



Health needs across Afghanistan continue to soar. The fast-approaching winter has increased the risk of disease transmission and could further burden the already vulnerable health facilities.

WHO is continuing efforts to sustain the health system.

Shortages of staff, medical supplies, and the fuel and electricity needed for health facilities to operate, remain key challenges, leaving hundreds of thousands vulnerable people without health care services.



3.4M

People to be reached with health services coordinated by the Health Cluster, by the end of 2021

2.8M

People to be covered by health supplies airlifted by WHO through 15 flights since 15 Aug

156K+

COVID-19 confirmed cases and 7,214 deaths as of 5 October

38 million

USD needed till the end of 2021 to deliver the WHO Emergency Plan for Afghanistan

KEY ISSUES

- **Sustaining health services:** The Global Fund to Fight AIDS, Tuberculosis and Malaria provided US\$ 15 million to UNDP to sustain nearly 2,200 health facilities for the month of October and cover the salaries of 25,000 health workers. The UN's Central Emergency Response Fund (UN CERF) has provided US\$ 45 million to WHO and UNICEF to jointly sustain 2,331 health facilities from November 2021 to January 2022. This funding does not cover the 37 COVID-19 hospitals across the country, which also need to be kept operational to maintain the COVID-19 response. WHO is continuing to explore with donors and partners potential long-term solutions for supporting health facilities beyond January 2022; for keeping the COVID-19 hospitals functional; and for scaling up the overall health response given the rising malnutrition rates, ongoing disease outbreaks and risk of winter-related diseases.
- **COVID-19** – As of 10 November, 156,414 confirmed cases of COVID-19 and 7,291 deaths have been reported in Afghanistan. An overall decline in the number of reported confirmed cases and deaths has continued into November. However, a 23% decrease in testing at both public and private laboratories was observed last week compared to the week before, which could explain the 39% decrease in confirmed cases during the same period. WHO remains concerned about underreporting of cases and the limited scale of testing- although 35 WHO-supported labs are now functional nationwide, surveillance and testing for COVID-19 remain suboptimal. In part, this is associated with lack of funding to support the COVID-19 rapid response teams (RRTs) on the ground. Currently only 40 RRTs are functional in provincial centres compared with 307 functioning nationwide until July 2021. WHO has replenished supplies at COVID-19 laboratories and is continuing to expand the number of laboratories able to provide COVID-19 testing. The COVID-19 vaccination campaign supported by WHO and UNICEF is ongoing in all provinces. Since 15 August, around 1.95 million people have received at least one dose of the COVID-19 vaccine and overall, 3.85 million people have received at least one dose of the COVID-19 vaccine since vaccination began in March 2021.

Figure 1: Number of PCR tests conducted and 7-day moving average of percent positivity, as of 6 November 2021

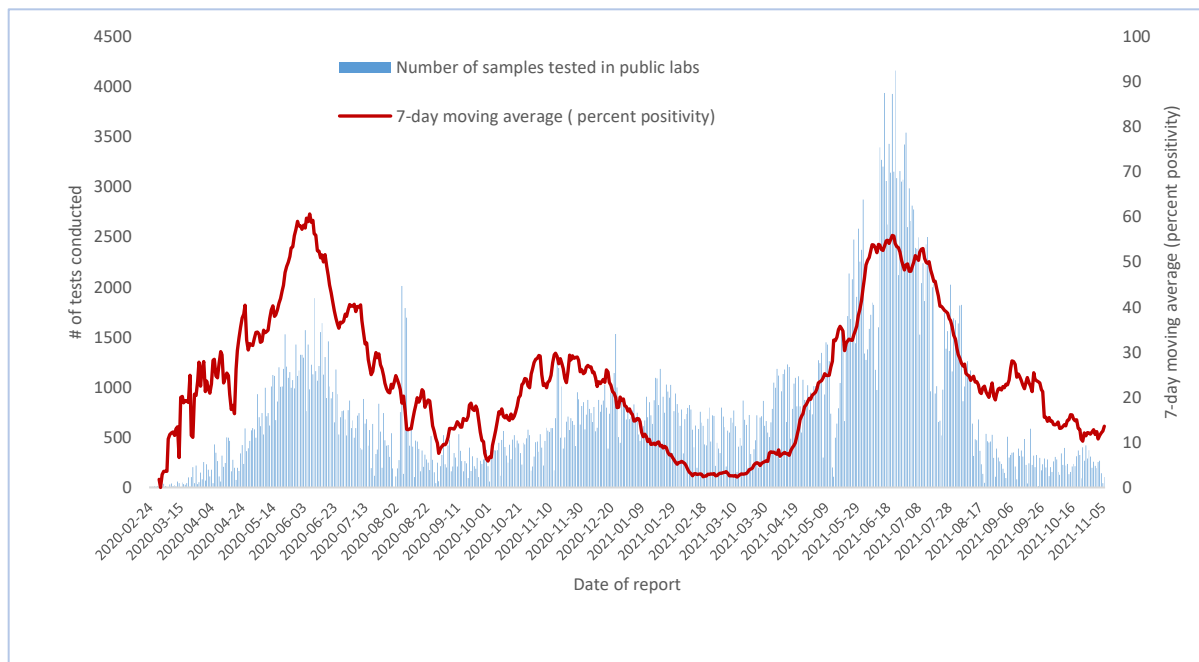
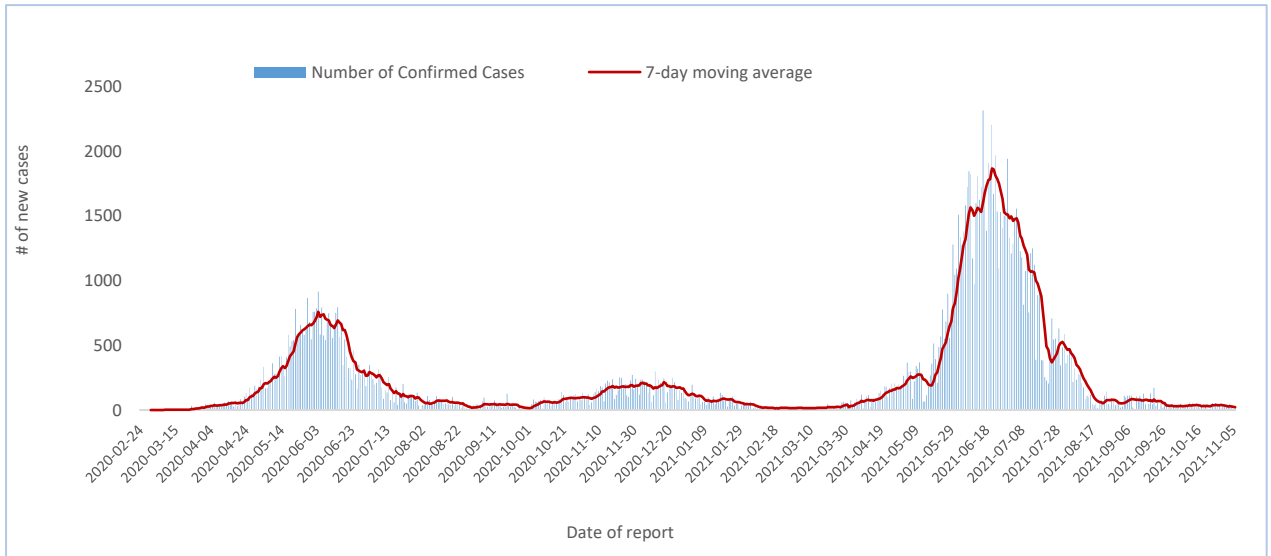


Figure 2: Epidemiological curve of COVID-19 cases in Afghanistan, as of 6 November 2021



- Acute Watery Diarrhoea (AWD)** – The AWD outbreak continues across 5 provinces: Kabul, Kapisa, Kandahar, Laghman and Zabul. Since 12 September, 3,339 cases of AWD and 8 deaths (case fatality rate of 0.23%) have been reported to the national disease surveillance and response (NDSR) system at the Ministry of Public Health (MoPH) and WHO. Most cases, 2,512 (75.2%) are from Kabul province with 582 (17.4%) from Sarobi district, 154 (4.6%) from Kandahar, 47 (1.4%) from Zabul, 35 (1.0%) from Laghman and 9 (0.3%) from Kapisa. WHO and partners have been responding to the outbreak since September. An overall decline in the number of AWD cases has been observed since late October, with Kapisa, Kandahar, Laghman and Zabul provinces reporting no new cases last week. However, the situation remains precarious and needs to be followed closely.

Figure 3: Epidemic curve of AWD cases (n=3339)

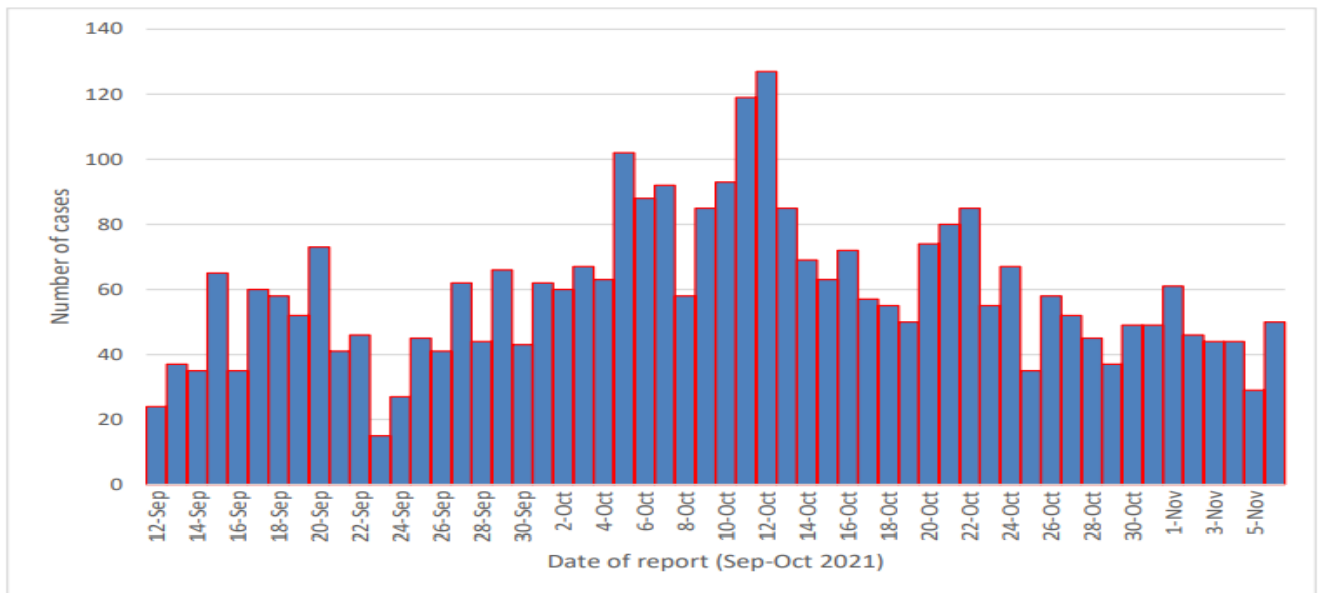
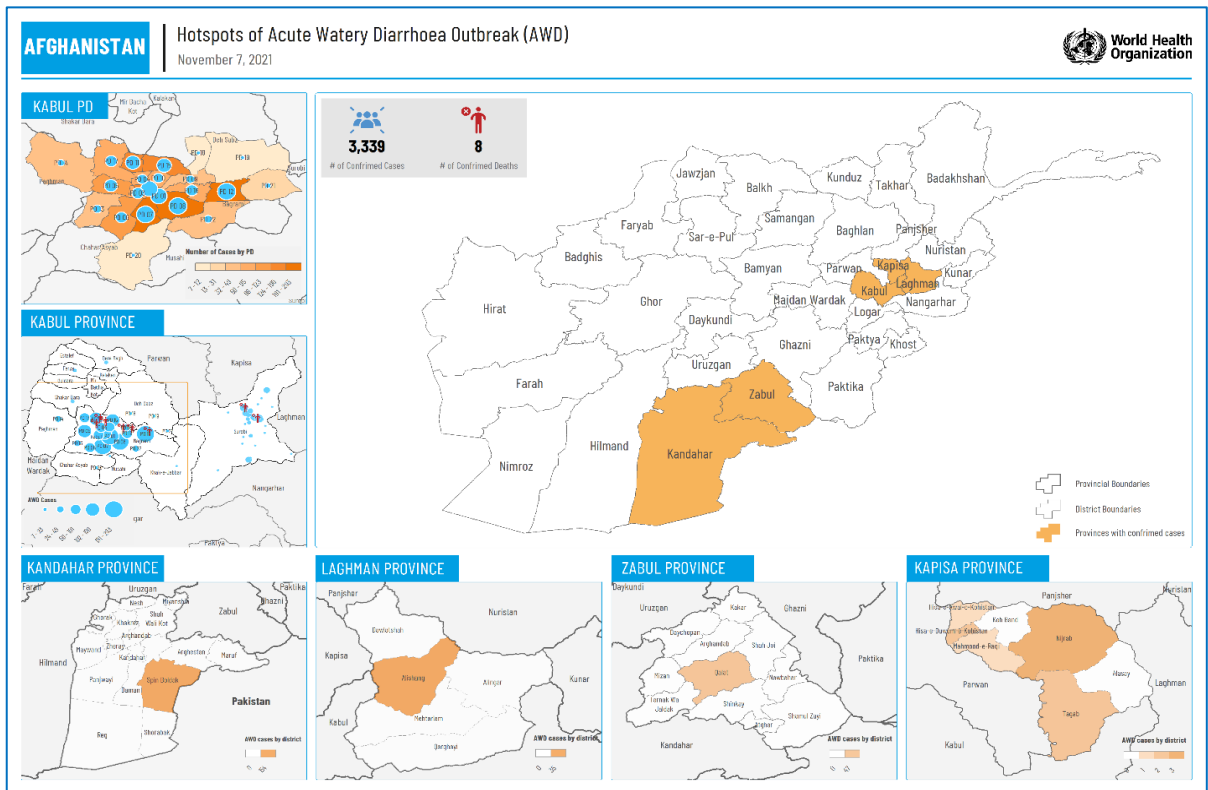
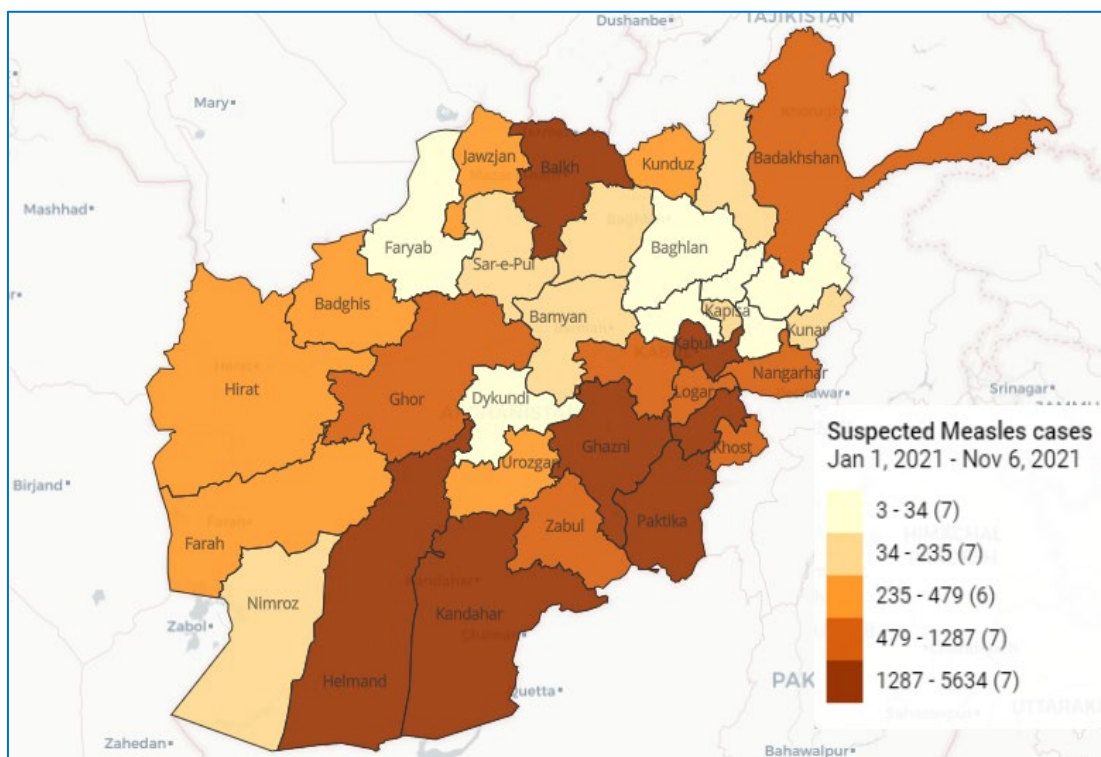


Figure 4: Acute watery diarrhoea hotspots



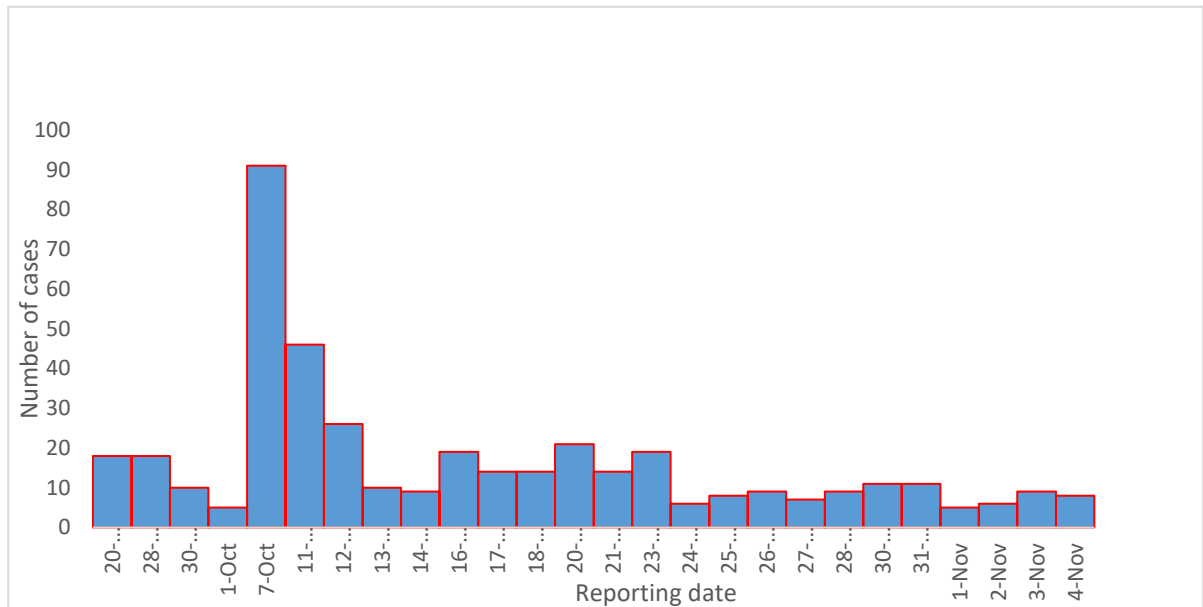
- Measles** – Afghanistan has been experiencing a measles outbreak since January 2021, with 2,397 laboratory confirmed cases and 87 deaths reported since the beginning of 2021. The most recent suspected outbreaks were reported in the Yaftal Paien district of Badakhshan province (57 cases) and the Qalat district of Zabol province (9 cases). Blood samples have been collected for testing and confirmation. WHO is monitoring the situation with partners.

Figure 5: Suspected measles cases hotspots



- **Dengue Fever** – A dengue fever outbreak has been ongoing in Nangarhar province since late September, with 423 clinical cases and 1 death reported. WHO and partners have been responding since September and case numbers are currently declining.

Figure 6: Dengue Fever epidemic curve



- **Emergency and Trauma Support** – A bomb blast at a mosque in Kandahar in mid-October claimed the lives of 40 people and left many injured. The victims of the blast were taken to the Kandahar Regional Hospital for treatment. The hospital responded by using WHO supplies already available in stock and activated the mass casualty management system developed earlier with support from WHO. On 2 November, an attack on a military hospital in Kabul killed at least 25 people and left more than 50 wounded. Victims were taken to the Wazir Akbar Khan Hospital and the Emergency Hospital. Available stocks of WHO medical supplies at both hospitals enabled a swift response and treatment of the victims of the blast.
- **Malnutrition** – Malnutrition continues to be a growing and serious health challenge across Afghanistan. An estimated 3.2 million children under the age of five years are expected to suffer from acute malnutrition by the end of the year. At least 1 million of these children are at risk of dying due to severe acute malnutrition if they do not receive immediate treatment. Worsening food insecurity will exacerbate the situation, taking a heavy toll on the health and survival of Afghan children.
- **Polio** – A nationwide polio campaign started on 8 November aiming to target 9.9 million children under five years of age. This is the first polio vaccination campaign since 15 August. The resumption of the campaign puts Afghanistan on the path to eradicate polio but urgent and sustained access to all children is needed to finish the job. Another polio vaccination campaign is planned in December and will be synchronized with Pakistan’s polio vaccination campaign.

WHO RESPONSE

LOGISTICS

- **Supplies and logistics** – WHO is airlifting medical supplies to address critical shortages at health facilities. Since 15 August, WHO has flown 266 metric tonnes of medical cargo to Afghanistan via 15 flights, enough to cover the urgent health needs of around 2.8 million people. The shipments included essential medicines, surgical and trauma supplies, COVID-19 response supplies, treatments for malnutrition and childhood pneumonia and supplies to treat acute watery diarrhoea. However, much more must be provided to support the health of the millions of people in desperate need in Afghanistan.

Medical Supplies Airlifts

- Since 30 August, the Government of the State of Qatar has supported the delivery of 60 metric tonnes of life-saving medical supplies to Afghanistan. This life-saving medical cargo includes treatment for 5,000 children suffering from severe acute malnutrition, as well as supplies and equipment for diarrhoea, pneumonia, and other life-threatening conditions.
- In October-November, two European Union humanitarian airbridge flights supported by ECHO (European Union Civil Protection and Humanitarian Aid) delivered WHO supplies to Kabul. The supplies will support care for 177,000 people, including during pregnancy and childbirth, trauma, surgery, and provision of medicines for people suffering from noncommunicable diseases such as hypertension, mental health issues, diabetes, asthma, heart disease and lung disease.



WHO has airlifted AWD supplies through two flights. These will be used to care for up to 3,000 people with AWD and support 1,000 confirmatory tests for AWD. These shipments also included COVID-19 testing supplies to cover the needs of 20,000 people.

Supporting Health Facilities

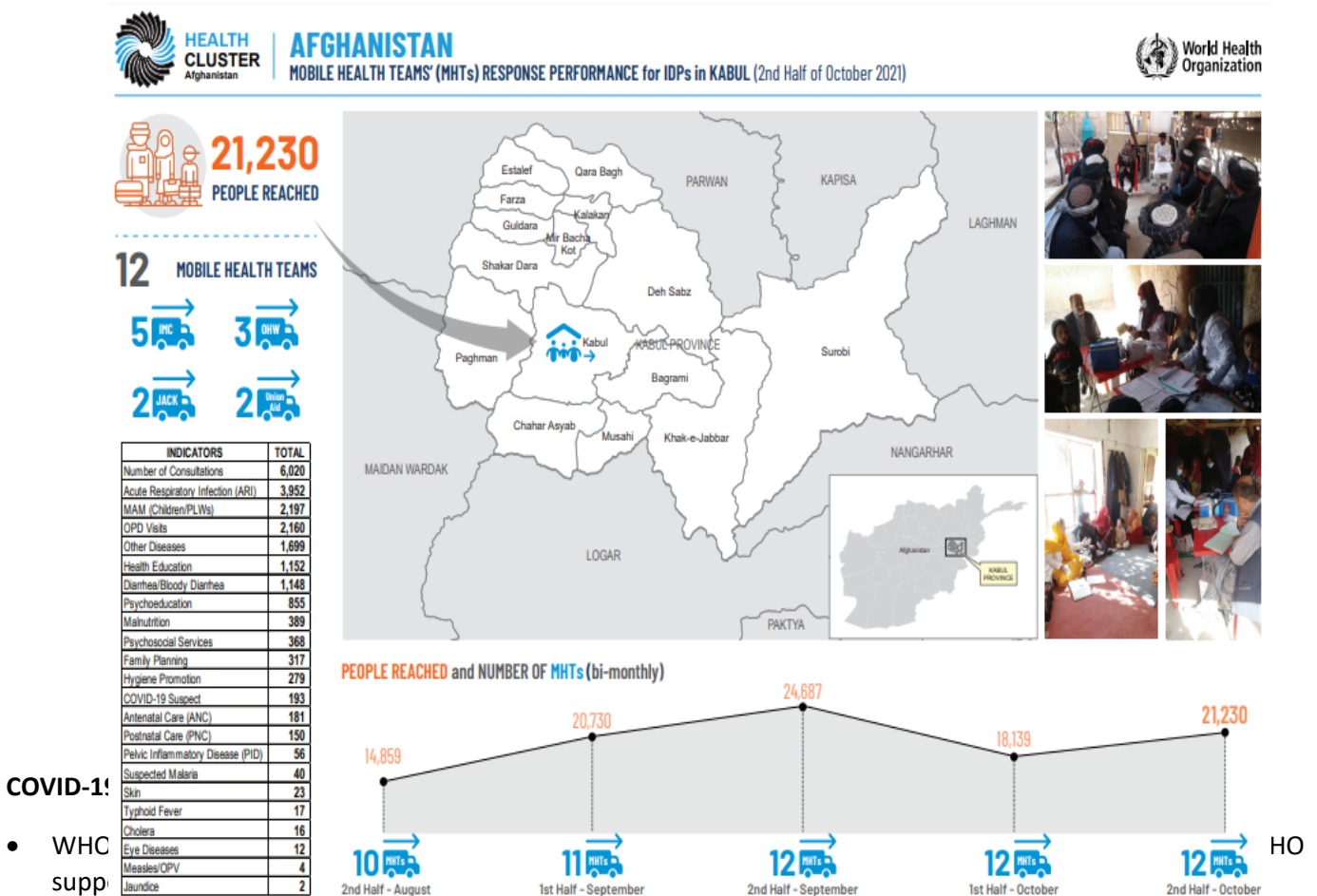
WHO is continuing to dispatch supplies to health facilities across the country to respond to rising health needs.

- **North:** Medicines and surgical supplies provided to cover the health needs of 16,700 people in Kunduz, Mazar, Samangan and Sar-e-Pul provinces.
- **South:** Medicines and surgical supplies provided to cover the health needs of 8,800 in Helmand, Kandahar, Nimroz, and Uruzgan provinces.
- **East:** Medicines and surgical supplies provided to cover the health needs of 9,000 people in Nangarhar province.
- **West:** Medicines and surgical supplies provided to cover the health needs of 9,000 people in Herat.
- **Central:** Medicines, treatments for AWD and pneumonia and surgical supplies provided to cover the health needs of 105,600 people in Daikundi, Kabul and Wardak provinces.

COORDINATION – HEALTH CLUSTER

- WHO, together with the health cluster and WASH cluster partners, is continuing to deliver a coordinated response to the AWD and dengue outbreaks, providing technical support for case management, capacity building of medical staff, surveillance and testing, chlorination of water sources, and raising community awareness about these diseases.
- In October, health cluster partners reached 608,129 people with primary and secondary health services and 92,616 people with health promotion and COVID-19 prevention messages and activities.
- The health cluster continues to provide life-saving mobile health services for internally displaced people in Kabul through 12 mobile health teams. In the second half of October these teams reached 21,230 people.
- The health needs overview (HNO) 2022 has been developed in consultation with the health cluster partners, while the humanitarian response plan (HRP) 2022 is currently being finalized.
- The health resources availability mapping system (HeRAMS) for Afghanistan has been finalized in consultation with health cluster partners. Two rounds of training of trainers (ToTs) have already been conducted with 40 health cluster partners to refine and adapt the tool to the country context. Data collection on health facilities using HeRAMS is expected to be completed by mid-December 2021.
- A multicluster joint winterization strategy has been developed. The surveillance of winter-related disease is being enhanced and medical supplies to treat acute respiratory infections such as pneumonia are being prepositioned at health facilities to enable a timely response if cases start to rise.

Figure 6: Mobile Health Teams Response for IDPs in Kabul (2nd half of October)



Acute watery diarrhoea (AWD)

- WHO has trained nearly 90 surveillance officers and field staff supporting epidemic disease surveillance and early response, including AWD.
- Support has been provided for the recruitment of 20 rapid response team (RRT) staff for AWD surveillance at 10 hospitals in Kabul.
- Supplies and equipment have been provided for laboratory testing and case management for more than 15,000 AWD cases.
- 50 social mobilizers have been engaged in 20 districts of Kabul city to raise awareness of AWD via a 15-day campaign. Nearly 463,500 people were reached, and 250,000 brochures and 5,000 posters distributed.
- Ongoing support for rapid diagnostic testing (RTD) for is being provided to selected health facilities.



Dengue

- A vector control plan has been developed and implementation will begin soon.
- Two RRTs in Nangarhar have been deployed to support active surveillance, community engagement and case management.
- Case management support is being provided to the Nangarhar Regional Hospital.
- Mass awareness messages are being developed for distribution.

Measles

- WHO is supporting the planning for a measles campaign set to begin in early 2022.

Malnutrition

- Supplies dispatched to 47 therapeutic feeding centres across 23 provinces to treat around 8,460 children suffering from severe acute malnutrition.
- Medicines and feeding sets distributed to 30 malnutrition treatment centres to treat 8,500 severely malnourished children.

Capacity building

- Basic life support training provided to 25 trauma care health workers in Herat city and mass casualty management training delivered to 26 doctors from Farah and Herat provinces. Further trainings are planned as part of WHO's efforts to expand trauma care and management.

HEALTH NEEDS

- While funding through CERF is in place to support 2,331 health facilities till January 2022, urgent support from the international community is needed to ensure health services can be sustained and scaled-up beyond this period without any gaps.
- Support is also needed to sustain the 37 COVID-19 hospitals that are not covered under the funding provided by UN CERF. Without this, the COVID-19 response will face setback.
- Surveillance and testing of diseases, including support for rapid response teams need to be urgently enhanced along with routine immunization to better monitor and respond to outbreaks to prevent secondary health crises.
- Fuel, electricity, medicines, and medical supplies remain short or are not present at many health facilities across the country. While WHO and partners are moving swiftly to fill gaps, health needs are mounting fast as this multi-dimensional humanitarian crisis grows rapidly.

WHO RECOMMENDATIONS

- Donors must step-up support to ensure existing plans and resources are in place to sustain health facilities beyond January 2022; this includes funding for COVID-19 hospitals and numerous disease outbreaks.
- Donors must continue to support Afghanistan to ensure availability of COVID-19 vaccines, without which a large majority of the population will remain vulnerable to the virus.
- Continue scale-up surveillance of infectious and winter-borne diseases and ensure a coordinated implementation of the winterization strategy together with other UN agencies and partners.
- As malnutrition grips the country, a coordinated UN response backed by donor support is needed to address the growing crisis urgently.



Further information:

- Dr Alaa Abouzaid, WHO Afghanistan Emergency Team Lead, abouzeida@who.int
- Bisma Akbar, WHO Afghanistan Communication Officer, akbarb@who.int