

 **Emergency Humanitarian Action** **KEY UPDATES:**

- ◆ As the number of Afghans returning from Pakistan increases, health services are overstretched and the risk of vaccine-preventable diseases such as polio, pertussis and measles increases
- ◆ WHO is stepping up support for returnees from Pakistan by increasing the number of vaccination teams and strengthening existing health facilities
- ◆ Armed conflict in Kunduz erupted on 3 October between anti-government elements and government forces, resulting in at least 799 wounded, seven deaths and over 65,000 displaced
- ◆ Twenty new [Crimean-Congo haemorrhagic fever](#) (CCHF) cases were reported in October and 50 in September —there have been 150 cases so far in 2016 with 18 deaths

 **PROGRAMME ACTIVITIES AND ACHIEVEMENTS:**

- ◆ WHO continues to support Kunduz Regional Hospital and its trauma care unit which provided trauma care for 375 outpatients, 70 inpatients and conducted 47 major surgeries in October—WHO provided essential medical and non-medical equipment and supplies and additional human resources to the hospital to support trauma care
- ◆ As part of winterization support, WHO distributed 199 pneumonia kits A&B to 98 high-risk districts in 24 provinces and prepositioned mass casualty management (MCM) supplies to 17 high-risk provincial hospitals and two district hospitals in Kabul to support the implementation of MCM plans developed earlier in 2016
- ◆ The Mohmandara comprehensive health centre (CHC) in Nangarhar, badly damaged in an earthquake in 2015, was renovated and re-opened with WHO support in October
- ◆ CCHF: Trainings conducted for 74 healthcare providers in high-risk areas; Herat Regional Hospital's isolation ward was supplied with drugs and infection prevention materials for case management
- ◆ WHO conducted a health facility assessment in Nangarhar province to assess the current status and gaps in health services due to the influx of returnees from Pakistan: in October, there was a 10% increase in OPD and IPD consultations due to returnees
- ◆ A Command and Control Centre at the Ministry of Public Health has been operationalized in Kabul with the support of WHO
- ◆ WHO conducted two batches of trauma care training for 41 surgeons from 16 provinces
- ◆ WHO conducted assessments of Rabia-Balkhi, Khair Khana and Malalai women's hospitals in Kabul to identify needs in WASH and environmental health to rehabilitate their water supply and medical waste management systems



A patient is treated at the Kunduz Regional Hospital as conflict erupted in October



WHO provided trauma and surgical kits to Kunduz to support trauma care



A practical exercise during a WHO-supported trauma training for surgeons



Inauguration of the Mohmandara CHC in Nangarhar

**Emergency Humanitarian Action**

**PUBLIC HEALTH RISKS AND CHALLENGES:**

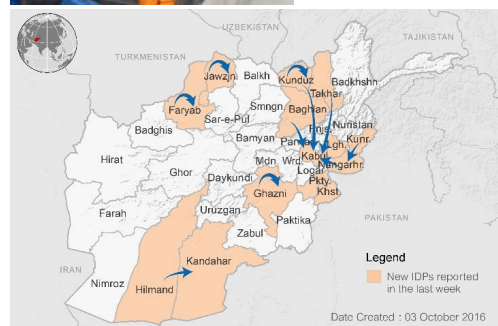
- ◆ The influx of a large number of returnees from Pakistan leads to health services being overburdened—the increasing risk of polio, measles and tuberculosis was evident in a rapid health facility assessment conducted in October 2016
- ◆ The mounting number of returnees also increases the need for reproductive and maternal health services as well as mental health and trauma care
- ◆ [Polio remains a risk](#) with 12 cases reported in 2016 in the east, south and south-east of the country—all children must be vaccinated during every single vaccination campaign.
- ◆ CCHF outbreaks reached a peak of 50 outbreaks during September, posing a public health threat and increasing the need for stronger preventive measures

**KEY MESSAGES:**

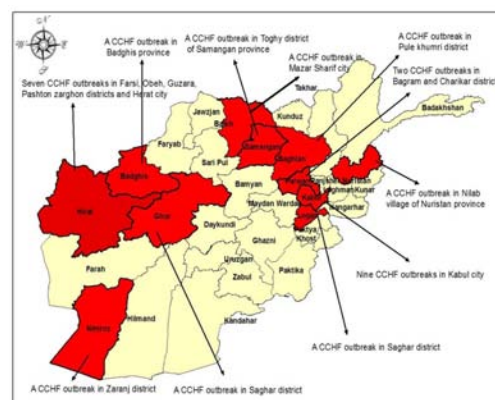
- ◆ The Health Cluster needs an additional 7 million USD to respond to increasing health needs caused by the accelerated return of Afghan refugees from Pakistan—[Humanitarian Flash Appeal](#)
- ◆ Vaccination at border areas and returnee/IDP concentrated areas must be enhanced to ensure all children are immunized
- ◆ Existing health services must be strengthened—there is a need for additional mobile health teams and more medical and non-medical supplies and staff (particularly women) at health facilities
- ◆ As CCHF poses an increasing risk, awareness and prevention measures must be stepped up



Afghan refugee boy at the Torkham border crossing in Nangarhar province received vaccinations from WHO-supported teams



**New IDPs' movement in the last week of September**



**The provinces reported with CCHF during week 38**



Healthcare providers during a WHO-supported WASH training in Kandahar

**Health Cluster Coordination:**

- ◆ Health Cluster provided analysis of key humanitarian health issues to the 2017 Humanitarian Needs Overview (HNO). It is estimated that a total 5.8 million people are in need of access to basic health care services in 95 high-risk districts not covered under the BPHS, impacted by low measles vaccine coverage and a high number of war-wounded registered at hospitals. The Health HNO will target 3.6 million people affected by emergencies due to conflict and natural disasters and common communicable disease outbreaks such as acute respiratory infections (ARI), pneumonia, acute watery diarrhoea, measles, pertussis, CCHF and rabies. The Health Cluster supported the development of a flash appeal and response plan for Afghan refugee returnees from Pakistan.

**Programme Update**  
**Emergency Humanitarian Action WHO Afghanistan**

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