

World Health Organization

Situation report OCTOBER 2018

AFGHANISTAN

Emergency type: Protracted emergency



Displaced women and children receiving primary healthcare service in Kote Taran in Nangarhar province.

ħ î	2.5 M AFFECTED	721,276 RETURNEES 25 X 34 CCHF CASES X OUTBREAKS
	KEY FIGURES	SITUATION UPDATE
394	WHO STAFF IN THE COUNTRY	 More than 260,000 people are displaced due to the drought in western provinces. An increase in incidences of diseases are reported in drought-
60	HEALTH CLUSTER PARTNERS	related informal settlements;A recent assessment done by WFP shows that the areas affected by drought
1.6M	TARGET POPULATION	are more extensive than anticipated, with 3.3 million people experiencing emergency level food insecurity (IPC4);
	HEALTH FACILITIES	• 691,637 Afghans returned (or were deported) from Iran in 2018, more than
3,911	TOTAL NUMBER OF HEALTH FACILITIES	double the number in the previous year and October recorded the highest monthly return from Iran in 2018. This sharp increase is a result of the harsh winter weather and the consequential fewer work opportunities in Iran due
03	TOTAL NUMBER OF HEALTH FACILITIES CLOSED	 to continuing economic woes; In October, four cases of polio have been reported, two in Nawzad District of Helmand Province, one in Maiwand District of Kandahar, and one in
00	HEALTH WORKERS KILLED	Poruns District of Nuristan Province. The total number of polio cases
01	HEALTH WORKERS ATTACKED/DETAINED	 reported in Afghanistan by the end of October 2018 is 19 cases. Acute respiratory infections (558,707 cases) and acute diarrheal diseases (244,671 cases) reported the highest incidences in October 2018.
DISE	ASE SURVEILLANCE (CASES)	Incidence of Crimean-Congo Haemorrhagic Fever (CCHF) have decreased
25	CRIMENA CONGO HEMORHAGIC FEVER (CCHF)	this month compared to September 2018. However, there are still more cases than during the same period last year. Case fatality rate is 16 %.
108	MALARIA	 From January to October 2018, 63 incidents of attacks on healthcare were reported in 16 provinces - 55 health workers were killed or injured, 64
18	MEASLES	 kidnapped, and 88 healthcare facilities closed/destroyed. A health facility used as an election centre was reportedly shot at in Hilmand Province causing minor damages.

Public health concerns	 A total number of 34 disease outbreaks (CCHF, rabies, food poisoning, scabies, malaria and measles) were reported in October 2018. The overall number of disease outbreaks have decreased compared to the previous month. In October 2018, 25 cases of CCHF were reported with a case fatality rate of 16 %. Incidence of CCHF have decreased significantly compared to 90 cases in September 2018. In October 2018, 18 cases of measles were reported in Khost and Patika provinces. Five incidents of attacks on healthcare were reported in Laghman, Baghlan, Hilmand and Kunar provinces.
Health needs, priorities and gaps	 Deterioration in the security situation in the southern region has limited access to health services for affected populations. In Urozgan Province, three health facilities were forced to close affecting nearly 450,000 people. Trauma care continues to be a priority. Election day in October recorded one of the highest number of civilian casualties. Insecurity in the southern and eastern regions caused a gap in timely provision of trauma and rehabilitation services. Displacement from conflict and natural disasters continues to be a main driver of needs in Afghanistan. 283,000 people are internally displaced in 2018, thus overburdening the already fragile health system. Disease surveillance continues to be a priority given the incidence of CCHF and measles. The potential of diseases outbreaks is new year, bigb in drought related informal cottlements.
WHO action	 potential of diseases outbreaks is now very high in drought related informal settlements. The supply plan for health emergencies in hard-to-reach areas during winter has been drafted by the Ministry of Public Health and WHO in preparation for the harsh winter season. 207 community health works were trained on Disability and Rehabilitation by WHO implementing partner Loy Kandahar Reconstruction Organization (LKRO). Mass casualty management simulation exercises were conducted at regional and provincial hospitals prior to election day as part of preparedness planning in Nangrahar Province. Construction of a triage unit for trauma care services has started at five health facilities in Kunar. WHO Health Emergency (WHE) unit organized a two day retreat workshop on 29 and 30 October 2018 to review this year's work. Substantial recommendations were made for the new year.
Health cluster	 In October, the Health Cluster provided for 127,454 beneficiaries in maternal health, trauma care, immunization and psychosocial support. Health Cluster partners continue to respond to drought in Afghanistan in 26 high priority districts in displaced settlements as well as areas of origin. 2 million USD was allocated to Health Cluster partners from Afghanistan Humanitarian Funds reserve to urgently respond to populations affected by drought.
WHO is gra	Contact: Dr. Dauod Altaf, Team leader, Health emergencies altafm@who.int ateful for the continuous support of our generous donors: USAID, ECHO, Afghanistan Humanitarian Fund (AHF), Japan, Republic of Korea, Central Emergency Response Fund (CERF)