

Afghanistan in the 21st century: *A health sector analysis*



WHO's goal is to foster the attainment by all peoples
-- especially the poor and most vulnerable --
of the highest possible standards of health.

The guiding principles of WHO are:

1. "We can't do it alone, so we work in partnership with others."
2. "We can't do it all at once so we set priorities." ¹

Priority setting helps focus the world's attention, resources and actions on innovative and cost-effective public health action with specific goals and measurable results.

¹Dr. Gro Harlem Brundtland, Director-General, World Health Organization, as quoted in "Removing Obstacles to Healthy Development," WHO, 1999

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Two decades of war in Afghanistan have pushed the health sector into a critical phase. On the one hand, the health infrastructure has been damaged or destroyed all across the country. On the other hand, epidemic diseases, malnutrition and poverty have increased demands on health care providers at an exponential rate. Simultaneously, Afghanistan faces dwindling resources, political, security, logistical, organizational, and managerial constraints, which make implementation of activities a tremendous challenge for all involved. Shortages of health workers caused by death, disability and brain drain during the long years of war cannot be quickly remedied due to the faltering higher education system.

Poor hygiene and sanitation, limited safe water supply, poor nutrition, high vulnerability to recurrent epidemics and natural disasters and reduced delivery capacity of the existing health facilities have become important features of the situation in Afghanistan. Of particular importance is the high prevalence of abject poverty and the heavy burden of communicable disease.

In the last five years since the introduction of the Regional Primary Health Care Framework in Afghanistan, progress in the health sector has been patchy at best, hampered by the ongoing civil war and inability to sustain national reconstruction and rehabilitation efforts. Afghanistan seems prone to crisis. In 1998 and 1999 Afghanistan experienced devastating earthquakes in a very remote areas, a prolonged military siege of the central mountainous area, ongoing conflict on two active frontlines, a summer cholera epidemic and still continuing restrictions on the free travel of international UN staff in Afghanistan. These acute and ongoing crises have negatively impacted the progress of health programs in Afghanistan.

Notwithstanding, some progress has been seen in the Eastern and Western Regions of Afghanistan. These regions are experiencing relative peace and stability as well as good road access to neighboring countries. They have functioning TB facilities, malaria control programs, EPI in most districts, a rudimentary health information system, and a higher proportion of trained health workers and health facilities to provide maternal and child health care. In the past two years, these regions have had no major natural disasters and have been able to prevent or control outbreaks of cholera, measles, polio and influenza that have ravaged other parts of the country.

In the other six regions of the country a combination of ongoing insecurity, population displacements, socio-cultural isolation, geographic remoteness, and natural disasters have caused a regression of health indicators slowed only by sporadic efforts of the international community to control serious outbreaks. It is no surprise that Afghanistan has recorded the second highest maternal mortality rate in the world (1700 per 100,000 live births), one of the highest infant mortality rates in Asia (165/1000 live births) and, in EMR countries, the lowest female literacy rate (13%).

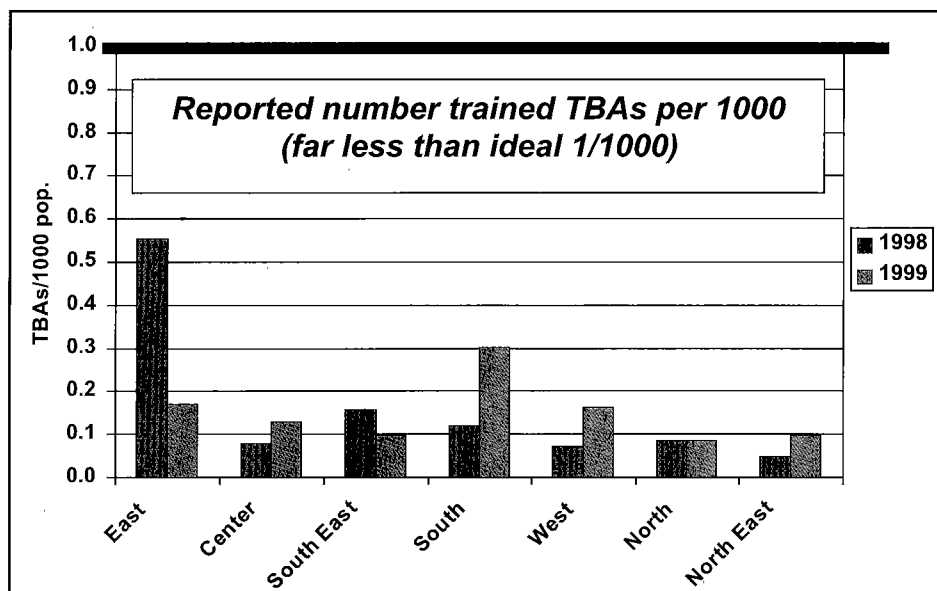
Against all these odds, WHO has maintained functioning sub-offices in each of the eight regions. In collaboration with MOPH, UNICEF, NGOs, and other partners, WHO has facilitated Regional Health Coordination Committees (HCC), meeting with the local authorities and other stakeholders to share information, plan health programs, train health workers and develop health resources and infrastructure. Sub-committees and task forces of the HCC focus on specific projects or problems such as the Maternal and Child Health sub-committees and the very successful Cholera Task Forces.

WHO country program priorities are based on epidemiological evidence of burden of disease and on the local realities including resources and potential capacity indicated in the regional work plans. Building on the successful experiences in disease prevention and control in Afghanistan in the past four years, it will promote integrated management of diseases, focusing mainly on acute respiratory infections especially pneumonia, diarrhoeal diseases, measles, neonatal tetanus, malaria, leishmaniasis and tuberculosis.

Priority: Safe Motherhood

The shortage of available facilities, inadequate distribution of services especially for the rural populations, and insufficient human resources, especially a shortage of trained female health personnel, are compounding difficulties for the women population. Most of the maternal deaths are due to inadequate health services, too few health facilities, too far away, understaffed or staffed with inadequately trained health personnel. The traditional reluctance of women to contact male health providers, poor health awareness, high illiteracy rate and family poverty contribute to the under utilization of existing health services.

“It is estimated that every day in Afghanistan about 45 women die of pregnancy related causes resulting in over 16,000 maternal deaths each year.” The critical goal of Safe Motherhood is to ensure that all pregnant women have access to good quality maternal health services that can



detect and manage life-threatening complications. Only about 15% of deliveries in Afghanistan are attended by trained health workers, most of whom are trained Traditional Birth Attendants (TBAs) and greater than 90% of births take place at home.

In 2000, the goal is to integrate the TBAs into the health system by

providing linkages that include proper supervision and referral mechanisms for complicated cases. In the next few years, emphasis will be placed on training and deploying an adequate number of professional skilled midwives to eventually provide the majority of delivery care. WHO in collaboration with MOPH are planning to re-open the intermediate medical schools, offering a three-year training course for female nurses/midwives, in Herat, Mazar, and Jalalabad. The minimum acceptable level of Essential Obstetric Care Services (EOC) for every 500,000 people is one comprehensive EOC facility which can perform surgery and provide blood transfusions in addition to four basic EOC facilities which have the capacity to administer intravenous medications and assist vaginal deliveries. Afghanistan has less than one-fourth of this minimum level of EOC service facilities and they are unevenly distributed, functioning

mostly in the Eastern and Central Regions. Existing hospitals are always short of resources for minimum EOC needs!

"Safe Motherhood" contributes significantly to Child Health by minimizing the perinatal causes of infant mortality, including birth trauma and neonatal tetanus, contributing about 20% of the mortality rate. Another estimated 20% of childhood deaths are due to each of three infectious causes: pneumonia, diarrhea, and vaccine preventable diseases (measles, pertussis, diphtheria, tetanus and polio). Malnutrition and lack of basic health services and essential drugs raise the death rate from these diseases even higher.

Priority: Expanded Program of Immunization (EPI)

Successful implementation of national immunization days (NIDs) for polio eradication have demonstrated that properly coordinated joint efforts can reach large groups of populations despite the ongoing constraints in the war-torn Afghanistan. The lessons learned can contribute towards developing effective and sustainable EPI outreach services and other activities to expand the existing limited service delivery of the health system. Also the efforts to build micro-planning capacity at the district level have the potential to enhance EPI routine services as well as other health service delivery in the country.

Polio Eradication, the goal for the end of the year 2000, aims to rid Afghanistan of a crippling disease responsible for half of all limb disabilities. The other half are due to land mines and war



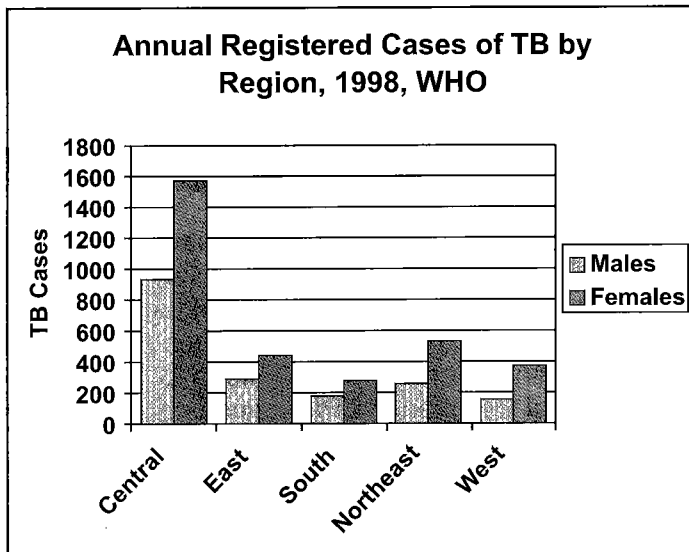
injuries. To reach the goal, routine EPI needs to be improved, more rounds of NIDs are needed next year and then ongoing surveillance for polio cases for about three more years. So far this year, 94 new polio cases have been identified. We hope there will be none in 2001.

As well as creating a polio-free world, polio eradication activities are strengthening our capacity to tackle other preventable diseases.

Measles Elimination, the goal for 2010, requires high routine EPI coverage. Current coverage of 288 out of 330 districts by 426 fixed centers needs to be improved, both by increasing the number of fixed centers (clinics offering EPI services) and by improving the consistency and quality of services and outreach activities of existing centers.

Priority: Control of Communicable Diseases

Infectious diseases account for more than half of all premature deaths and disability. Pneumonia kills the elderly as well as children and tuberculosis is a major killer of young adults.



At least 15,000 Afghans die of tuberculosis each year while another 70,000 are new cases. The prevalence of active TB cases in 1999 is considered to be about 133,000 persons, more than three-fourths are young adults and approximately 70% are women. Properly implemented Directly Observed Treatment, Short-course (DOTS) can prevent more than 85% of all tuberculosis deaths, but current resources can only provide the recommended DOTS treatment for 8400, a mere 6.3% !

While about 300,000 cases of malaria are reported each year in Afghanistan, with only about one-tenth reported, the total is estimated to be near 3,000,000 (thirty times the level in 1978). In addition, the most dangerous form of malaria in the region, falciparum, has shot up from 1% of the cases then to more than 5% now. Bednets and other prevention and treatment strategies can prevent 50% of all malaria deaths.

More than 270,000 people in Afghanistan have active leishmaniasis, another insect-borne parasitic disease, up from 14,000 three years ago. The disease often scars the face and may mutilate the nose and mouth. People disfigured by this disease may be rejected by their families, adding to their misery. Wide distribution of bednets and early treatment of the lesions are imperative to stop the spread of the disease.

One of the chief causes of epidemics of infectious diseases in Afghanistan is lack of safe drinking water and sanitary surroundings. WHO and other stakeholders collaborate with communities to improve supply of safe water and include in every project a health education component to inform families of vital hygienic practices.

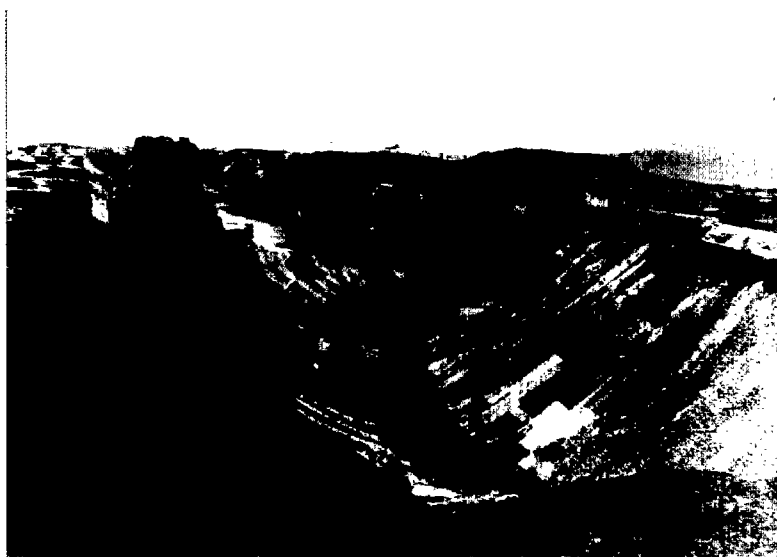


On another level, excess morbidity and mortality in Afghanistan can be chiefly ascribed to insufficient availability and poor utilization of primary care and preventative services, including

immunization programs and reproductive health services. Most regions do not have even one physician per 10,000 population nor even one hospital bed or trained birth attendant per 1,000 population.

In the 2000-2001 biennium WHO will continue to advocate and promote the development of a strongly integrated primary health care (PHC) system throughout the country. Through continuous assessment of disease morbidity and mortality, development of workable strategies, technical backstopping, refresher training of health workers and supply of essential drugs, WHO will support the rural health services as the mainstays of the tuberculosis and malaria control programs and the focus for integrated management of childhood illnesses including diarrhoea and respiratory infections. Improvement and expansion of routine immunization services with particular emphasis on Polio eradication and essential obstetric care services will be jointly supported by WHO and UNICEF in all regions.

WHO will continue to facilitate coordination among authorities, aid agencies, organizations, and the community to improve the effectiveness of health service development. Emphasizing a coordinated approach, WHO will promote that all health providers, public and private, according to their level of expertise, should recommend the same protocol for maternal care, childhood immunization, control of diarrheal diseases, ARI, malaria and tuberculosis. Also standard reporting through coordinated disease surveillance will be facilitated so that epidemics can be averted and essential supplies assured.



Bandi Amir, Bamyan, Afghanistan June 1998, Mr. Peter Coleridge

A major WHO emphasis in 2000-2001 will be to improve the quality of medical education at all levels in order to deliver essential, appropriate health care to the Afghan people. This will involve functional rehabilitation of major medical teaching institutions with special emphasis on female medical education and support to nursing and midwifery schools as well. It should be mentioned that any advances in training depend on the supply of trainees, the future of which is certainly bleak unless Afghan institutions for higher education can be strengthened.

The priority Appeal strategies are to improve availability, quality, and utilization of health services through support to existing clinics, expansion to needy areas, training and refresher courses for health workers, especially female health workers, and improving health education, surveillance and management systems.

Proper implementation of these strategies could reduce mortality rates by half in less than a decade. It's a challenge that needs our support.

World Health Organization – Afghanistan 2000 Appeal

PROJECT TITLE	FUNDS REQUESTED
<p>Promotion of Safe Motherhood Project Objectives:</p> <ul style="list-style-type: none"> • Increase accessibility to essential obstetric care services by 10 per cent in one province in each of five regions within one year • Increase awareness among 20 per cent of the adult population of reproductive health, including family planning 	\$606,320
<p>Development of Human Resources and Medical Sciences Education Project Objectives:</p> <ul style="list-style-type: none"> • To improve the quality of medical education at all levels in order to deliver essential, appropriate health care to the Afghan people. • To rehabilitate all major medical teaching institutions with special emphasis on female medical education. • To establish the planning process, policy development, production and deployment of human resources in the medical field. • To explore and introduce continuing education courses by means of distance education methods. 	\$300,000
<p>Expanded Program on Immunization (EPI) Project Objectives:</p> <ul style="list-style-type: none"> • To improve EPI service delivery capacities of about 500 fixed center facilities in 300 districts, 20 provincial cold rooms and 5 regional cold rooms to effectively provide immunization services to the target group. • To increase immunization coverage to at least 50 % among children under one year of age and women of childbearing age. • To reach over 90% of the under 5 children with two supplementary doses of oral polio vaccine (OPV) and vitamin A supplementation • To maintain and expand disease surveillance to assess the progress to achieve the overall disease eradication, elimination and control goals 	\$200,000
<p>Integrated Primary Health Care Project Objectives:</p> <ul style="list-style-type: none"> • To strengthen the capacity of primary health care centers such as MCH clinics and Basic Health Centers to provide appropriate care for serious childhood illnesses and potential epidemics • To strengthen the capacity of Regional and Provincial Health Management Teams to train health workers and provide monitoring and supervision for management of childhood illnesses and response to epidemics • To upgrade the technical skills of health workers in case management of childhood illnesses, including ARI and Diarrhea • To improve community and family health care practices for prevention, home management, and appropriate care seeking for major childhood illnesses. • To support provision of essential drugs and basic supplies to all levels 	\$260,000
<p>Epidemic Preparedness and Response Project Objectives:</p> <ul style="list-style-type: none"> • To be prepared for outbreaks of disease, whether occurring "naturally" or in areas of man-made or natural disasters, and to respond to disasters and limited outbreaks in order to prevent and control widespread epidemics. 	\$300,000

<p><i>Tuberculosis Control</i> Project Objectives:</p> <ul style="list-style-type: none"> • To reduce morbidity, mortality and socio-economic hardships arising from Tuberculosis 	\$172,000
<p><i>Roll Back Malaria</i> Project Objectives:</p> <ul style="list-style-type: none"> • To reduce morbidity and mortality due to malaria • To prevent and control malaria as a major health problem, so that its effects do not hamper socio-economic development • To increase population access to a sustainable and equitable preventive, curative, and promotive quality services • To strengthen national capacity in malaria control • To embark on the global initiative to Roll Back Malaria (RBM) in complex emergencies 	\$296,000
<p><i>Leishmaniasis Control</i> Project Objectives:</p> <ul style="list-style-type: none"> • To curb the rapid spread of two forms of cutaneous leishmaniasis in central and northern Afghanistan. • To provide timely, equitable treatment for 50% of the new cases • To reduce possible disability, disfigurement, and social stigmatizing effect of leishmaniasis • To strengthen national capacities in leishmaniasis control. 	\$230,000
<p><i>Water and Sanitation in Urban Areas</i> Project Objectives:</p> <ul style="list-style-type: none"> • To reduce diarrhoeal and other water and sanitation-based diseases by providing access to safe drinking water, sanitary means of waste disposal, shallow well chlorination and promotion of hygienic practices to the target population of about 2.5 million • To prepare a solid waste management plan • To develop and strengthen regional and provincial level capacities of the local counterparts by providing training and equipment to support the local authorities in planning, implementing, and managing the water supply, sanitation and hygiene education initiatives 	\$499,000

For more information on the Afghanistan 2000 Appeal go to the following website:

www.pcpafg.org

