

KEY UPDATES:

- ◆ Conflict escalated in the northeastern region on 28 September with an attack by non-state armed groups on Kunduz City. The conflict has resulted in multiple civilian casualties, major disruptions in health service provision and large-scale displacement of people to northern provinces
- ◆ 13 health facilities in Nangarhar province, 12 in Helmand, 3 in Uruzgan and 1 health facility in Paktia province have been closed due to insecurity and threats against health workers
- ◆ WHO continues to support mass casualty management preparedness and response in high-risk provinces by training medical officers on stabilization of trauma cases and basic life support
- ◆ Public information campaign highlighted prevention measures and common symptoms of the Middle East respiratory syndrome coronavirus (MERS-CoV) targeting pilgrims returning from Hajj



Children displaced from Helmand at a Kabul camp for internally displaced people where WHO supports the provision of health services

PROGRAMME ACTIVITIES AND ACHIEVEMENTS:

- ◆ The new Inactivated Polio Vaccine (IPV) was introduced into the routine immunization schedule of Afghanistan on 30 September—the vaccine is free and now available at all health facilities
- ◆ WHO, UNICEF, IMC, and HNTPO supported polio vaccinations for over 180,000 children <10 in Khost and Paktika
- ◆ WHO supplied medicines and trauma kits to Faryab Public Health Directorate for trauma care interventions in response to the ongoing conflict
- ◆ WHO and the Ministry of Public Health conducted a training on gender mainstreaming in humanitarian health action for 30 Health Cluster members, including EPHS/BPHS implementers, NGOs and UN agencies
- ◆ WHO conducted training on Crimean-Congo haemorrhagic fever (CCHF) for 44 Disease Early Warning System (DEWS) focal points
- ◆ Community mobilization for safe slaughtering practices during Eid days conducted by the zoonotic committee
- ◆ Malaria outbreak investigation and response in Laghman was conducted in collaboration with MOPH/NMLCP, SCA and HNTPO. With the support of WHO, 3,632 houses were sprayed with anti-malarial medicines and 12 laboratory technicians were hired for active case finding
- ◆ MoPH and SCA prepositioned anti-malaria drugs to Laghman and 12,526 people received health education on malaria prevention and symptoms



Mosawer is the first child to receive the new injectable IPV polio vaccine in Afghanistan



WHO organized a training for members of the Afghanistan Health Cluster on gender mainstreaming in humanitarian health action

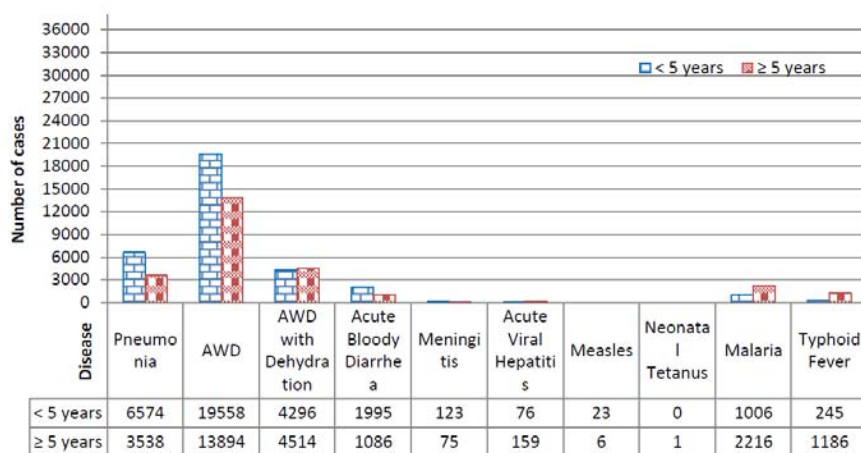
MAJOR PUBLIC HEALTH RISKS AND CHALLENGES:

- ◆ The ongoing conflict in the North has caused internal displacement and serious disruption of health services
- ◆ There is a risk of communicable disease outbreaks in the displacement camps in the North
- ◆ As pilgrims return from Hajj from Saudi Arabia, the common symptoms of the Middle East respiratory syndrome coronavirus (MERS CoV) must be closely monitored and reported
- ◆ CCHF continues to be a public health risk in Afghanistan



CCHF training for 44 DEWS focal points in Jalalabad

Disease cases during week 39/2015 (DEWS):



Health education sessions were conducted in Laghman during malaria outbreaks

KEY MESSAGES:

- ◆ WHO urges all parties in conflict to respect the safety and neutrality of health workers and health facilities
- ◆ WHO calls on all governments and military officers to observe their obligations under international law and to ensure the protection of health services in conflict
- ◆ Daily surveillance for communicable diseases and injuries is needed to enable effective preparedness and action
- ◆ Proper monitoring of the IDP situation and addressing WASH, food and shelter issues as well as gender-based violence (GBV) prevention and response are key priorities
- ◆ MERS-CoV: If Hajj travellers develop a significant acute respiratory illness with fever and cough during the two weeks after their return, they should immediately seek medical attention



3632 houses were sprayed with anti-malarial drugs in Laghman