Afghanistan: Health Systems Profile



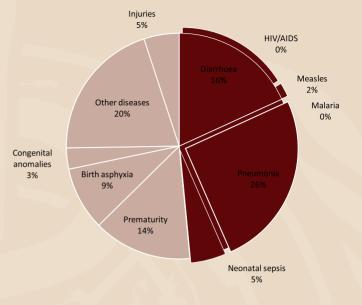
Health status (2013)		
Life expectancy at birth in years	total	61.0
	males	61.0
	females	62.0
Maternal mortality ratio per 100 000 live births	total	400.0

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				

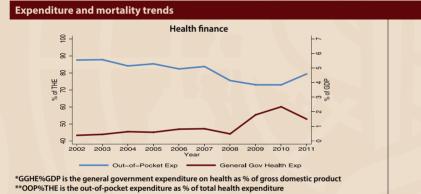
Behavioural risk factors			
Prevalence (%)	males	females	total
Current tobacco smoking (2011)*			
Insufficient physical activity (2008-)			•••

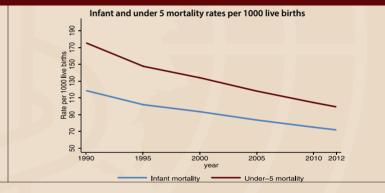
4	Metabolic risk factors			
Ī	2014 estimated prevalence (%)	males	females	total
	Raised blood pressure			21.7
	Raised blood glucose			9.6
	Overweight			16.2
	Obesity			2.9

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





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Health system: selected coverage interventions		Health system: finance (2013)	
Antenatal care visits (4+ visits) (2013)	16.4	General government expenditure on health as % of general government	
Measles immunization coverage among 1-year-olds (2014)	88	expenditure	7.1
Treatment success rate of new bacteriologically confirmed TB cases (2014)	88	Out-of-pocket expenditure as % of total health expenditure	73.8
DPT3-containing vaccine / Pentavalent coverage group among children under 1		Per capita total health expenditure at exchange rate (US\$)	55
year of age group (2014)	95		

Health system: workforce (2014)	Health system: information		
Health workforce per 10 000 population			
Physicians 2.7	Percentage of births registered 0.27		
Nurses/midwifes 3.2			
Dentists 0.1	Percentage of causes of death recorded 0.1		
Pharmacists 0.3			

Health system: medicines and medical devices (2013)			Health system: service delivery (infrastructure) (2014)	
Availability of selected essential medicines and medical products in health facilities (%)	public private		Primary health care facilities per 10 000 population 0.4	—
Number of scanners (in public facilities) per million population ^c	CT MRI	0.196 0.098	Hospital beds per 10 000 population 5	

... No data available ^a International Classification of Diseases ^b Gross domestic product ^c Computed tomography (CT) and Magnetic resonance imaging (MRI)

Please note the data sources are in the attachment

^{*} Age-standardized estimated

Health System Strengths, Weaknesses, Opportunities, Challenges, and Priorities - Afghanistan 2015

Strengths

- Resilient leadership and stewardship, long-term and high levelof commitment by the Ministry of Public Health (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
- Experienced NGOsin service delivery at different levels
- Significant move towards sector-wide approaches (SWAP)
- Initiated hospital autonomy with demonstrated success

Weaknesses

- · High level of dependency on partners for health sector financing
- · MoPH organizational structure does not match its mandate
- Inadequate funds allocated to health and high share of outof-pocket spending on health (i.e. 73% of the total health expenditure), high risk of catastrophic expenditure and impoverishment.
- One-third of population hasno access to basic health services while overlap and underutilization of health services exist in some geographic areas
- · Burgeoning private health sector, much of which is unregulated
- Shortage of health workers, especially women in remote areas, and their mal-distribution
- Insufficient capacity and logistic facilities to monitor and supervise health-related interventions
- Fragmented and poorly coordinated surveillance systems characterized by a weak and uncoordinated response
- Poor Information, Communication, Technology infrastructure and capacity
- Bureaucratic budgeting, accounting and procurement procedures and ineffective human resource management system Lack ofeffective decentralization and low management capacity at the provincial level
- · Poor Civil Registration and Vital Statistics
- Shortage of professional bodies that can focus on continuing professional development [CPD] of workforce

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 sectorinvestment
- 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 nongovernmental entities in health sector activities

Priorities

- Advocate for health in all policies and strengthen intersectoral actions for tackling health determinants and reducing healthinequities
- 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

