

Afghanistan



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

WHO region	Eastern Mediterranean
World Bank income group	Low-income
CURRENT HEALTH INDICATORS	
Total population in thousands (2012) ¹	29825
% Population under 15 (2012) ²	47.42
% Population over 60 (2012) ²	3.82
Life expectancy at birth (2012) ³ Total, Male, Female	61 (Female) 58 (Male) 60 (Both sexes)
Neonatal mortality rate (per 1000 live births(2012) ⁿ	36 [25-51] (Both sexes)
Under-5 mortality rate per 1000 live births (2012) ⁿ	99 [84-116] (Both sexes)
Maternal mortality ratio per 100 000 live births(2010) ⁿ	460 [250-850]
% DPT3 Immunization coverage among 1-year olds(2012) ⁿ	71
% Births attended by skilled health workers(2011) ⁿ	36.3
Density of physicians (per 1, 000 population) (2010)	0.194
Density of nurses and midwives (per 1 000 population) (2010)	0.073
Total expenditure on health as % of GDP (2011) ⁿ	9.6
General government expenditure on health as % of total government expenditure (2011) ⁿ	3.3
Private expenditure on health as % of total expenditure on health (2011) ⁿ	84.4
Adult (15+) literacy rate(2012) ⁿ Total	45
Population using improved drinking-water sources (%) (2011) ⁿ	85 (Urban) 61 (Total) 53 (Rural)
Population using improved sanitation facilities (%) (2011) ⁿ	46 (Urban) 23 (Rural) 28 (Total)
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (2012)	42
Gender-related Development Index rank out of --- countries (2012) ⁿ	147
Human Development Index rank out of --- countries (2012) ⁿ	175

Sources of data:

¹ Global Health Observatory

<http://apps.who.int/gho/data/node.cco>

HEALTH SITUATION

Afghanistan's health sector made significant progress over the last decade, which translated in substantial decline in infant, child and maternal mortality. The concerted efforts have enabled Afghanistan to stay on track in achieving MDGs 4 and 5. However the baseline indicators were extremely poor and until now remain high in regional and global comparison.

Afghanistan has transformed a conflict-torn health system both in infrastructure and service delivery terms to a relatively functional one through an innovative approach by contracting out Basic Package of Health Services and Essential Package of Health Services (BPHS/EPHS) at primary and secondary levels to NGOs. The coverage of primary health care services has been expanded to districts where 82% of the population resides. This expansion resulted in an increase of number of functioning health facilities from 496 in 2002 to more than 2,000 in 2014 and five-fold increase in the number of outpatient visits,. However, the coverage, quality and accessibility of public health services remain sub-optimal. More than thirty percent of the population in security comprised and /or hard to reach areas has no or limited access to public health services. 40% of population lives more than one hour's travel from nearby health facility and skilled birth attendance is less than 40%.

Afghanistan's socio-economic indicators show a mixed picture of progress and challenges, some of which remain worrisome. Life expectancy is low (62 years), and despite a significant decline, infant, under-five and maternal mortality, respectively at 77 per 1000 live births, 99 per 1000 live births and 460 per 100 000 live births are still high. There is an extremely high prevalence of chronic malnutrition (39% of all children under five) and widespread occurrence of micro-nutrient deficiency. There is a high burden of communicable diseases which account for more than 60% of all outpatient visits and more than half of all deaths. While Afghanistan remains one of the three polio-endemic countries globally, progress has been achieved in polio eradication. In 2015 (until 26 April) 1 case has been reported compared to 28 polio cases in 2014, 14 in 2013 and 37 in 2012. Non-communicable diseases contribute to more than 35% of overall mortality. Some of the major challenges and constraints faced by the health sector include: inadequate financing for many of key programs and heavy reliance on external sources of funding; insufficient and inadequately trained health workers and a lack of qualified female health workers, particularly in the rural areas; lack of access to health care due to dispersed populations and insecurity; quality-compromised services; constrained national capacities for health planning and management, especially in the areas of governance, health care financing, human resource development, monitoring, evaluation and analysis of the health situation at central and especially at the provincial level. The out of pocket expenditure for health is > 70%.

HEALTH POLICIES AND SYSTEMS

Afghanistan's health system has been steadily progressing over the last 13 years, with an increasing coverage of primary health care services throughout the country. Afghanistan health system's vision, roadmap and policy frameworks and top priorities have been developed within the Afghanistan National Development Strategy (ANDS) in 2008, reaffirmed in the National Strategic Health Plan 2011-2015 and National Health and Nutrition Policy 2012-2020. Currently there is a Health Sector review ongoing, which should lead to a new Health Sector Strategic Plan 2016-2020.

COOPERATION FOR HEALTH

Public health programs are predominantly funded by government and specifically multi-/bi-lateral development partners. The major health sector program System Enhancement for Health Action in Transition (SEHAT) is supported by the Government of Afghanistan, WB, EU, and USAID to which WHO is providing technical assistance. The focus is expansion and improvement of BPHS/EPHS and system strengthening.

There is an active Development Partners Coordination Forum which WHO co-chairs with the European Commission. Working through a sector-wide approach, the Forum assists MoPH with coordination of all key stakeholders, help increase the overall resource envelope and the effectiveness of their investments and support to the health sector. In the framework of a SWAp/IHP+, MoPH is reviewing and improving its Sector dialogue structures with Development Partners, Private Sector, and Civil society to ensure more effective health services delivery.

WHO COUNTRY COOPERATION STRATEGIC AGENDA

Strategic Priorities	Main Focus Areas for WHO Cooperation
STRATEGIC PRIORITY 1: Communicable Diseases	<ul style="list-style-type: none"> ● Support National TB Control Program in updating and developing national TB plans beyond 2015 in line with the post-2015 global tuberculosis strategy and new targets ● Support the national malaria control program in implementation of national malaria prevention, control and elimination strategies ● Support national control programs (leprosy and leishmaniasis) in developing, finalizing and implementation of national NTD control strategy and treatment guideline ● Support the NACP/MoPH in effective and efficient implementation of strategic plan for HIV control activities with a focus on harm reduction activities ● Support NIP/MOPH in effective implementation of the annual plan of action developed based on the EPI comprehensive multi-year plan towards national targets of achieving 90% coverage with all antigens nationally and at least 85% in each district ● Co-organize and support the implementation of multiple supplementary immunization activities (SIAs), acute flaccid paralysis (AFP) surveillance, monitoring and evaluation as well as certification activities to achieve the interruption of polio virus transmission and eventual eradication ● Facilitate collaboration with and implementation of global health initiatives with regard to communicable diseases, such as GAVI and GFATM
STRATEGIC PRIORITY 2: Noncommunicable Diseases (NCDs)	<ul style="list-style-type: none"> ● Assist in determining the burden of NCDs and risk factors to inform a National NCD control strategic plan, and help ensure NCDs get its due attention in service delivery ● Support the implementation of WHO Framework Convention on Tobacco Control ● Assist in the implementation of mental health policy, strategies and plans in line with the global mental health action plan ● Promote multi-sectoral collaboration for the development and implementation of a road safety policy ● Support country capacity to implement programs addressing violence against women, youth and children ● Support MoPH in setting targets and establishing national action plans in line with the comprehensive implementation plan on maternal, infant and young child nutrition
STRATEGIC PRIORITY 3: Promoting Health through the Life Course	<ul style="list-style-type: none"> ● Support the delivery and monitoring of Reproductive, Maternal, Newborn, Child and Adolescent Health services at the sub-national level through capacity building. Facilitate revision and development of strategies guidelines and training packages to provide high quality RMNCAH services ● Assist in mainstreaming gender, equity and human rights issues across health interventions and activities; roll out the Gender-based Violence Treatment Protocol to all health facilities and train health care providers on GBV care ● Support the development of a county-level coordination mechanism established for the implementation of Social Determinants of Health policy, strategy and guideline ● Advocate for the prioritization of environmental health in national plans
STRATEGIC PRIORITY 4: Health Systems	<ul style="list-style-type: none"> ● Assist in strengthening the governance and stewardship functions of the Ministry of Public Health towards strengthening health systems and help ensure increased investments in the health sector ● Provide facilitation in adopting Sector-Wide Approach, IHP+ and guide the development of partners' coordination and Sector Dialogue Structures ● Support health financing, including development and use of Medium Term Expenditures Framework, Public Expenditure Tracking Survey, National Health Account, Human Resources Development, National Regulatory Authority, Monitoring and Evaluation, HMIS, Research and Surveillance, Health Innovation/Technologies, Health Promotion ● Facilitate building and maintaining a productive partnership between private and public sector ● Facilitate the implementation of GAVI/HSFP funds and GFATM HSS funds, ensure effective and timely utilization, monitor outputs/outcomes, guide the preparation and submission of reports
STRATEGIC PRIORITY 5: Emergency preparedness, surveillance and response	<ul style="list-style-type: none"> ● Assist in developing and maintaining alert and response capacities as required under International Health Regulations (IHR-2005) through developed core capacities, inter-sectoral coordination and strengthened surveillance and response to Public Health Emergencies of International Concern (PHEICs) ● As Cluster Lead, ensure the establishment of health as a central component of multi-sectoral frameworks for emergency and disaster risk management and support in strengthening national capacities for all-hazard emergency and disaster risk management for health ● Support the strengthening of the disease early warning system ● Strengthen the humanitarian health information system by ensuring a functional communication network and data analysis capacity at national and subnational levels