

**KEY UPDATES:**

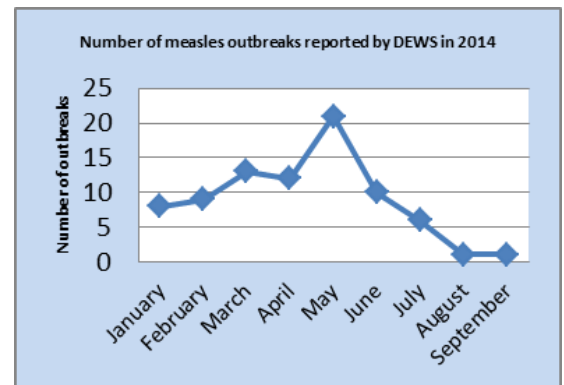
- ◆ Emergency healthcare services for refugees from Pakistan’s North Waziristan Agency (NWA) by Healthnet TPO and International Medical Corps (IMC) in Khost and Paktika continue: 23,828 patients were treated by mobile and static clinics in both provinces, including 14 deliveries and 6,704 routine vaccinations
- ◆ Conflict between Afghan National Security Forces (ANSF) and anti-government elements (AGE) escalated in Ghazni province, resulting in 568 injuries and six deaths during September (according to provincial hospital records)
- ◆ From May 2013 to July 2014, 22,129 injuries were treated and 3,386 surgeries were performed under an ECHO-funded emergency trauma care project in Helmand
- ◆ Measles outbreaks continue to be a major concern for under-5 morbidity and mortality in Afghanistan. 83 measles outbreaks have been reported by the Disease Early Warning System (DEWS) during the first nine months of 2014. A reactive vaccination campaign conducted by the Ministry of Public Health (MoPH), with technical and financial support from WHO and logistics support from UNICEF in July 2014 targeted 571,560 children in high-risk districts of high-risk provinces. The campaign had a positive effect on the measles outbreak trend (see Graph 1)

**PROGRAMME ACTIVITIES AND ACHIEVEMENTS:**

- ◆ WHO supported a training organized by Norplan on water testing in the field and the use of simple analytical kits for 25 participants from Kabul University, Ministry of Rural Rehabilitation and Development (MRRD) and DACAAR, among others
- ◆ The National Disaster Management Plan was finalized at an event held at the Kabul Serena hotel on 23 September — among the Plan’s key components are changes in policy and legislation, the development and operationalization of a disaster coordination and command system as well as an information management system
- ◆ Supplies for treating conflict-related injuries were provided to the Ghazni Provincial hospital: one interagency emergency kit to treat 10,000 people for three months, together with five interagency basic units to treat 5,000 people for three months were supplied
- ◆ A Mass Casualty Management Plan was finalized by provincial authorities in 11 high-risk provinces
- ◆ WHO and EMERGENCY Hospital conducted the seventh batch of training on trauma care for 23 surgeons from nine provinces in September — to date, 57 surgeons have been trained under the programme



Frederic Patigny from WHO runs a training session on bacteriological testing of water in the field



Graph 1: Number of reported measles outbreaks in 2014



IMC delivers outreach health services to NWA refugees in Paktika's Urgun district

### MAJOR PUBLIC HEALTH RISKS:

- ◆ Escalating conflict between ANSF and AGE continues to be a burden for the health system in Afghanistan
- ◆ Pertussis outbreaks are increasing: 14 outbreaks reported already in 2014, compared to eight in 2013
- ◆ Routine vaccination coverage for penta vaccine continues to be low, leading to increased pertussis outbreaks. It is not possible to carry out reactive vaccination campaigns for pertussis; therefore strengthening routine vaccination programs in each district of each province is vital
- ◆ Outbreaks of the Crimean-Congo haemorrhagic fever (CCHF) continue to be a threat to the western, eastern and southern regions of Afghanistan, potentially leading to serious harm for people and the economy since many rely on industries related to livestock. The virus is primarily transmitted to people from livestock animals: human-to-human transmission can occur resulting from close contact with the blood, secretions, organs or other bodily fluids of infected persons

**In Afghanistan only 51% of children aged 12-23 months were estimated to be fully vaccinated (NICS Afghanistan 2013)**

### KEY MESSAGES:

- ◆ Strengthening routine vaccination activities in each district is an effective strategy for improving overall vaccination coverage in Afghanistan and saving children's lives – reactive vaccination campaigns are not always possible
- ◆ Efficient planning and strengthened capacity in emergency preparedness will reduce the burden faced by Afghans and the country's health system

**An integrated program for CCHF prevention and control is vital for reducing the economic and health impacts of the disease**



Investigation of a CCHF case in the regional hospital in Herat province



Field investigation of a CCHF case in Pashtan village in Herat's Karukh district in September



The National Disaster Management Plan was finalized in September at an event in Kabul under the leadership of Deputy Minister of Public Health Dr Najia Tariq