



# Newsletter

Volume 3  
April 2007

## Message from

**Dr Margaret Chan  
Director-General, WHO on  
World Health Day 2007**



In the current context of increasing global threats to health including SARS, avian flu, HIV/AIDS and humanitarian emergencies, this year's theme for World Health Day and the World Health Report is international health security. World Health Day 2007 will serve as an ideal occasion for the international community to consider the growing interdependence of health and security and the need to invest in health, build a safer future.

Threats to health know no borders. In an age of wide-spread global trade and travel, new and existing diseases can cross national borders and threaten our collective security. I look forward to June of this year when the revised International Health Regulations come into force. Their implementation will help to build and strengthen effective mechanisms for outbreak alert and response at national and international levels.

Threats to health security are many and varied. They include sudden shocks to health and economies from emerging diseases, humanitarian emergencies, effects of climate change or environmental degradation, bioterrorism and other acute health risks. Tackling the health effects of these threats involves working collectively to improve preparedness and effective responses when they occur.

## Message from

**Dr. Hussein A. Gezairy, Regional  
Director, WHO EMR on  
World Health Day 2007**



The WHO Eastern Mediterranean Region is prone to emergencies, both natural and manmade. Currently, several countries are coping with conflict and the aftermath of natural disaster. A number of diseases threaten health in the Region, including avian influenza, malaria and HIV/AIDS, while environmental degradation increases daily.

Threats to health know no borders. In an age of global trade and travel, new and existing diseases can cross national borders and threaten our collective security with ease.

Only through strong collaboration among developed and developing countries, can we contain this threat—collaboration focused on information sharing, using all the communication channels available, and strengthening of the public health system and of surveillance.

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*International Health Security*

*Invest in Health, Build a Safer Future*

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## Message from Director-General

While collaboration on many levels is essential, every country must invest in health and build capacity to prevent new and existing threats by strengthening its own public health system. This is my first World Health Day as Director-General of the World Health Organization. Building on the exceptional contributions of my predecessors, especially Dr Lee Jong-wook, I am motivated by the conviction that in our increasingly crowded, closely interconnected and mobile world, we must act together to address international health security. It is in this context that I invite you to take part in World Health Day 2007, in a shared effort to invest in health, build a safer future for all.

**AFGHANISTAN  
CELEBRATES  
WORLD HEALTH  
DAY**

INVEST IN HEALTH. BUILD A SAFER FUTURE

World Health Day



The Islamic Republic of Afghanistan, the World Health Organization Country Office and all Health Partners are marking the World Health Day on April 7, 2007. The theme of the World Health Day this year, endorsed and adopted by the 194 Member states is "International Health Security" and the slogan calls to "Invest in health, build a safer future".

On 8 April 2007 in the Ministry of Public Health auditorium, H. E. the Minister and the WHO Country Representative will address all the national health workers and international health partners, talking about the role of the health system in control of diseases and public health issues across borders.

Afghanistan is among those countries where both natural and manmade emergencies are common phenomena. Protracted conflict, frequent natural disasters, poor infrastructure and epidemics of communicable disease have left this country with some of the worst health indicators in the world. Population moving as nomads, refugees, traders, and other migrations have involved Afghanistan with neighboring countries in epidemics and outbreaks across the borders. Without a collective effort this border health insecurity will prevail.

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## Enhanced Coordination for Health Development

The donors and the UN organizations in Afghanistan have constituted a forum.

The objective is to share information on support to health sector by various development and technical partners.

Dr. Riyad M. F. Musa Ahmed, the Country Representative of WHO, Afghanistan has been selected the Chair of the forum, while JICA and EC have jointly been selected as the Vice Chair.

There have been two meetings so far. The outcome of the two meetings have been promising. The forum discussed in detail, the areas of collaboration, especially in the field of capacity building at various levels of operations with in MoPH.

The second meeting, held on 3<sup>rd</sup> April focused on Standardization of drug management, role of GCMU and the additional responsibilities as Principal Recipient for Global Fund to fight AIDS, TB and Malaria and the briefing about APHI (Afghan Public Health institute). The forum is mainly focusing on health system strengthening and

the ways to sustain the momentum of better health care delivery in Afghanistan.

The meeting of the forum provides an opportunity for WHO and the other technical partners to facilitate and streamline donor's support, ensuring required impact on health development.





## Service Delivery Under Performance-Based Partnership Grant

USAID is funding 16 NGOs through WHO under its health project called Performance-based Partnership Agreements (PPG) in 22 clusters in thirteen provinces and five provincial hospitals. Under the PPG agreement a cluster is defined as a combination of two or three districts. Altogether there are 27 contracts signed with 16 NGOs delivering Basic and Essential Package of Health services in 339 health facilities, comprising of 17 District Hospitals (DHs), 130 Comprehensive Health Centers (CHCs), 192 Basic Health Centers, 3578 Health Posts and 5 provincial hospitals.

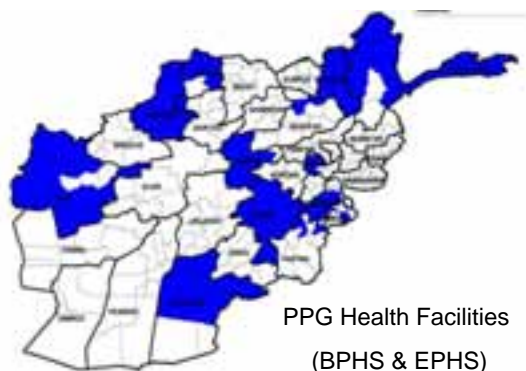
The project provides health care services to slightly over seven million people where majority of whom receive services in the form of Basic Package of Health Services (BPHS) delivered at facilities ranging from health post to a district hospital. The five provincial hospitals (Faizabad, Gardhez, Pakitka, Khost and Ghazni) provide Essential Package of Hospital Services (EPHS) or in other words secondary health care.

The NGOs submit quarterly technical progress reports to the Ministry of Public Health, (MoPH) for analysis and indeed for feedback. WHO in addition to its financial responsibility review the technical reports and advises the MoPH and USAID on review findings.

In order to assess the delivery quality and the efforts spent on factors associated with sustainability, the review of the technical reports focuses on 8 elements in both packages. The BPHS' review evaluates the following eight elements: (1) number of operating health facilities (2) role of CHWs and linkage with other health centers, (3) utilization of services broken down by

age, sex and by type of morbidity, (4) status of provincial coordination among stakeholders (5) the community-level coordination, (6) monitoring and supervision activities, (7) direct project output or indicators and (8) security situation.

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## Emergency Humanitarian Action (EHA)

At the end of 2006 WHO Afghanistan submitted a proposal for United Nations Central Emergency Response Fund (CERF). This proposal was specified for supporting humanitarian efforts in terms of emergency health intervention in southern battle affected provinces and drought affected areas of the country. The appeal has processed through WHO regional office (EMRO) and UNAMA and approved by CERF in 2007. The main activities to be implemented under this fund were:

- Provision of safe transportation of sample collection means to be used in security compromised areas of the country
- Provision of life saving health emergency supplies (e.g. Trauma kits, Diarrhea kits, Pneu-

monia kits and Interagency Emergency Health Kits). *Continued on P#9*



Mohammad Rafi 2.5 year old child recovering from severe pneumonia (February 22, 2007 Rustaq hospital).

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## Marking of the World Health Day in Afghanistan

As evidence of Afghanistan's commitment to international health security, in April last year, the Ministry of Public Health hosted a historic regional health conference on communicable diseases where 7 countries – Afghanistan, Iraq, Iran, Pakistan, Tajikistan, Turkey, and Turkmenistan - collectively signed and endorsed the Kabul Declaration on regional collaboration in health. Since

then the Ministry of Public Health continued taking steps to improve cross-border collaboration on the newly emerging diseases such as Avian Influenza, and other diseases already on the agenda such as polio, malaria, tuberculosis, cholera, and HIV-AIDS.

The world's success in eradicating polio now depends on four countries—Afghanistan, Pakistan, India and Nigeria. As communicable diseases recognize no borders, the polio virus continues to travel between Afghanistan and Pakistan. In December 2006, the Ministry and WHO organized joint inauguration of National Immunization Days with Pakistan at the Torkham border crossing and jointly established health posts for immunization against polio at six other border crossings.



In the same month, the Ministry with support from WHO launched a new Disease Early Warning System (DEWS) to identify outbreaks of 12 diseases at the earliest, to investigate and confirm the disease through laboratory testing, and to take effective measures to control the outbreak. Since then, every rumor of outbreak has been investigated and, if confirmed, action taken to control it. In response to 15 different rumors of poultry dying, joint teams of Ministry of Agriculture and Ministry of Public Health have investigated the scenes. Ten outbreaks of H5N1 avian influenza in chickens have been identified and the DEWS team has taken action to survey the surrounding areas for persons who might be ill with influenza and to test them and treat them. So far, no human case of avian influenza has been diagnosed.



The Islamic Republic of Afghanistan and the World Health Organization, recognize the benefit and call for all nations, particularly the neighboring countries, joining together to address public health threats. This can be realized through: (1) a collective commitment to safeguard the health of the people (2) sharing of information and transparent reporting of events, especially issues that threaten public health and lastly (3) creating and maintaining a spirit of cooperation and collaboration among the neighboring countries.

*Invest in Health, Build a Safer Future*



## Community Based Initiative (CBI) Basic Development Needs (BDN)

Fundamentally BDN is a simple Community Based approach based on three aims: organizing the community, building its capacity and promoting self-reliance, self-management and self-sufficiency practices.

### Overall Goal:

To improve the quality of lives of the peoples and reduce the poverty through sustainable development approaches, these will definitely lead to the improvement of the health statues of the people as well.

### BDN Coverage Areas in Afghanistan:

- ✦ Kabul (Paghman, Mosayee)
- ✦ Nangarhar (Surkhroad, Behsud, Batikote, Chaprehar).
- ✦ Herat (Enjeel, Guzarah, Karokh)
- ✦ Kandahar (Dand)
- ✦ Bamayn (Bamyán, Saighan)
- ✦ Ghazni (Jaghatu, Dehyak)
- ✦ Badakhsahn (Yaftal, Jurm, Baharak, Argu, Shuhada)

As mentioned earlier that BDN is focusing on different social projects with the propose to develop community health, education, agriculture etc. Informal education or literacy training is one of the focus areas of the program in the country; because it has been proved that infant mortality rate among those children whose mothers are literate is 50% lesser than those children whose mothers are illiterate. So the BDN program has started conducting many literacy training courses in targeted areas.

Badakhshan is one of the target provinces for BDN, where the program focuses on literacy and health education training courses, recently 10 literacy and health education training courses for 9 months in 4 districts of Badakhshan province has been completed in which about 250 illiterate women are now able to read and write. The project was a joint collaboration between WFP and WHO.

In addition the BDN program is going on in Kabul province; one literacy training course for 25 women for 9 months has started in Paghman in November 2006.

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*Women's Literacy is a Key to Community Development*

## Polio Consultation reaches Consensus to Complete Polio Eradication

**G**overnments, donors and international agencies leading the drive to eradicate polio met on February 28 in Geneva and fully supported the planned final attack on the poliovirus. Indigenous wild poliovirus survives in only parts of four countries – Nigeria, India, Pakistan and Afghanistan – where transmission has never been stopped. The Consultation, called for by Dr Margaret

Chan, WHO's Director-General, was hosted by the World Health Organization, with top representation from the other spearheading partners of the Global Polio Eradication Initiative – Rotary International, the US Centres for Disease Control and Prevention and UNICEF – together with representatives from the endemic countries' ministries of finance and health, major donors, political organiza-

tions and independent technical experts. Afghanistan delegation was led by Dr Najib Mujadadi, Advisor to the President on Health & Education. Dr Faiz Ullah Kakar, Deputy Minister Public Health, WR WHO & UNICEF Country Representative also participated.

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## TUBERCULOSIS CONTROL IN AFGHANISTAN

Viewing TB as a serious “public health and development” problem in Afghanistan, National TB Program (NTP) of Ministry of Public Health and partners (BRAC, JICA, GFATM, GMS, USAID, WFP, and WHO) carried out a joint TB review exercise from 11 to 16 November 2006. The main agenda was how to scale up TB care in Afghanistan.

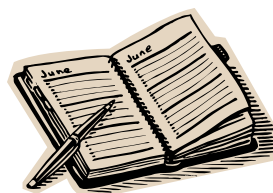
The mission visited 6 provinces (Badakhshan, Ghazni, Hirat, Jalalabad, Kabul, and Mazar-e-Sherif) and was very pleased to observe good TB

control practice, dramatic improvement of DOTS and good start in collaboration with BPHS partners. Key components of DOTS such as diagnosis, direct observation of treatment, drug management, and recording and reporting are in place, and treatment success rate is above 85 %. Anti-TB drugs are available in the health facilities with no drug shortage for the last 12 months.

Afghanistan has installed a good basis for TB care (DOTS) and has a clear future direction (BPHS partners). At present 803 health facilities in BPHS areas, an increase from just 200 facilities in 2001, are involved in TB care and clearly understand the need for delivering TB care in their areas. NTP and partners have supported BPHS partners with technical assistance, training, and drug supply. Global Drug Facility grant for TB drugs is distributed to NGO implementers through WHO and will continue for the next three years. WFP's food support to TB patients and their families is highly effective.

However, as case detection is still around 40% and DOTS is not universally available to the community, the mission recommended improving programs in the community through fully involving the CHWs of the BPHS partners as key for scaling up. The rapidly booming private sector should also play its role in TB control through participation in the globally recognized standard diagnostic and treatment protocols of DOTS.

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## The Performance-Based Partnership Grants (PPG) delivers a quality and sustainable health care in target provinces?

Similarly, the EPHS technical report review also looks at eight elements which include: (1) efforts in performance

quality improvement, (2) utilization of services in outpatient and inpatient services, (3) availability of essential supplies and equipment, (4) in-service training organized and conducted, (5) hospital coordination activities, (6) status of hospital community board, (7) hospital cost recovery activities and (8) if HMIS reports are submitted. Usually, security is an issue in the rural area rather than the provincial capital therefore it is not considered in EPHS review.

About 98% of existing clinics were reported to have been operational

during the last quarter (November 2006-January, 2007).

Gender and age disaggregated data is vital to ensure that all segments of the population are utilizing the services. The technical progress reports are supposed to provide the breakdown by age, sex and by type of morbidity. In general, about 62 % of NGOs describe the utilization rate in their progress report. Fifty percent of these NGOs provide disaggregated data. In summary, the utilization of services has been increasing in all health facilities according to the NGOs technical reports.

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## Basic Development Needs (BDN):

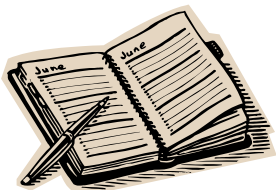
Another focus area of the BDN program of WHO in Afghanistan is the development of women skills such as establishment of vocational skills of the women that will have a significant impact on their lives as well as on poverty reduction.

for sewing has been provided. After the completion of the training course the trainees will be able to sew different designs of the cloths for men, women and children. This will certainly contribute to the basic economy.

Another type of vocational train-

ing for the women in the BDN areas is carpet weaving which enables the women to improve the economic status of their families by weaving good carpets. A carpet training course has been launched in Paghman district to provide skills to women.

In this relation, a training course on tailoring has been conducted for 10 women in Paghman district of Kabul which will continue for 6 months. In this training course the incentive for the trainer, the sewing machines for the trainees and the cloth



## One Hundred Cataract Patients Regain Sight in Bamiyan

Blindness is major Public Health problem in Afghanistan of which 2/3<sup>rd</sup> of the problem occur due to the cataract (Opacity of the eye lens)



As we know the blindness due to cataract is preventable however due to poor access of the cataract patients to the Secondary Eye care, the problem remains widespread and certainly devastating. In order to reduce the blindness due to cataract in the country, WHO has started launching eye camps in different remote areas of the country to provide free of charge cataract operations.

At the Bamiyan “eye camp” supported by WHO in Nov 2006, a team of doctors and nurses from Noor Eye Hospital saw 500 eye patients in 15 days. One hundred patients with cataracts

were provided free surgery with intra-ocular lens implantation; within 20 minutes their sight was restored.

World Health Organization and Noor Eye Hospital are jointly assisting the Ministry of Public Health in prevention and treatment of blindness through con-

ducting “eye camps” in different cities. In addition to Bamiyan Province, “eye camps” were organized in two districts of Badakhshan province in September 2006 in Baharak and Eskashem districts. Surgery was provided for 300 blind cataract patients free of charge using IOL (Intra-Ocular Lens implantation) enabling 300 people regain the sight.

WHO also supported a Training of Trainers’ course on primary eye care for the supervisors of NGO-supported health facilities in November 2006 in Jalalabad.

The trainers will train doctors and nurses of their respective health facilities on eye care in Nangarhar province.



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## TB Control in AFGHANISTAN

In view of the high prevalence of TB in Afghanistan, the mission was deeply concerned about alarming shortage of financial support to NTP. Without identifying financial support, NTP may not be able to respond the continued need of the BPHS partners, and eventually the progress made in TB control may be lost.

To raise funds for National TB Program, a high level delegation, led by the Country Representative of WHO participated in the 37<sup>th</sup> conference of International Union Against Tuberculosis and Lung Diseases, held in Paris (30<sup>th</sup> October- 5<sup>th</sup> November). National TB Control Program Manager, GD Human Resource MoPH and WHO TB staff were among the members of the delegation. Apart

from attending the meeting of the core group of Stop TB Partnership, there were several meetings with the partners, who are either engaged or have shown interest in being involved in TB Control efforts in Afghanistan. The negotiations with the delegates from USAID, CIDA, Italian Cooperation have brought new promises to continue support. Several technical partners, IUATLD, Kncv, Liverpool School of Tropical Medicine, Nuffield Health Institute are also convinced

to assist in specific areas. WHO and the TB Control Program are jointly working on documenting the proposals and the reports for the donors.



**WHO is Supporting the Humanitarian efforts in Afghanistan**

Continued from P#3

### (EHA)

Support to communicable diseases surveillance, early warning and response

We will receive the mentioned supplies soon.

It has to be mentioned that WHO received CERF support in 2006. In 2006 WHO trained MoPH provincial CDC officers for the drought response and provided supply and equipments support to MoPH (e.g. Pneumonia kits). Water quality control equipments were also included in this donation.

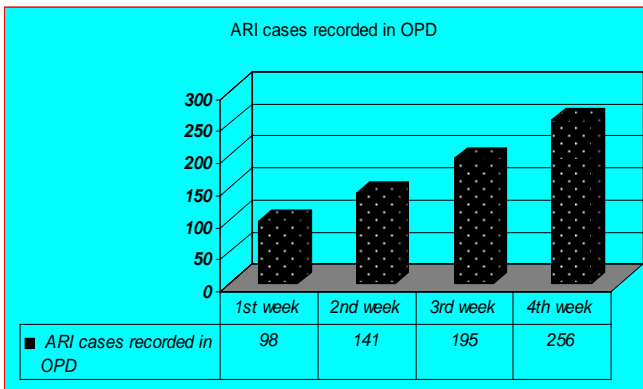
WHO is regularly supporting the national health authority for diseases outbreak investigation and response. The investigation of ARI outbreak in Rustaq district of Takhar is the latest example of this support. The number of Acute Respiratory Infection (ARI) was increased in Rustaq. This increase was identified as the seasonal increase in ARI

which is common in winter season in Afghanistan. The mortality was very low.

The following graph is easily explaining the increase of ARI cases (OPD of Rustaq district hospital Dalwa 1385=19/01-21/02/07).

lution of the area, we can clinically rule out Avian Influenza. During the investigation some disease specimens were collected for Laboratory investigation. The lab results will be available soon.

Since there was no any disease or deaths in birds popu-



## WHO Measles Initiative Successful in Reducing Deaths Worldwide: Measles and MNT Campaign of MoPH Rolling Across Afghanistan assisted by UNICEF and WHO

Training of vaccinators and volunteers is starting this week in preparation for the next round of a joint campaign against polio, measles and tetanus. Planned for 18-20 February 2007, accessible provinces will complete the second phase of the campaign while provinces with snow-bound districts will participate in the third phase of the campaign in May 2007.

Afghan children have benefited from the global initiative to reduce deaths due to measles. According to new data from the World Health Organization, global measles deaths fell more than 60% from an estimated 873,000 deaths in 1999 to 345,000 deaths in 2005, surpassing its target of 50% reduction. In Afghanistan, during the same years, measles deaths were reduced by 90% through two country-wide campaigns from 2001-2003 supported by WHO, UNICEF and other partners.

After seeing a rise in Afghan reported measles cases from 559 in 2004 to more than 1800 in 2006, the global partnership agreed to support another round of supplementary measles immunization in Afghanistan in 2006-7 for children

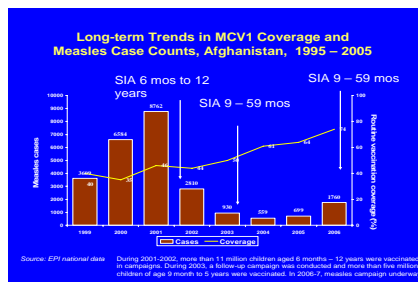
9 months to 5 years old. The campaign started in nine cold provinces in August 2006 and has extended to cover 13 more provinces in the South, Southeast, West and East during November to February. In May 2007, the rest of the provinces in the North, Northeast and Central areas will participate in the measles campaign, supported by funds from the Measles Initiative, especially the UN Foundation, WHO and UNICEF.

Taking the opportunity of a country-wide campaign against measles, the operational support is being utilized to expand the cam-

paign to eliminate neonatal tetanus and continue the fight to eradicate polio. The joint campaign involves both house-to-house strategy to immunize mothers aged 15-45 years against tetanus and fixed center strategy to immunize children aged 9 to 59 months against measles and polio.

Immunization against measles and neonatal tetanus is the most effective mechanism to reduce infant and child mortality rates in Afghanistan and help reach the High Benchmarks set by the Afghan National Development Strategy.

### Improving Measles Coverage in both Routine and Supplemental Activities



Conducted two phases MMRC/MNTE campaign and vaccinated 1.6 million children under 5 years and 1.3 million CBA Women in 2006 in first phases Aug & Nov. Measles SIA in Bamyán, August 2006

## Disease Early Warning System

**D**uring the first 60 days of WHO collaboration with MOPH in establishing the Disease Early Warning System (DEWS), already four investigations have been carried out involving poultry deaths.

*Continued on P#11*



*Continued from P#9*

## Disease Early Warning System (DEWS)

DEWS surveillance officers coordinated the outbreak investigations with AI focal points from Ministry of Agriculture. WHO has provided transport for outbreak investigation, Personal Protective Equipment including suits, goggles, masks, gloves, and boots; specimen collection supplies and transport for specimens as well as support for communication and lab reception.

One case near Jalalabad involved 60 chickens dying from carbon monoxide poisoning from faulty natural gas heater. Picture to the right is from the affected poultry shed where the worker sleeps and eats beside the chickens. The DEWS Surveillance Officer informed him of the risks and hopefully he will be able to take action to reduce his exposure.

The second case near Herat involved 12 turkeys poisoned with toxic seeds.

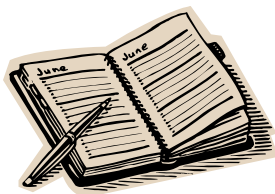
The third case in Momandara District of Nangrahar reported on 6 February 2007 was again involving turkeys and the specimens were positive for Influenza A

but negative for H5 subtype (i.e., not a type of Avian Influenza which harms humans).

The fourth case in Surkhroad District of Nangrahar reported on 11 February 2007 involves backyard poultry which has now also shown negative for H5 subtype.

*Continued on P#12**Continued from P#6*

## Polio Consultation reaches Consensus to complete Polio Eradication



High-level Consultation on polio eradication agreed to raise within 12 months - and then sustain for as long as needed - the levels of vaccination coverage and child immunity in the areas with endemic polio to levels that stopped the disease altogether in the polio-free parts of these coun-

tries. The Consultation defined specific milestones to monitor whether the collective capacity of all polio eradication stakeholders is being fully harnessed to make concrete and rapid progress by improving the quality of polio vaccination campaigns, strengthening health infrastructure, addressing security challenges, and by enhancing acceptance of vaccination through tailored social mobilization and community engagement strategies.

Consultation agreed that there was a collective responsibility to mobilize the resources needed to complete polio eradication. Endemic countries have outlined specific steps to provide domestic resources. The interna-

tional donor community will now need to rapidly fulfil its commitment to securing the necessary resources. Without a rapid injection of funding, polio eradication activities will have to be curtailed, threatening the global polio eradication effort.

The eradication effort, predicated on reaching every child multiple times with oral polio vaccine, has reduced the number of polio cases worldwide by over 99%. Of the 193 Member States of the WHO, 189 have stopped transmission of indigenous wild poliovirus.

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**WHO trains Surveillance Officers for a new Disease Early Warning System**

**Disease Early Warning System**

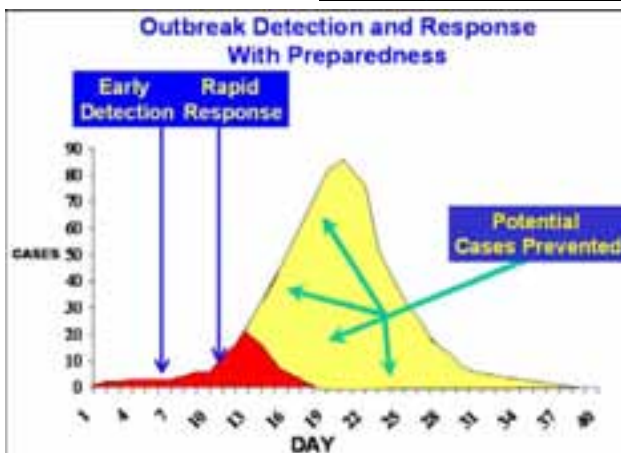
WHO with support from USAID has conducted a week-long training of Surveillance Officers and other staff for the new Disease Early Warning System from 11-18 December 2006. These Officers will be seconded to the Afghan Public Health Institute of the Ministry of Public Health and will work in different provinces for the early detection and integrated response to outbreaks of infectious diseases such as measles, pertussis, malaria, meningitis, cholera, avian influenza and hemorrhagic fever. Early

warning of disease cases allows early and better control of epidemics so less illness and death result.

In addition, the Surveillance Officers will set up surveillance of Influenza-Like Illness in hospitals in eight provinces - Kabul, Nangrahar, Paktia, Kandahar, Herat, Balkh, Badakhshan and Bamyan. Samples collected from these hospitals will be examined at Central Laboratory in Kabul where a Virology Department has been

vance in the capacity of Central Laboratory. In the future, other viruses such as dengue, measles, and polio may also be cultured or tested in the new Virology Department.

Avian Influenza is considered a threat in Afghanistan because the disease was identified in poultry in the eastern provinces of Afghanistan in March this year. Globally, human Avian Influenza has about a 50% mortality rate, but no human cases have



newly established. The purpose is to find out what type of seasonal influenza viruses are circulating in Afghanistan and, at the same time, to be on the lookout for any cases of Avian Influenza.

The Influenza samples are the first human virus cultured and examined in Afghanistan and represent a significant ad-

been found in Afghanistan. To prevent spread of the disease among poultry, the Government continues to warn people to report any dead wild birds or poultry to the Ministry of Agriculture and the Provincial Health Department. To prevent disease in humans, all chicken, eggs, and poultry products should be thoroughly cooked before eating.

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### AFGHANISTAN

