

# AFGHANISTAN

People in need  
24.4 million

People targeted  
22.1 million

Requirements  
US\$ 147.61 million

## Context

Afghanistan is experiencing an extensive and complex humanitarian crisis characterized by political and economic instability, a severely weakened health system, food insecurity and malnutrition, ongoing outbreaks, a COVID-19 pandemic that continues to spread, severe drought, and several natural disasters. Of the 24.4 million people in need of humanitarian assistance in Afghanistan, 22.1 million people will require health assistance in 2022, an increase of 25% from the previous year with the numbers rising.

Universal access to emergency primary health care does not exist in Afghanistan. At least 1000 health facilities located across the country are not currently supported by any institution. In these underserved areas, 70% of the population must travel more than 10 kilometres, often on foot, to reach the nearest health centre. The escalation of humanitarian needs was fuelled by the political events of August 2021. This resulted in a long-term pause for development funds by international donors to the “Sehatmandi” project, the backbone of the Afghan health system, which delivers basic and essential packages of health services at more than 2300 health facilities around the country. The need for lifesaving medical supplies and equipment increased drastically since August 2021. The pharmaceutical market has become highly unstable. Quality medicines and general medical supplies are lacking. Seventy-five per cent of health facilities and hospitals

report stockouts of essential and lifesaving medications and equipment. Physical trauma has affected people in Afghanistan for the past 40 years. Although the number of conflict-related casualties declined in recent months, the occurrence of terrorist attacks against civilians, resulting in mass casualties, significantly increased. Because the provision of emergency and trauma care is excluded from the general delivery of health services, referral systems, and pre- and post-hospital care, especially at tertiary care facilities, are especially weak in Afghanistan. More than 48% of the Afghan population is living under high psychological distress, with many suffering from stress- and/or anxiety-related disorders. Access to mental health programmes and psychosocial support is not sufficient. Disrupted health services and poor living conditions have exposed the Afghan population to dangerous disease outbreaks including acute watery diarrhoea, COVID-19, measles, and dengue fever. The lack of a sufficiently supported communicable disease surveillance system has further increased the burden on the already fragile health system. All these factors combined render the country one of the world's most complex and devastating humanitarian emergencies, with women and girls disproportionately affected due to discrimination and gender-based violence.

## Grade 3 Emergency



WHO Director-General, Dr Tedros Adhanom Ghebreyesus, (centre) speaks to hospital staff at the Wazir Mohammad Akbar Khan National Hospital in Kabul, Afghanistan, on 20 September 2021. © WHO / Lindsay Mackenzie

## Response strategy

WHO's objective is to deliver essential health services to 22.1 million people in 34 provinces under the strategic priorities of the 2022 Humanitarian Response Plan to reduce avoidable morbidities and mortalities in the Afghan people. WHO will pursue two strategic directions to address the country's health needs. The first priority is to support the ongoing delivery of essential health services through facilities offering the Basic Package of Health Services and the Essential Package of Hospital Services, while extending coverage and service delivery to chronically underserved areas. WHO will also expand and scale up emergency health service delivery to address the rapidly expanding humanitarian health needs throughout the country.

WHO has increased its presence at national and subnational levels to sustain the delivery of health services and ensure a coordinated response to the ongoing health emergency. By increasing the number of mobile and static health teams, WHO will improve access to emergency primary health care services, including the provision of reproductive health services, maternal, neonatal, child health, and medical care for children with severe acute malnutrition with complications. This will also support the treatment of non-communicable diseases and routine immunizations, especially in remote and underserved areas. Increased access to secondary and tertiary care will be achieved by operationally supporting key hospitals throughout the country. WHO will strengthen COVID-19 prevention and response strategies by increasing diagnostic capacity and expanded access to testing, treatment, and vaccination. WHO will upgrade and enhance the National Disease Surveillance and Response system at national and subnational levels for timely case detection, reporting, and response. Support will be given to emergency and trauma care facilities, including physical rehabilitation and referral services, provision of medical supplies and equipment, training for health professionals in trauma care

and blood bank services, and rehabilitation for conflict-affected individuals. WHO intends to scale up its logistics operations, improve supply chain tracking tools, increase storage capacity across Afghanistan, and establish a land-based supply chain as soon as cross-border transportation from Pakistan becomes available.

## Country priorities

- Support national and subnational coordination structures and increase WHO's leadership role.
- Support provision of emergency and trauma care services, including physical rehabilitation at trauma care facilities in high-risk areas.
- Improve access to emergency primary health care services, especially in remote and underserved areas, including the provision of mental health and psychosocial support services.
- Increase access to secondary and tertiary care by operationally supporting key hospitals, with a special focus on non-communicable diseases.
- Strengthen COVID-19 prevention and response strategies, including increasing diagnostic capacity, and expanding access to testing, treatment, and vaccination.
- Strengthen response to public health emergencies by increasing the capacity of the current surveillance and outbreak response system.
- Increase access to reproductive health services, including maternal, neonatal, child health, and medical care for children with severe acute malnutrition with complications.
- Improve access to comprehensive, inclusive, and specialized services for survivors of gender-based violence in emergency settings, and integration of prevention of sexual exploitation and abuse policies in health programmes.

## COVID-19 response

Afghanistan faces an urgent need for greater capacity to limit the spread of COVID-19, and to mitigate its short- and long-term effects. The country aims to implement the most effective and cost-efficient measures to fight the pandemic and address gaps in the health system related to health emergencies. Afghanistan has experienced a steep decline in COVID-19 response activities, including closures of many COVID-19 treatment centres, since the pause in health system development funding in August 2021. WHO will prioritize building capacity for early detection (e.g. COVID-19 labs, surveillance, and case investigation), case management, infection prevention, and support for the continuation of essential health services during the pandemic. WHO is committed to aligning with the Afghanistan National COVID-19 Response Plan and the United Nations COVID-19 Response Plan. In 2022, WHO will focus on closing existing gaps in the country's COVID-19 response at national and subnational levels by increasing diagnostic and case detection capacity, improving surveillance systems, supporting infection prevention and control through capacity development of health workers, and improving case management in priority provinces.

Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	1.52	0.16	1.68
P2. Risk communication and community engagement	0.64	0.64	1.28
P3. Surveillance, case investigation, and contact tracing	12.37	0.64	13.01
P5. Diagnostics and testing	1.95	7.94	9.88
P6. Infection prevention and control	11.85	2.14	13.99
P7. Case management and therapeutics	7.15	0.82	7.96
P8. Operational support and logistics	7.69	0.21	7.91
P9. Essential health systems and services	33.73	1.07	34.80
P10. Vaccination	55.93	-	55.93
P11. Research, innovation, and evidence	1.17	-	1.17
<b>Total</b>	<b>133.99</b>	<b>13.62</b>	<b>147.61</b>

**For more information**

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