

## Afghanistan Primary Health Care Vital Signs Profile

# c**o phcpi**

#### **\$ FINANCING**

EMRO WHO estimates (2018)

#### **PHC spending:**



#### **Prioritization of PHC:**

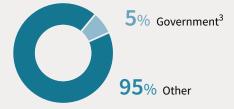
Overall health spending<sup>1</sup>

**57% on PHC** 

Government health spending<sup>2</sup>

**49**% on PHC

#### **Sources of PHC spending:**



#### **COUNTRY CONTEXT AT-A-GLANCE**

2.2
Inputs 1.7

Governance

Primary Health Care Progression Model<sup>4</sup>

**Population Health & Facility** Management



to 4 (high)

### **PERFORMANCE**

#### Access Index<sup>5</sup>

DHS STATcompiler (2015)



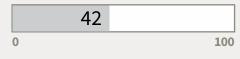
#### **Quality Index<sup>5</sup>**

SPA (2018-2019), PMO Ministry of Public Health of Afghanistan (2020), WHO/UNICEF (2019), 2020 Regional Core Indicators Booklet (2018), National Assessment of IMCI in Afghanistan (2016)

	55	
0		100

#### Service Coverage Index

2020 Regional core indicators booklet, WHO TB programme (2019), DHS (2015), ANHS (2018), UHC Global Monitoring Report (2017)



## **ATA EQUITY**

#### Access: % with perceived barriers due to cost, by wealth quintile



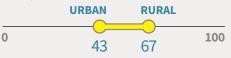
#### Coverage of RMNCH<sup>6</sup> services, by mother's education

Afghanistan Heath Survey (2018)



#### Outcomes: Under-five mortality<sup>7</sup>, by residence

DHS Report (2015)





dicator values presented here may differ from country data sources due to the use of standardized categories and methods to enhance international comparability. See Indicator Description Sheet for details.

Note: Scores for the Capacity. Performance, and Equity domains are color-coded to reflect good (green), medium (yellow), and poor (red) performance, where comparable data are available. Cut-offs can be found in the Indicator Description Sheet. Scores based on data from non-comparable sources are colored gray. Finance indicators are not color-coded because these indicators lack common targets.

Current PHC expenditure as % of Current Health Expenditure (CHE)

- Domestic general government PHC expenditure as % of domestic general government health expenditure estic general government PHC expenditure as % of current PHC expenditur The PHC Progression Model uses mixed methods to assess foundational capacities of PHC on a scale from 1 (low

Because different data/indicators are used in each country, composite index values may not be comparable across countries. See page 2 for the specific indicators used in this VSP.

posite coverage index is a weighted score reflecting coverage of eight RMNCH interventions along the continuur of care (http://www.who.int/gho/health\_equity/report\_2015/en/) Deaths of children before age 5, per 1,000 live births

- Domestic general government health expenditure as % of gross domestic product (GDP) Maternal mortality: 11.6; HIC annual statistic report 2016
- Probability of dying between ages 30 and 70 from cardiovascular disease, cancer, diabetes, or chronic respiratory disease
   Communicable, maternal, perinatal, and nutritional conditions

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## CAPACITY DOMAIN: DETAILED VITAL SIGNS PROFILE INDICATORS

AFGHANISTAN	SCORE
GOVERNANCE	2.2
Governance and LeadershipMeasure 1: Primary health care policies (1/2)Measure 2: Primary health care policies (2/2)Measure 3: Quality management infrastructureMeasure 4: Social accountability (1/2)Measure 5: Social accountability (2/2)Adjustment to Population Health NeedsMeasure 6: SurveillanceMeasure 7: Priority settingMeasure 8: Innovation and learning	2.0         2.1         2.2         2.3
INPUTS	1.7
Drugs and SuppliesMeasure 9: Stock-out of essential medicinesMeasure 10: Basic equipment availabilityMeasure 11: Diagnostic suppliesFacility InfrastructureMeasure 12: Facility distributionMeasure 13: Facility amenitiesMeasure 14: Standard safety precautions and equipmentInformation SystemsMeasure 15: Civil Registration and Vital StatisticsMeasure 16: Health Management Information SystemsMeasure 17: Personal care recordsWorkforceMeasure 19: Quality assurance of primary health care workforceMeasure 20: Primary health care workforce competenciesMeasure 21: Community health workersFundsMeasure 22: Facility budgetsMeasure 23: Financial Management Information SystemMeasure 24: Salary payment	1.0         1.7         1.7         1.7         1.7         1.8         1.7         1.8         1.7         1.8         1.7         1.7         1.8         1.7         1.7         1.7         1.7         1.7         1.7         1.7         1.7         1.7         1.7         1.7         1.7         1.7         1.8         1.9         1
POPULATION HEALTH AND FACILITY MANAGEMENT	2.5
Population Health ManagementMeasure 25: Local priority settingMeasure 26: Community engagementMeasure 27: EmpanelmentMeasure 28: Proactive population outreachFacility Organization and ManagementMeasure 29: Team-based care organizationMeasure 30: Facility management capability and leadershipMeasure 31: Information system useMeasure 32: Performance measurement and management (1/2)Measure 33: Performance measurement and management (2/2)	1.8         1.9         1



World Health Organization				
REGIONAL OFFICE FOR THE Eastern Mediterranean for every chi	lld			
Afghanistan	SCORE	PERCENTAGE	SOURCE	YEAR
ACCESS	33			
Financial				
Perceived access barriers due to treatm	ent costs*	33%	DHS STATcompiler	2015
Geographic				
Perceived access barriers due to distand	ce*	33%	DHS STATcompiler	2015
QUALITY	55			
Comprehensiveness				
Avg. availability of 5 tracer RMNCH services		72%	Performance Management Office-Ministry of Public Health of Afghanistan	2020
Avg. availability of services for 3 tracer communicable diseases		43%		2018-19
Avg. availability of diagnosis & management for 3 tracer NCDs		85%		2018-19
Continuity				
DTP3 dropout rate*		7%	WHO/UNICEF	2019
Treatment success rate for new TB case	S	91%	2020 Regional core indicators booklet	
Person-Centeredness				
No recent indicator available from intern	national or national data s	sources		
Provider availability				
No recent indicator available from intern	national or national data s	sources		
Provider Competence				
Sick child quality score based on IMCI g	uidelines	63%	National Assessment of IMCI in Afghanistan	2016
Safety				
Adequate waste disposal		34%	SPA	2018-201
Adequate infection control		45%	SPA	2018-201
SERVICE COVERAGE	42			
Reproductive, Maternal, Newborn and	Child Health			
Demand for family planning satisfied wi	th modern methods	45%	2020 Regional core indicators booklet	2015
Antenatal care coverage (4+ visits)		21%	ANHS	2018
Coverage of DTP3 immunization		87%	2020 Regional core indicators booklet	2019
Care-seeking for suspected child pneum	nonia	62%	UHC Global Monitoring Report	
Infectious diseases				
Tuberculosis cases detected and treated	d with success	73%	WHO TB programme	2019
People living with HIV receiving anti-ret	roviral treatment	13%	2020 Regional core indicators booklet	
Use of insecticide-treated nets (ITN) for	malaria prevention	4%		2015
Children under 5 with diarrhea receiving ORS		49%	2020 Regional core indicators booklet	
Non-Communicable Diseases (NCDs)			-	
% of population with normal blood pres	4.4.4	39%	UHC Global Monitoring Report	

\*Indicators where lower values are preferable were transformed before inclusion in the index. The modified indicator was defined as 100-X, where X is the original percentage shown in this table. \*\*Countryspecific (proxy) indicator, used in absence of globally comparable survey data. \*\*\*Percentage of adult population with normal blood pressure is based on age-standardized estimates. These distributions are rescaled to provide finer resolution before inclusion in the index. Rescaled indicator = (X-50)/ (100-50)\*100, where X is the prevalence of normal blood pressure. For more details see Tracking UHC: 2017 Global Monitoring Report. Note: Summary scores for the domains of Access, Quality, and Coverage are calculated by taking the average of indicator values within each subdomain, and then taking the average across subdomain scores.