1994, when hostilities were stopped for a week to allow an immunization campaign to go ahead.

In Afghanistan during the past 16 years of war, the process of development has been interrupted. The entire socioeconomic infrastructure has collapsed, and with it the health care system. Although most parts of Afghanistan are peaceful now (August 1996), except around Kabul, more than 16 million people are struggling to survive in an economy that has been shattered by years of prolonged war. Almost three million refugees have returned to try and cultivate their land but it has been sown with some 10 million mines. Another 3-4 million Afghan refugees remain outside the country and are unlikely to return while the basic infrastructure and services are still lacking.

Many hospitals and health centres have been damaged or destroyed. In Kabul, eight of the 14 hospitals are not functioning either because of structural damage or due to the lack of electricity, water, medical supplies and equipment. Many medical professionals and teachers have left the capital because their homes or workplaces are destroyed, or simply because they fear for their lives.

Strategic objectives

As part of a plan to rehabilitate and develop Afghanistan’s health services, the Ministry of Public Health and WHO are encouraging decentralization. The country has been divided into eight regions and responsibility for finances and management of health services has been delegated to the regional health authorities. WHO is encouraging district health services to promote better health and disease control. Discussions between WHO, other United Nations agencies and nongovernmental organizations have led to the formation of a regional primary health care network based on community participation and the local mobilization of resources.

WHO has set up eight sub-offices in different parts of Afghanistan. The main WHO office in Kabul has been moved temporarily to Jalalabad, and there is also a WHO Supporting Office in Islamabad, in neighbouring Pakistan. These moves seem to be the most logical, economical and practical way of maintaining a sustainable health delivery system.

There are three strategic objectives for the health system: the country’s ability to manage health services and train personnel needs to be strengthened; casualty and emergency services need to be expanded because of the large number of injuries from landmines and continued fighting; and communicable diseases (especially malaria, tuberculosis, leishmaniasis and diarrhoeal diseases) have to be kept under control. Safe water and sanitation are urgently needed, as are supplies of essential drugs, vaccines and basic equipment.

Landmines take a heavy toll of civilians, like this 12-year-old in one of the hospitals still functioning in Kabul.

Refrigerated vaccines were taken even to remote areas during the immunization campaign in Afghanistan.
Training and rehabilitation

WHO is assisting the country’s medical schools at Herat, Jalalabad, Kabul and Mazar. Fifth-year medical students from Herat, Jalalabad, Mazar and Peshawar whose education was interrupted by the outbreak of the fighting, have completed their final years in Jalalabad and are ready to take up their responsibilities in the regional health system. WHO supports health training institutions and in-service training courses in disease detection and control, health information, medical emergencies and the management of district health services. A special training programme, a certificate course on district health practice, a training workshop on curriculum development and a diploma course in mental health have been arranged for students from all parts of Afghanistan.

WHO is helping to rehabilitate the water supply system in the city of Kandahar in order to bring safe water to more than 250,000 people (20,000 families). The pumping station and water treatment laboratory have been restored, 97 kilometers of pipeline repaired, and pressure installed, thanks to funding from several United Nations agencies and the Qatar Charitable Society. This project symbolizes efforts to bring practical help to communities by promoting economic recovery in peaceful areas of Afghanistan. Safe water supplies are also being brought to Faizabad, Ghazni and Jalalabad.

Immunization of children is in great demand. Whether people live in the cities or in remote corners of the rugged countryside they still want their children to be immunized.

In 1994–95, a three-stage mass immunization campaign was carried out. In the first stage of the campaign, one million children were immunized in 120 districts. In view of the difficulties that had to be overcome at this stage, there were some concerns as to whether the personnel and the cold chain could be doubled in time for the second and third stages of the campaign which aimed to reach more than two million children in 220 districts. Through the united efforts of everybody involved, and with the help of some 13,000 health workers and volunteers, these goals were surpassed. Three thousand vaccination posts were set up throughout the country and more than 2.3 million Afghan children under the age of five and about 740,000 women of childbearing age were vaccinated during the second and third stages of the campaign. The mass immunization campaign is to be repeated in order to consolidate this achievement. The aim is to reach 265 districts, immunizing at least 90% of children under one year of age with one dose of measles vaccine, at least 80% with two doses of combined diphtheria/pertussis/tetanus vaccine, and providing tetanus toxoid immunization to all women of childbearing age.

The vaccinations took place in a very difficult environment but the children of Afghanistan became a “zone of peace” in November 1994 when hostilities were stopped for a week to allow the immunization campaign to go ahead. Roads were opened for medical supplies and equipment, and millions of mothers and children were able to travel safely to the vaccination posts. The following year the “health ceasefire” as it was called lasted for two months. WHO believes that using health as a justification for a temporary ceasefire may eventually lead to a lasting peace. We are only too well aware of the scarce resources available to the health services in Afghanistan, which at present are in total disarray. Yet ways must be found to meet the health needs of the Afghan people in an equitable manner that will reduce disease and minimize the devastating effects of armed conflict on the country’s socioeconomic recovery.

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