Communicable diseases (2014)

- Tuberculosis notification rate per 100,000 population: 102.0
- Incidence rate of malaria per 100,000 population: 3.5
- Number of newly reported HIV cases: 165.0

Behavioural risk factors

- Current tobacco smoking (2011)*
- Insufficient physical activity (2008-)

Metabolic risk factors

- Raised blood pressure
- Raised blood glucose
- Overweight
- Obesity

Expenditure and mortality trends

- Health finance
  - General government expenditure on health as % of general government expenditure: 7.1
  - Out-of-pocket expenditure as % of total health expenditure: 73.8
  - Per capita total health expenditure at exchange rate (US$): 55

Health system: selected coverage interventions

- Antenatal care visits (4+ visits) (2013): 16.4
- Measles immunization coverage among 1-year-olds (2014): 88
- Treatment success rate of new bacteriologically confirmed TB cases (2014): 88
- DTP3-containing vaccine / Pentavalent coverage group among children under 1 year of age group (2014): 95

Health system: workforce (2014)

- Physicians: 2.7
- Nurses/midwives: 3.2
- Dentists: 0.1
- Pharmacists: 0.3

Health system: medicines and medical devices (2013)

- Availability of selected essential medicines and medical products in health facilities (%)
- Number of scanners (in public facilities) per million population (CT, MRI)
### Health System Strengths, Weaknesses, Opportunities, Challenges, and Priorities - Afghanistan 2015

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
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<tbody>
<tr>
<td>Resilient leadership and stewardship, long-term and high level of commitment by the Ministry of Public Health (MoPH)</td>
<td>High level of dependency on partners for health sector financing</td>
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<tr>
<td>Well-developed national policies, strategies and plans. Current strategic health plan of MoPH 2011-2015 includes health system strengthening</td>
<td>MoPH organizational structure does not match its mandate</td>
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<td>Over a decade's experience of partnership with civil society, non-governmental organizations and development partners with demonstrated success</td>
<td>Inadequate funds allocated to health and high share of out-of-pocket spending on health (i.e. 73% of the total health expenditure), high risk of catastrophic expenditure and impoverishment.</td>
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<td>Rapid improvements in access to health services through outsourcing of PHC services to NGOs and more recently through community midwives, particularly in remote areas</td>
<td>One-third of population has no access to basic health services while overlap and underutilization of health services exist in some geographic areas</td>
</tr>
<tr>
<td>Well-defined and costed package for basic health and essential hospital services</td>
<td>Burgling private health sector, much of which is unregulated</td>
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<td>Experienced NGOs in service delivery at different levels</td>
<td>Shortage of health workers, especially women in remote areas, and their mal-distribution</td>
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<td>Initiated hospital autonomy with demonstrated success</td>
<td>Insufficient capacity and logistic facilities to monitor and supervise health-related interventions</td>
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<td>Fragmented and poorly coordinated surveillance systems characterized by a weak and uncoordinated response</td>
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<td>Poor Information, Communication, Technology infrastructure and capacity</td>
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<td>Initiated hospital autonomy with demonstrated success</td>
<td>Bureaucratic budgeting, accounting and procurement procedures and ineffective human resource management system lack effective decentralization and low management capacity at the provincial level</td>
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<tr>
<td>Initiated hospital autonomy with demonstrated success</td>
<td>Poor Civil Registration and Vital Statistics</td>
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<tr>
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<td>Shortage of professional bodies that can focus on continuing professional development (CPD) of workforce</td>
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### Opportunities
- Continued political support and commitment following recent political developments that led to a National Unity Government
- Presence of many active international donors/NGOs committed to health system development
- Multi-sectoral collaboration between MoPH and other line ministries and institutions
- Availability of GHI’s financial support such as GAVI and other partners including IHP+ for health system strengthening
- Continued commitment of UN agencies including WHO in providing technical and financial assistance to the MoPH
- SEHAT (System enhancement for health action in transition) initiative creating a new platform for a dialogue towards a more coordinated programmatic support
- Rapidly growing role of private sector in health care delivery

### Challenges
- 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
- 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
- Decentralization of administrative functions and technical capacity to sub-national level
- Interference of other governmental entities and as well as non-governmental entities in health sector activities

### Priorities
- 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 as part of national commitment towards universal health coverage
- Increase the number of community nurses and midwives, female physicians to address the high burden of maternal and child health morbidity and mortality
- Enhance regulation of providers through accreditation and certification based on continuing professional development (CPD)
- 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
- Promote decentralization and improve capacity at the provincial level to manage, monitor and deliver health services by introducing performance-based incentive payments to provincial staff and contracted NGOs
- Promoting and enforcing regulation for provider accreditation, certification and continued medical education