

Situation updates

Communicable diseases account for more than 60% of all outpatient visits and more than half of all deaths in Afghanistan. The primary objective of communicable disease surveillance and response (CSR) is the reduction of morbidity and mortality associated with communicable diseases in Afghanistan, the management of dangerous emerging/re-emerging pathogens, the prevention of the global spread of Public Health Emergencies of International Concern (PHEICs) and the enhancement of global health security through the implementation of the International Health Regulations (IHR-2005). Technical assistance to MoPH has been provided for the implementation of the National Disease Surveillance and Response (NDSR) system including Early Warning component, zoonosis prevention and control, avian and pandemic influenza control and prevention as well as overall capacity building.

Achievements

Emerging and re-emerging infectious diseases

§ Prepared an Action Plan for the prevention and control of Crimean-Congo hemorrhagic fever (CCHF). Initiated immediate preparedness measures against CCHF through MoPH and MAIL. Epidemiological and vector surveillance has been enhanced and awareness raising activities were conducted.

§ Trained 110 members of provincial Rapid Response Teams (Surveillance, CDC department and BPHS NGOs). Topics included Pandemic, Epidemic Preparedness and Response covering surveillance, EPR, outbreak investigation, emerging/re-emerging diseases (including EVD and MERS-CoV), IHR-2005, PHEIC, avian, pandemic and seasonal influenza.

§ Community-based surveillance and surveillance by private health sector has been expanded countrywide to strengthen event-based component of surveillance system.

International Health Regulation 2005

§ National Action Plan for Health Security (NAPHS) was drafted based on the recommendations of Joint External Evaluation (JEE) of IHR core capacities.

§ Strengthened capacity of surveillance provincial officers on the detection and management of chemical, biological and radio-nuclear (CBRN) incidents.

§ Included PHEIC and IHR core capacity requirements in the National Disaster Management Plan - Health Sector (NDMP).

§ Provided technical inputs to NFP on WHO IHR emergency committee meetings for polio, MERS-CoV, EVD and Zika.

Programme risks and challenges

§ Lack of sustainable financial resources to further develop human resources; ongoing insecurity hampering people's access to health services.

§ Difficulty in implementing the IHR-2005 due to multi-sectoral coordination issues and the lack of funding.

§ Limited in-house human resource capacity in laboratory and field epidemiology.

Way forward

§ Establish e-surveillance to enhance real-time detection and reporting of outbreaks and timely response.

§ Further expand community surveillance and enhance surveillance in private health facilities.

§ Evaluate the National Disease Surveillance and Response System and re-prioritize diseases under surveillance.

§ Strengthen epidemiological and laboratory surveillance for influenza and other emerging and re-emerging diseases.

§ Fund advocacy work for National Action Plan for Health Security (NAPHS) and its execution.

Related links

[Weekly Epidemiological Monitor](#)

[Disease outbreaks \(by year\)](#)

[Educational resources and guidelines](#)

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