



Blood Bank inauguration in Wazir Mohammad Akbar Khan Hospital supported by WHO and USAID/OFDA



2M
AFFECTED



422,661
DISPLACED



470,213
RETURNEES²



475
IEHK KITS



741
OUTBREAKS

KEY FIGURES

394	WHO STAFF IN THE COUNTRY
60	HEALTH CLUSTER PARTNERS
1.6M	OUTREACH (POPULATION REACHED)
HEALTH FACILITIES	
2,865	TOTAL NUMBER OF HEALTH FACILITIES
192	TOTAL NUMBER OF HEALTH FACILITIES AFFECTED
43	HEALTH WORKERS, PATIENTS AND OTHERS KILLED
125	HEALTH WORKERS AND PATIENTS INJURED/DETAINED
34	HEALTH FACILITIES RE-OPENED
DISEASES¹	
6,055,419	ACUTE RESPIRATORY INFECTION CASES
2,060,688	ACUTE DIARRHEA CASES
280	MEASLES CASES DURING OUTBREAK
585	SCABIES CASES DURING OUTBREAK
580	CCHF CASES DURING OUTBREAK

SITUATION UPDATE

- Conflicts forced 9,160 people to flee from their homes in November, bringing the total number of Internally Displaced People (IDPs) to 422,661 in 2019.
- From January to November 2019, 295,911 people were affected by natural disasters throughout Afghanistan (149 killed, 165 injured).
- 32 out of 34 provinces experienced natural disaster during the period damaging 24,959 houses and another 14,121 houses were destroyed. Afghanistan is prone to earthquakes, flooding, drought, landslides, and avalanches³.
- Since January 2019, around 470,213 people returned to Afghanistan from Pakistan, Iran and Turkey with significant needs in health and other basic services.
- 113 attacks on healthcare were reported since January 2019, resulting in the closure of 192 health facilities, where only 34 of them were re-opened. A total of 43 healthcare workers patients and supportive staff were killed and 125 others injured.
- Total of 37 outbreaks were reported in November 2019 with a total caseload of 169 cases from 6 different diseases; bringing the total number of outbreaks to 741 outbreaks with a total caseload of 3751 in 2019.
- According to the projections of Afghanistan Humanitarian Needs Overview 2019, throughout the year, 1.9 million people will be in need of emergency health services due to conflict, natural disasters and a lack of basic services.
- As of January 2019, Health Cluster partners provided lifesaving trauma care services to 137,516 In-patients and out-patients around the country with exclude of road traffic accident and occupational injuries
- Health Cluster partners provided life-saving trauma care, rehabilitation and psychosocial support to 1.6 M conflict-affected people by establishing First Aid Trauma Posts and Trauma Care Units in 12 provinces

¹ NDSR Reports

² OCHA AFGHANISTAN Snapshot of Population Movements (Jan—Nov 2019)

³ OCHA AFGHANISTAN Snapshot of Natural Disaster Events (Jan to Nov 2019)

Public health concerns

- Health Cluster Partners report a concerning trend of increasing attacks on healthcare facilities and healthcare workers in terms of their frequency, severity and deadliness. More advocacy is needed at all levels to ensure all parties to the conflict respect International Humanitarian Law.
- Unavailability of trained and skilled health workers, especially female health workers, in remote and hard-to-reach areas, prevents many women from accessing health facilities.
- With a current immunisation rate of 50 per cent, the risk of disease outbreaks in IDP sites is ever increasing. Scaling-up disease surveillance and response is necessary to prevent large-scale public health crises.
- In November 2019, the surveillance system reported 11 lab confirmed cases including 1 death due to Dengue fever in the country, which has been identified a major public health risk in current situation where the country reported 37 different outbreaks in the reporting period.

Health needs, priorities and gaps

- The ongoing conflict in the country requires additional support for trauma care, mass causality management, and blood bank support in many provinces.
- Assistance for individuals with disabilities, often because of trauma, remains a significant gap that should be comprehensively addressed. The continuum of trauma care including rehabilitation and psychosocial support continues to be a major gap in health service provision for an expanding section of the population.
- Attacks on healthcare workers and health facilities have reduced the access to healthcare and strained health facilities in insecure areas
- Control of outbreaks in IDPs remains a major public health concern; however, outbreaks of emerging disease such as dengue fever have been detected in some areas, which requires further efforts .

WHO action

- WHO constructed two blood banks in Wazir Akbar Khan and Jamhuriat hospitals to support blood transfusion for those affected by mass causality incidents and other causes.
- WHO conducted rapid health assessment among the Achin IDPs at the Haji camp settlement located in Jalalabad. Two MHTs assigned by the HC through ARCS and AADA to deliver health services.
- Second batch of Research Methodology training was successfully completed in Jalalabad during November, which trained around 100 participants.
- WHO supplied TCS equipment to NER Health facilities in Baghlan Jadid DH and Tala Wa barfak CHC located in Baghlan Province, Khan Abad DH and Ali Abad CHC in Kunduz Province
- HO conducted three batches of training about acute malnutrition to 68 health workers in Herat, Kandahar and Kabul during November.
- Two MHTs were deployed to two conflict affected and hard to reach districts (Garmsair and Nawzad) of Helmand province.
- WHO led two days supervisory and monitoring visits to Helmand province, focused on supervision, monitoring and follow up of programmes supported by WHO.
- Two IEHK kits and 75 cartons of infusions were supplied to Laghman BPHS and Mehtarlam PH to respond to health emergencies.
- Health/Nutrition services were delivered to IDPs by five mobile teams in Herat province during November

Health cluster

- In response to conflict and natural disasters, the Health Cluster supported 14 mobile health teams that assisted and provided trauma care services for people in need. Delivered Severe and Moderate Acute Malnutrition treatment services for children under 5 through integrated Mobile Health and Nutrition Teams and other health facilities.
- Health cluster provided health emergency response to the IDPs from Achin district in Nangarhar through mobile teams and fixed HFs of BPHS partners.

Gratitude: WHO is grateful for the continuous support of our generous donors: USAID, ECHO, CHF, Japan, Republic of Korea and CERF
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