More than 1.6 million immunized; 190,000 un/reached

"Polio-free Afghanistan" remains a challenge

In conjunction with this year’s celebration of the International Peace Day, World Health Organization (WHO) in collaboration with UNICEF and the Ministry of Public Health conducted the special polio immunization campaign between 21-23 September 2008 in 7 high risk provinces namely- Nangarhar, Laghman, Kunar, Kandahar, Helmand, Uruzgan and Farah. Around 1.6 million children under five years old were immunized while 190,000 children in the south could not be vaccinated due to insecurity.

In the Eastern region, the campaign was highlighted by the visit of WHO Representative in Afghanistan

Afghanistan’s new health communication tool launched

WHO Representative’s Office in Afghanistan has launched in October 2008 its newly reconstructed website: www.emro.who.int/afghanistan. Hosted by the Regional Office for the Eastern Mediterranean, WHO in Afghanistan’s website features programmes, activities, news and events, photo gallery, reports, essential health data on Afghanistan, and other public health links.

Since many organizations and individuals are now highly dependent on the internet, the country website will serve as a medium for information dissemination.

WHO Representative in Afghanistan Peter Graaff giving polio vaccination drops to children at the Torkham border in Nangarhar Province

Mr Peter Graaff and UNICEF Country Representative Catherine Mbengue to Jalalabad and Mehterlam districts of Laghman province. The two Representatives monitored the vaccination activities in the field and visited one of the Women’s Courtyard in Jalalabad. WHO and UNICEF Representatives also visited the Torkham border to observe the cross border vaccination activity.

Days of tranquility were advocated from all concerned parties for the campaign’s success. His Excellency President Hamid Karzai ordered the Afghan National Army (ANA), North Atlantic Treaty Organization/International Security Assistance Force (NATO/ISAF) to respect the International Peace Day. Taliban also
WHO, CDC review findings

No evidence of polio transmission in accessible areas

Most of the regions in Afghanistan are polio-free. Only the regions inaccessible to vaccinators due to security reasons reported polio cases. This is according to the international surveillance review undertaken in September 2008. So far this year, the country has 20 polio cases, 18 of which were reported from the Southern part while 2 cases were reported from the Eastern region.

WHO Representative in Afghanistan Peter Graaff noted that strengthened surveillance system and strong commitment from more than 50,000 vaccinators and health workers have largely contributed to ensure no child in areas accessible is missed out during campaigns. The WHO Representative said, “I am very pleased with this development. Incredible

WHO Afghanistan with its partners continues its essential work in southern part of the country following the vehicle-borne suicide attack in Spin Boldak which took the lives of the organization’s Afghan medical officers - Dr Shamsul Haq M.H. Kakar and Dr Mamooni Taher Tahir and the UN Assistance Mission in Afghanistan’s driver Mr Azizullah Almas. Dr Haq and Dr Tahir were based in Kandahar City and served as the Assistant Regional Polio Officer and Polio Technical Officer, respectively.

In her message to all staff, the Director-General of the World Health Organization Dr Margaret Chan said, “Although we work extremely closely with the entire UN system to fully implement the security measures needed to protect our staff everywhere in the world, this tragic incident is a stark reminder that we must redouble our efforts to support our colleagues in many areas of the world where some elements are intent on disrupting our essential work to improve the health of people everywhere.”

With confidence and candor, the WHO Representative in Afghanistan Peter Graaff in an interview by Canadian news service journalist Scott Deveau emphasized “not only do they [polio key players in the country] want to eradicate the disease, but now they want to do it in the memory of their colleagues.”

Immunization campaign of children in Eastern Afghanistan was successfully conducted efforts in the face of many challenges have led us to a point where polio could soon be stamped out from Afghanistan.”

Afghanistan’s Medical Officer for the Polio Eradication Initiative Dr Tahir Mir emphasized, “Every effort must be made to ensure that all children are fully protected – wherever they maybe in the country. Part of that effort will require a firm commitment from all those in a position to guarantee safe access and movement for our polio vaccination and surveillance teams.”

An international mission consisting of technical experts from WHO Regional Office for the Eastern Mediterranean, WHO Headquarters and the Centers for Disease Control and Prevention (CDC)- Atlanta, Georgia, USA carried out the review acute flaccid paralysis (AFP) surveillance in Afghanistan from 30 August to 3 September 2008. The purpose of the review was to assess the quality of surveillance in ‘polio-free’ areas to enable the timely detection of any circulating poliovirus.

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How DEWS plays a critical role in controlling disease outbreaks

Saving lives in Afghanistan

Control of measles outbreak in the province of Herat

The Afghan Ministry of Public Health has set itself the goal of eliminating measles in the country by 2010. The Disease Early Warning System (DEWS) plays a critical role in achieving this goal. At present, 128 sentinel sites are functioning in eight epidemiological regions, in all provinces of Afghanistan. They report weekly on new cases of 15 DEWS target diseases (including measles) that were recorded during the reporting period.

In March 2008, the DEWS focal point in Shindand district in the province of Herat noticed an increase in measles cases. Threshold for a measles outbreak is at least five clinically suspected cases of the disease on a cluster basis. Each initial case was investigated, and serum specimens were collected and shipped to the Central Public Health Laboratory (CPHL) in Kabul where they were confirmed as measles cases.

By mid-June, the total number of reported measles cases reached 66; whereas in 2007 there had been only three cases reported in this district. More than 80% of the cases occurred in children of five years or less.

DEWS found a number of predisposing factors and therefore a strong potential threat for an epidemic over the entire province, such as migration of non-immune population; displacement of the population due to war, insecurity, drought; low measles vaccination coverage; and an increasing number of cases within a few weeks. A vaccination campaign in the district was suggested to control the illness and to prevent further spreading of the virus. The issue was raised in several coordination meetings with all counterparts. Finally, it was decided to conduct the campaign in the entire district of Shindand, except in two areas where about 50 villages had been covered during campaigns due to previous outbreaks.

Investigation of a suspected poultry avian influenza outbreak in Khost

A suspected outbreak of poultry Avian Influenza (AI) was reported by community elders in the village of Mahmud Khil in Maton district in the province of Khost on 26 July 2008. Investigation by the joint DEWS and Ministry of Agriculture rapid response team took place a day after. For confirmation of the disease, two samples were collected from the chickens and the area was checked for signs of the illness or any deaths in humans but no sick persons were detected.

Four days later, the Provincial Surveillance and Response Unit (PSRU) of Khost composed another health team for reinvestigation to the area. Again, two specimens were collected from ill chicken and sent to the Central Public Health Laboratory (CPHL) in Kabul. A week later, CPHL informed the PSRU of Khost that this final specimen was positive for H5N1, the virus causing avian influenza.

An emergency meeting was immediately conducted for more investigation and to set up an
WHO National Health Coordinator of Faizabad Dr Mazari Nasiri tells his story

Reaching the unreached of Sheghnan

As the WHO National Health Coordinator for Faizabad, it is my responsibility to monitor and assess the health facilities and activities of all villages in the province. In August this year I traveled to Roshan in Sheghnan District to look into the health issues and services, and identify how WHO Afghanistan can respond.

Sheghnan District is located in the northeastern part of the Badakhshan Province, bordering with Tajikistan and internally with Eshkashim, Ragh, Baharak and Darwaz Districts of Badakhshan. This mountainous district has a population of 26817 and agriculture and livestock are the main sources of livelihood.

Sheghnan District has one community health center (CHC) located in the center of the district and one basic health care (BHC) center located in Chawid Village of Roshan. The BHC in Roshan is one of the not frequented BHCs in my district. But when accessibility (road, weather, and security) allows, I've made sure to carry out monitoring and assessment mission.

Only 3 months during summer the road between Faizabad and Sheghnan is open, and for the remaining 9 months the road is blocked. It is only during this time that I can visit the village of Roshan. Traveling from Faizabad to Sheghnan by road took me and the office driver Tahir, around 8 hours. It was another 3 hours of very bad conditioned road to reach Robat village from Sheghnan. And the challenge continues as we need to walk and travel on a donkey for another 6 hours, depending on the terrain we needed to go across. Indeed, it was not a simple travel to Roshan BHC as I traveled by car, by donkey ride, by foot and cutting
Arriving in Roshan has opened more opportunities for WHO to extend services to its vulnerable community. Acute respiratory tract infection (ARI) is still one of the main and killer diseases. Diarrhea is the 2nd disease of the people and affects children during the summer. Amoebic dysentery, giardiasis and other parasitic diseases are widely spread among its residents. Because the extreme weather in Sheghnan, particularly during winter, the living condition in the area is harsh and unkind. Addiction to the use of opium by a number of people is still a concern.

In response to the request of the Roshan community and the District Governor of Sheghnan, the World Health Organization (WHO) opened Roshan BHC in 1998. Since the BHC started, WHO has been providing all the required medical supplies and equipment until 2004. After 2004, WHO has been supporting the TB control program and polio eradication program, and monitoring the expanded programme on immunization (EPI) and the Basic Package of Health Services (BPHS) activities. WHO also supports the center through prepositioning of emergency health kits (for emergency cases) and the mother & child health (MCH) kits.

During the mission, the staff of the Roshan BHC were all present — including vaccinators, midwives and nurses.

- The technical staff of the health center received refresher training sessions this year. The clinic is clean and what I observed was there were enough spare shoes for patients to use when entering the clinic.
- The vaccine coverage among women and children in the catchment area of the clinic is low – 34% for diphtheria/pertussis/tetanus (DPT3) and oral polio vaccine (OPV3) and 30% for tetanus toxoid (TT2).
- 80% of the basic drugs are available in stock for one to three years duration of use.
- Service delivery including mother and child care is commendable as all patients were registered and received necessary consultation and treatment.
- WHO recommended that the TB treatment center should be opened again.
- Based on the latest polio immunization records, children in the village were all immunized.

BHC Roshan's remoteness isn't enough reason to overlook its needs. Just like any other communities in Afghanistan, the vulnerable communities in and around Roshan continuously need health assistance. I sincerely believe that it is every single individual's right to have access to good health and it is my humble responsibility to ensure that those living in far-flung villages of Afghanistan will have access to basic health services.
23 completed community midwifery education program in Baghlan

Twenty-three participants of the Community Midwifery Education Program in Baghlan province completed the course and graduated on 29 July 2008. The graduation ceremony was attended by the Deputy Minister of Health Dr. Nadera Hayat Burbani and the WHO Representative to Afghanistan Mr. Peter Graaff. The 20 to 30 year old students had accomplished 18 months of theoretical and practical training on ante- and postnatal care, safe delivery, newborn resuscitation and family planning among others. Technically supported by WHO, the pilot project was implemented by the French non-government organization, Medical Refresher Courses for Afghans (MRCA).

After the graduation the new community midwives will return to their respective villages and start to work there as skilled birth attendants—a much needed profession in Afghanistan where maternal mortality is among the highest in the world. The new midwives will increase pregnant women’s access to skilled attendance at birth especially in rural areas, bringing essential obstetric care as close to peoples’ homes as possible.

Stopping TB in Afghanistan through a strong partnership

To help achieve the goal of eliminating TB as a public health problem and to be among the countries of the world that have eliminated tuberculosis, the Stop TB Partnership has been organized in Afghanistan. Now in the phase of firming up its membership, the partnership will promote wider use of the national Stop TB strategy with emphasis on advocacy, communication and resource mobilization.

Membership of the partnership will consist of representatives from the international community, business sector, the academe and the government. With strong collaboration with the National TB Programme of the Ministry of Public Health and the World Health Organization, the Stop TB Partnership in Afghanistan ensures that every TB patient in Afghanistan has access to effective diagnosis, treatment and cure. It is working towards the goal of stopping the transmission of tuberculosis in the country and reducing the social and economic toll of TB.

Meanwhile, the 3rd Afghanistan Partners’ Forum 2008, one of the partnership’s initial activities, will take place on 18 October 2008 during the 39th Union World Conference on Lung Health to be held at Palais des Congres in Paris, France. The forum will be a venue for discussion of issues on TB in Afghanistan and an opportunity to show appreciation to donors who have consistently assisted Afghanistan’s TB programme.

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Ban of user-fees almost doubled utilization of BPHS health facilities

In view of both global and national studies showing that user fees interfere with utilization of health facilities by the poor, the MoPH abolished all user fees at BPHS facilities in April 2008. By the end of June, records showed that the number of patients visiting the health facilities almost doubled. While this puts pressure on the planned budget for essential drugs, for instance, it is more in line with MoPH mission of being sustainably equitable, quality and pro-poor health care delivery.

Developed in 2003 by the Afghan Ministry of Public Health (MoPH) with technical and advisory support of WHO, the Basic Package of Health Services (BPHS) ensures primary health care for the people of Afghanistan. It is complemented by the Essential Package of Hospital Services (EPHS) which provides secondary health care. Funding is provided by three major donors, World Bank, European Commission, and the United States Agency for International Development (USAID).

USAID is providing its funding through the World Health Organization (WHO) under the health project called Performance-based Partnership Grant (PPG), which is supporting the implementation of the BPHS in thirteen provinces and the EPHS in five provincial hospitals located in Faizabad, Gardhez, Paktika, Khost and Ghazni. The project provides health care services for over seven million people in the form of BPHS delivered at facilities ranging from a basic health post to a district hospital.

Altogether there are 25 contracts signed with 16 Non-Governmental Organizations (NGOs). The NGOs submit quarterly technical progress reports to the MoPH for analysis and feedback. WHO, in addition to its financial responsibility, reviews the technical reports and advises the MoPH and USAID on its findings. For the last quarter (April, May, June 2008) these reports show in general good progress in implementing the BPHS and EPHS. The quality of health care has improved, and the service delivery system has been expanded to underserved areas by establishing new health facilities.

In detail, the review of last quarter's technical reports shows that in the 13 provinces supported by USAID through WHO 382 health facilities including 17 district hospitals, 136 comprehensive health centers, 205 basic health centers and 25 sub centers have been delivering services satisfactorily. In addition, a total of 4503 basic health posts were functional during the past quarter. Each health post is staffed with 2 community health workers and regular supervision is important to ensure quality of services. Last quarter 8410 community health workers have been supervised, which shows an increase compared to the previous quarter (7797 com
Community health workers). However, only 86% of health posts were properly stocked with essential drugs. All the NGOs reported the service utilization by age and sex breakdown which is essential to ensure that all parts of the population are utilizing the provided services.

All implementing NGOs reported good coordination at provincial and community level. On the community level regular meetings were organized by the NGOs with the communities' health Shuras. Some communities made donations to their health facility, for example the construction of the facilities' surrounding walls.

Regarding the EPHS, the review of the NGOs technical reports showed that they have implemented Performance Quality Improvement (PQI) and Standard Based Management (SBM) as means of quality improvement, and maintained them in all five provincial hospitals. The utilization of services was high for all five provincial hospitals. They received their regular supply during the past quarter, and did not face any measurable stock out of essential drug. In-service training was conducted on a weekly basis in all of them. They organized and conducted monthly provincial hospital coordination meetings with stakeholders, as well as regular hospital community board meetings.

However, security concerns and lack of professional female staff are still a big challenge towards the smooth implementation of the project. To increase the recruitment of female health workers', some NGOs started to recruit female professional staff (doctors, midwives and nurses) from neighboring countries (Tajikistan and Uzbekistan). The deteriorating security affected both the demand and supply dimensions of the program. Security threats were a big concern for female health workers in some areas to attend their day-to-day activities. Monitoring and supervision are also seriously affected. Around 78% of all NGOs reported security incidences that more or less affected their services. Compared to the previous quarter when only 57% of the NGOs reported such incidents, it shows that the security situation has clearly worsened.

Despite the days of tranquility called for by all, the polio immunization campaign in several districts in Helmand province was halted due to security concerns. As a result, around 190,000 children less than five years were not reached by the vaccination teams. During the Provincial Development Committee (PDC) meeting in Helmand on September 23, the Governor of the Province highlighted the issues on polio immunization which need to be addressed soon such as how to access the inaccessible areas, quality of vaccination and field visits by the MoPH staff.

The next round of the national Immunization days is scheduled on 19-21 October 2008. The campaign will be carried out all over the country. This round will hopefully be able to reach some of the children missed-out during the peace day campaign.

The Afghanistan forum will also launch the partnership website and the photo book "voices of the unheard." Hosted by WHO Afghanistan's website, the partnership web page features essential information on tuberculosis in Afghanistan. The photo book "tuberculosis, voices of the unheard" which will also be launched during the event, features photographs by Ricardo Venturi and text written by Global Stop TB Ambassador Anna Cataldi telling stories of despair and struggle, of dreams and hopes.

Before and after the Afghanistan Partners' Forum, advocacy materials will be available from the exhibition booth during the 39th Union World Conference on Lung Health between 16-21 October 2008, sharing Afghanistan's progress in TB control and what still needs to be done.
Afghanistan's next move:
Mainstreaming gender in health

To help implement both the 2002 Gender Policy and the 2007 Gender Strategy in Afghanistan, a three day workshop on “mainstreaming gender in health” was held in Kabul, followed by a two day “training of trainers” in the Ministry of Public Health (MoPH).

Its objectives were to promote equity and equality between women and men; to provide qualitative and quantitative information on the influence of gender on health; and to support Afghanistan to develop gender-responsive programs, policies and projects. In the second workshop, the master trainers were also taught how to impart this knowledge to others.

EMRO’s Gender Technical Advisor Ms. Joana Vogel and the Technical Officer of the Department for Gender, Women and Health in WHO headquarters Ms. Shelly Abdoel facilitated the workshop, participated in by 30 participants. Deputy Minister of Health Dr. Nadera Hayat Burhani opened the workshop with remarks about the history of the Gender and Rights Unit of MoPH and its major activities and achievements.

In three modules of interactive presentations the participants not only learned what Gender Mainstreaming is, why it is important for public health professionals and how gender inequality and health might be connected to each other, but also how to respond to gender in health issues and in public health programs and policies. It was pointed out, that gender refers to the socially constructed roles, rights, responsibilities and limitations assigned to males and females and that it might be changed, whereas the biological sex cannot be changed. Gender analysis in

Based on CSO Afghanistan’s statistics, 48.8% of the country’s population is female.

Public Health contributes to the understanding of differentials in risk factors, differences in the severity and frequency of diseases, and the responses of society and the health system to these problems. It highlights differences among men and women in access to health care services; economic, political and social resources; and decision-making processes.

The WHO Gender Policy was developed in 2002 to emphasize the priority in addressing gender issues within the organization as well as to formally ensure the commitment of all staff members within the organization to integrate gender perspectives in all aspects of their work. In addition, a strategy for integrating gender analysis and actions into the work of WHO was endorsed at the 59th World Health Assembly in May 2007. This strategy aims to progressively mainstream gender throughout WHO as a way to better support member states in achieving goals of gender equality and health equity.

In group work, participants first focused on why tuberculosis is more common among women in Afghanistan (64 percent of the patients are female) and why the maternal mortality rate is among the highest in the world. Then in a second round of group work, suggestions were collected on how to respond to the differences found in the first round in a gender-specific or gender-transformative way.

During the two-day “training of trainers,” ten selected participants were taught different tools on how to prepare their own workshops in order to further spread the issue of Gender Mainstreaming within Afghanistan.
Shindand district has a scattered population of more than 200,000 people, which are living in more than 250 very distant villages that are in remote areas. Access to a health facility is often very difficult. Security in most of the area of Shindand district is not guaranteed and many incidents are routinely occurring.

A Herat provincial health team went on a mission to Shindand district to design a measles campaign microplan, which was circulated to all the counterparts. The target population for the measles campaign was set as all children under five years old. Training and monitoring of the measles campaign, which was funded by UNICEF, was provided by the National Expanded Program for Immunization (EPI). A total of 28 teams, each consisting of two members, implemented the campaign. During 8 days a total number of 33,000 eligible children were vaccinated. Since July 2008 no further cases of measles have been reported in the area.

Investigation of a suspected poultry AI... adequate response plan. Eleven teams composed of three members each were established and trained in one day.

A surveillance campaign was conducted by all teams in villages in 3km radius around confirmed avian influenza case on 8 and 9 August 2008. Fourteen big villages with 980 houses were investigated (monitoring for fever, case investigation, and health education), and 15 specimens were collected from patients with fever and respiratory symptoms and sent to the CPHL.

No case of avian influenza in humans was found.

No evidence of polio transmission.... The review was conducted in Central, Northern, Northeastern and Western regions. Mission members met with health staff and community informants, including mullahs, teachers, faith healers, shrine keepers and parents of AFP affected children. Overall findings of the review include confirmation of a strong community-based AFP surveillance system with good population coverage by the AFP surveillance network and strong coordination between partners – MoPH, NGOs, WHO and UNICEF.

Results of the review show that there is no poliovirus transmission in areas identified in recent years as polio free. Circulation is localized in the Southern part of the country. The challenge ahead is to finish the job in this area and to make the whole of Afghanistan polio-free.
Olympic medalist is Afghanistan’s Stop TB Partnership Ambassador

Taekwondo athlete Rehullah Nikpa made history when he defeated a Spaniard to win bronze during the Beijing Olympics 2008, the first medal in Afghanistan’s Olympic history. Now, he is making another history as he accepted the offer to become Afghanistan’s Stop TB Partnership Ambassador.

“I am one of the millions of young Afghans who wish not only peace for my country but good health for each and everyone. I am one of the Afghans who believe that everyone, whoever you are, wherever you are in the world, has the right to good health,” Nikpa said in a message filmed for the partnership.

The young ambassador highlighted, “As tuberculosis continues to haunt many families in Afghanistan, it is so inspiring to note the efforts of the Ministry of Public Health through its National TB Program, the World Health Organization and its partners – especially the donors continue the fight against tuberculosis.

Nikpa also said that the progress of efforts to stop tuberculosis in Afghanistan is so moving that he joined the partnership to Stop TB in Afghanistan.

From the quarter in Photos

On 27-28 August 2008, WHO Afghanistan’s program managers and national health coordinators held a two-day workshop to discuss programmatic and administrative issues to strengthen field operations of WHO.

The National Tuberculosis Review Meeting was held in Kabul on 23-24 September 2008. Shown here is WHO STB Medical Officer Dr Karam Shah speaking before 40 Regional TB Coordinators and staff from the field and central units of the National TB Programme.
It will serve as a dynamic health information source for key players, partners, and the general public as a whole.

The website hopes to evolve into a complete communication tool/information source on health in Afghanistan for researchers, students, partners and information seekers. It will be regularly updated as WHO’s Afghanistan’s medium to make all reports and information available to the public including the weekly morbidity and mortality report of the disease early warning system (DEWS), weekly surveillance report of the acute flaccid paralysis, monthly and quarterly reports from various programmes available on the mainpage.

Annual reports by program and the quarterly newsletter of WHO Representative’s Office in Afghanistan will also be featured on the website.

News on health events and important health announcements are also being presented on the site such as health travel advisory for Afghanistan.

The website hosts the Stop TB Partnership page which features essential information on tuberculosis in Afghanistan, donors’ activities and funds, events, publications and reports, and advocacy materials. The website aims to make all information available to the public and endeavors to promote transparency in activities vis-à-vis TB programme’s objectives and development assistance.

Feedback will also form as an integral part of the website. Comments on how to improve the site will be solicited by the country office to ensure an information-seeker friendly website.