

Situation updates

Access to essential drugs through basic health care and secondary and tertiary health services is among the key concerns of MoPH and partners, but geographical constraints and security problems are affecting appropriate utilization and access to essential medicines. Both the quantity and quality of essential medicines are major challenges for the health system. The main sources of essential medicine are the local market, which provides medicines to private pharmacies, and BPHS and EPHS implementing NGOs. Most essential drugs are imported from neighbouring countries, sometimes illegally smuggled through Afghanistan's long and open borders. Antimicrobial resistance is a growing concern., Low-quality medicine, together with self-medication and inappropriate use are major contributing factors. Some Afghans use traditional medicine, as it is cheaper than synthetic medicine and easily accessible. In 2016, the government established the National Medicine and Health Products Regulatory Authority (NMHRA) which is responsible for the regulation of medicines, medical devices, vaccines, diagnostics and other health products. The NMHRA is working towards strengthening medicine regulation practices and quality.

Afghanistan pharmaceutical profile 2017

Licensed pharmacists (all sectors) (2017) 2407 (0.4 per 10 000)
(0.96 per 10 000) 600

Pharmacists and assistant pharmacists in the public sector (2017) 1250

Pharmacists in the public sector (2017) 1400
(0.47/10 000)

Pharmaceutical technicians and assistants (all sectors) (2017) 7248
(2.1 /10 000) (1.5 /10 000) 14000

Achievements

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§ Continued the provision of technical support to the NMHRA to achieve targets identified during the 2017 global self-benchmarking assessment. During this assessment, the NMHRA was determined to be at maturity level one, and it was agreed that it should reach maturity level three by 2022, based on WHO recommendations.

§ Provided an International Consultant to developed guidelines for the regulation of traditional and complementary medicine in Afghanistan.

§ Published the Afghan National Formulary and translated it into local languages,

§ Provided technical assistance for strengthening the regulatory functions of the NMHRA through training workshops on good manufacturing practices, pharmacovigilance and pricing, and through contributions to the work of relevant technical boards and committees.

§ Conducted a training workshop for relevant pharmaceutical sector stakeholders on the introduction of the guidelines on traditional medicine.

§ Provided regular technical support to the National Pharmacovigilance Committee in reviewing and analysing cases of adverse drug reaction in nine hospitals.

§ Supported the formulation of the National Action Plan for Antimicrobial Resistance.

§ Supported the annual review of the NMHRA.

Programme risks and challenges

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§ Limited number of skilled pharmaceutical experts, low capacity in the quality control system.

§ Low capacity in some aspects of regulatory functions such as registration and Good Manufacturing Practices inspection.

§ Long and open borders with neighboring countries make it very challenging to take control of illegal medicine smuggling.

§ Poor health-seeking behaviour and the high cost of healthcare in remote areas lead to self-medication.

§ Inappropriate use of medicines by pharmacists and practitioners.

§ Over-the-counter use of antibiotics increases the risk of antimicrobial resistance.

Way forward

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§ Continue strengthening the capacity of NMHRA to reach maturity level three.

§ Provide support to upgrading the Quality Control lab.

§ Support the establishment of drug quality control labs in four regions of Afghanistan.

§ Support the implementation of guidelines promoting the controlled use of medicines.

§ Strengthen pharmacovigilance and support its expansion to vaccination centres.

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