

Afghanistan: Health Systems Profile

Key health system indicators

Health status

Life expectancy at birth in years	total	64
Adult mortality rate (probability of dying between 15 and 60 years) per 1000 population	males	289
	females	245
	total	268

Communicable diseases

Tuberculosis notification rate per 100 000	99
Incidence rate of malaria per 1000 population	3.5
Estimated number of people living with HIV	5 800

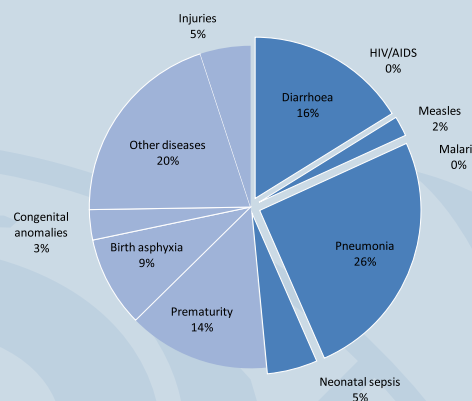
Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking
Physical inactivity

Metabolic risk factors

2008 estimated prevalence (%)	males	females	total
Raised blood pressure	27.2 [14.7-41.5]	27.9 [15.0-41.6]	27.6 [18.6-37.3]
Raised blood glucose	8.9 [3.6-16.6]	9.5 [3.9-17.6]	9.2 [5.0-14.6]
Overweight	10.0 [1.8-27.2]	13.6 [2.0-34.8]	11.8 [3.5-25.1]
Obesity	1.5 [0.1-5.2]	3.3 [0.2-11.3]	2.4 [0.4-6.7]
Raised cholesterol	20.9 [7.5-40.1]	22.8 [7.6-46.1]	21.9 [11.0-36.5]

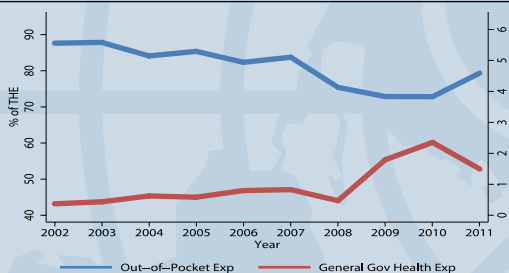
Distribution of causes of death among children aged <5 years (%)



Communicable diseases are estimated to account for 49% of all deaths among children aged <5 years

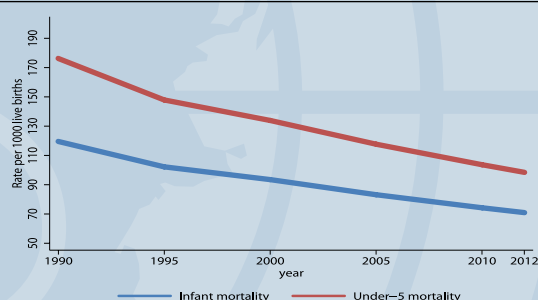
Expenditure and mortality trends

Health finance



The general government expenditure on health as % of Gross Domestic Product (GDP)
The out-of-pocket expenditure as % of Total Health Expenditure (THE)

Infant and under 5 mortality rates per 1000 live births



Health system: governance

Existence of a national health strategy/strategic plan and time frame	Yes (2010-2014)
Annual publication/dissemination of ministry of performance report	Yes
High level multisectoral advisory council for health available	No

Health system: information

Functioning civil registration and vital statistics	
Percentage of births registered	6
Percentage of causes of death recorded	...
Year most recent use of ICD in mortality classification reported	...
Year most recent annual health statistics report published	2012

Health system: health workforce

Health workforce per 10 000 population	
Physicians	2.9
Nurses/midwives	3.6
Dentists	0.1
Pharmacists	0.3
Health professions education institutions	
Medical	...
Nursing	...
Percentage of doctors working in rural settings	...

Health system: service provision

Infrastructure	
Primary health care facilities per 10 000 population	1.0
Hospital beds per 10 000 population	5.3
Service delivery	
Access to local health services (%)	57
Contraceptive prevalence (%)	15.4
Antenatal care visits (4+ visits) (%)	14.6
Measles immunization coverage among 1-year-olds (%)	81
Smear-positive tuberculosis treatment success (%)	90
Number of tobacco (m)POWER measures implemented at the highest level of achievement	...

Health system: finance

National health accounts conducted (number of rounds; last reference year(s))	(2 ; 2011-2012)
General government expenditure on health as % of GDP (2011)	1.5
Out-of-pocket expenditure as % of total health expenditure (2011)	79.4
General government expenditure on health as % of total government expenditure (2011)	3.3

Health system: technology

Existence and year of last update of published essential medicines list (EML)	Yes (2007)
Existence of a functional national regulatory authority (NRA)	Yes (medicines)
Number of MRI/CT scanners (in public facilities) per million population	0.1 / 0.2

Health System Strengths, Weaknesses, Opportunities, Challenges, and Priorities

Strengths	Weaknesses
<ul style="list-style-type: none"> • Resilient leadership and stewardship, long-term and high level of commitment by the MoPH • Well-developed national policies, strategies and plans. Current strategic health plan of MoPH 2011-2015 includes health system strengthening • Over a decade's experience of partnership with civil society, non-governmental organizations and development partners with demonstrated success • Rapid improvements in access to health services through outsourcing of PHC services to NGOs and more recently through community midwives particularly in remote areas • Well defined and costed package for basic health and essential hospital services • Good technical capacity of NGOs for service delivery at different level 	<ul style="list-style-type: none"> • High level of dependency on partners for health sector financing • Inadequate funds allocated to health and high share of out-of-pocket spending on health (i.e. 75% of the total health expenditure), high risk of catastrophic expenditure and impoverishment. • One-third of population has no access to basic health services while overlapping and underutilization of health services exist in some areas. • Health system infrastructure is not well functional all over country • Burgeoning private health sector much of which is unregulated • Shortage of health workers, especially females in remote areas, and mal-distribution of health workers • Insufficient capacity and logistic facilities to monitor and supervise health related interventions • No clear survey plan (too many surveys that are uncoordinated and overlap with regards objectives) Fragmented and poorly coordinated surveillance systems characterized by a weak and uncoordinated response • Not established Medical Council • Poor ICT infrastructure and capacity • Bureaucratic procurement procedure and Health workforce development process • Low management capacity at provincial level • Lack of decentralization strategy resulted in poor provincial planning and use of information in policy making • Poor Civil Registration and Vital Statistics
Opportunities	Challenges
<ul style="list-style-type: none"> • Continued national political support and commitment • Presence of many active international donors/ NGOs committed to health system development. Multi-sectoral collaboration through involvement of Ministries of Defense, Higher Education and Interior; and Afghan Red Crescent Society • Funds available for health system strengthening from GAVI and other development partners over the next several years • Continued commitment of UN agencies including WHO in providing technical and financial assistance to the MoPH • Reclassification and rationalization of health facilities and need to relocate some health posts to ensure adequate health service coverage and improve access • NCD prevention and management to be included in essential package of health services • Develop the role of the medical council to regulate medical professional standards and to implement hospital accreditation guidelines in order to improve the provision of quality hospital services 	<ul style="list-style-type: none"> • Access to health services hindered by insecurity, geographical barriers, low literacy and other social and environmental determinants of health • Disparity in access to health services - urban-rural, male-female, and poorest and richest quintiles of the community. • Sustaining long term partnership between public and private sectors and NGOs and creating suitable environment for private sector investment • Need to increase fiscal resources and reduce donor dependency in financing the health system • High turnover of female staff particularly in hard to reach areas • Need for systematic assessment mechanism for new investments in health facilities, pharmaceuticals and health technologies • Overlapping regulatory functions between the MoPH to ensure quality of health-related goods and services • Limited capacity in pharmaceutical management and ensuring quality of medicine, vaccines and technologies
Priorities	
<ul style="list-style-type: none"> • Advocate for health in all policies and strengthen intersectoral actions for tackling health determinants and reducing health inequities • Increase allocation of resources and create more fiscal space for health and establish pre-payment schemes to reduce high burden of out of pocket spending by households • Improve access, coverage and quality of essential health services particularly for the underserved population and in insecure areas • Increase the number of community nurses and midwives, female physicians to address the high burden of maternal and child health related problems and their complications • Invest in the improvement of health infrastructure at all levels – primary health care, hospital care, educational institutions • Develop legislation and enforce standards for regulation of private health sector • Promoting decentralization and improve capacity at the provincial level to manage, monitor and deliver health services by introducing performance based incentive payment to provincial staff and contracted out NGOs 	

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