

WHO Afghanistan Emergency Plan:

Meeting the health needs of Afghanistan's crisis-affected populations

September – December 2021



World Health
Organization

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.....AFGHANISTAN EMERGENCY PLAN

Impact

Between September and December 2021, as indicated in the HRP addendum, WHO can deliver the following:

- Continued coordination of the Health Cluster to ensure a coherent response during critical times.
- Ensured functionality of over 500 prioritised health facilities impacted by the recent pause in development funding.
- Stable supply line of medicines, health supplies and medical equipment.
- Enhanced COVID-19 response through reinforcement of surveillance and testing, and expanded vaccination.
- Strengthened surveillance and prevention measures to mitigate possible disease outbreaks.
- Continued outreach to displaced communities through mobile health teams.
- Expanded work on trauma and rehabilitation for conflict-related injuries.

Issue

The humanitarian needs in Afghanistan are enormous and increasing. There are concurrent emergencies due to almost every type of hazard: a violent conflict, large-scale displacement, a pandemic that continues to spread, and a major drought. This is unfolding in the context of one of the largest humanitarian emergencies globally. At the start of 2021 there were 18.4 million people needing humanitarian assistance – the 4th largest humanitarian caseload globally and a 32% increase from 2020.

The ongoing escalation of humanitarian need is being complicated by the recently announced pause in development funding for the Sehatmandi project - the backbone of the Afghan health system that supports over 2,300 health facilities across all 34 provinces. The Health Cluster indicates that over 90% of these facilities will close unless urgent action is taken. This would result in thousands of avoidable illnesses and deaths. WHO is working with partners to address both immediate humanitarian needs and to develop a plan for longer-term support for the health system.

Action

In the next four months, with sufficient funding across all the following areas of intervention, WHO, in collaboration with its health partners, can deliver the following:

Key Statistics

18.4 million population in need of humanitarian assistance

> 300 000 displaced persons in need of humanitarian aid in last two months alone

> 90% of 2300 health facilities at risk of closure

> 153 000 confirmed COVID-19 cases and 7103 deaths as of 26 August 2021

40% of vulnerable population are children under the age of 5

Continued coordination of the Health Cluster during this critical time

WHO already leads and coordinates Health Cluster partners and in the next four months will ensure that the health sector response activities are coordinated in a coherent, timely and efficient manner. The Health Cluster will also continue to provide timely and impactful health information and data to all partners and facilitate joint advocacy for health.

In addition, WHO will use its team of more than 680 health workers and polio staff covering all 34 provinces to check and monitor the availability, implementation and quality of services provided by WHO-supported health facilities. WHO will ensure data collection, data analysis and reporting for both systems will be effective, efficient, and timely.

Ensuring continuity of health services

Health facilities financed under Sehatmandi (**figure 1**), serve millions of Afghans every year, and extended disruption of its service provision will result in substantial increases in mortality and morbidity particularly among women, children, displaced and vulnerable populations. To date, shortages of medicines and supplies have been reported from both primary (basic package of health services) and secondary (essential package of health services) health facilities, as well as from hospitals across the country.

As a first step, WHO has worked through the Health Cluster to bring together NGOs involved in the Sehatmandi project with

538
NUMBER OF PRIORITY HF'S UNDER SEHATMANDI PROJECT

370 CHC
COMPREHENSIVE HEALTH CENTERS

77 H3
DISTRICT HOSPITALS

37 C19-H
COVID-19 HOSPITALS

22 H2
PROVINCIAL HOSPITALS

21 IDP-SC
IDP-SAM CENTERS

6 BHC
BASIC HEALTH CENTERS

5 H1
REGIONAL HOSPITALS

359 DISTRICTS

22 AGENCIES

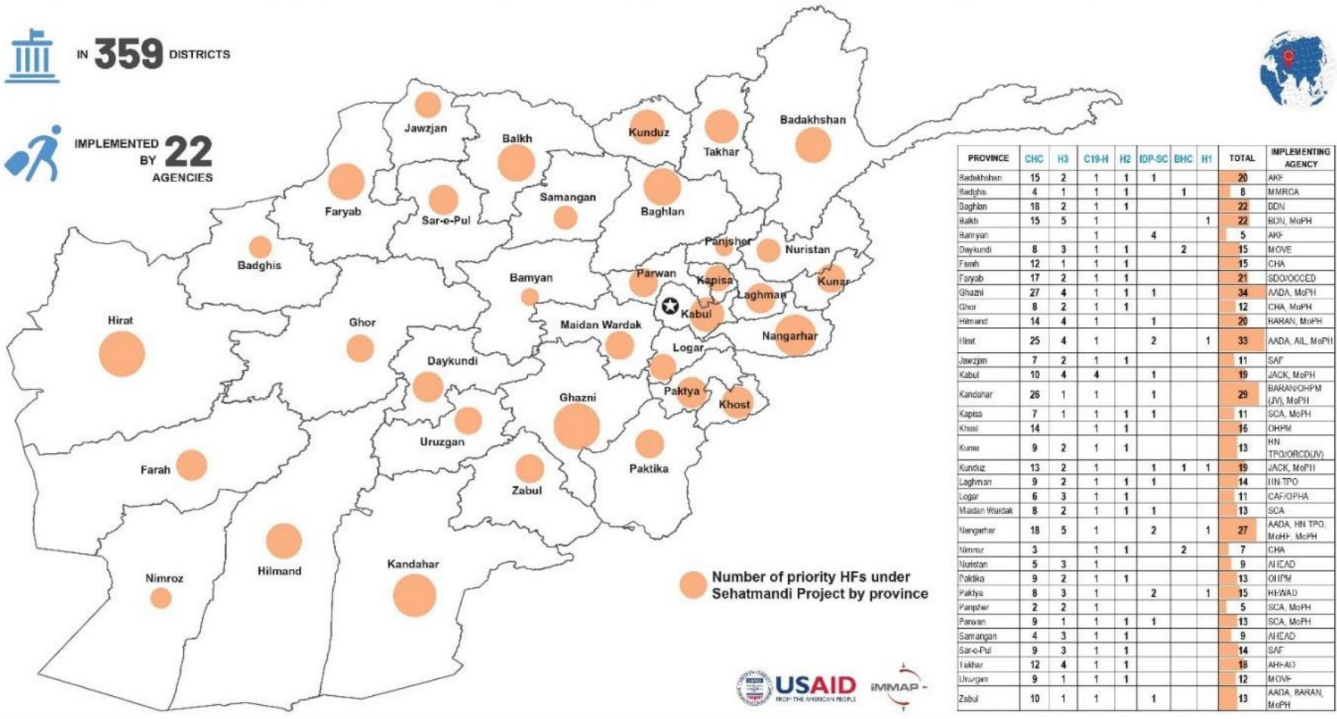


Figure 1 Sehatmandi implements the Basic Package of Health Services (BPMS - primary care) and the Essential Package of Health Services (EPHS - secondary care) through NGOs. To date, nearly 39 million people have received health, nutrition and/or population services, with the project funding salaries, operating costs, basic health and nutrition supplies, and training thousands of health personnel.

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other humanitarian and development NGOs to explore options to bridge gaps and to keep health facilities operational. Secondly, WHO and partners have mapped and identified over 538 priority health facilities on a national, regional, and provincial level, where WHO can immediately directly contract NGOs, who are already part of the Sehatmandi Project, and who are not supported by any other Health Cluster partners to date, to sustain operations. Furthermore, WHO can also expand and deploy static and mobile health service teams, and also upgrade the WASH services at those selected facilities.

Providing life-saving medical supplies

As a result of recent developments, the need for life-saving medical supplies and equipment has increased. While WHO had prepositioned medicines and supplies in 1,000 hospitals and clinics since May and rapidly distributed trauma and emergency health kits in response to the events of August, those stocks are

now largely depleted. WHO will continue to procure medicines and medical supplies and collaborate with WFP and the Governments of Qatar and Pakistan to establish more reliable supply lines to enable the delivery of approximately 500 MT of supplies currently in the pipeline.

Responding to COVID-19

Since the end of August 2021, Afghanistan has reported 153,000 COVID-19 cases and 7,118 deaths, with a PCR positivity rate of around 18%. Recent events have increased risks of disease transmission: the Delta variant has been confirmed in Afghanistan; large-scale displacement and reduced access to health care also contribute to those risks. In late August, 556 new cases of COVID-19 and 40 new deaths were reported. While the latter is a 27% increase in cases compared to the week before, the number of cases has continued to decline in the past few weeks, likely due to underreporting and a significant decline

in testing. Surveillance, testing, and treatment services for COVID-19 have been significantly reducing throughout the country since the end of August as laboratories run out of reagents and as isolation centres for COVID-19 patients close. Similarly, the rate of COVID-19 vaccinations has slowed. Approximately 2 million people have been vaccinated (60% male, 40% female) – but the rate of vaccination has steeply declined from thousands to only hundreds per day. Moreover, due to health facility closures, only 3% of COVID-19 beds are expected to remain functional.

With additional funding, WHO will reinforce surveillance; expand diagnostic capacity through the provision of supplies, reagents, and equipment; expand vaccination services; and continue updating and training health professionals on case management and Infection Prevention Control (IPC) at Intensive Care Units (ICUs).

Ensuring a timely response to potential outbreaks

In addition to the ongoing COVID-19 pandemic, the risk for outbreaks and communicable diseases has increased due to population displacement, disruption of public health services and other factors. Afghanistan is one of only two countries in the world where the wild polio virus is endemic. It also has an active outbreak of circulating vaccine-derived poliovirus type 2 (cVDPV2), with 45 cases reported as of August 17.

Crimean-Congo Haemorrhagic Fever (CCHF) is also endemic in Afghanistan and a total of 53 CCHF cases have been reported from January to July 2021 with two deaths. Furthermore, measles cases in 2021 are higher than in the previous five years, requiring supplementary immunization activity, particularly in the conflict-affected provinces. WHO can prevent outbreaks by ensuring the continuity of surveillance, early detection of outbreaks through the Early Warning, Alert and Response Network (EWARN); strengthened infection, prevention and control and case management capacities; improved lab capacities; the work of Rapid Response Teams; and targeted risk communication and community engagement to reach and influence people to seek care. Some of this work will be undertaken through contracting with NGOs.

Responding to the health needs of displaced populations

Afghanistan has over half a million acutely displaced persons for whom access to healthcare remains of particular concern, with returnees and refugees often deprived of the most basic essential health services. In addition, malnutrition remains a serious public health concern, both in displaced settlements and in areas of origin. Currently, 17.6 million people are at risk of food insecurity due to drought. WHO can, with additional funding, expand both static and mobile health service

modalities in remote and under-served areas for these groups; through direct contracting of NGOs; support of referral health centres and hospitals with additional medicines and supplies; and provision of supplies for the treatment of severe acute malnutrition; and ensuring therapeutic feeding centres for IDPs and host communities are in place.

Responding to urgent trauma needs

Injuries due to explosive devices and gun-shot wounds remain a major problem in Afghanistan and with the potential for continued attacks, ensuring capacity in this area is crucial, particularly given the fact that trauma management services have already struggled to cope with the population's healthcare needs. For instance, the total number of conflict-related trauma cases in 2021 until late May stood at 25,476, which is a 70% increase from the same period in 2020. The value of WHO's trauma programme in Afghanistan – which has supported over 70 hospitals – was demonstrated in the response to the recent explosion at Kabul airport by staff of Wazir Akbar Khan hospital, which received the highest number of casualties. The hospital's mass casualty response plan – developed with the assistance of WHO experts – was activated and prepositioned supplies provided by WHO were utilized in an effective response to this overwhelming event.

WHO has already conducted a needs assessment, mass casualty management training in five hospitals and brought together partners around an operational plan. It will continue to expand its trauma work through NGOs to directly focus on immediate first aid, referral to higher levels of care, health facility response and blood transfusion services. WHO will also continue to provide rehabilitation services for persons with conflict-related disabilities; strengthen the provision of mental health, including counselling and psychosocial first aid.

Funding requirements*

Activity	Requirement (US\$)
Health Cluster Coordination	450 000
Delivery of BPHS and EPHS in priority provinces	19 700 000
COVID-19 response	5 000 000
Surveillance of potential outbreaks	1 300 000
Lifesaving access to health services for IDPs	4 000 000
Trauma Care Services	8 000 000
Total	38 450 000

*These requirements are aligned with WHO's ask in the addendum of the [Humanitarian Response Plan \(HRP\) and the Flash Appeal for Afghanistan](#). The financial ask for the refugee response in neighboring countries is captured in the Regional Refugee Response Plan.

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