



# Joint Collaboration Programme

2016-2017

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The Ministry of Public Health of the Islamic Republic of Afghanistan and  
World Health Organization Afghanistan Country Office

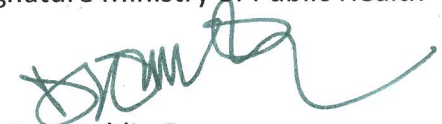
Signature WHO



Dr Richard Peepkorn  
WHO Country Representative

A blue ink signature of Dr. Richard Peepkorn is written over a red circular stamp of the WHO. The stamp contains the text "WORLD HEALTH ORGANIZATION" and "ORGANISATION MONDIALE DE SANTE".

Signature Ministry of Public Health



Dr Ferozuddin Feroz  
Minister of Public Health of Afghanistan

A green ink signature of Dr. Ferozuddin Feroz is written above his name and title.

# Afghanistan

## Current health indicators

Total population in thousands (2015)	32,000
% Population under 15	45
% Population over 60	3.7
Life expectancy at birth (2013) <sup>2</sup>	61 (Female)
Life expectancy at birth (2013) <sup>2</sup>	58 (Male)
Life expectancy at birth (2013) <sup>2</sup>	60 (Both sexes)
Neonatal mortality rate (per 1000 live births)(2012)	36.3
Under-5 mortality rate per 1000 live births (2012)	97.3
Maternal mortality ratio per 100 000 live births(2010)	400
% DPT3 Immunization coverage among 1-year olds(2013)	90.0
% Antenatal care coverage at least once by skilled personnel	51.1
Density of physicians (per 10 000 population) (2015)	2.7
Density of nurses and midwives (per 10 000 population) (2015)	3.2
total expenditure on health as a percentage of the gross domestic product (2013)	8.0
General government expenditure on health as a percentage of total expenditure on health (2013)	7.1
The share of out-of-pocket spending (2013)	74.4
Adult literacy rate (% 15+ years), Both sexes (2012)	27.0
Population using improved drinking-water sources (%) (2012)	64.0
Population using improved sanitation facilities (%) (2012)	29.0
Poverty headcount ratio at \$1.25 a day (PPP) (% of population)	35.8
Gender-related Development Index rank out of 152 countries (2014)	149
Human Development Index rank out of 187 countries (2014)	169

## Situation:

Afghanistan has an estimated population of 32 million, with a growth rate of 2.2%. The structure of the Afghan Government is unitary and all political authority is vested in the Government in Kabul.

Afghanistan is faced with severe security challenges and is prone to widespread natural disasters. With a per capita income of US\$ 1,082, Afghanistan is ranked 175 out of 186 countries in the Human Development Index. Poverty levels continue to remain high, with approximately one third of the population living below the poverty line.

Although the economy grew by 9% over the past decade, it has slowed down the last two years. Government remains largely dependent on foreign aid for continued development initiatives and operational support.

Significant progress over the last decade translated in substantial decline in infant, child and maternal mortality rates. Achievements in education, water and sanitation are also noteworthy. Despite this progress, Afghanistan's health indicators remain extremely worrisome. Progress seems to be stagnating and surveys show large imbalances across socio-economic levels with a clear urban/rural divide.

The Government of the 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 of infrastructure resulted in severe deterioration of health service delivery. Comprehensive basic package of health services (BPHS) and essential package of hospital services (EPHS) were developed by the Ministry of Public Health (MoPH) and partners, and health services are delivered through an innovative contracting-out mechanism by (inter)national NGOs and by MoPH in selected provinces.

There has been considerable progress 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 bilateral and multilateral development partners.

Coverage of the BPHS/EPHS public health system is around 60% with a compromised quality of service delivery. There is a lack of or very limited provision of public health services in security-compromised areas that make up over 30% of the country. There is a substantial health workforce which is unbalanced in terms of capacity, gender as well as geographic distribution. The private sector is unregulated and it is expanding.

Total health expenditure roughly equals to US\$55 per capita per year of which 20-25% is covered by development partners and 4-6% by the Government budget: out-of-pocket share is more than 70%.

H.E. President Ghani and CEO Dr Abdullah Abdullah are familiar with the health sector situation and challenges and keen to bring positive changes. The Minister of Public Health H.E. Dr Ferozuddin Feroz is changing the MoPH organizational structure to better suit its stewardship role. Under MoPH leadership and with active participation of key partners, a health sector review process took place and a new National Health Policy (2015-2020) has been finalized. Based on the Policy, a National Health Strategy (2016-2020) will be developed with the support of WHO in 2016.

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:

Continuous transmission of polio remains a key challenge. There is sub-optimal EPI coverage with great variations – coverage is unacceptably low in hard-to-reach and security-compromised areas. Afghanistan is at the beginning of the epidemiological transition; non-communicable diseases (NCDs) are already a major cause of mortality and morbidity. The prevalence of micronutrient deficiencies is globally highest, causing 40% stunting and 9.5% wasting among children under the age of 5. Services provided by the unregulated private sector are also a challenge. Supply chain for diagnostics and pharmaceuticals is both fragmented and of questionable quality. The quality of health care and accessibility to health services, especially for women, remain sub-optimal and 40% of population has limited or no access to public health services in security-compromised and hard-to-reach areas.

### **Polio**

- Despite progress, indigenous wild poliovirus circulation in a few areas and importation continue
- Campaign quality needs to be further improved to ensure WPV circulation is halted

### **Communicable diseases**

- Addressing cross-border issues for HIV/AIDS, TB, malaria and other diseases
- Cultural barriers and stigma resulting in low health seeking behavior

### **Non-communicable diseases**

- Recognized as a priority, but not translated into financial allocation and action
- Low levels of awareness on NCD risk factors such as healthy diet, physical activity and tobacco use

### **Promoting health across the life-course**

- Insufficient funds for implementation of essential RMNCAH interventions
- Lack of female health personnel and cultural barriers affect access to skilled care for Afghan women and children

### **Health system**

- Lack of sufficient managerial capacity at sub-national level for governance, monitoring and supervisory functions
- Insufficient financial resources for health system strengthening

### **Preparedness, surveillance and response**

- Lack of attention to emerging public health threats and implementation of IHR-2005
- Emergency preparedness programme largely dependent on humanitarian aid
- Lack of integration of EPR at the various levels of the health system

## Key Achievements in 2014-2015:

### **Polio**

- Four rounds of National Immunization Days (NIDs) covering the entire country and four Sub-NIDs conducted, targeting approximately 8.9 and 3.4 million children, respectively
- Establishment of National and Regional Emergency Operation Centers with operational working groups
- National Emergency Action Plan (NEAP) for July 2015 – June 2016 developed through a consultative process – operationalization initiated

### **Communicable diseases**

- Development and revision of National Strategic Plans (NSPs) and technical guidelines; resources mobilized from JICA, TGF and GAVI
- Strengthened technical support, capacity building of health staff, facilitated uninterrupted supply of drugs to TB and NTDs
- Increased access and improved coverage to routine immunization - Reach Every District (RED) approach and pulse immunization activities to reach the unreached populations initiated, access to life-saving vaccines (HepB, PCV13, Hb, IPV) and Measles SIAs implemented all over the country

### **Non-communicable diseases**

- Multi-sectoral partnership for NCDs and cancer prevention; NCD risk factor survey carried out in four major cities
- Facilitated ratification of the Framework Convention on Tobacco Control (FCTC) and legislation of tobacco law – increasing taxation by 50%
- Capacity building for health staff to integrate mental health services at community level
- WHO nutrition growth standards introduced and nutrition surveillance started in 34 provinces

### **Promoting health across the lifecourse**

- Developed and updated eight different medical guidelines and in-service training curricula; implemented RMNCH Acceleration Plan 2013-15 and MoPH-UN RMNCH Plan 2015-16
- IMCI: conducted and published national survey; integrated in pre-service training in Kabul Medical University (KMU)
- Capacity building on: BEmOCN & CEmONC, IMCI, CRVS, MDSR, STI; supported development of MoPH/RMNCAH strategic plan 2016-20
- Gender based-violence (GBV) Treatment Protocol for Healthcare Providers developed and endorsed in 2014; over 6 million USD mobilized for the implementation of GBV Treatment Protocol during 2015-2020; 500 healthcare professionals trained on gender mainstreaming

### **Health system**

- Developed Human Resources for Health (HRH) strategy 2014-2018
- Public expenditure tracking survey introduced and pharmaceutical sector assessment in six provinces carried out
- Strengthened blood banks at sub-national level, established three regional laboratories, constructed 10 EPI warehouses and trained 300 vaccinators

### **Preparedness, surveillance and response**

- Strengthened DEWS Plus (Indicator-based and Event-based Surveillance). Detected, investigated and responded to 257 outbreaks in 2014 and 339 outbreaks in 2015 - mainly measles, CCHF, pertussis and acute diarrhoeal diseases (ADD)
- Capacity building on core capacities for International Health Regulations (IHR) implementation, chemical biological radio nuclear events, pandemic and epidemic preparedness and response and strengthening laboratory capacity (bio safety level 2)
- Move towards Integrated Disease Surveillance and Response (IDSR) with inclusion of nutrition and laboratory surveillance, EPI, malaria and NCD risk factor surveys
- National Disaster Management, National Health Emergency Response, Mass Casualty Management (16 hospitals) and Contingency Plans developed
- Capacity building (trauma care, BLS, FA) and simulation exercises carried out, rehabilitation of damaged facilities at Wardak, Logar and Saroubi

## Expected outcomes for 2016-2017:

### **Polio**

- Stop circulation of wild poliovirus
- Full implementation of National Emergency Action Plan (NEAP) and expansion of field level staff to ensure adequate support to low-performing districts

### **Communicable diseases**

- Innovative approaches to enhance case detection to close the gap and scale up pharmacovigilance
- Facilitate conduct of implementation science research; strengthen the technical capacity of implementing partners
- Implementation of coverage improvement plan, introduction of IPV into NIP and switching from tOPV to bOPV and MR
- Strengthen vaccine-preventable disease case-based surveillance systems

### **Non-communicable diseases**

- Capacity building of primary health care providers and integration of NCD screening and management
- Facilitate implementation of substance use disorder prevention and suicide prevention strategy
- Support MoPH and BPHS implementers to strengthen the operation capacity of facility-based nutrition surveillance system and growth monitoring
- Strengthen the operational capacity of IPD-SAM therapeutic feeding units (TFUs) through providing milk preparation kits, training staff and establishing new TFUs

### **Promoting health across the lifecourse**

- RMNCAH strategy 2017-21 and implementation of MoPH –UN RMNCH activity plan 2015-16
- Introduction of BEmONC and IMCI pre-service training in three additional medical universities
- MCH home-based book, MDSR, CRVS and operations research on RMNCAH
- Integrate GBV Treatment Protocol into midwifery, nursing and medical school curricula and conduct GBV Treatment Protocol training and mentoring for 3000 healthcare providers and health facility managers in seven provinces

### **Health system**

- Support policy and strategy formulation on priority health issues and advocate and promote policy dialogue for universal health coverage (UHC)
- Advocacy for domestic revenue generation and Health Financing Prepayment Arrangements
- Strengthen laboratory capacity at national and sub-national levels, strengthen the HIS/CRVS system and address the results of the Demographic and Health Survey (DHS)
- Assist MoPH in the development of National Regulatory Authority and assist MoPH in development of Health Sector Strategic Plan

### **Preparedness, surveillance and response**

- Piloting of 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, e.g. MERS-CoV, EVD and influenza
- Develop and maintain capacity in Disaster Risk Management
- Integration of all-hazard emergency and disaster risk management for health (EDRM-H) in the national health strategy
- Establish a functioning Emergency Operation Center; Kabul and Nangarhar

## Programme Budget 2016-17:

The work plan presented in this document is 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 2016-2017. It is based on the Twelfth General Programme of Work for 2014-2019 approved by the World Health Assembly (WHA) in May 2013 and the proposed programme budget 2016-2017, approved by WHA in May 2015. Through this work plan, the Joint Programme of Collaboration between the Ministry of Public Health and World Health Organization is operationalized and implemented during 2016-2017. The process of developing the Joint Programme of Collaboration between MoPH and WHO is in line with the WHO reform and represents a 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 13 programme area priorities which are aligned with the national health strategy and harmonized with the United Nations Development Assistance Framework 2015-2019 for Afghanistan.

Programme area priorities 2014-17:

Programme areas	2014-15		2016-17	
	Selected	Budget allocated US\$	Selected	Budget allocated US\$
1.1 - HIV/AIDS	No	169,400	No	208,800
1.2 - Tuberculosis	No	885,400	Yes	1,316,800
1.3 - Malaria	No	188,400	Yes	588,900
1.4 - Neglected tropical diseases	Yes	422,000	No	333,200
1.5 - Vaccine-preventable diseases	Yes	1,923,000	Yes	1,654,300
<b>1 - Communicable diseases</b>	<b>Sub-total</b>	<b>3,588,200</b>	<b>Sub-total</b>	<b>4,102,000</b>
2.1 - Noncommunicable diseases	Yes	971,000	Yes	841,400
2.2 - Mental health and substance abuse	Yes	248,000	Yes	252,700
2.3 - Violence and injuries	No	21,400	No	65,600
2.4 - Disabilities and rehabilitation	No	-	No	50,000
2.5 - Nutrition	No	537,000	Yes	882,000
<b>2 - Noncommunicable diseases</b>	<b>Sub-total</b>	<b>1,777,400</b>	<b>Sub-total</b>	<b>2,091,700</b>
3.1 - Reproductive, maternal, newborn, child and adolescent health	Yes	1,390,400	Yes	1,638,900
3.2 - Ageing and health	No	-	No	0
3.3 - Gender, equity and human rights mainstreaming	No	169,400	No	342,000
3.4 - Social determinants of health	No	-	No	95,200
3.5 - Health and the environment	Yes	560,000	No	433,100
<b>3 - Promoting health through the life-course</b>	<b>Sub-total</b>	<b>2,119,800</b>	<b>Sub-total</b>	<b>2,509,200</b>
4.1 - National health policies, strategies and plans	No	2,975,457	Yes	1,198,000
4.2 - Integrated people-centered health services	Yes	2,805,600	Yes	1,553,100
4.3 - Access to medicines and health technologies and strengthening regulatory capacity	Yes	1,233,743	Yes	633,600
4.4 - Health systems information and evidence	Yes	1,070,000	Yes	1,259,800
<b>4 - Health systems</b>	<b>Sub-total</b>	<b>8,084,800</b>	<b>Sub-total</b>	<b>4,644,500</b>
5.1 - Alert and response capacities	Yes	962,000	Yes	1,010,900
5.2 - Epidemic- and pandemic-prone diseases	No	95,400	No	677,200
5.3 - Emergency risk and crisis management	No	21,400	Yes	2,474,200
5.4 - Food safety	Yes	100,000	No	68,200
5.5 - Polio Eradication	Yes	21,000,000	Yes	27,320,000
5.6 - Outbreak and crisis response	Yes	7,000,000	Yes	6,000,000
<b>5 - Preparedness, surveillance and response</b>	<b>Sub-total</b>	<b>29,178,800</b>	<b>Sub-total</b>	<b>37,550,500</b>
6.1 Leadership and Governance		764,000		709,000
6.2 Transparency, Accountability and Risk Management		0		0
6.3 Strategic Planning, Resource Coordination and Reporting		2,235,500		0
6.4 Management and Administration		800,500		3,762,100
6.5 Strategic Communications		0		0
<b>6 - Corporate Services / Enabling Functions</b>	<b>Sub-total</b>	<b>3,800,000</b>		<b>4,471,100</b>
<b>Total</b>	<b>Total</b>	<b>50,917,800</b>	<b>Total</b>	<b>55,369,000</b>

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