WHO Afghanistan Emergency Plan:
Meeting the health needs of Afghanistan’s crisis-affected populations
September – December 2021
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.

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

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:

- **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
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.
September to December 2021: Afghanistan Emergency Plan

In September to December 2021, Afghanistan Emergency Plan funding, expand both static and mobile health service in insecurity due to drought. WHO can, with additional origin. Currently, 17.6 million people are at risk of food 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*

<table>
<thead>
<tr>
<th>Activity</th>
<th>Requirement (US$)</th>
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<tbody>
<tr>
<td>Health Cluster Coordination</td>
<td>450 000</td>
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<tr>
<td>Delivery of BPHS and EPHS in priority provinces</td>
<td>19 700 000</td>
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<tr>
<td>COVID-19 response</td>
<td>5 000 000</td>
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<tr>
<td>Surveillance of potential outbreaks</td>
<td>1 300 000</td>
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<tr>
<td>Lifesaving access to health services for IDPs</td>
<td>4 000 000</td>
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<tr>
<td>Trauma Care Services</td>
<td>8 000 000</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>38 450 000</strong></td>
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*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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