

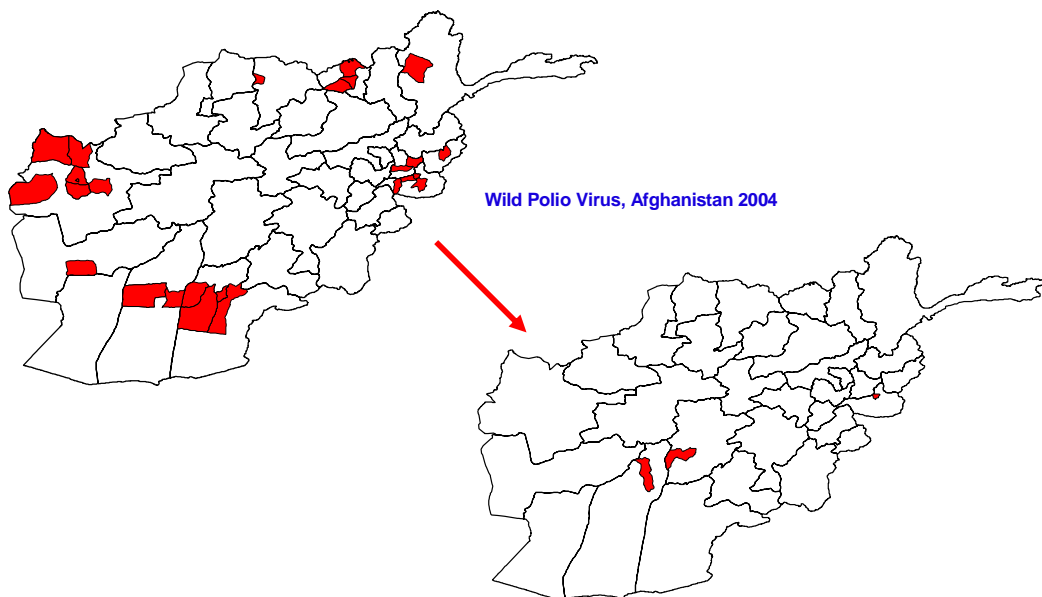
# WHO Afghanistan Activities

## Polio Eradication Initiative / Expanded Program on Immunization

Afghanistan is among the six remaining polio endemic countries in the world. In 1997, according to a study on locomotor disabilities in Afghanistan it was found that more children have been disabled by poliomyelitis than by landmines, among those <15 years old the leading cause of disability was poliomyelitis (4.8 per 1000).

A major breakthrough, is progress made in the battle against the crippling and disabling disease, with reduction from 100s cases few years back, to just three wild poliovirus cases in 2004 till date. This achievement has only been made by relentless efforts in upgrading the Acute Flaccid Paralysis (AFP) surveillance system in Afghanistan with more than 450 sentinel sites and about 4400 reporting points at village level all over the country. Thus making a root level structure of not only sentinel site surveillance but also community based reporting.

Wild Polio Virus, Afghanistan, 1997



In addition to this WHO has provided all technical support to Ministry of Health in mass vaccinating more than 6 million boys and girls of age less than 5 years, old 4-5 times every year with polio vaccine.

Nationwide measles campaigns were also organized by vaccinating more than 16 million children to address the largest contributor of mortality amongst the six vaccine preventable diseases in children under five years of age.

To reduce the maternal and infant mortality due to tetanus, 7.2 million women of child bearing age were vaccinated during 2003 and 850,000 during 2004.

Although Afghanistan has been in a state of complex emergency for over 20 years with destruction of all infrastructure, basic immunization services were maintained with the help of MoH, WHO, UNICEF and other partners.

Major achievements during 2003 were development of National EPI policy and establishment of 86 EPI fixed centers through out the country taking the total to 642.

During 2004, MoH along with WHO is committed to achieve and sustain an immunization coverage rate of at least 80% with DPT3, and improve 100% injection safety by end of this year. In addition establishing a reliable Adverse Events Following Immunization (AEFI) monitoring system for routine EPI.

### **Emergency Humanitarian Assistance Activities:**

In last 3 years WHO together with other partners of health sector had coordinated activities in emergency preparedness, response and development.

- EHA section had the following main joint activities with MoH and other health stakeholders in last 3 years:
- Outbreak investigation and response (Cholera, ARI, Pertussis, diphtheria, Anthrax)
- Prevention of Diarrheal diseases, Cholera (chlorination of the water sources and health education campaigns)
- Health and hygiene education campaigns (WHO, MoH, WFP and MoWA joint activity)
- ARI and CDD trainings (We trained around 1700 MoH staff and community representatives and religious leader for diarrheal diseases and ARI cases management and prevention in 2002, and reduced number in 2003.
- Response of earthquakes in 1998, 1999, and 2002.
- Reconstruction of earthquake affected health facilities in Baghlan.
- Distribution of emergency health supply (80 NHEK 2002 and 30 in 2003, 200 Pneumonia kits in 2003, and numbers of burn and trauma kits.
- Establishment of temporary static clinics in remote, isolated and inaccessible areas during winter. 67 clinics in 2003 and 13 clinics in 2003.
- Establishment of EPR section in MoH and improving the coordination mechanism at national and provincial level in emergency preparedness and response field (provincial emergency task forces..)
- Capacity building of MoH and WHO staff working in EPR/EHA.
- Conducting national EPR workshop
- Conducting national communicable diseases control workshop.
- Conducting national wide deworming campaign for school age children in 2004 (WHO, MoH, MoE and WFP joint activity).

Outbreak list for

Outbreak	Acute watery diarrhea/Cholera	Pertussis	Diphtheria	Anthrax	Scurvy
2002	70000 cases/15 cases of cholera	Badakhshan 115 cases			16 death cases and

	with 3 deaths in Balkh and Nangarhar	and 17 died cases			thousands of cases in Ghor
2003	41 cases of cholera in Kandahar	Badakhshan 235 cases and 31 deaths	Kandahar IDPs camp 83 probable cases with 3 deaths.	7 reported cases with 2 deaths in Jawzjan	

In addition EHA supported the outbreak investigation of numbers of reported rumors of outbreaks in last 3 years, Meningitis in, Viral hemorrhagic fever Influenza, Hepatitis, Measles and etc in different provinces of the country.

### **Primary Health Care (PHC)**

In Afghanistan the PHC is promoting functional integration of services and providing guidance in the delivery of Basic Services Package (BHSP)

The health sector in Afghanistan has benefited from large number of agencies involved in supporting mostly primary health care activities during the last two years. Even though the disparity between the rural and the urban did not change but significant support has gone to the rural districts over the last year.

In the secondary and tertiary care, the Ministry of Health has requested assistance to define a national policy on reclassification of these facilities while defining the type, standard equipment and staffing for each category. A working group was assigned to review the current situation of these facilities in order to propose recommendations for establishing a national policy. WHO has provided guiding materials on hospital management to the MOH to review and adopt to its local situation. The working group has so far defined a provincial hospital that serves up to 200,000 populations and national hospital, which services over 200,000 and specialized centers such as laboratory, blood bank, orthopaedic centre, neurology and others.

WHO will support the MOH by consolidating the National and Sub-national PHC leadership; establishing sustainable PHC model districts in 20 districts and increasing PHC services. Attempts will be made to improve and consolidate technical and managerial capacities of the national, provincial and district teams and increase programme delivery capacity of the health care delivery system in Afghanistan.

Sustainable district health care management system involving communities, government and NGOs will be established; National standard procedures will be laid down.

### **Basic Development Needs**

In Afghanistan, the BDN approach for sustainable community development was launched in 1996 through establishment of a model BDN area as the pilot phase.

During the 2002-2003 biennium, the BDN programme in Afghanistan reached six provinces of different socio-economic and geographical set up. The total number of population covered

by various types of socio-economic projects based on the BDN approach is above 100,000 people in around 21,000 families of 25 different communities. During the period, continuous support was provided to the BDN sites in Ghazni, Nangarhar, Badakhashan and Herat provinces and their management structures up to the community level. The existing activities were consolidated and more areas/districts were brought under the programme. Additionally, the programme was expanded to Kabul and Bamyan provinces by creating model BDN areas in each of the locations.

Significant success has been achieved in establishing link between the district BDN teams and basic health units providing PHC services. These links facilitated the training of TBAs and VHVs. The trained workers contributed towards the reduction of maternal mortality by improving the antenatal and delivery services. The immunization coverage of infants and women of childbearing age has also improved in a short period.

In the social services improvement, adult literacy and environmental sanitation are the two very visible features where the BDN contributed to a great extent.

In addition to the strong collaboration with line ministries, civil societies local cooperatives, more partnerships were made/fortified for the welfare of the people with UNDP, WFP, UNHCR, FAO, and UNICEF among the UN community as well as SCA, NAC, HRS and DACAAR within the non-governmental organizations.

The BDN will be expanded to a total of 10 provinces i.e. Ghazni, Nangarhar, Badakhashan, Herat, Kabul, Kandahar, Mazar, Kunduz and Nooristan

### ***District Team Problem Solving Approach***

District Team Problem-Solving (DTPS) is a process through which members of the District Health Management Teams assess the situation in the districts vis a vis health, identify and prioritize issues and plan and implement strategies to address the priority problems.

The Ministry of Health has planned to develop a nation Health Sector Plan by consolidating provincial plans that would be prepared at the respective provincial levels. The planning process is being held across the country through a collaborative effort of MoH, WHO, USAID/MSH-REACH, World Bank and EC. During the next 8 months planning workshops will be held in almost all of the provinces and these plans will then be consolidated into a national plan.

The MoH has agreed to adopt a strategy in which the provincial plans are being developed utilizing a modified version of the DTPS. The workshops at the provincial level will be held following the key DTPS principles and methodologies. The “Divided Planning Workshop” version of DTPS is being used for organizing the workshops.

WHO staff has been involved in the process from the beginning in the development and modification of the workshop guidelines and formats for use during the workshop as well as translation in Dari (local language). WHO staff has also facilitated the workshops in the pilot provinces i.e. Baghlan and Logar.

WHO has been asked by the MoH to continue providing technical and financial support in the process. As per the request from the MoH, WHO will be supporting organizing the

workshops in Parwan and Kapisa provinces. The workshops are planned for July 7 – 10 (Phase I) and July 24 – 28 (Phase II) in Kapisa and on July 17-19 (Phase I) and August 7-11 (Phase II) in Parwan.

## **TB CONTROL ACTIVITIES**

WHO AFG has been implementing the following TB Control activities:

- Procure and distribute anti- TB drugs, laboratory's and other supplies,
- Conduct trainings to health personnel on DOTS expansion at different levels of the PHC system
- Assist NTP at MOH on policy and technical issues,
- Coordinate among stakeholders
- Monitor and supervise program's activities,
- Promote and coordinate operational research on TB and DOTS, and
- Develop and disseminate health education and advocacy materials

### **Human resources development**

WHO is deeply involved in training of provincial and district level staff on DOTS. The training is conducted according to WHO modules, usually in the provincial or regional hospital, so as to assure the practical component of it. In the period under consideration, a total of 69 MDs, 76 nurses and 65 laboratory technicians have been trained or re-trained on DOTS countrywide.

WHO supported in March 2004 a national workshop aimed at revising the basic curriculum for all type of health staff, identifying appropriate learning materials and setting a schedule for the training of all cadres bound to get involved in TB control in Afghanistan.

WHO has also sponsored the participation of six NTP staff to international meetings and conferences.

### **Upgrading technical leadership**

WHO has provided 16 APW contract (Agreement on Performance of Work), to MoH staff in each region that were appointed in December 2002 as the Regional TB Coordinators and Deputy Regional TB Coordinators with the task of building domestic capacity of managing programme's activities, such as supervising the TB clinics, organizing and conducting training on DOTS for PHC staff, arranging review meetings, collecting data and reporting figures to the central level, attending ICC and technical meetings at national level, ordering and distributing TB drugs, reagents and other materials.

### **Laboratory network development**

In order to secure laboratory capacity WHO has purchased and distributed 100 microscopes, reagents and other materials (slides for microscopy, sputum containers and others). In the year of 2003 sixty- five laboratory specialists were trained on sputum smear microscopy.

### **Supervisory system development**

WHO is supporting the supervision of programme's activities by the RTCs and dRTC's by subsidizing rent of vehicles for supervision. Since March 2004, however, each region received a vehicle purchased for supervisory activities.

### **Logistics system development**

Following a revision of the National Guidelines on TB Control in Afghanistan, in September 2003 WHO, in agreement and on behalf of NTP, has procured a bulk supply of anti-TB medicines from the Global Drug Facility (GDF). The amount of drugs procured should cater for all of 2004 and at least half of 2005.

### **Health Education**

Initiatives aimed at sensitizing the population towards the social dimension of TB, its curability and the relevance of early detection and effective treatment have been undertaken in most regions on occasion of World TB Day 2004 (March 24). Mass gatherings, sports events, dramas, talks by prominent figures and former patients have taken place in various parts of Afghanistan under the coordination of WHO staff in sub-offices and regional TB coordinators. In Kabul, in particular, WHO has sponsored a ceremony at MoH and a football match between two squads wearing T-shirts sporting the Stop TB Logo. The local TV has broadcast both events.

### **Coordination**

WHO carries out regular ICC meetings at central level (Kabul) and review meetings at regional level. Both types of meetings occur, on average, on a quarterly basis.

The former ones are mainly dealing with broad policy issues, such as national guidelines, treatment protocol, organization of NTP and its placement within MoH, extension of partnership. The latter ones are instead opportunities to revise programme's activities and performance, find solutions to common problems, update staff from the health facilities about revision of guidelines and seek their participation to plan future activities (most notably, annual DOTS expansion plan).

### **Advocacy and Social mobilization**

For the second year on a line, WHO has assisted MoH and the Ministry of Telecommunications to produce a series of eight stamps portraying themes related to TB and its control in Afghanistan that were launched during the already mentioned ceremony at MoH on World TB Day 2003 and 2004. The stamps were put on sale at post offices throughout the country and, if fully sold, will generate, beside a desirable increased awareness about TB, an income for the Afghan government of approximately 170,000 US\$.

In addition, WHO awarded a contract to an NGO (GVC) for the production and dissemination countrywide of a movie featuring some of the obstacles opposing to universal access to cure for tuberculosis in Afghanistan, most notably stigma and lack of awareness.

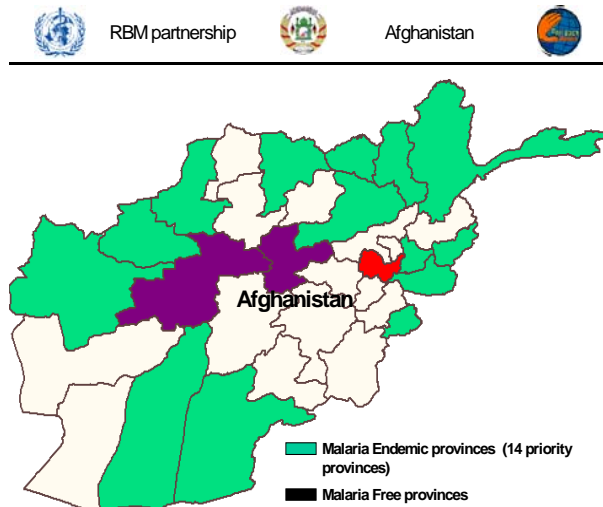
### **Operational research**

It is a well-defined fact that the vast majority (65%) of registered TB patients in Afghanistan are women in their reproductive years (15-45). In order to explore the possible causes of this unusual pattern (in most other countries of the world males patients outnumber women), WHO funded an operational research on TB and gender, whose field phase took place between August and October 2003.

In addition, WHO supported the research on "Private providers quality for tuberculosis patients and interventions for better TB Control In Kabul, AFG" which is on going.

## **Roll Back Malaria in Afghanistan**

In Afghanistan, 14 out of total 32 provinces harbor more than 95% of the malaria burden with estimated 3 million malaria cases occur nationwide every year. The data demonstrates that only 20% of them have access to effective diagnosis and treatment.



WHO and along with other partners have provided about 530,000 impregnated bed nets in malaria endemic areas providing protection to more than 1 million children in 2003.

In 2003 a two-speed approach is being taken:

- To meet the immediate needs of malaria affected populations in targeted provinces.
- To start building effective, integrated and decentralized malaria control program, so that high quality curative and preventive services are delivered through the primary health care system.

### **Achievements during 2003**

#### **Technical support to MOH**

The ministry of health, with technical assistance from WHO and other RBM partners, has approved and disseminated to all healthcare providers 4 national documents (strategies and guidelines) developed during the second half of 2003:

- The Malaria Treatment Protocol for Afghanistan.
- The guidelines on Malaria Outbreak Preparedness and Response.
- The National Insecticide-Treated Nets (ITNs) Strategy for Afghanistan.
- A social Mobilization Strategy based on communication-for- Behavioural-Impact (COMBI) approach aiming at scaling-up the usage of ITNs and improving malaria treatment seeking behaviours.

2004 will be the starting year for utilizing these documents nationwide.

A pilot study (HNI, WHO, MOH and UNICEF) was conducted to establish the effectiveness of interventions for the control of malaria in pregnancy, delivered through the routine health system in Afghanistan

4 sentinel sites were established to monitor the therapeutic efficacy of antimalarial drugs. Two sites have succeeded to complete studies on AQ, SP as mono-therapy addition to AQ+SP as combination therapy (results to be published soon).

Inclusion of malaria indicators in the Procedures Manual of Health Management Information System (HMIS) to monitor the progress in the BPHS. A national taskforce is to workout evaluation mechanisms

A national vector borne diseases (namely malaria and leishmaniasis) taskforce was established under the national communicable diseases working group. Similar taskforces were established at the provincial level.

A national steering committee comprised of MOH, WHO, UNICEF, HNI, PSI and USAID was formed to oversee ITNs issues.

Production of 20 minutes film on the beneficial use of ITNs during pregnancy produced for mobile cinema caravans that cover 160 malarious villages.

Submission of proposals for funding to donor agencies (USAID & GF)

### **Support the newly established malaria/leishmania control structures**

Eight regional malaria reference centers were functionally rehabilitated (physical construction, provision of equipment, furniture and water and electricity utilities) through USAID funds.

To enable the 14 provincial directorates and the malaria institute to properly monitor and supervise field activities, deliver the supplies, investigate and promptly respond to emergencies, each directorate was provided with the following:

Transportation means: one car, 2 motorbikes, 20 bicycles from Qatar Charitable Society.  
Funds and additional incentive support (APWs) for one year from USAID funds.

### **Capacity building program**

1. Through USAID funds, the capacity building for the malaria cadres included:
2. Two-month fellowship course specially tailored for the 12 provincial directors on "malaria control program management" in the WHO regional training centre, Bandar Abbas, Iran.
3. One-month course for 6 staff from the malaria institute on epidemiology, biostatistics and surveillance in Agha Khan University, Karachi, Pakistan.

4. Training of master trainers (TOTs) on the management of severe malaria for 36 doctors from medical colleges and senior physicians (trained by a WHO visiting consultant, Prof. Gilles).
5. The first phase of TOTs for 13 laboratory technicians who were also trained on conducting antimalarial therapeutic efficacy studies (trained by a WHO visiting consultant, Prof. Natiqpour)
6. A Communication-For- Behavioural-Impact (COMBI) training workshop for 6 nationals (social mobilization plan for the usage of ITNs) in WMC, Tunisia.
7. Translation and printing of standardized training materials on different aspects of malaria control program in two local languages.
8. Yearly national training activities (workshops and refresher training courses) for 166 doctors, 43 microscopists and 140 CHWs.
9. Distribution of 103,221 and re-treatment of 42,154 conventional nets (HNI), 25,000 permanent (IMC and Malteser), 15,000 Olysets (WHO)
10. Developments of a COMBI plan for scaling-up the usage of ITNs in the northeastern provinces of Kunduz and Takhar.

### **Improving service delivery**

Procurement and distribution of additional materials including essential antimalarial drugs to enhance the implementation of the newly developed treatment protocol (artesunate tablets); amodiaquine tablets for efficacy field testing in 4 sentinel sites; rapid diagnostic tests for outbreak investigation; microscopes, reagents, laboratory consumables, and furniture for functional rehabilitation of 14 malaria reference centers (MRCs); 4 computers (1 each for epidemiology dept. IMPD, Taloqan, Kandahar, and Badghis MRCs).

A multipartite community based malaria control project continued for the 6<sup>th</sup> year. It included:

- Health Education
- Bed net re impregnation Campaign
- Chador Impregnation
- Larviciding
- Female awareness and School health program
- Targeted implementation of highly subsidized nets.
- Cattle Sponging
- Swamp and ponds drainage program

### **Inter country and regional meetings:**

Afghanistan participated in the Inter-country Workshop on Developing a Regional Strategy for Integrated Vector Management for Malaria and Other Vector-Borne Diseases Khartoum, Sudan 21- 23 January 2003.

Afghanistan has also participated in the third Inter-country Meeting of National Program Managers Lahore, Pakistan 12-15 May 2003.

A country team led by the president of the Institute of Malaria and Parasitic Diseases (IMPD) attended a malaria border meeting between Afghanistan, Pakistan and Iran (20-22 July 2003 in Zahedan, Iran).

A senior MOH staff participated in the sub-regional workshop on the reduction /elimination and management of pesticides in the context of the Stockholm Convention on persistent Organic Pollutants and related activities of WHO, 6-9 October 2003, Tunis, Tunisia.

The president of the institute of Malaria and Parasitic Diseases attended an Inter-country workshop on scaling-up ITNs implementation for the control of malaria and other vector-borne diseases in countries of EMR, Abha, Saudi Arabia, 18-20 October 2003.

## **Reproductive Health**

WHO works in close collaboration with its counterpart in MOH, UNICEF and UNFPA in the overall sector of reproductive health. In collaboration and coordination with UNICEF, UNFPA and other partners, WHO provides technical and policy support to the MOH including establishment of norms and standards and adaptation of standard tools for maternal and newborn health care.

### **Activities/Achievements**

1. WHO assisted the MOH in drafting the reproductive health policy.
2. Mother-Baby Package was introduced to all the stakeholders through a workshop as a tool to guide actions and interventions in the field of maternal and neonatal health.
3. Arranged for the translation into Dari and distributed WHO publication “Management of Complications in Pregnancy and Childbirth” for use as reference material in training on Emergency Obstetric Care as well as for training of midwives/community midwives in Institute of Health Sciences.
4. Reprinted the translated WHO publications and guidelines on MCH including the health education materials and distributed to MOH and partner agencies including NGOs as well as to different regions of Afghanistan.
5. Carried out a study on TBAs’ role in maternal health in Afghanistan in 2003. The purpose of the study was to determine the role of TBAs in improving maternal health in Afghanistan and to assist in addressing future strategies aimed at phasing out of the services of TBAs in favour of skilled trained health personnel. The study was carried out in 2400 villages covering all 32 provinces of Afghanistan
6. WHO trained in 2003 female midwives and doctors from five regions as Master trainers for TBA training. These Master trainers trained trainers who in turn trained TBAs. TBA kits and training materials were provided.
7. Provided technical input into the Movie made under Educational Mobile Cinema project focusing on the danger signs during pregnancy, delivery and after delivery. WHO has contributed financially towards this project.
8. Conducted WHO/MOH national workshop from 14 to 16 April 2003 in Kabul to design maternal care protocols.
9. The Antenatal, Postnatal care and Newborn Care working groups under Reproductive Health Task Force was launched in April 2003 and were led by WHO. The Antenatal care, Postnatal care and Newborn care service delivery guidelines have been finalized in early 2004. These guidelines have been endorsed by the MOH.

10. WHO plans to train 50 community midwives in two provinces of Afghanistan, Bamyan and Badakhshan. This community midwifery education program is being implemented in partnership with USAID/REACH and AKDN.
11. WHO, in collaboration with UNFPA, plans to support the MOH for an assessment of family planning programme development requirements using “WHO Strategic Approach to Improving the Quality of Care of Reproductive Health Services” as a model. The planning process has started and the assessment will be carried out in September and October 2004.

## **Mental Health**

It is estimated that 20-30% of population suffer from mental disorder in Afghanistan, along with that there are some 30-40% facing psychosocial problems interfering in their daily routines which could lead to serious mental disorders in the future. Mental Health situation in Afghanistan seems declining due to unavailability of services in different regions since there is no functional unit in MOH to acknowledge current problems of mental health at national level. The existing facilities offering mental health services are about half in the capital.

WHO has been supporting mental health services in the country for years with the following objectives:

- Strengthening families towards the care of the persons suffering from the consequences of war and with mental disorders
- Organize mental health initiatives to support individuals and families with special focus on immediate delivery of the most essential services to the ones with greatest needs
- Support through mental health initiative rebuilding of social cohesion, community development and the rights of the persons with mental disorders.

### **Some of the main planned activities are:**

- Provision of administrative support for existing facilities and making them functional,
- To train mental health staff on Community Mental Health through fellowships, national training activities.
- Initiate Community Mental Health services,
- Provision of essential medicine,
- Involvement of community and religious leaders in mental health activities, Conduct training for PHC Doctors,

### **Expected results are as follow:**

- Improved mental health services at different levels will reduce morbidity of psychological disorders,
- Access to mental health services and psychiatry bed for admission increases,
- Mental Health services will be offered at community level,
- Reduced morbidity of psychological disorders ensure better interpersonal performance for patients in community,
- Availability of neuropsychiatry drugs will improve attendance in health facilities,

- Availability of services at different levels will reduce expenses and saves time,
- unnecessary treatments and investigations prevented
- Greater awareness on mental health will be achieved to treat and prevent psychological disorders,
- Community participation and support for patients and their families ensures better care.

**Some of the achievements are:**

***1. Community Mental Health Centers:***

Four centers established in Kabul city to offer services through consultations in clinics and community/home visits in Khair Khana, Central Polyclinic, Rahman Mina and Arzan Qeemat.

***2. Integration of Mental Health into PHC:***

A strategy paper was developed to integrate mental health service onto primary care services in a three phase initiative. First phase is already started.

***3. Basic Package Of Health Services:***

Mental Health component of BPHS was thoroughly revised and new suggestions were proposed to the BPHS Core Group Review with emphasis on putting mental health in second tier.

***4. Mental Health Supply:***

Essential psychotherapeutic medicine for mental health centers in regions and Kabul was procured.

***5. Training of PHC Doctors:***

More than 100 PHC doctors all over the country has been trained on common mental disorders and their managements.

***6. Mental Health Policy:***

Initial discussion for a mental health policy for Afghanistan has been under way a manual on mental health policy was translated into Dari from WHO publication to disseminate documents on the policy matters for preparation of the policy documents in Afghanistan.

***7. Establishment of Mental Health Unit in MOH:***

With WHO effort the unit was established under PHC directorate in MOH, the unit will be functional after recruiting a suitable person to implement the integration of mental health into primary care.