

# Special Report

## Dermatology in Afghanistan

Mir Hassan Sarwary, MD

Div of Dermatology, Department of Medicine, Roskilde Hospital, Denmark



Afghanistan is a war-torn country in the south of Asia with a population about 25 million (including refugees outside the country). The country and its people, which have lost nearly everything, e.g. economy, agriculture, education system etc, during more than two decades of civil war, now live under the pressure of poverty.

### Structure and organisation of the healthcare system

In Kabul there are 12 specialist hospitals which do not necessarily cover the area where their patients live, i.e. referral occurs according to diagnosis rather than geography. In other big cities there are one or two hospitals with the varying departments such as surgery, internal medicine, ENT, eye, orthopedics, pediatrics, obstetrics and gynecology, dermatology, etc. In smaller cities or remote areas there are no such possibilities, but in some areas general clinics have been established, equipped and run by international organisations (SMS, OXFAM,

UNICEF, ICRC, SINA, DAKAR). Meanwhile there are many villages that do not have even these possibilities.

The big city centres mentioned above have many practical problems. There are not enough expert doctors, there are no laboratory materials, and all of the equipment is old and does not function well. The wars have created an enormous vacuum between the necessity for medical service and the preparation and training of the professionals to serve the patients, because there has neither been the necessary organisation nor the balance between the requirements and training of professionals. Hospitals and polyclinics are all governmental and neither treatment nor hospitalisation costs anything to the patients directly.

How does a doctor work in Afghanistan? Doctors who are authorised by the government have the right of employment at any of the hospitals or clinics, and are employed to work between 8 a.m. and 4 p.m. Most physicians who work in the hospitals, however, also have a private practice in their own clinic or after official hours at the hospital. In contrast to hospitals, every visit to a private clinic is paid directly by the patients, the amount being fixed by government. Just like other branches of medicine, dermatology is in a very bad condition: there are none of the necessary laboratory materials, technical diagnostic methods are lacking and there are not enough drugs for treatment. Generally, patients have no ability to buy their own drugs for a long period of treatment due to poverty. Most of

the patients do not visit the same doctor regularly which means that individual record-keeping is insufficient and that all consultations must begin with a full medical history, i.e. what kind of drugs have been given to the patient and the result of treatment. For chronic recurrent diseases this is particularly problematic.

### Disease spectrum

In a country with poverty and poor hygiene status, dermatological disease is common. Bacterial, fungal and viral infections are the most common diseases. Infections are most frequently diagnosed and antibiotics are generally used for the eradication of these infections.

Pigment changes of the skin are a significant dermatological problem. Hyper-pigmentation is more prominent than hypopigmentation because of multiple factors like excessive exposure to sun light, dry climate and insufficient intake of vitamins. Hypopigmented patients refer mostly to doctors due to the social problems they experience.

Eczema is another common diagnosis. In daily practice dermatologists see many patients in an acute or chronic phase of the disease. Diagnosis is generally based only on history and clinical pictures. It is most often not possible to find out the reason or any specific allergen, because until now skin tests have not been commonly available. Diseases such as psoriasis, lichenoid and keratotic diseases, skin tumours, and connective

tissues are generally seen in the dermatology department of the hospitals, but the exact diagnosis and treatment is generally based on the clinical examination without the use of laboratory investigations or other methods. Venereology cases are also seen among the patients, but not wide range, perhaps due to specific reasons.

Patients with inflammatory skin diseases are treated with topical and systemic steroids. Phototherapy and other systemic immune suppressants are not available and are only known from the literature.

More specifically, areas exist where specific diseases are endemic, e.g. in the west (Herat, Farah), while Mazar-e-sharif in the north is an endemic area for leishmaniasis. Recently some parts of Kabul were seized by mosquitoes that carry this parasite and infect many people every year. Patient with leishmaniasis usually refer to doctors very late. This is due to the frequency of the symptoms and because the cosmetic issue is generally not a primary question for patients in Afghanistan where people need other basic necessities such as food for living. When an infected person visits doctors the lesions are therefore often large wounds where the destruction of the skin itself poses practical problems. These problems are further aggravated when the patients fail to follow treatments or need a long time to follow the treatment. Leishmaniasis therefore often leaves scars on the face or on other part of the body. At this stage patients are

treated with glucontem injections interalesionally, metronidazol orally and other antibiotics for possible superinfections. The prevalence of this disease has been increasing, because there is no organisation to combat the carrier of the parasites.

In some areas in the central part of Afghanistan, e.g. the Bamyán province, leprosy is endemic. The only centre helping the residents in this region is LEPCO, which offers the affected patients a special hospital with appropriate treatment facilities.

### **Dermatology training in Afghanistan**

In Afghanistan there are four medical institutions where medical students get their education. The largest is Kabul Medical Institute which was built in 1930 and consists of 3 faculties: general medicine, pediatrics and stomatology. Medical colleges are also located in Balkh, Herat and Nangarhar. The education system is the same for all these institutions. The government provides the teaching programme. In addition to national courses, these institutions are often host to specific courses funded by international organisations such as the WHO. The time of study is seven years and postgraduate students are known as general practitioners, e.g. with the title MD [Medical doctor] (Kabul University). During the Taleban government the title achieved was MBBS [Medicine bachelor, bachelor of surgery]. Dermatology is taught as a pre-graduate subject in the fifth and sixth years of the educational pro-

gramme. In the last year of their education students practise at a dermatology department in a major hospital to gain practical experience of the subject. After graduation the doctors work as general practitioners for three years and at the same time follow training courses in their chosen speciality. At the end of this period the physician has to pass a training exam to be recognised as e.g. a dermatologist. Medicine has a long history of international co-operation. Before the civil war in 1980 there was co-operation between Kabul University and many other institutions and organisations in Western Europe and India. After the invasion of Afghanistan by the Red Army in 1982 this co-operation was mainly redirected to the Soviet Union and other socialist countries. During this period India was a prominent country in providing international postgraduate training in all fields of medicine including dermatology. However none of these possibilities are available now and the number of dermatologist decreases day by day.

### **Biography**

My name is Mir Hassan Sarwary and I was born on 05-01-1971 in Ghazni province in Afghanistan. I graduated from Balkh Medical Faculty (Balkh province) in Afghanistan in 1998 as a physician and practised as a general practitioner for 8 months in a hospital in the north part of the country. I have been living in Denmark for 18 months, attending clinics at the dermatology division of the medical department at Roskilde hospital for 3 months and am now attending clinics in the medical department.