World Health Organization

# Country Cooperation Strategy *at a glance*

# Afghanistan

http:// www.who.int/countries/en/

| | |
|---|---|
| Total population in millions (2016 CSO) * | 29.7 |
| Population under age 15 y (%) (ALCS 2014) | 47.5 |
| Population over age 65 y (%) (ALCS 2014) | 2.6 |
| Life expectancy at birth (female) (AMS 2010) | 64 |
| Life expectancy at birth (male) (AMS 2010) | 62 |
| Life expectancy at birth (both sexes) (AMS 2010) | 62.6 |
| Neonatal Mortality Rate (per 1,000 births) (AfDHS 2015/UNIGME 2016) | 22/40 |
| Infant Mortality Rate (per 1,000 live births) (AfDHS 2015/ UNIGME2016) | 45/53 |
| Under Five Mortality Rate (per 1,000 live births) (AfDHS 2015/ UNIGME2016) | 55/70 |
| Maternal Mortality Ratio (per 100,000 live births) (UNIGME2015/DHS2015) | 396/1291 |
| Third Dose of Pentavalent Vaccine (Card + History) (in age 12-23 months) (%) | 58 |
| Skilled Antenatal Care (any ANC for most recent birth) (%) | 59 |
| Density of physicians (per 10,000 population) (2015) | 2.7 |
| Density of nurses and midwives (per 10,000 population) (2015) | 3.2 |
| Total Health Expenditure as a percentage of Gross Domestic Product (%) (NHA2014) | 9.5 |
| Government Expenditure on Health as a percentage of total expenditure on health (%) (NHA2014) | 5 |
| Share of out of pocket spending on health (%) (NHA2014) | 73 |
| Adult literacy rate (15 years of age and over) (ALCS 2014) | 34.3 |
| Population using improved drinking water sources (%) (ALCS 2014) | 64.8 |
| Population using improved sanitation facilities (%) (ALCS 2014) | 39 |
| Poverty headcount ratio at $1.25 a day (PPP) (ALCS 2014) | 39.1 |
| Gender Development Index rank out of 152 countries | 149 |

*Population estimate (UNFPA and Flowminder-2017): 35.715 million. Expected to be confirmed by GoIRA
Sources of data:
Global Health Observatory May 2017
http://apps.who.int/gho/data/node.cco

## HEALTH SITUATION

Significant progress in Afghanistan's health services over the last one and half decade translated in substantial decline in infant, child and maternal mortality rates. The provision of public health services, with a focus on Primary Health Care, expanded substantially under challenging circumstances. However, many of Afghanistan's health indicators remain extremely worrisome. Surveys show large imbalances across socio-economic levels with a clear urban/rural divide. Gender inequality is a pervasive problem and women and girls experience avoidable morbidity and mortality due to gender-based discrimination and harmful practices.

Afghanistan is frequently hit by natural disasters causing significant loss of lives, livelihoods and infrastructure. The ongoing conflict continues to threaten the physical safety and health of Afghans. Afghan civilian casualties remain extremely high, UNAMA reported in 2017 (for the fourth year in a row) over 10.000 civilian casualties, with more than 3400 deaths. In 2016, over 630, 000 Afghans were internally displaced due to conflict. Attacks against health facilities, patients, medical staff continue to disrupt and deprive people of life-saving treatment. Approximately 4.5 million people live in conflict-affected districts with constrained access to health services. Life expectancy is low at 62.6 years, and despite a significant decline, infant, under-five and specifically maternal mortality are still unacceptably high and warrant a multi-sectorial approach.

The 2015 Afghanistan Demographic and Health Survey (DHS) reported maternal mortality at 1,291/100 000 live births and neonatal and under-five child mortality rates of respectively 22 and 55/1000 live births. However, pregnancy-related deaths seem to be overestimated, while child deaths may be underreported. The AfDHS mortality data has been under review by global experts, including UN agencies, to produce adjusted estimates based on global UN models.

Malnutrition levels are high as 41% of all children under 5 years of age suffer from stunting. Micro-nutrient deficiencies are widespread: around 46% of children under five suffer from vitamin A deficiency. Non-communicable diseases (NCDs) are estimated to contribute to more than 35% of overall mortality. Major causes of mortality due to NCDs are cardiovascular disease, cancer and diabetes.

Communicable diseases still account for more than 60% of all outpatient visits. Tuberculosis continues to be a major public health challenge – there are around 60,000 cases of TB every year with around 13,000 deaths. Afghanistan remains one of the three polio-endemic countries globally. In 2017, 14 polio cases were reported from a limited geographical area. Over the years considerable progress has been made, a focused National Emergency Action Plan is in place to stop the transmission in 2018. Overall immunization coverage increased but needs further improvement with 60% of all children receiving (Penta 3) before the age of 1.

Some of the major challenges and constraints faced by the health sector include: inadequate financing for Health and health services and heavy reliance on external sources; insufficient and inadequately trained health workers, lack of female health workers specifically in the rural areas; limited access to healthcare due to insecurity and dispersed populations, quality-compromised services more so at (referral) hospital level; constrained national capacities for health planning and management, especially in the areas healthcare financing and human resource development.

## HEALTH POLICIES AND SYSTEMS

The Health infrastructure needed to be rebuilt after a long and destructive civil war. The destruction and dissemble of infrastructure both in hardware and software resulted in deterioration of service delivery and even in some locations a total disappearance.

A comprehensive basic package of health services (BPHS) and essential package of hospital services (EPHS) was developed by Ministry of Public Health (MoPH) and partners and health services are delivered through innovative contracting-out mechanism by (inter)national NGOs and in selected provinces by the MoPH. Considerable progress has been made under difficult circumstances in increasing the number of health facilities and developing and implementing strategic health policies and plans with the financial and technical assistance from bi-/multi-lateral development partners.

Coverage of BPHS/EPHS (Public Health system) is more than 60% within one hours walking distance. A significant increase in number of health workforce has occurred over the last decade, however imbalance in capacities, gender, as well as geographic distribution is still evident. Moreover, the private sector is growing fast but remains poorly regulated. Total Health Expenditure equals to US$70.9 per capita per year. Of which, 23% is covered by development partners, and 4-5% by the Government budget. Out-of-pocket share remains high at more than 72%.

Afghanistan's National Health Policy & Strategy 2015-20(NHS) focuses on the strategic areas: governance, institutional development, public health, health services, human resources and M&E. Both the President (Dr Ghani) and Chief Executive (Dr Abdullah-Abdullah) are very familiar with the health sector and its challenges and committed in bringing positive changes. The Presidential Health Summit (June 2017) chaired by both and attended by the key development partners, reviewed the progress, challenges and way forward. The summit confirmed the strategic (public) health approach including the contracting out modality, but it also identified the gaps and need to expand and improve the RMNCAH and FP, nutrition services and the quality of hospital care. The BPHS/EPHS contracting out will be more performance based and the MoPH will undergo a functional review.

WHO led the Health thematic area of the recently developed 'One UN for Afghanistan-2018-2021' document which focuses on Health System Strengthening, RMNCAH, Polio Eradication & Routine Immunization, response to Health Emergencies, and the control of Communicable and Non-Communicable Diseases. The One UN document (replacing the UNDAF) is harmonized and aligned with 'the Government of the Islamic Republic of Afghanistan - National Peace and Development Framework 2017-2021 (ANPDF)'.

The (public) health approach in Afghanistan is comprehensive. Although there are a number huge gaps and efficiency gains to be addressed, the biggest obstacle for further progress is the lack of investments in (public) Health. There is a huge need to substantially increase domestic and international investments in Health.

## COOPERATION FOR HEALTH

Public health programmes are predominantly funded through multilateral and bilateral development partners and government. SEHAT is the largest public health program focused on BPHS/EPHS delivery and health systems strengthening. SEHAT is managed by MoPH and funded through WB, EU, USAID and Canada. WHO Afghanistan is a key adviser and member of the MoPH led Health Sector Oversight Committee and other relevant fora. WHO provides technical assistance and complementary financial support to expand the coverage and improve the quality of health services delivered through the BPHS and EPHS and other key public health programs. Through the WHO-MoPH Joint Country Plan 2018-2019, WHO is assisting the government to implement the National Health Policy 2015-20 and Strategy 2016-2020, aiming for Universal Health Coverage, with a specific focus on universal access to primary health care. WHO co-chairs an active Health Development Partners Forum, assisting MoPH with coordination of all key stakeholders, to increase and guide the overall resource envelope for health and improve the effectiveness of the current investments.

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# Country Cooperation Strategy at a glance

## WHO COUNTRY COOPERATION STRATEGIC AGENDA (2018–2019)

| Strategic Priorities | Main Focus Areas for WHO Cooperation |
|---|---|
| **STRATEGIC PRIORITY 1**: Communicable Diseases | • Strengthen the capacity of the National Tuberculosis (TB) Control Programme in the adaptation and implementation of guidelines and tools in line with the post-2015 TB global strategy, TB drug management, programmatic management of drug-resistant TB (PMDT), childhood TB and research. Provide TB drugs and diagnostics for the whole country.<br>• Support the National Malaria Programme by strengthening technical and management capacity, surveillance and monitoring in malaria prevention and control, at all levels.<br>• Support Neglected Tropical Disease control programmes for leprosy and leishmaniasis in the management of patients with quality-assured drugs and surveillance with the integration of treatment into the existing health service delivery system.<br>• Increase the capacity of the National AIDS Control Programme to deliver key HIV interventions through active engagement in the development of normative guidance and tools and provision of technical support, with a focus on vulnerable populations.<br>• Support the National Immunization Programme in developing and implementing national multi-year plan and annual implementation plan, with a focus on under-vaccinated and unvaccinated populations.<br>• Strengthen vaccine-preventable disease case-based surveillance systems. |
| **STRATEGIC PRIORITY 2**: Non-communicable Diseases (NCDs) | • Provide technical support to implement the National NCD Strategy for the prevention and control of NCDs and adaptation of evidence-based guidelines and protocols for the management and surveillance of NCDs.<br>• Organize and support a joint WHO-IAEA-MoPH mission to assist in the development of pragmatic cancer prevention, treatment and care activities.<br>• Support the implementation of WHO Framework Convention on Tobacco Control.<br>• Support the implementation of the national Mental Health Action Plan.<br>• Coordinate the strengthening of country capacity to develop a model programme on achieving targets set under the Decade of Action for Road Safety 2011–2020.<br>• Support MoPH and BPHS implementers to strengthen the operation capacity of the facility-based nutrition surveillance system, strengthen the capacity of health staff on management of acute malnutrition, growth monitoring and infant and young child feeding. |
| **STRATEGIC PRIORITY 3**: Promoting Health through the Life Course | • Support MoPH in: implementation of RMNCAH strategy 2017-2021; healthcare provider pre- and in-service trainings; updating clinical guidelines and training TRP; and testing MCH home-based book.<br>• Strengthen MoPH capacity in monitoring and reporting on RMNCAH programme implementation [including in emergency settings] and improving the quality of services, with focus on BEmONC, CEmONC, FP and IMNCI.<br>• Develop national capacity on maternal and newborn death surveillance and response (MNDSR) and civil registration and vital statistics (CRVS).<br>• Support the implementation of Gender, Equity and Rights (GER) programme in Afghanistan with a focus on strengthening health sector response to gender-based violence and training frontline health workers on the GBV Treatment Protocol.<br>• Strengthen national capacity to assess and manage the health impacts of environmental risks, including water quality assessments and healthcare waste management. |
| **STRATEGIC PRIORITY 4**: Health Systems | • Strengthening, expanding and sustaining the health system with well-functioning institutions, focusing on improving public perception of the health sector, national and local capacity for effective and evidence based health planning, human resources, health information, health regulation, norms and standards for dinical practices, diagnostic capacity of the health facilities, access and quality of health services, health financing mechanisms and increased domestic and international resource allocation for health.<br>• Facilitate the implementation of the National Health Policy 2015-2019 and the National Health Strategy 2016-2020.<br>• Advocate and support the road towards universal health coverage and achieving the SDGs.<br>• Support the implementation of SEHATMANDI.<br>• Facilitate the implementation of the National Laboratory Policy to support diagnostic services as well as disease surveillance programmes of communicable diseases and networking with sub-national laboratories.<br>• Support the newly-established Afghanistan Medical Council.<br>• Support the National Medicine and Health Products Regulatory Authority in implementing its 5 years plan.<br>• Strengthen Integrated Disease Surveillance and Response (IDSR)<br>• Strengthen core capacities for IHR implementation, especially points of entry and review of legislation policies.<br>• Build epidemiological and laboratory capacity for surveillance of emerging and re-emerging diseases. |
| **STRATEGIC PRIORITY 5**: Health Emergencies | • Assist in the development of National and Provincial Emergency Preparedness and Response (EPR) strategies and plans, supporting trauma care and mass casualty management, and emergency primary healthcare, including national and regional capacity building.<br>• Procure essential medicine and supplies to urgently respond to health emergencies.<br>• As Health Cluster-lead agency, coordinate preparedness and response to natural and man-made disasters.<br>• Advocate for International Humanitarian Law (IHL) in regards to attacks on health facilities and healthcare workers.<br>• Strengthen core capacities for IHR (2005) implementation based on recommendations of the Joint External Evaluation for detection of Public Health Emergencies of International Concern (PHEICs), risk assessment and risk communication.<br>• Support National Disease Surveillance and Response (NDSR) in the early detection of epidemics and provide support for preparedness and response to influenza pandemics.<br>• Provide direct in-country planning and implementation support for 10 polio vaccination campaigns per year targeting 9.5 million children per round and administering over 100 million polio vaccine doses annually including the specific vaccination to high risk mobile population; to stop poliovirus transmission.<br>• Maintain highly sensitive acute flaccid paralysis (AFP) surveillance to detect all AFP cases and conduct environmental surveillance to ensure that no wild poliovirus cases go un-detected. |

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