



Afghanistan celebrates World Health Day

WHO and MoPH appeal: respect the neutrality of health clinics, hospitals and health providers



Health officials in Afghanistan grace the World Health Day 2009 celebration led by the Health Minister and WHO Representative in Afghanistan.

Afghanistan celebrated the World Health Day 2009 to launch a year-long campaign on the safety of health facilities and the readiness of health workers to serve those affected by natural and man-made emergencies. On 7 April 2009, hundreds gathered at the Ministry of Public Health to launch the campaign and to celebrate the anniversary of WHO. Among those in attendance were representatives from UN agencies, donor agencies, international diplomatic community in Kabul, various government ministries, health program implementing NGOs, and MoPH staff.

In his message which was read by the President’s Advisor on Health and Education, Afghanistan President Hamid Karzai emphasized on the importance of investing in health infrastructure that is able to withstand natural hazards, conflicts, or any deteriorating situation in Afghanistan. He also called on the concerned people to ensure that health facilities are built to standards which will hold up to natural disasters.

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First HIV treatment center in Afghanistan opens



Health Minister shows media the drugs donated by WHO

People living with HIV/AIDS in Afghanistan can now receive antiretroviral therapy, after the launching of the first antiretroviral therapy (ART) center at the Infectious Disease Hospital in Kabul, Afghanistan on 21 April 2009. Afghanistan Health Minister Dr Sayed Mohammad Amin Fatimi led the launching of the center through a ceremonial handing over of medicines to an HIV patient.

“Afghanistan has a low prevalence of HIV but we should remain vigilant - there are many factors that could contribute to the spread of the disease, including a lack of awareness,

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Things you need to know about influenza A (H1N1)



The virus

Influenza A (H1N1) is a new virus, discovered first in late March 2009 in mild cases reported from USA and some more severe cases and deaths reported from Mexico.

Influenza A (H1N1), like seasonal influenza, is caused by a virus that attacks mainly the nose and throat and rarely also the lungs. The infection usually lasts for about a week and causes sudden onset of high fever, body aches, headache, dry cough, sore throat, and runny nose. Most infected people recover within one to two weeks without requiring medical treatment.

Transmission

The virus is easily passed from person to person through sneezing, coughing and personal contact (embracing, kissing and handshaking).

The influenza virus enters the body through the nose or throat. It then takes between one and four days for the person to develop symptoms.

Disease spreads very quickly among the population especially in crowded places.

General information

- The new influenza we are facing is a new emerging disease.
- There is no vaccine against the new influenza at this time.
- Treatment is effective if taken within the first 48 hours of onset of symptoms.
- Not every case of influenza is influenza A (H1N1).
- Influenza is a visible disease. Therefore, countries can easily detect an unusual increase of disease.

Things you can do to protect yourself and others

Avoid crowded places.

Cover your nose and mouth with a tissue when coughing or sneezing.

Dispose of tissues in the garbage after use.

Avoid embracing, kissing and shaking hands when greeting.

Wash your hands regularly with water and soap, especially after sneezing or coughing.

Avoid close contact with sick people.

Avoid touching eyes, nose or mouth with unwashed hands.

If sick with influenza, stay at home from work or school and limit contact with others to keep from infecting them.

If you have influenza symptoms after having traveled to an affected area or having been in contact with a person coming back from an affected area, seek medical advice as soon as possible.

For inquiries, contact:
Influenza A (H1N1) Command and Control Center
Ministry of Public Health (MOPH)
Kabul, Afghanistan

Hotlines: 0798660829, 0798665085, 0798684404

ONE MILLION YOUTH IN AFGHANISTAN RAISE THEIR VOICES..... WE ARE STOPPING TB!

On 11 March 2009, more than one million people from all 34 provinces of Afghanistan commemorated World TB Day. From Mazar to Kandahar, people from different walks of life joined hands for a country-wide celebration. Children and adults marched, flags were waved, scarves and caps were worn bearing the message “I am stopping TB.” It was a day of jubilation for increased awareness of people about TB as a curable disease, and of recognizing TB as one of the country’s main public health issues.

Not only the school children added their voice but around 3000 female workers of Ministry of Women Affairs, all the parliamentarians and the students and the teachers of Kabul Medical University showed their personal commitment, making them visible and strong partners of the National TB Control Program.

The celebration in various parts of the country has confirmed that even amid security concerns, the people of Afghanistan meet in large numbers and unite on issues of health. The success of the World TB Day in Afghanistan reaffirms that the people of this country support those who suffer from tuberculosis as well as their family members.

“I am stopping TB” is a powerful message for all Afghans,” Minister of Public Health Dr Sayed Mohammad Amin Fatamie highlighted during the World TB Day press conference held at the Ministry of Public Health (MoPH). He also added that health workers in Afghanistan fight against TB through delivery of quality health services. Teachers fight against TB through teaching pupils how to prevent tuberculosis. Society and family fight against tuberculosis through discussion and sharing of experiences and knowledge on TB. The Health Minister emphasized that Afghanistan can stop TB.



People from all walks of life join the TB Day commemoration in March this year



In Herat, flags were waved during the commemoration of TB Day

The WHO/EMR Regional Director Dr Hussein Gezairy through the WHO Representative in Afghanistan Mr Peter Graaff said, “Today, we are making history. Such a large gathering of young people against tuberculosis has never taken place in the country”. Mr Graaff continued that this gathering in all provinces signifies the collective will of the people of Afghanistan to fight and defeat this terrible disease.

In Afghanistan, thousands are still infected with the disease. Decades of conflict, uncertainty, and mass displacement of population have further aggravated the public health challenges, especially TB, in the country. In 2008, of the 42,000 estimated TB patients 28,301 were detected and put on treatment. In the same year more than 8,000 lost their life because of tuberculosis.

The Chairperson of the Afghanistan Stop TB partnership, Professor Obaidullah Obaid said, “Now that the partnership is here, we can make a difference in our fight against tuberculosis. We, in the community, should work together to stop TB because we know that the disease can be stopped and must be stopped.” He added that “individuals cannot fight this battle alone nor just the Ministry of Public Health and the World Health Organization. The fight against TB depends on the active involvement of our various stakeholders. This is the strength behind the Afghanistan Stop TB Partnership – a multi-sectoral partnership which works with other groups towards a TB free Afghanistan”.

All three speakers thanked the many national and international partners for their commitment and highlighted the continued support by key donors and funding mechanisms, thereby enabling the expansion of TB services throughout the country. The donors include the Global Fund, USAID, JICA, Italian government, CIDA, and TBCAP, among others.

Afghanistan's 'novel ways' to engage partners in the fight against TB



Hundreds visit the Afghanistan exhibit booth in Brazil

A high level delegation from Afghanistan participated in the Third Stop TB Partners' Forum in Rio de Janeiro, Brazil from 23 to 25 March 2009. The delegation was led by Afghanistan Health Minister and consisted of members from the Ministry of Public Health, Afghanistan National Stop TB Partnership, Bangladesh Rural Advancement Committee (BRAC) and the World Health Organization.

The Third Stop TB Partners' Forum was an open and dynamic forum where people could share successes, identify barriers and inspire each other to move to a new level in their global fight against TB. Although it was their first participation in the Forum, the Afghanistan delegation successfully shared their experiences in combatting tuberculosis with representatives from countries with a high burden of TB, donor countries, multilateral and intergovernmental organizations, civil society, affected communities, foundations, corporations and research and academic institutions.

The Forum also served as a General Assembly of the Stop TB Partnership and brought partners together to renew their commitment and intensify their efforts to reach the targets of the Global Plan to Stop TB 2006-2015.

During a plenary session, Afghanistan Health Minister Dr. S.M. Amin Fatimie spoke on the novel ways of partnering in fragile security environment. The Health Minister shared experiences in establishing the Afghanistan Partnership and presented as evidence – the gathering of more than one million youth to celebrate the World TB Day. He also highlighted the importance of the patient community as an effective tool for a TB program. The effort of Afghanistan to stop tuberculosis was highly appreciated by the participants and global partners and during the session, the Afghan National Stop TB Partnership was identified as a model for other countries struggling against TB.

As a side meeting, the Afghanistan Partners' Forum (APF) was a venue for the Afghanistan delegation to present to

global partners the status of the fight against TB in Afghanistan. All donor agencies present at the Rio Conference participated in APF and special guests President Sampaio and Anna Cataldi gave their words of encouragement.

Hundreds of participants showed their interest by visiting the Afghanistan booth where various advocacy materials such as books, pens, calendar, mugs were distributed.

35 trained on advocacy, communication and social mobilization

In the context of wide-ranging partnerships for TB control, one of the important tools is advocacy, communication and social mobilization (ACSM). To ensure understanding on ACSM, World Health Organization with the Ministry of Public Health and the Johns Hopkins University conducted a 3-day workshop. 35 participants from the National TB Program, non-government organizations, health partners including the media participated in the workshop.

ACSM encompasses - advocacy which refers to the need to influence policy changes and sustain political and financial commitment; two-way communication between the care providers and people with TB as well as communities to improve knowledge of TB control policies, programmes and services; and social mobilization to engage society, especially the poor, and all allies and partners in the campaign to Stop TB. Each of these activities can help build greater commitment to fighting TB.

To start of the ACSM sessions, the participants were given a background on TB disease, the status of TB in Afghanistan and how Afghanistan positions itself in the global fight against tuberculosis.

The workshop was also participated in by representatives from the Afghanistan Parliament, National TB Program of the Ministry of Public Health, Ministry of Education, and the National Stop TB Partnership.



Media participate in a workshop on ACSM

Strengthening leprosy elimination activities in Afghanistan

To establish leprosy elimination activities in Afghanistan, an action plan for leprosy elimination for 2009-2010 has been drafted. Leprosy activities will be under the jurisdiction of Ministry of Public Health as one of the communicable diseases and is integrated with TB control activities.

The action plan was drafted through WHO Consultant Dr. Abdul Rahim Al-Samie in consultation with MoPH leprosy focal points. Included in the action plan are the following specific activities which are to be implemented before the end of 2009: 1) The national leprosy elimination program completely established and embedded in the MoPH integrated with TB control program. 2) Leprosy activities will be undertaken by the regional and provincial TB coordinators wherever they are available for TB. 3) All leprosy control activities are under the umbrella of the MoPH and quarterly coordination meetings with all NGO's working in leprosy are held regularly.

Here are Dr. Abdul Rahim Al-Samie's recommendations to strengthen the leprosy elimination activities in Afghanistan:

- **Leprosy situation**

Active case finding should be launched by the newly established National Leprosy Unit in the Ministry of Health as well as sustain the current INGOs achievement in coordination with MoPH. The real leprosy situation should be known in the endemic areas and explore the new suspected areas using 10 established LEPCO clinics and government health facilities. Afghanistan should join the other member states in the region and support that leprosy, one of the neglected skin disease, should be eliminated. MoPH should maintain leprosy specialty in the national level and should allocate budget from the government (MoPH) for sustaining leprosy activities.

- **National leprosy elimination unit**

MoPH in Afghanistan should continue to offer the ownership to the new established leprosy elimination unit with support of NGOs for enabling its function as the national channel of leprosy control.

- **NGO coordination**

MoPH leprosy program should use the capacity built in LEPCO and GMS in terms of training, knowledge, experience in case finding and case management and encouragement to adopt WHO guidelines. There is a considerable opportunity for coordination and exchange of information between MoPH and NGO's which is also welcomed by the NGO's. MoPH should encourage and facilitate this coordination with the assistance of WHO.

- **Special situation in the central part of Afghanistan**

A comprehensive exploration of leprosy situation in the central highlands of Afghanistan should be undertaken based on the current status of leprosy in this endemic area. A special plan of action to intensify the training of health workers with cooperation of NGOs and previously trained staff by INGOs in the area is necessary. Results of this exercise should help in developing a future plan for expanding leprosy control through the existing general health facilities.

- **Recording and reporting system**

MoPH (Leprosy program) should print and use or adapt the forms of data collection and statistics that are used globally. The leprosy unit in MOPH is responsible to collect relevant information from all government health facilities as well as from INGOs clinics.

- **Training (external & internal)**

Training of national staff (Regional & provincial TB coordinators) which started in Jan 2009 should continue using the occasions of TB training courses in terms of combining time and the trainees. The leprosy focal person should be more exposed to more countries' experiences. The national training guideline as proposed by WHO should be adapted, translated and printed to enable the leprosy program to train the national staff on leprosy control according to WHO guidelines. Conducting the training in dermatology department in Maywand hospital is recommended based on the presence of the admitted leprosy patients where the trainees can see the real leprosy cases.



The national leprosy elimination program completely established and embedded in the MoPH integrated with TB control program.

- **MDT supply and treatment regimen**

In cooperation with WHO, MoPH should ensure a sustainable supply of MDT for all parties working in leprosy. Proper monitoring of MDT supply should be carried out by MOPH (leprosy program) with help from NGOs.

- **Rehabilitation**

Reconstructive (corrective) surgery for leprosy patients in Maywand teaching hospital (MTH) in Kabul should be encouraged. Coordination between MoPH and Ministry of Higher Education for collaborative work should be sustained.

- **Community participation**

To raise community awareness and initiate community participation, IEC materials developed should be printed and distributed. As the leprosy activities are integrated with TB control activities, there is a great opportunity to use the NTB experience in Advocacy, Communication, & social Mobilization (ACSM) and the Stop TB partnership committee to combat the stigma, empower people and mobilize the community and political commitment and resources for leprosy control and increase case finding.

Understanding the Reproductive Health (RH) program in Afghanistan

Afghanistan's population is faced with major health challenges as shown by its high maternal mortality ratio (estimated at 1600/100,000 live births - one of the highest in the world and meaning that an average of one in nine Afghan women die in childbirth), low life expectancy of only 46 years, and high child mortality rate. The mortality rate for children under 5 years old is 191/1000 and for infants under-one year, the mortality rate is 129/1000). A low contraceptive prevalence rate (6 %) contributes to a high fertility rate (average of 6.6 children per woman).

The strategic objectives of the WHO program on Reproductive Health (RH) in Afghanistan are the reduction of the maternal and newborn morbidity and mortality by increasing availability of and equitable access to quality RH services with special emphasis on essential obstetric care. Use and quality of RH services are to be improved and knowledge and decision making at the community level increased.

Experience of safe motherhood programs all over the world showed that maternal mortality has decreased where women have increasingly given birth with a professionally skilled attendant whether at home, in a primary health care facility or in a hospital. The improved functioning of essential and emergency obstetric care facilities for women with complications and an effective referral system are also important. Every pregnancy faces risks and care provision needs to be available to respond to all women and newborns, should complications develop.

In order to improve service delivery and enable skilled attendants to provide quality maternal and newborn health services to women and infants, WHO introduced and technically supported the MoPH in adapting the evidence-based WHO guidelines and tools on Making Pregnancy Safer and Family Planning ("Pregnancy, Childbirth, Postpartum and Newborn care – the essential practice guide", "Decision Making Tool for Family Planning Clients and Providers", and "Managing Complications in Pregnancy and Childbirth"). With WHO support, the adapted guidelines have been translated into Dari and Pashto and were printed and introduced to all stakeholders through the National Reproductive Health workshop. Moreover, 16 national trainers were trained by a WHO consultant from Geneva and the national trainers then trained 157 health care providers from Kabul and three other provinces in the use of the "Decision Making Tool".

In addition, WHO has supported the establishment of the newborn care unit in Malalai Hospital to improve and strengthen the maternal and newborn health care service delivery in Kabul. Support by WHO included training

provided for 248 doctors and midwives who were taught about basic and comprehensive emergency obstetric care and basic newborn resuscitation.

Furthermore, 63 community midwives in three provinces (22 in Baghlan, 19 in Bamyán, and 22 in Badakhshan) are trained in order to increase access of women to skilled attendance at birth especially in rural areas, and to make essential obstetric care available as close to people's homes as possible.

The "WHO Strategic Approach to Improving the Quality of Care of Reproductive Health Services" was used as a model to improve the MoPH's family planning/birth spacing program in Afghanistan. As the first phase of the strategic approach, a strategic assessment of birth spacing services had been carried out and the report has been disseminated to all stakeholders. Based on its findings a National Plan of Action for Family Planning has been prepared.

To increase women's access to health information and services, WHO supports innovations such as the new WHO global tool for working with individuals, families, and communities (IFC). A National IFC committee was formed which is developing a strategy for IFC.

After helping to build research capacity of the MoPH staff by sending five staff to Bangkok and Finland for training on research methodology, WHO is now supporting the Afghan Public Health Institute (APHI) and the Reproductive Health Department of MoPH in carrying out two studies. This research on the use of a Partograph to assess prolonged labor and on the use of a Haemoglobin Color Scale to detect anemia in pregnant women will start this year.



Midwives are trained to increase access of women to skilled attendance at birth

Afghanistan starts counting malaria out

Afghanistan joined in the global effort of counting malaria out. In a ceremony on 25 April 2009, the Ministry of Public Health (MOPH) with the World Health Organization (WHO) and its malaria partners gathered to commemorate the World Malaria Day.

“Today’s celebration is part of a global mobilization to finally eliminate malaria,” Health Minister Dr Sayed Mohammad Amin Fatimie said during the event held at the Ministry of Public Health. The Health Minister added that 467,123 cases were reported in 2008 from various provinces in the country. In his speech, WHO OIC Dr Tahir Mir highlighted, “Afghanistan has made a progress and reported only few



Health Minister and WHO Malaria Officer award national officers involved in malaria control program in Afghanistan

deaths from malaria last year.” Dr Mir continued “MoPH, WHO and partners will be using a rare window of opportunity to save one million lives during the next two years by rapidly delivering malaria interventions at community level including – distribution of protective bed nets, laboratory diagnostic support, anti-malarial drugs, and indoor spraying.”

To date, malaria continues to be one of the major health problems in Afghanistan. Data show that in 1970’s, malaria was almost effectively controlled. However, during the last three decades of social disruption and civil war the burden of disease has gradually increased and spread to the areas where it was almost eliminated.

In 2008, WHO supported the National Malaria and Leishmaniasis Control Programme of the MOPH by providing anti-leishmanial drugs which approximately cost \$25,000 and through the GFATM R-5 Phase 1 by establishing 30 microscopic centers in Laghman, Baghlan and Takhar provinces. Support was also provided through training courses for 758 health workers from the Ministry of Public Health and non-government agencies. More than one million long-lasting insecticidal-treated nets were distributed in high risk provinces and various information/education materials on malaria were distributed to students and health centers.

NEWS FROM THE FIELD

Improving the M & L center in Balkh

To serve Balkh province and its neighboring provinces, the Malaria and Leishmania center has improved its treatment facilities through support from the World Health Organization and its health partners including USAID, German Government and the German Medical Army Unit.

A WHO mission to the Malaria and Leishmaniasis Centre in Mazar-Sharif observed various developments including the renovation of the center. Facilities which are renovated include the registration room, laboratory for diagnosis of malaria and leishmania cases, the provincial manager’s room, male and female electro-therapy rooms, injection room, administration office, stock room and two bath rooms.

Health staff and medical faculty members will be trained on malaria and leishmania in Germany. In return, the trained staff will provide technical support to the M&L center including training local staff. To strengthen the M&L center, WHO provides medical drugs and laboratory supplies on continuous basis, support for the internet and electricity support, and support for the travel costs for the regular monitoring and evaluation missions to provinces and districts.

Mainstreaming gender in health

To promote equity and equality between women and men, the World Health Organization (WHO) sponsored four training sessions on Gender in Health in November and December 2008. Forty-one (41) health workers from Balkh Province participated in two separate Gender Mainstreaming in Health Training sessions over one week. In Bamyán, similar training was conducted from 14-18 December 2008 for 22 health staff of the Provincial Health Directorate. While on 14-18 December 2008, the Gender in Health training was conducted among 22 health staff from Nangarhar Provincial Health Directorate.

The Gender in Health training targets provincial health staff to build their capacity to ensure equitable gender roles and relations in provincial health interventions. The training provides qualitative and quantitative information on the influence of gender on health and health care and highlights the need for gender-responsive planning, implementation and evaluation of policies, programmes and projects.

In 2009, Gender Mainstreaming in Health trainings will be conducted for the Provincial Health Coordination Committees (PHCC) and for representatives from the national and international NGOs who are implementers of Basic Package of Health Services (BPHS). A strong and sustained follow-up mechanism for mainstreaming gender in health is also vital in the effort to strengthen gender equality in health.

Introduction of Hib conjugate vaccine into Afghanistan's national immunization program

Afghanistan has launched nationwide introduction of Haemophilus influenzae type B (Hib) vaccine (Pentavalent) into national immunization program on 2nd January 2009 in all 1,210 public health facilities throughout the country.



Afghanistan President, Health Minister and WHO EMRO Regional Director lead the introduction of Hib vaccine in the country

The official ceremony of introducing Hib vaccine took place on 11th January 2009 by HE President Hamid Karzai at presidential palace and in the presence of HE Dr. Fatimie, Minister of Public Health of Afghanistan, Dr. Hussein A. Gezairy, Regional Director, WHO/EMRO, Mr. Kai Aide, Special Representative of United Nations for Afghanistan, Diplomatic Representatives, UNICEF representative, MOPH high authorities, national and international mass media by vaccinating the children.

Dr. Hussein A. Gezairy, H. E. Dr. Fatimie, and Mr. Kai Aide while delivering their speeches indicated that GAVI support for the introduction of this expensive new vaccine represents a golden opportunity for preventing around 100,000 cases of Hib-related diseases and saving an estimated 15,000 children's lives in Afghanistan.

In a press conference, the Minister of Public Health of Afghanistan highlighted to the media about the importance of Hib vaccine and high burden of Hib-related diseases in the country and pointed out that the introduction of these vaccines (Pentavalent) is expected to significantly contribute to reducing child mortality and achieving the target of MDG4.

The introduction of the new pentavalent (DPT-HepB-Hib) vaccine was a high profile event in Afghanistan showcasing

high level advocacy. As for the Polio NIDs, senior government and international figures including the President, Minister of Public Health, deputy ministers, WHO Regional Director, Special Representative of United Nations, Diplomatic Representatives, WHO and UNICEF Country Representatives, and wide range of national and international media participated in the launching ceremony and broadly disseminated messages on the importance of the new vaccines in preventing Hib-related diseases and saving the lives of thousands children in Afghanistan.

Training was considered the most important preparatory activity for the introduction of the new vaccine. WHO training guidelines and materials on Hib disease and vaccine were adapted after inputs from all partners and then were recommended by national EPI Task Force Committee for training of staff. With the technical and financial support of WHO, the two batches of Training of Trainers (TOT) for 59 trainers were conducted at national level. GAVI funds provided to Afghanistan were used for training of all categories of staff involved in the immunization program. Totally, 2765 EPI managers, supervisors, immunization health workers, cold chain officers and technicians were trained before the launching of the new vaccine.

After training, strong supportive supervision is planned to continue with on-the-job training. This involves supervisory visits by Provincial EPI Management Team assessing the health workers' delivery of the service and correct practices, and providing advice on how to improve on deficient areas.

Hib disease surveillance has been established in one hospital and it is planned to expand the surveillance to six more hospital sentinel sites in collaboration with WHO EMRO and the MoPH Disease Early Warning System. The laboratory capacity will be strengthened and the relevant staff provided appropriate training. The surveillance data will be used at national and at regional level to evaluate the impact of introduction of the Hib vaccine.



Vaccination campaign in Afghanistan

Afghanistan-Pakistan cross border immunization activities reviewed

A two-day meeting of high level health officials from Afghanistan and Pakistan was held between 10 and 11 February 2009 in Islamabad, Pakistan. The meeting was attended by a delegation from Afghanistan comprising representatives from the Ministry of Public Health at the National and regions levels bordering Pakistan; and staff from the Federal and Provincial bordering districts Ministry of Health Pakistan.

Dr. Taufiq Mashal the Director Health Primary Health Care & Preventive Medicine, Ministry of Public Health, led Afghanistan delegation, reinforced that both Pakistan and Afghanistan are one epidemiological block for polio and thus joint planning and strategy is an imperative need. He further added that security in areas along the border is one of the impeding factors towards achieving high quality campaign and the health authorities continue to make concerted efforts in engaging with the stake-holders including anti-government elements to achieve our objective of reaching maximum number of children. The Director General Health Pakistan Prof. Rasheed Jooma presented the summary of conclusions and recommendations of the meeting which were endorsed by the participants. The meeting was also attended by representatives of partners in both countries and by the WHO and UNICEF staff. The objectives of the meeting were: to reinvigorate political commitment for cross border collaboration for polio eradication, to further enhance the ongoing collaboration, to discuss current issues and challenges and update plans for 2009, to share best practices to overcome the common challenges faced by the programme particularly in border areas.

Summary of conclusions and recommendations

The ongoing collaboration efforts between Afghanistan and Pakistan in polio eradication is exemplary and need to be maintained and further strengthened. Of special importance is cross border activities which is gaining more importance particularly with the increase in insecurity and hence inaccessibility to children in the areas of residence. The



Pakistan and Afghanistan are one epidemiological block for polio and thus joint planning and strategy is an imperative need

meeting reviewed ongoing efforts and made the following recommendations:

- Mitigating the impending effect of prevailing insecurity in the cross border areas
- Strengthening institutional arrangements for consolidating cross-border coordination and action
- Fine-tuning joint micro-planning and available maps to ensure full coverage of all target populations
- Develop joint communications strategies
- Review the quality and comprehensiveness of social maps
- Improved working condition of cross border vaccination posts
- Strategies for improving routine immunization in border areas

Pandemic influenza action plan drafted



Pandemic influenza planning workshop held in February 2009 in Kabul, Afghanistan

Forty medical officers in Afghanistan participated in a workshop to draft the action plan for the prevention and management of influenza pandemic. The objectives of the plan are to outline the strategy and key steps that the MOPH will take to prevent or rapidly contain an outbreak of avian influenza in humans and the steps to delay and mitigate an influenza pandemic in Afghanistan. The plan will define the roles and responsibilities of the Ministry of Public Health at the national and provincial level during these inter-pandemic and pandemic phases and to help guide the implementation of the plan.

The medical officers participating were representatives from NGOs; from Central and Provincial MOPH including Health Promotion Dept, Disease Early Warning System officers, and communicable disease control officers, and from the Ministry of Agriculture, Irrigation and Livestock (MAIL).

When the final comments on the drafted plan have been incorporated in the document, the plan will be shared with the Consultative Group on Health and Nutrition (CGHN) for their review and then submitted to the Technical Advisory Group (TAG) for review and final approval of the MoPH.

First HIV treatment center ...

conflict, the poor social status of women, unsafe blood transfusion and rising injection drug use,” the Health Minister emphasized. To date, there are 556 reported positive HIV cases in Afghanistan. WHO and UNAIDS estimated that around 2000-2500 people are living with HIV in the country.

World Health Organization (WHO) Officer-in-charge Dr Tahir Mir reassured the organization’s commitment to work hand in hand with MoPH for strengthening of the newly opened center and expansion of services to the regions.

The HIV treatment center is technically and financially supported by the WHO. WHO has procured medicines for one-year treatment of 30 HIV-positive persons. Additional 3 months supply of medicines are also ensured. Consultations were made by MoPH and WHO with international not-for-profit groups to determine how the antiretrovirals are dispensed, and health care workers were trained to oversee treatment regimens. In preparation for the ART center, a group of 11 people from the Ministry of Public Health, hospital, and VCT was sent for a one-month training on HIV clinical management to the Islamic Republic of Iran. One medical doctor from Infectious Disease Hospital underwent an HIV clinical management training in Belgium as part of the preparation for the opening of the center. The Standard Guideline for HIV Clinical Management which has been developed by WHO is made available to the health workers.



Health workers at the first HIV treatment center in Kabul, Afghanistan

Afghanistan celebrates...

“We urge all Afghans to provide a safe environment for health providers and to protect health clinics and hospitals so that people in need of health care could have easy access to hospitals and receive quality care and services,” Health Minister Dr. S.M. Amin Fatimie said during the WHD Celebration. He added, “These people provide health services during emergencies and mitigate suffering of victims, wounded people and those who have been traumatized by disasters.”



WHO Representative in Afghanistan Mr Peter Graaff highlights the need to keep all health facilities and health workers safe to ensure life saving services for the Afghans during the special ceremony of WHD 2009 held at the MOPH.

“It is everyone’s responsibility to keep all health facilities and health workers safe so that they can provide life saving services to the people of Afghanistan,” WHO Representative in Afghanistan Mr Peter Graaff referred to the continuous rise in threat against health facilities and health workers in some parts of the country. WHO has received reports of health facilities closing down due to a lack of health workers in addition to health facilities being burned down, leaving thousands of people without healthcare. “WHO Afghanistan would like to take this opportunity to call on all actors involved in the conflict to respect the neutrality of health clinics, hospitals and health providers. I would like also to thank all health workers, especially those living in remote and difficult circumstances, for their hard work and commitment to helping all people of Afghanistan,” WR Peter Graaff said.

Afghanistan is also a country prone to medical emergencies, climate change and extreme weather, especially in winter. In the middle of Fall each year, all necessary emergency medical supplies are prepositioned to more than half of all districts of Afghanistan before the arrival of very harsh cold weather and closure of main roads. Emergency Response Plans developed by the Afghan National Disaster Management Authority (ANDMA) will enable emergency preparedness so that health facilities and staff will be prepared to deal with different types of disasters.

Integrated Management of Childhood Illness (IMCI) in Afghanistan

The Integrated Management of Childhood Illness (IMCI) addresses the management of five major killers including acute respiratory infections, diarrhea, malaria, measles and malnutrition and combines curative, preventive and promotional strategies. IMCI leads to improved identification of the severity of childhood illnesses in health care settings, ensures appropriate and where needed combined treatment of these major illnesses, and rationalized referral of severely ill children.

Why is it important?

The health situation in Afghanistan is among the worst in the world. Under-five mortality rates are estimated to be among the highest in the world – over 191 per 1000 live births. The onset of epidemics of preventable and other infectious diseases in a population due to measles, pneumonia, malaria, diarrhea and malnutrition are the main cause of these mortalities. Reducing the morbidity and mortality among children under five years is one of the millennium development goal (MDG) there for WHO and UNICEF developed the IMCI strategy to achieve this most needed target.

What has been done in Afghanistan?

In Afghanistan, the Ministry of Health issued a policy statement in April 2003 adopting IMCI as one of the major strategies for reduction of infant and childhood mortalities.

The generic training materials were adapted to the Afghanistan context and tested. The material was also translated to Dari and Pashto.



WHO and partners' role

Regarding the pre-service training on IMCI with coordination between MoHE, MoPH and WHO a draft of a Memorandum of Understanding has been prepared. After negotiation and definition of the responsibilities of each partner, the MOU was signed by high level authority and till now IMCI has been partially introduced in the pediatric and prevention subjects of the medical faculty.



In the expansion phase, the supervision and monitoring of IMCI implementation was also carried out through IMCI central and provincial officers. It showed that more than 90 % of the cases in supervised health facilities were correctly assessed according to the IMCI guidelines and more than 85 % of IMCI needed drugs and equipment were available in primary level health facilities. Also IMCI classification is included in HMIS monthly aggregated reports.



WHO's Eastern Mediterranean Regional Director Dr Hussein A. Gezairy meets Afghanistan President Hamid Karzai during his visit to Afghanistan early 2009.

WHO reaffirms commitment to Afghanistan



RD visits Malalai Hospital in Kabul with WR Peter Graaff and Afghanistan Health Minister Dr Fatimie.

Afghanistan President Hamid Karzai, WHO's Eastern Mediterranean Regional Director Dr Hussein A. Gezairy, and Health Minister Dr. S.M. Amin Fatimie launched the country wide polio vaccination campaign targeting 7.7 million children

in Afghanistan's 34 provinces. The campaign was conducted on 11-13 January 2009. Dr Gezairy emphasized that WHO and its partners are committed to eradicate polio from Afghanistan.

President Karzai and Dr Gezairy together honored the families of polio medical officers, Dr Shamsul Haq Kakar and Dr Mamoon Tahiri, who were killed in a suicide attack last year in Spin Boldak. The families of the victims received financial support from WHO.

In his visit to Afghanistan, the Regional Director looked into the situation of health facilities in Kabul and held meetings with top UN and health officials. In his meetings with Afghanistan's health officials, Dr Gezairy assured WHO's continuing commitment to improve the Afghanistan's health system and respond to Afghans' health needs through the Ministry of Public Health.

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