

Afghanistan Joint Country Plan 2018-19

Current health indicators

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)	22
Infant Mortality Rate (per 1,000 live births) (AfDHS 2015)	45
Under Five Mortality Rate (per 1,000 live births) (AfDHS 2015)	55
Maternal Mortality Ratio (per 100,000 live births) (UN Estimate 2017)	661
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

Situation:

Afghanistan has an estimated population of 34.5 million, with a growth rate of 2.2%. The structure of the Afghan Government is unitary; all political authority is vested in the Government in Kabul.

Afghanistan is faced with severe security challenges, and prone to widespread natural disasters.

With a gross national income (GNI) per capita of 1871 (2011 PPP\$), Afghanistan is ranked 169 out of 186 countries in the Human Development Index (HDI 2016). Poverty levels continue to remain high, with approximately 1/3rd of the population living below the poverty line. Though the economy grew 9% over the past decade, it has slowed down the last 4 years. Government remains largely dependent on foreign aid for continued development initiatives and operational support.

The Government of Islamic Republic of Afghanistan is increasingly taking the lead in working for better security, governance and social and economic opportunities for its people.

Health system/national health policy:

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 itself. 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. Significant progress over the last 15 years, translated in substantial decline in IMR, CMR and MMR. Despite this progress, Afghanistan's health indicators remain worrisome. Progress seems to be stagnating and surveys show large imbalances; urban/rural divide and across socio-economic levels.

Coverage of BPHS/EPHS (Public Health system) is more than 60% within one hours walking distance with a sub-optimal quality of services. 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, 4-5% by the Government budget. Out-of-pocket share remains high at more than 72%.

Afghanistan's National Health Policy 2015-20 has focuses on strategic areas: governance, institutional development, public health, health services and human resources. Both the President (Dr Ghani) and CEO (Dr Abdullah-Abdullah) are familiar with the health sector situation, challenges and keen in bringing positive changes. The presidential Health Summit which took place in June 2017 provided strategic direction to the health sector and confirmed to continue with the contracting out modality for the provision of BPHS/EPHS with more focus on performance management rather than solely contract management.

In addition, the recently developed one UN strategy focuses on Health System Strengthening, RMNCAH, Polio Eradication, response to Health Emergencies, and the control of Communicable and non-communicable Diseases. In line with National Health Policy and strategy, WHO is helping the government to implement the National Health Policy 2015-20 and Strategy 2016-2020 which focus on ensure universal access to primary health services, improve the quality of services, strengthen regulatory systems, ensuring the provision of the Basic Package of Health Services, improve mechanisms for health service delivery, increase investment in health and define a sustainable model for health care financing, facilitate women's engagement into the provision of health services, and build a responsive and effective public health administration at national and sub-national levels.

The current Public Health System (BPHS/EPHS) will be comprehensively reviewed with the goal for Government to incrementally take over public health functions and implementation when more effective.

Main Challenges:

Protracted violence has had a direct impact on the physical and mental health status of affected populations and compromises the overall functional capacity of health care services. Despite significant progress in the health system, the ANPDF and National Health Policy and Strategy identifies many challenges which include: low level of investment in health, lack of trust, poor quality of services, institutional fragmentation, poor planning, low budget execution rates, inequity in service provision, shortage of qualified health care providers (particularly females) and concern about sustainability. Other challenges include an unacceptably high and preventable maternal, newborn and child mortality and morbidity. Afghanistan also has low routine immunization and is one of the three remaining polio endemic countries in the world. Polio has been declared a public health emergency of international concern. By 31st December 2017 there have been 13 cases of polio. Inability to reach all children consistently with vaccines due to access or security issues, inequitable access to and utilization of services and gaps in programme management are key challenges.

Afghanistan also faces challenges in its response to the increasing needs for emergency health services due to rapidly evolving conflict, increasing security threats and ongoing waves of displacement, and natural disasters. This is characterized by significant increases in the number of war trauma cases, compromised access and so forth. The country also suffers from a high burden of Communicable Diseases (CDs). The country is at the beginning of the epidemiological transition, NCDs already are a major cause of mortality and morbidity. It's recognized as a priority, but not translated into financial allocation and action. Prevalence of micronutrient deficiencies are globally highest, causing 40% stunting and 9.5% wasting among under-5 children. Services provided by the poorly regulated private sector are also a challenge. Supply chain for diagnostics and pharmaceuticals is both fragmented and of questionable quality. Quality of health care and accessibility to health services remains sub-optimal and around 40% of population has limited or no access to public health services in security comprised and hard to reach areas. Inadequate managerial capacity at the sub-national level for governance, monitoring and supervision also negatively affect the quality of health care and responsiveness of the services to the people need.

Key Achievements in 2016-2017:

Polio Eradication:

- Number of cases reduced from 80 in 2011 to 13 in 2017. Most of Afghanistan is polio free, transmission limited to 1 province in East and 2 provinces in South region
- New transmission of 2015-2016 in East, South, Southeast and Northeast regions stopped successfully
- Highly sensitive surveillance system for polio maintained with all indicators exceeding global requirements. Environmental surveillance established and expanded to cover all regions of country
- 4 Nationwide and 6 subnational SIA campaigns targeting more than 9 million and 5 million children respectively in each campaign conducted in 2016 and 2017
- In 2017, 800,000 children up to 10 years of age crossing Afghanistan-Pakistan border were vaccinated with OPV. 11 million doses given to children in movement within country

Diseases Control:

- Fixed EPI enters has been increased from 1571 in 2015 to 1767
- Preparation for the introduction of new life-saving vaccine of rotavirus completed and will be introduced in January 2018. Provided technical assistance for development/revision of the national strategies, guidelines and training modules, facilitating capacity building of health staff on control and management of communicable diseases and ensuring un-interrupted supply of diagnostics and medicines for treatment of TB, leprosy, STH, leishmaniasis
- Providing technical assistance to mobilize resources to ensure provision of health care for free to all population affected
- Provided technical assistance for operationalizing the multi-sectoral committee to control NCD & tobacco control
- Built the capacity of the MoPH staff and partners on conducting NCD risk factor survey using updated WHO – STEP approach

RMNCH:

- Supported development of the National: RMNCAH Strategy 2017-21; comprehensive newborn action plan 2016-21; and FP clinical guidelines, service standards and in-service training package
- Trained 200 master trainers and more than 2,550 health personnel at central and sub-national levels on BEmONC, CEmONC, ENC, IMNCI, FP/BS, RMCH/FP counseling, ETAT, MNDSR, CRVS, ICD-10 and Adolescent Health
- Provided medical supplies, equipment and commodities to Blood Banks in 23 provinces; 31 Toyota Ambulances and 3 Toyota pickups to MoPH
- Improved MoPH subnational in-service training capacity on CEmONC, BEmONC, IMNCI, ETAT, Essential and Advanced Newborn care
- Supported MoPH and MoHE in integration of BEmONC in the pre-service training curricula at the Kabul Medical University and establishment of student training centre at Shah Ara Teaching Hospital
- Contributed to development and testing of the MCH home-based book
- Initiated and supported MoPH and Health Cluster in development of national standards for the assessment, planning, implementation and M&E of emergency RMNCAH interventions targeted at IDPs, refugees and returnees

Health System:

- As co-chair of the Development Partners Forum, WHO provided continuous technical support to MoPH and partners to strengthening structured policy dialogue, coordination and harmonization of all the programs in health sector and mobilization of resources
- Led the formulation of health component of the ONE UN strategy for the years 2018-21
- Contributed to the development of SEHATMANDI)
- Supported the establishment of Health Sector Strategic Oversight Committee. The committee is chaired by H.E Minister and comprised of WB, USAID, EU, Canadian Embassy, WHO, UNICEF and UNFPA. All the strategic decision related to health sector are taken in this committee
- Supported MoPH in the development of third round of National Health Account
- Supported the establishment of Medical Council for the first time in the history of Afghanistan
- Supported the establishment of National Medicines and Health Regulatory Authority
- Technical and financial support provided for the revision of National Medicine Policy and National Formulary of Medicine

- Formulation of National CRVS strategy and development of required tools for the implementation of ICD10 at the hospital level
- 526 outbreaks detected and responded to in 2017; Crimean-Congo hemorrhagic fever (CCHF) and measles are the leading outbreaks in 2017 with 238 and 173 outbreaks, respectively
- Surveillance sentinel sites expanded to 567 sites as of December 2017 covering almost 90% districts
- Community based surveillance and surveillance by private health sector expanded countrywide
- 110 members of the provincial Rapid Response Teams were trained on Pandemic and Epidemic Preparedness and Response covering surveillance, EPR, outbreak investigation, emerging/re-emerging diseases, IHR-2005 and PHEIC and avian, pandemic and seasonal influenza
- 32 influenza virus isolates have been shared with WHO Collaborating Centre, CDC Atlanta
- 720 health staff, 300 veterinary staff and 480 butchers were trained and oriented on CCHF in 12 provinces

Emergency Preparedness and Response:

- Leadership and institutional capacities enhanced, including development of National Disaster Management Plan and National Emergency Response Plan for Health and establishment of information, communication and coordination structures: Health Cluster Coordination, national and regional Control and Command Centers (CCC) and EPR Committees at all levels
- Enhancement of trauma care service in high risk areas, including upscaling of 41 hospitals with TCS capacities through MCM plans development, space arrangement, equipping and capacity building and upgrading of 11 regional and provincial hospitals for improved blood transfusion services
- A total of 1,928 medical staff and CHWs are trained on advance and basic life support (ALS and BLS), triage, ambulance services, safe blood transfusion, mental health and health risk assessment
- Through stockpiling and distribution of emergency health kits and medicines, including 63 Int'l Trauma kits, 489 Basic IEHK and 69 supplementary IEHK, 446 ARI kits and 50 Diarrhea kits and loose medicines, WHE provided life-saving medicines and supplies to over 1,423,351 people affected by conflict and natural disasters

Expected outcomes for 2018-2019:

EPI and Polio Eradication:

- Polio Eradication and Immunization: achieve 90% coverage with all basic antigens at the national level and interrupt poliovirus transmission with certification through standard surveillance
- Implementation of coverage improvement plan, introduction of Rotavirus vaccine into NIP
- Strengthen vaccine-preventable disease case-based surveillance systems

Diseases Control:

- Improve capacity to monitor the trends and delivery of integrated quality services that are inclusive and free of stigma and discrimination to help reduce the burden of communicable and non-communicable diseases including drug use and substance use disorders

RMNCAH:

- Improved access to and utilization of high quality reproductive (including family planning), maternal, neonatal, child and adolescent health (RMNCAH) preventive and curative services
- Improved capacity for evidence based policy/strategies development, planning, budgeting, implementation, monitoring and evaluation of nutrition programs and effective response to emergencies

Health System:

- 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 clinical 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
- Strengthen Integrated Disease Surveillance and Response (IDSR)
- Strengthen core capacities for IHR implementation, especially points of entry and review of legislation policies
- Build epidemiological and laboratory capacity for surveillance of emerging and re-emerging diseases

Health emergencies:

- Working to reduce death, illness and disability in the most acutely vulnerable populations while complementing and strengthening existing health institutions to adequately prepare for and respond to conflicts, outbreaks and natural disaster-related health crises

Programme Budget 2016-17:

The work plan presented in this document are the outcome of the process of joint planning between the Ministry of Public Health and other key national stakeholders in Afghanistan and the World Health Organization for the biennium 2018-2019, based on the Twelfth General Program of Work (2014-2019, approved by the WHA may 2013) and the proposed Programme budget 2018-2019 (approved by WHA may 2015). Through these work plan the Joint Programme of Collaboration between the Ministry of Health, Afghanistan and World Health Organization is operationalized and implemented during 2018-2019. The process of developing the Joint Programme of Collaboration between Ministry of Health Afghanistan and World Health Organization is in line with the World Health Organization reform and represents strong commitment for achieving results and contributing to the national health agenda for improving health. The operational planning process has guided the collective selection of the 11 programme areas priorities which are aligned with the national health strategy and harmonized with the recommendations of Presidential Health Summit, One UN Strategy and the United Nations development framework 2015-2019 of Islamic Republic of Afghanistan.

Plan Budget 2018-19

PROGRAM AREAS - AFGHANSITAN	Selected as priority	Budget allocated US\$
1.1. HIV and Hepatitis	No	28800
1.2. Tuberculosis	Yes	1290800
1.3. Malaria	No	669100
1.4. Neglected tropical diseases	Yes	396500
1.5. Vaccine-preventable diseases	Yes	1943800
1.6 Antimicrobial resistance	No	65600
1 COMMUNICABLE DISEASES	Sub-total	4,394,600.00
2.1. Noncommunicable diseases	Yes	858800
2.2. Mental health and substance abuse	Yes	22700
2.3. Violence and injuries	No	35600
2.4. Disabilities and rehabilitation	No	30000
2.5. Nutrition	Yes	973200
2.6. Food safety	No	78200
2 NONCOMMUNICABLE DISEASES	Sub-total	1,998,500.00
3.1. Reproductive, maternal, newborn, child and adolescent health	Yes	1674900
3.2. Ageing and health	No	0
3.5. Health and the environment	No	20000
3.6. Equity, social determinants, gender equality and human rights	No	376000
3 Promoting health through the life-course	Sub-total	2,070,900.00
4.1. National health policies, strategies and plans	Yes	1493000
4.2. Integrated people-centred health services	Yes	894000
4.3. Access to medicines and other health technologies and strengthening regulatory capacity	Yes	911700
4.4. Health Systems, information and evidence	Yes	1046900
4 Health systems	Sub-total	4,345,600.00
E.1. Infectious Hazard Management		533400
E.2. Country Health Emergency Preparedness and the International Health Regulations (2005)		713000
E.3. Health Emergency information and risk assessment		729200
E.4. Emergency Operations		3434000
E.5. Emergency Core Services		1388000
E. HEALTH EMERGENCIES PROGRAMME	Sub-total	6,797,600.00
10.1. Polio eradication		45538200
10 POLIO	Sub-total	45,538,200.00
13.1. Increase access to essential health and nutrition services		11096000
13 Increase access to essential health and nutrition services (OCR)	Sub-total	11,096,000.00
Grand Total		76,241,400.00

Sources:

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5. World Health Statistics 2017. Geneva: World Health Organization. (<http://apps.who.int/iris/bitstream/10665/255336/1/9789241565486-eng.pdf> , accessed 2 January 2018)
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10. Levels and Trends in Child Mortality. Estimates developed by the UN Inter-agency Group for Child Mortality, United Nations Children’s Fund, 2014. (http://www.who.int/maternal_child_adolescent/documents/levels_trends_child_mortality_2014/en/, accessed 3 January 2018)
11. Unpublished data from Expanded Program on Immunization, MoPH Afghanistan