

Gastroenterology in Afghanistan

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Article History	Abstract
Original Research Article	<p><i>Afghanistan is a large country situated at the crossroads of South and Central Asia and the Middle East. The country has been ravaged by foreign invasions and internal conflicts over the last 5 decades that led to internal and external displacement of the Afghan population. Besides, like most areas, specialized care in Gastroenterology also suffered a major setback in the country as a result. The Afghan population is faced with significant burden of both communicable and non-communicable Gastrointestinal and liver diseases, which makes access to affordable and quality Gastroenterology and specialized endoscopy services for the Afghan people much needed. Afghan Gastroenterologists should now focus on regional collaboration to revitalize Gastroenterology in the country.</i></p> <p>Key words: Gastroenterology, Afghanistan, regional collaboration.</p>
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Introduction

Afghanistan is the 41st largest country in the world in terms of geographical mass and has a population of over 28 million [1]. Unfortunately, since the early 1970s, the country has been ravaged by repeated foreign invasions and internal conflicts resulting in displacement of large portions of the Afghan population both internally and across the borders of Afghanistan [1]. A large proportion of the displaced Afghan population has been forced to reside in refugee camps in Pakistan and Iran for years. Pakistan has a high prevalence of hepatitis C (HCV) and B viruses (HBV), particularly HCV, thus making the displaced Afghan population vulnerable to liver diseases [2, 3]. Afghan population has also suffered from lack of adequate specialized healthcare facilities due to the prevailing situation.

Gastrointestinal and Liver Disease Burden in Afghanistan

Although data on disease prevalence in the Afghan population are scant in literature due to understandable reasons, it has been estimated that the prevalence of HBV and HCV among Afghans stand at 1.9% and 1.1% respectively [3, 4, 5]. A study among Afghan immigrants in the Netherlands revealed that HBV and HCV prevalences

among them are 2% and 1% respectively, which is similar to the figures obtained from the Afghans residing in their own country [6]. It is therefore no wonder that Afghanistan has one of the highest rates of hepatitis and liver cirrhosis (LC) among the Central Asian and Middle Eastern countries [7]. In fact, LC is among the top 3 causes of death and disability adjusted life years (DALY) in Afghanistan [8, 9]. The same applies for liver, stomach and esophageal cancers as well [7]. These 3 cancers rank among the top 5 causes of DALY in Afghanistan [7].

While malignancies impose huge burden on the health of the Afghan people as well as to the region, hepatitis and diarrheal diseases are also of concern, as Afghanistan suffers from double burden of both non-communicable and communicable gastrointestinal and liver diseases. Afghanistan has one of the highest rates of diarrheal diseases in the region [10, 11]. While a study from Herat province in Afghanistan revealed that 18.1%–27.8% of the population suffered from gastroesophageal reflux disease (GERD) [12].

It is therefore no wonder that there is huge demand of specialized Gastrointestinal and Hepatology services, as well as diagnostic and therapeutic gastrointestinal

endoscopy, in Afghanistan in order to ensure affordable and quality specialized healthcare to the Afghan population.

A Brief History in Time

'Gastroenterology Quality Development Mission' was initiated in Afghanistan in 2002. Eminent German Gastroenterologist Professor Matin Wienbeck was instrumental in this initiative. He joined the Kabul Medical University in 2002. At that time there were only 2 endoscopy centers in Kabul and none in the 33 provinces of the country. Afghanistan had no female Endoscopist at that point of time [13]. The 'Gastroenterology Quality Development Mission' kicked off in Afghanistan and a 'National Focal Point for Gastroenterology' was appointed by the Afghan Ministry of Public Health.

The first therapeutic endoscopy center in Afghanistan was established in Kabul in April 2004 at Ali Abad University Hospital with permission from the Ministry of Public Health through a Memorandum of Understanding executed between Afghan Ministry of Public Health and the Wienbeck Foundation. This center was subsequently named 'Wienbeck Endoscopy Center' to honor the late Professor Wienbeck [13]. Apart from rendering specialized endoscopy services like dilatation, stenting, ligatures, electro-surgical techniques etc., the center also imparted training in advanced therapeutic endoscopy skills to young Afghan physicians. Training was imparted to 9 Afghan physicians, including 4 female physicians, in 2006. Three training programs were organized imparting benefit to young Afghan Gastroenterologists [13].

The center contributed immensely to the expansion of Gastroenterology in Afghanistan. Eventually 6 endoscopy centers were established, 1 at Rabia Balkhi Hospital in Kabul, a tertiary hospital dedicated for women and rest 5 in 5 major provinces of the country leading to training of more Endoscopists. Enthusiasm in research in Gastroenterology also got new momentum with Aliabad University Hospital and Rabia Balkhi Hospitals taking the lead [13].

Besides Professor Wienbeck, Prof. Zack Taylor from the United States of America and Iranian Gastroenterologist Professor Malekzadah were also key foreign collaborators in developing Gastroenterology in Afghanistan. These eminent Gastroenterologists not only helped training young Afghan colleagues, but also contributed in kind by donating endoscopy units and accessories [13].

Afghanistan Gastroenterology and Endoscopy Society was founded around the same time, which is affiliated with the World Gastroenterology Organization (WGO). In 2008, the Society organized the first International Gastroenterology Congress in Afghanistan [13].

The Way Forward

After the withdrawal of foreign forces from Afghanistan in 2021, Afghan Gastroenterology needs to focus on strengthening this specialty in the country. The aim should be to establish a specialized Gastroenterology Department in Afghanistan as well as starting post-graduate training in Gastroenterology in the country. It is crucial that Afghans look for regional collaboration as, given the current advancements in Gastroenterology, Hepatology and Interventional Gastroenterology in the region, it will be easier to rebuild the specialty in Afghanistan due to shared history, cultural ties, disease resemblance as well as from an economic perspective.

Conclusion

If the 'New Gastroenterology Development Mission' in Afghanistan gains momentum, it is expected that the Afghan people will be able to access quality and affordable specialized Gastroenterology care and diagnostic and therapeutic endoscopy services in their own country, without having to travel beyond their borders in the not-so-distant future.

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