World Health Organization
سازمان صحی جهان

Health Cluster report: January–June 2012

Highlight

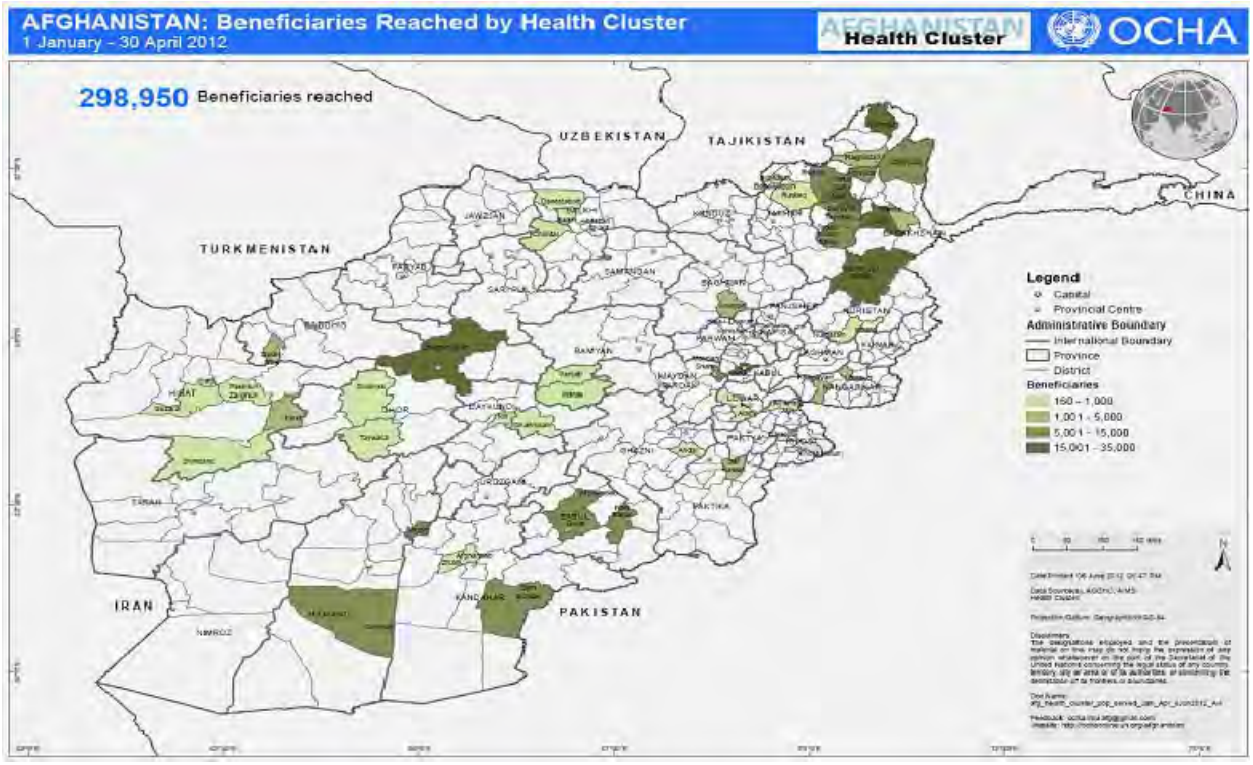
Harsh weather and floods, combined with reduced population coverage by health services activates a Health Cluster emergency response, depleting available funds and resources.

Heavy snows, floods and several large-scale disease outbreaks of acute respiratory infections (ARI) in the first four months of 2012 have resulted in the Health Cluster activating 18 mobile and 7 temporary static health teams, run by the Afghanistan Center for Training and Development (ACTD), Afghanistan Health and Development Services, Care of Afghan Families, Emergency, Ibn Sina, Merlin and Service Health Relief Development Organization, with the technical support of WHO.

During the period of reporting, the Health Cluster has covered, with temporary health services, approximately 300 000 communities affected by natural disasters (harsh winter, floods, large-scale outbreaks), the conflict in Helmand Wardak, Logar and Zabul, and the movement of internally-displaced persons (IDPs) and informal settlements (Kabul and Kandahar).

Physical access has remained a major challenge for responding organizations due to insecurity and the difficult terrain, requiring the use of animal transport and outreach activities by foot and helicopter. Teams have conducted an estimated 160 000 curative consultations: 32% for children under five and 58% female consultations. Upwards of 45% of consultations revealed a higher number of ARI cases, 43% higher than the national

average during the same period. This further exemplifies the severity of the situation. Approximately 5300 children have been vaccinated against measles in areas affected by outbreaks; this has been part of a broader measles vaccination campaign conducted in Afghanistan.



Across the country, 133 outbreaks were investigated and responded to from January to April. The causes of the outbreaks were recorded as: measles (76%) – a notable 42% increase from 2011; pertussis (8%); ARI (8%) – associated with an increased case–fatality rate. This significant increase can be attributed to the improved early warning capacity of health partners across the country and deterioration in the population's coverage by health services and essential interventions, as reflected by a 40% increase in the number of closed health facilities compared to the same period in 2011. A map of the health resources assessment 2012 by the Health Cluster and of outbreaks between January and April 2012 can be found at: http://afg.humanitarianresponse.info/clusters/Health.

This sharp increase in the number of measles cases across Afghanistan affecting all age groups, combined with an increase in pertussis outbreaks and the status of emergency declared regarding polio, resulted in the ramping up of a county-wide emergency intervention to improve coverage rates and reduce morbidities and mortality due to vaccine-preventable diseases.

Following flooding that damaged the Sari Pul Hospital, the Health Cluster/WHO promptly responded to reactivate capacity in the following areas: delivery ward, communicable diseases, operating theatre; in the provision of one ventilator/anaesthesia machine,

oxygen concentrators, suction pumps, trauma kit, other miscellaneous medical supplies and a 72 m^2 tent to be used as a paediatric ward. Despite the difficult working conditions, joint efforts have resulted in strengthened surveillance, the rehabilitation of quick water sources (UNICEF, Danish Committee for Aid to Afghan Refugees, ACTD), and the launching of a health awareness campaign. So far, these measures have prevented outbreaks of acute watery diarrhoea and malaria in Sari Pul flood-affected districts. Cluster support was also required for the response to floods in Jawzjan, Daikundi, Badakhshan and Takhar.

The response to IDP needs is well below target, with only 43 000 persons assisted as none of the Consolidated Appeals Process (CAP) projects targeting IDPs have so far been funded.

In response to an increase in the number of casualties due to the conflict, temporary emergency health services have assisted nearly 60 000 people living in areas without access to health services. More of these services are needed and Cluster partners are ready to increase service delivery – even in insecure areas – but due to the low level of funding for the health sector, the Cluster currently cannot further increase the level of service provision. Interventions in Daikundi Bamyan and Faryab (remote insecure areas) aiming to replace emergency health services with more sustainable community-based health services, such as family health houses linked with the basic package of health services, are ongoing. However, the scale of intervention needed is far greater than is currently being delivered. There is an increasing need to ensure that emergency actions are the starting point and also the foundation for sustainable rehabilitation and development.

So far, the health sector funding through CAP has been very low (12%), leading WHO to use almost all available funds to cover operational costs and the purchase/distribution of medical supplies to nongovernmental organization partners. Available resources will be sufficient to continue the activities until August/September, which will mainly affect contingency planning for next year's winter, the response to IDPs/returnees and natural disasters, including epidemics.

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Thank you for your support and continued interest.