



U. S. Embassy Kabul, Afghanistan



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Welcome to the March issue of the U.S. Embassy Information Update

Our goals are to increase our communication and our level of discourse with you. We want to highlight policies and issues that are timely and relevant to the people of Afghanistan.

Our March issue focuses on public health issues that impact Afghanistan. Our stories range from the importance of infrastructure to good public health, to HIV/AIDS and young people, to dealing with diseases such as tuber-

culosis and polio. We conclude with a success story from Ghazni province. We listened to your feedback and have now included a section called 'Ask the Consul,' which explores topical visa-related questions that we receive here at the U.S. Embassy.

We hope you find this update stimulating and thought provoking. We welcome your feedback and suggestions for topics in future issues.

Diplomacy Is Central To Building Public Health Infrastructure

The campaign to save human lives from the global HIV/AIDS pandemic is more compelling than ever before: with 36 million people living with the virus and nearly 3 million dying from the disease in the past year, the world community is awakening to the need to confront the pandemic through tangible, effective action.

It is well recognized by public health professionals that an integrated approach to prevention, treatment, and supportive care is critical to mitigating the disease's impact on individual lives and to averting the pandemic in vulnerable regions and communities. Central to that approach is establishing the capacity in both heavily affected and at-risk countries to deliver care and provide essential services. This entails having sufficient numbers of trained professionals, hospitals, clinics, laboratories, research facilities, and equipment. Linkages among these resources are also essen-

tial to provide operational effectiveness, sustainability, and overall coordination. The complexity of confronting an epidemic of the size and impact of HIV/AIDS increasingly requires health data and surveillance systems, logistical know-how, and management capabilities.

The U.S. government is the leading provider of direct assistance to developing countries in building health system capability. Several U.S. agencies, including the Agency for International Development (USAID), the Centers for Disease Control and Prevention (CDC), and the National Institutes of Health (NIH), support the in-country training of doctors, researchers, epidemiologists, and health professionals, and provide technical assistance on establishing and maintaining systems.

In the area of international health, the role of the Department of State is to

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Protecting Youth From AIDS In The Developing World

HIV/AIDS is now a major threat to the lives of young people. About half of all new HIV infections occur among those aged 15 to 24. In the hardest-hit countries, nearly 75 percent of individuals now age 15 are projected to die eventually of AIDS. Yet youths represent a window of opportunity for reversing HIV rates, especially when effective prevention programs reach them before they engage in risky behavior.

The President's Emergency Plan for AIDS Relief, a \$15-billion, five-year plan announced in 2003, reinforces the United States' commitment to HIV prevention. It seeks to avert seven million new infections and includes a special emphasis on youths through abstinence and behavior-change interventions. Twenty percent of the President's Emergency Plan funds are set aside for prevention, and one-third are

for abstinence-until-marriage programs. USAID is expanding support for activities that reflect this focus.

The environment in which young people live profoundly influences their behaviors. USAID seeks to strengthen protective factors in society that help youths make healthy choices. In particular, close relationships with parents and other adults, school attendance, and supportive community norms lay foundations for positive youth behaviors. Conversely, young people who experience family instability, practice other risk behaviors, and have negative peer role models are more likely to engage in early and unsafe sex. Poverty, including the impact of AIDS on family income, forces many young people out of the protective environments of home and school, increasing their risk of exploitation and unsafe sexual behavior. Street youths and

displaced and orphaned youths are at particular risk. Young people may also fail to recognize their personal risks because of a lack of knowledge and understanding of HIV.

Young women are at considerably higher risk of HIV infection. In some African communities, young women aged 15 to 19 have HIV rates six times higher than young men the same age. Poverty, vulnerability to sexual exploitation and coercion, and relationships with older, more sexually experienced men put girls at risk. Economic factors also pressure girls to trade sex for money. USAID helps communities recognize and address social norms that put young women—and youths more generally—at risk of HIV infection.

Excerpt from "Protecting Youth..."

Read the rest of the story online:

<http://usinfo.state.gov/journals/itgic/0105/ijge/carrino.htm>

Drug-Resistant Tuberculosis Target Of World Health Agencies

Deadly Strains

TB microbes spread from person to person through the air. Globally, nearly 9 million people get TB each year, and 1.6 million die as a result.

One-third of the world population is infected with latent (inactive) TB. The disease usually does not become active unless something reduces a person's immunity -- a disease like AIDS, advancing age or some medical conditions.

TB is treated with a six- to nine-month course of "first-line" (most effective) drugs. If patients do not complete the drug course or are not

treated properly, they can develop MDR-TB, which is resistant to at least two of the best anti-TB drugs, isoniazid and rifampicin. Those with MDR-TB must be treated with more expensive, less effective second-line drugs for 18 to 24 months.

If they do not complete this course or are treated with the wrong drugs, they can develop XDR-TB, a relatively rare type of MDR-TB that is resistant to first- and second-line drugs. There could be 50,000 cases of XDR-TB worldwide.

Epidemic has Leveled off, but Remains Major Killer

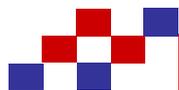
WHO announced in March that the TB epidemic had leveled off for the first time since the agency declared TB a public health emergency in 1993.

The Stop TB Partnership's new report, called *10 Million Treatments in Six Years*, said its drug-supply arm, called the Global Drug Facility, ensures that its targeted low-income population receives treatment by providing life-saving TB-preventive drugs free of charge to underprivileged patients.

Excerpt from "Drug-Resistant..."

Read the rest of the story online:

<http://www.america.gov/st/health-english/2007/July/20070706113030lcniirellep0.1079981.html>



Despite Questions, Polio Eradication Is Feasible, U.S. Officials Say

Washington -- Nineteen years and \$4.6 billion into a global campaign to eradicate the poliomyelitis (polio) virus that paralyzes and often kills children younger than age 5, a debate has begun about whether it will be possible to rid the world of this infectious disease.

The answer, according to officials of the U.S. State Department, the Centers for Disease Control and Prevention (CDC), and the U.S. Agency for International Development (USAID), is that polio eradication is feasible and it is imperative. "The advancement of greater public health worldwide is a foreign policy priority for the Bush administration," said Paula Dobriansky, under secretary of state for democracy and global affairs, at a May 1 panel discussion hosted by the Center for Strategic and International Studies (CSIS), "and working to prevent disease when possible and treat it when necessary is a moral imperative."

Since 1988, the U.S. contribution has been \$1.2 billion of the total external funding for polio eradication. "One very hopeful piece of information is that we have already eradicated one of the [three] types of polio," said CDC Director Julie Gerberding, M.D. "Type 2 is no longer being transmitted in the wild, and it's an important signal. If it's possible to eliminate one, it is likely we can do that with the other two."

Children Under Age 5 Are Most Affected

Polio mainly affects children under age 5. Poliovirus enters the body through the mouth, multiplies in the intestine and invades the nervous system. Initial symptoms are fever, fatigue, headache, vomiting, stiffness in the neck and pain in the limbs. Within hours, it can cause total paralysis. One in 200 infections leads to irreversible paralysis, usu-

ally in the legs. Among those paralyzed, 5 percent to 10 percent die when their breathing muscles become immobilized. There is no cure for polio, but a vaccine, given multiple times, can protect a child for life.

In 1988, the World Health Organization (WHO) World Health Assembly – the annual meeting of health ministers of all WHO member states – voted to launch a global effort, the Global Polio Eradication Initiative. At the time, wild poliovirus was prevalent in more than 125 countries on five continents, paralyzing more than 1,000 children a day.

The initiative was spearheaded by national governments, WHO, the service organization Rotary International, CDC and UNICEF. The effort was a success because of the unprecedented cooperation of more than 200 countries and 20 million volunteers. The initiative was backed by an international investment of \$3 billion. Since 1988, some 2 billion children have been immunized against polio and 5 million have been saved from paralysis or death. As a result of the initiative – the largest public health undertaking in history – indigenous polio has been eliminated from all but four nations – Nigeria, India, Pakistan and Afghanistan.

Excerpt from "Despite Questions..."

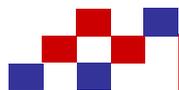
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May/20070502152758lcnirellep0.5620844.html



An Afghan man gives a polio inoculation to a child in Afghanistan's eastern city of Jalalabad on Sunday, Feb 18, 2007. UNICEF is holding a campaign from Feb. 18 to Feb. 20 to inoculate 7 million children against polio across the country. (AP Photo/Rahmat Gul)



Public Health Is a Success Story In Ghazni Province

Public Health is a success story in Ghazni, with excellent coordination between the PRT, Coalition Forces, and local government. Dr. Zia Gul Ispendi, Ghazni's dynamic Public Health Director, is responsible for much of that success. Access to primary health care in Ghazni is among the best in the country, with about 80% of the population living within two-hours walking distance of a clinic.

Dr. Zia Gul and the PRT collaborated on Ghazni's first women's health month, held this past October. Workshops trained 150 doctors, nurses, and midwives from every active clinic in the province.

The workshop was attended by an equal number of male and female health workers. Dr. Zia Gul has identified indicators of health

which need the most attention and developed a five-year strategy for improving those indicators.

With ninety-one miles of ring road and occasional terrorist bombings, Ghazni generates a fair number of trauma cases. Forward Operating Base (FOB) Ghazni has the facilities to assist with severe trauma cases. Provincial health authorities would often call upon the military facility for help, but Dr. Zia Gul says that PRT support for the Ghazni hospital has lessened this dependence. Her physicians are now better able to handle the casualties themselves.

Since October of last year, the average number of trauma victims referred to FOB Ghazni for emergency care has decreased to just two, from a monthly average of

nine from April through September. Local health officials attribute this to the PRT's efforts to build the capacity of the local hospital. In November 2007, FOB Ghazni received no patient referrals from the provincial hospital.

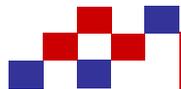
Coalition Forces have supported the health sector in several additional ways. Physicians receive training from PRT and maneuver medical personnel at a weekly medical conference on the FOB. Several have enjoyed supplemental training opportunities at Bagram Air Force Base. The PRT has funded an expansion and renovation of the Ghazni hospital emergency room, which can now hold patients overnight. PRT donated ambulances can convey the most serious trauma victims to Kabul the following day.

The weekly lectures also trained local doctors and medics on all of the new equipment the PRT supplied to Ghazni hospital. In December, the PRT supported a mental health and drug addiction conference planned by local health authorities.

A US Air Force psychiatrist and Afghan experts lectured on mental health, increasing awareness of and competency in identifying and treating mental health conditions. Going forward, the PRT and Coalition Forces plan to put medical reference sets in each of Ghazni's sixty-eight rural clinics and train community health workers among the Kuchi nomads.



Magul, the head midwife at Farah hospital, demonstrates the use of forceps to nursing and midwife students, with LCDR Volk looking on.



... (from Page 1) advance U.S. objectives and interests in establishing a healthier world community through diplomacy. In recognition of the growing challenge in spurring action against HIV/AIDS and other major diseases, the department has created the new Office of International Health Affairs (IHA) within the Bureau of Oceans, International Environmental, and Scientific Affairs. This new office, building upon the previous Office of Emerging Infectious Diseases, is the State Department's focal point for global health affairs, linking and coordinating actions by governments, nongovernmental organizations (NGOs), private companies, and health communities.

IHA supports three overarching goals towards fighting the AIDS pandemic: mobilizing resources, galvanizing national leaders towards effective action, and garnering citizen support for destigmatization and for national health investments.

Mobilizing Resources

Resources are vital in building public health infrastructure and providing essential services to people living with HIV/AIDS. The State Department is now leading negotiations that would create a new Global Fund to Fight AIDS, Tuberculosis, and Malaria. This new fund would attract, manage, and disburse additional resources through a new public-private partnership that would make a sustainable and significant contribution to the reduction of infections, illness, and death caused by these three diseases. It is anticipated that partnerships formed in countries at risk of,

or heavily impacted by, AIDS and the two other diseases would receive funding to enhance access to prevention, treatment, and care; boost training of health professionals; and build community-based programs. These partnerships, composed of governments, NGOs, and private sector entities, would target gaps in their public health systems, intervene to close them, and establish lasting systems.

Galvanizing National Leaders

The State Department actively seeks to establish HIV/AIDS and global health issues at the forefront of contemporary diplomacy. State has assured the inclusion of health in key diplomatic venues such as the U.S.-European Union and G-8 summits, and actively participated in meetings of the U.N. General Assembly's Special Session on HIV/AIDS, APEC, the Association of South-East Asian Nations (ASEAN), the Southern African Development Community, and several others.

By making a persuasive case to national governments and social leaders that the fight against HIV/AIDS is in their national interest, the State Department spurs the commitment by those leaders to take effective action and make compelling choices in support of their national health policies. No member of the global community can afford, either in terms of human suffering or economic costs, to fail to recognize or to forestall the impending devastation that has already begun to ravage national economies, stability and security, and social infrastructure. Political commitment at the highest level

of government, as well as throughout a nation's societal institutions, makes the crucial difference in stemming the epidemic.

The role of our diplomatic posts has been and will continue to be vital in the campaign against HIV/AIDS. With over 250 diplomatic and consular posts around the world, staffed with excellent and dedicated foreign service officers in political, economic, and science counselor roles, health attaches provided by the Department of Health and Human Services, and USAID field professionals, the State Department is uniquely situated to convey the importance of health to the world community. The State Department has sponsored major chiefs-of-mission conferences in Africa, one in Zimbabwe and another in Kenya, focused on HIV/AIDS, and will be planning additional conferences in the near future in regions where the epidemic is poised to accelerate.

Garnering Public Support

No national or international policies against the pandemic can succeed without the direct support of citizens. A well-informed citizenry is the first line of defense against the spread of the disease. Citizens must know the steps they can take to lower their risk of getting infected or spreading the infection. They must know what resources are needed to create and maintain public health infrastructure. They must understand how to dispel the fear and prejudices surrounding HIV/AIDS.

The State Department recognizes the importance of listening and speaking to citizens around the world ...



... about what needs to be done to support public health needs. In my role as the Deputy Assistant Secretary for Health and Science, I have met and spoken to many individuals and groups concerned about global health issues.

Overcoming nascent and well-established problems in global health requires a dialogue with people who have new and compelling ideas. I have been hearing many excellent suggestions and proposals on how the United States and the world community can work together. I, along with the staff of the IHA office and the State Department, will continue to reach out to the people of the United States and the international community to hear their comments, criticism, and ideas.

The lasting need for strong public health infrastructure both domestically and internationally serves to confront HIV/AIDS as well as other debilitating diseases. As the challenge grows in complexity and intensity, it is more and more evident that diplomacy will be essential in assembling the resources, political support, and citizen recognition needed to make a tangible, sustainable impact.

The State Department, as the lead U.S. foreign affairs agency, will play an increasingly important role in spurring action on an unprecedented scale and scope.

Excerpt from "Despite Questions..."

Read the rest of the story online:

<http://www.america.gov/st/health-english/2007/>

[May/20070502152758lcniirelep0.5620844.html](http://www.america.gov/st/health-english/2007/0520070502152758lcniirelep0.5620844.html)

Ask the Consul: U.S. Visas Processed in Kabul

Q. Why aren't all visa classes being issued in Kabul or (why do I have to go to Islamabad to get my visa?)

A: The U.S. Embassy in Kabul currently issues only official and diplomatic visas. Applicants for all other visa classes (tourist, student, business, etc.) must apply at another U.S. Embassy, such as the one in Islamabad, Pakistan.

Afghan government officials and employees of international governmental organizations (IGO) may apply in Kabul if they will be traveling to the United States on official national government or IGO business. These applications must be accompanied by a diplomatic note from the applicant's sponsoring organization -- the Afghan Ministry of Foreign Affairs (MFA) or the headquarters of the IGO. Afghan and IGO officials may also apply for visas for their accompanying spouse and children.

The U.S. Embassy in Islamabad process all other visa categories for Afghan applicants. Afghan nationals may be interviewed in Islamabad, without scheduling an appointment. Prior to appearing at the Embassy for an interview, applicants must pay the \$131 application fee and submit their application forms and passports at [American Express](#) before 10:00 AM, Monday through Friday. American Express will keep the forms and passport for processing. Once this initial processing is complete (usually later the same day if the fee is paid by 10:00 AM), applicants may pick up their passports, forms,

and fee receipt from American Express. The following workday, applicants may proceed to the U.S. Embassy for an interview, arriving before 11:00 AM. Please note that payment of the application fee after 10:00 AM or submission of incomplete application documents will lead to delays in appearing for an interview at the Embassy. Detailed information and procedures are available at the Embassy's website at: http://www.usembassy.gov/pakistan/niv_how_to_apply_in_Pakistan.html

In all cases, both in Kabul and Islamabad, applicants are encouraged to apply at least 60 days in advance of planned travel.

Consular Section

[For U.S. Visa Services](#), please call +93-(0)700-10-8377 for information or to make an appointment.

[For American Citizen Services](#), the normal hours of operation are Sunday-Thursday, 8:00am-4:00pm; we close for lunch between 12:00-1:00 pm.

Please plan to arrive before 3:30 pm for any service requiring a fee. Except for reports of birth, appointments are not made for routine consular services.

Upon arrival at the U.S. Embassy, please enter through the "Embassy-side Service" gate.

Telephone for American Citizen Emergencies Only: +93-(0)700-20-1908

[For General Inquiries:](#)

Website: <http://kabul.usembassy.gov/consular2.html>

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