Humanitarian-development-peace nexus for health profile

AFGHANISTAN

February 2021

World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

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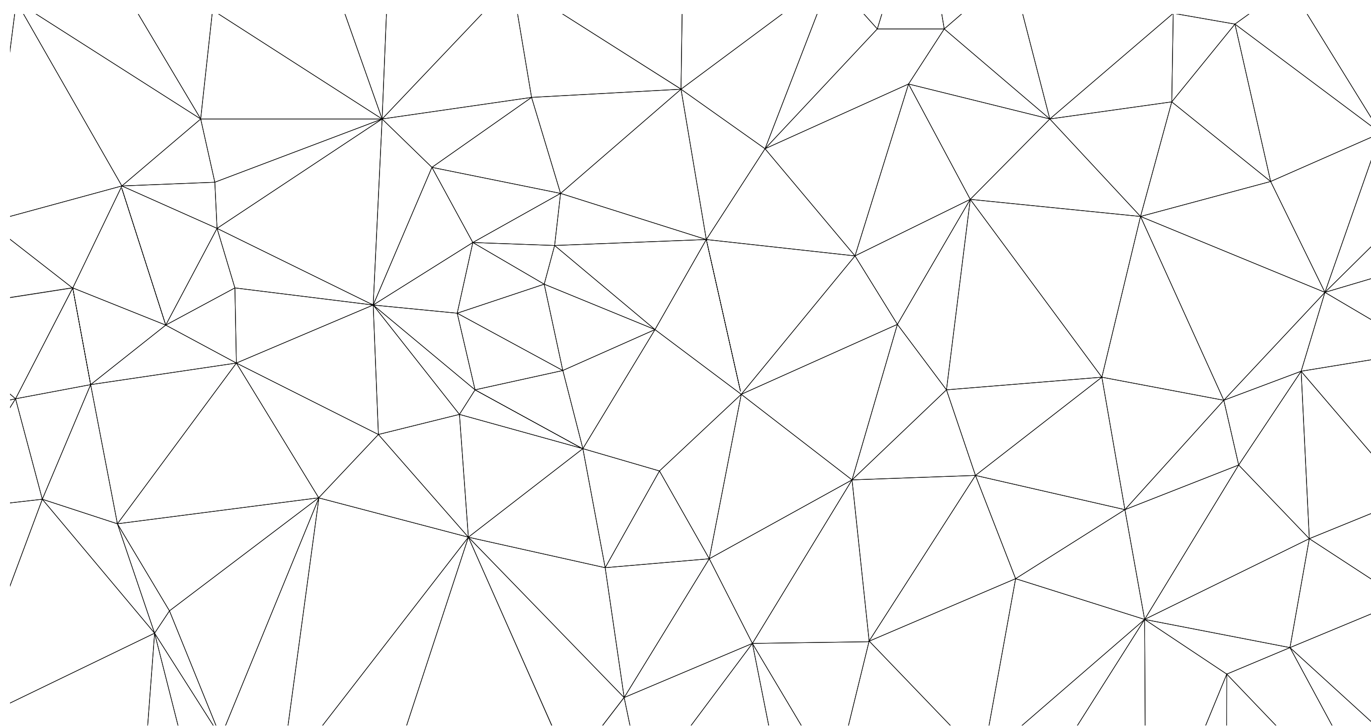

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Contents

Acknowledgements iv

Abbreviations v

1. Introduction 1

2. Overview of crisis 2

Political and economic context 2

Environmental risks 2

Impact of the COVID-19 pandemic 2

3. Public health status and health system 4

Health workforce 4

Health information systems 5

Essential medicines 5

Health financing 5

Leadership and governance 5

4. HDPNx operationalization 7

Joint assessment 7

Collective outcomes 8

Joint planning and implementation 9

Joint monitoring and evaluation 10

Harmonized resources and financing 10

Conflict prevention, peacemaking and peacebuilding 10

5. Way forward and recommendations 12

References 15

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Abbreviations

AHSR	Afghanistan Health System Review
ANPDF	Afghanistan National Peace and Development Framework
ANPHI	Afghanistan National Public Health Institute
BPHS	Basic Package of Health Services
COVID-19	Coronavirus disease 2019
EPHS	Essential Package of Hospital Services
GDM&EHIS	General Directorate for Monitoring and Evaluation and Health Information System
HBP	Health as a Bridge for Peace
HDPN	Humanitarian-Development-Peace Nexus
HIS	Health information system
HMIS	Health management information system
HNO	Humanitarian needs overview
HRP	Humanitarian response plan
HSEL	Health Systems in Emergencies Lab
IDP	Internally displaced person
IPC	Integrated Food Security Phase Classification
IPEHS	Integrated Package of Essential Health Services
MoPH	Ministry of Public Health
NGO	Nongovernmental organization
NHA	National Health Accounts
OCHA	Office for the Coordination of Humanitarian Affairs
UHS	Department of Universal Health Coverage/Health Systems
UN	United Nations
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
WHO	World Health Organization
WoAA	Whole of Afghanistan Multi-Sector Needs Assessment

1. Introduction

THE HUMANITARIAN-DEVELOPMENT-PEACE NEXUS (HDPNx), as part of the New Way of Working, is a framework for coherent, joined-up planning and implementation of shared priorities between humanitarian, development and peacebuilding actors in emergency settings. In any crisis-affected setting, the dynamic and non-linear nature of emergencies can mean different stages of the nexus process may be ongoing, leading to varying presence and levels of activity of humanitarian and/or development actors. Therefore, the HDPNx approach should be initiated from the earliest phases of the emergency and should remain in operation until a humanitarian response plan is no longer in place. To advance the HDPNx in a given country, a shared, foundational understanding of the current progress must be established. However, finding such a resource can be challenging, perpetuating poor understanding, planning and operationalization. To address this need through a health lens, the HDPNx for health profiles aim to provide an overview of health-related nexus efforts as well as opportunities for advancement of humanitarian and development collaboration and health as a bridge to peace in countries affected by protracted emergencies in the Eastern Mediterranean Region of the World Health Organization (WHO).

Although there is consensus as to the value of the HDPNx approach, the question of how to operationalize it remains. As HDPNx operationalization is at a nascent stage, many cross-cutting humanitarian, development and peacebuilding activities have not been formally labelled or conceptualized as "HDPNx," although the collaborations between the three groups of actors exist. Therefore, conceptual criteria were needed in order to evaluate whether or not an activity should be considered "HDPNx" work. In this profile, HDPNx (or nexus-style) activities are defined as the following:

> "Any health-related activity where at least two of the three groups of actors (humanitarian, development and peace), work together with the aim of fulfilling at least two of the following: providing immediate lifesaving and life-supporting assistance; strengthening or rebuilding national systems, institutions and capacities; strengthening emergency management capacities; and addressing the drivers of emergencies."

The development of the *Health-development-peace nexus for health profile: Afghanistan* is a joint initiative by the WHO Country Office in Afghanistan and the Health Systems in Emergencies Lab in the Department of Universal Health Coverage/Health Systems, in collaboration with the Department of Health Emergencies and Department of Healthier Populations, at WHO Regional Office for the Eastern Mediterranean, as well as relevant programmes at WHO headquarters.

2. Overview of crisis

After 40 years, conflict has shaped all aspects of life in Afghanistan. Political instability, increasing poverty, lack of security and recurrent natural disasters have devastated the country's infrastructure and capacities. (*1*) In all of this, civilians have been the main victims, with the highest death toll reaching 3800 civilians in 2018. The continued fighting in Afghanistan has led to serious immediate and long-lasting effects on civilians. (*1*)

Political and economic context

The political situation at the end of 2019 was volatile, as the results of the 2019 presidential election were yet to be announced. Election-related violence led to more than 450 civilian casualties, with almost 280 on polling day alone. (*1*) More than one-third of victims on polling day were children. The low turn-out on polling day due to threats of violence, the reports of voting irregularities and the delayed election results undermined public confidence in the electoral process. The results of the election were not declared until nearly five months after the election took place. However, even after the results were declared, further impasse led to the signing of a power-sharing agreement in May 2020. What is more important at the time of writing is the ongoing stalling of the Intra-Afghan peace talks and the potential withdrawal of international military which has so far seen an increase in violence.

Currently, approximately 25% of the country's labour force is unemployed. The levels of unemployment continue to rise as nearly 400 000 new job seekers enter the workforce annually. (*1*) The situation is even more dire for internally displaced persons (IDPs). Over 80% of people are living on less than the internationally applied poverty line of US$ 1.90 per day. (*1*)

Environmental risks

In addition to political and economic crises, Afghanistan is highly prone to natural disasters, which are increasing in both frequency and intensity as a result of climate change. According to the ND-GAIN Country Index, which summarizes a country's vulnerability to climate change (and other global challenges) in combination with its readiness to improve resilience, Afghanistan ranked 176th out of 181 countries. (*2*)

In 2018 and 2019, drought affected more than two thirds of Afghanistan, devastating the agricultural sector, leaving 3.9 million people in need of food and livelihoods support. More than five million people were assisted during the drought response in 2018–2019. (*1*) The drought, and other environmental disasters, continue to worsen the problems of already impoverished communities. The recently updated Integrated Food Security Phase Classification (IPC) analysis shows the food security situation has worsened during the coronavirus disease (COVID-19) pandemic. An estimated 16.9 million people, or 42% of the population are now assessed as being in crisis or emergency levels of food insecurity (IPC 3+) for November 2020 – March 2021.

Impact of the COVID-19 pandemic

Since its first reported cases of COVID-19 on 24 February 2020, Afghanistan has had 52 330 cases with 2 189 associated deaths as of 31 December 2020. (*3*) COVID-19 is exacerbating the existing challenges that result from decades of under-investment in basic services, active conflict, large-scale population movements, and economic stagnation. The lack of access to health services of the population living in hard-to-reach areas has created immense obstacles to the COVID-19 response. Even when there is access to health services, the fear of catching or being perceived as having COVID-19 has kept people from seeking care.

Women are disproportionately affected by the virus as the increased care-burden on women is likely to expose them to increased risk for contracting COVID-19. At the same time, cultural limitations on female movement, in combination with a lack of

female medical staff, restrict their access to health care. Furthermore, there is increasing evidence that Afghanistan is experiencing an increase in gender-based violence risks, for which support services are limited. (*4*)

The large IDP population in Afghanistan is also highly vulnerable to COVID-19. The overcrowded conditions in the makeshift shelters and tents present an immense challenge to fighting the spread of COVID-19 in terms of hygiene and physical distancing. The IDP population also has limited access to health services. (*4*)

3. Public health status and health system

The protracted crises in Afghanistan has had a detrimental impact on the health status of the population and continues to compromise the functioning of the health system. Challenges such as low levels of investment in health, lack of trust, poor quality of services, institutional fragmentation, inequity in service provision and shortages of qualified health care providers (particularly females), continue to affect the health system. (*5*) In addition, Afghanistan continues to face challenges in its response to the increasing need for emergency health services due to the rapidly evolving conflict, increasing security threats, ongoing waves of displacement and natural disasters. (*6*) Health services are frequently the targets of violence. In 2019 alone, 119 attacks on health care were recorded in 14 out of 34 provinces, leading to violent disruption, forced closure, detention and killing of health staff. (*7*)

Afghanistan is one of the two remaining polio-endemic countries in the world, with polio being a public health emergency of international concern. Afghanistan's low level of routine immunization is a result of its inability to reach all children due to access or security issues and gaps in programme management. (*6*)

Service delivery

Afghanistan's health system has been steadily progressing over the last 17 years, with increasing coverage of health services throughout the country. In 2018, a total of 3135 health facilities were functional, which ensured almost 87% of the population had access within two hours' distance. In reflection of this, in 2016, Afghanistan scored 26% and was positioned 191st out of 195 countries in the Healthcare Access and Quality Index, a composite index taking into consideration access to 32 different services. (*8*)

The Annual Report published by the General Directorate for Monitoring and Evaluation and Health Information System in 2018 (GDM&EHIS) estimated that there were 3231 health facilities reporting through the Health Management Information System (HMIS) at the time. Not all of the health facilities were public or permanent. In addition to formal health facilities, there are more than 16 500 health posts managed by community health workers. (*8*)

A Basic Package of Health Services (BPHS) is used to define the health services to be offered to the population, the mix of health facilities involved in the provision of care and the way these services are financed. The recent Service Provision Assessment found that just 25% of the surveyed public health facilities provided the complete set of BPHS. There is a basic health centre for every 13 000 people and a hospital for every 210 000, the lowest infrastructure to population ratio in the region. (*8*)

To complement the primary health care services contained in the BPHS, the Essential Package of Hospital Services (EPHS) was designed and adopted in 2005. It guarantees referral services in four basic specialties: internal medicine, paediatrics, obstetrics and gynaecology and surgery. Sixteen provincial hospitals are contracted to nongovernmental organizations (NGOs) in a merged BPHS-EPHS contract. Eleven provincial and eight regional hospitals are managed and funded by the Ministry of Public Health (MoPH). (*8*)

In 2019 the MoPH coordinated the revision of both packages, eventually merging them into the Integrated Package of Essential Health Services (IPEHS). The IPEHS maintains the traditional services while including additions such as noncommunicable disease (NCD) management, trauma care and limited palliative care. (*8*) Limited decision making regarding IPEHS implementation has been reported at this time.

Health workforce

The workforce of the public health sector is composed of almost 47 000 workers, two thirds with technical qualifications and one third in administrative and support roles. (*8*) Civil servants make up nearly 30% of the workforce, while NGO workers account for 55%. Medical doctors make up 14% and nurses and midwives are 25% of the total. There are 15

public health workers per 10 000 population, but fewer than 10 per 10 000 are medical doctors, nurses or midwives. This statistic is below the WHO density threshold of 22.8 health workers per 10 000 population, and much lower than the minimum of 44.5 per 10 000 for universal health coverage. (*8*)

More than half of the civil servants work in Kabul, either at the MoPH and its related institutions or at MoPH-managed health facilities. The NGOs have a much smaller presence in the capital, with only 6% of all staff working in Kabul. (*8*)

For reasons that include but are not limited to continuing conflict, lack of social amenities and limitations to career progression, staff turnover is high, particularly among the NGO workforce. Human resources are trained at a variety of institutions, both public and private. There are eight public universities with health programmes and at least 41 private universities with medical programmes. (*8*)

Health information systems

The majority of system-wide information responsibilities are given to the GDM&EHIS, which has directorates on routine health information systems (HIS), disease surveillance, monitoring, vital statistics and research and evaluation. The Afghanistan National Public Health Institute (ANPHI) also retains some functions on the coordination and implementation of research activities.

The largest component of the HIS is the HMIS. The HMIS produces a number of indicators, ranging from coverage and utilization, to access, to availability or quality. (*8*) The DHIS-2 was selected as the platform where data sets from different departments and programmes would be uploaded. However, the information still belongs to the relevant programme, which is responsible for updating, checking and completing the information. (*8*)

Essential medicines

In Afghanistan, the institution responsible for the regulation of medicines and medical products. Is the National Medicines and Health Products Regulatory Authority. The Directorate for Pharmaceutical Services is tasked with providing support and monitoring drug supply, updating supply chain tools and running the related management information systems.

Outside the public sector, some donors and United Nations (UN) agencies fund, procure and import medicines, usually on behalf of the MoPH and/or specific health programmes. The majority of NGOs manage their own supply chains. The private sector has institutions in all components of the supply chain, from manufacturing to selling medicines.

Drug availability is monitored through several processes, including the balanced score card and the HMIS. In 2018, the balanced score card reported an availability index of around 80% at BPHS facilities, while only 20% of hospitals have the complete set of medicines. (*8*)

Health financing

According to the National Health Accounts (NHA) 2017, Afghanistan spent US$ 2.4 billion on health care, excluding capital expenses, representing roughly 12% of the country's gross domestic product (GDP). The amount spent comes from three sources: government, foreign sources and out-of-pocket directly from households. In the last decade, Government health expenditure has oscillated between 5 and 6% of total health expenditure and donor funding between 18 and 23%, with out-of-pocket expenditure remaining consistently above 70%. (*8*) Public health expenditure is ensured by a combination of 75% donor funding and 25% government allocations. (*8*)

In terms of financial protection, an assessment in 2017 found that 44% of households spend more than 10% of their total expenditure on health care, while 25% of the population spend 25% or more. Every year, 14% of households fall under the national poverty line due to health expenditures. (*8*)

WHO is supporting the NHA, which provide detailed information on health financing. The fifth round of NHA will be completed in 2021.

Leadership and governance

The MoPH has grown dramatically since 2002, including dozens of directorates and units. According to the National Health Strategy 2016–2020, the

functions to be fulfilled by the MoPH include, but are not limited to, the following:

- Establish policy and strategic direction for the health sector;
- Deliver accountability, transparency and zero tolerance for corruption;
- Provide accountability to citizens, respecting their right to health and compassionate care and responding to their health needs with effective, evidence-based interventions;
- Contribute to legitimacy of the state by delivering results that are sustainable; and
- Improve the quality of health services through standard setting, monitoring, evaluation, and ensuring compliance with standards. (*8*)

4. HDPNx operationalization

There has been growing consensus around the need to strengthen the ability of local and international actors to transition from humanitarian to development response. (*9*) A pivotal point in this was the 2018–2019 drought response, which demonstrated that resilience to the impact of disasters and emergency situations requires coordination amongst all response phases. This section highlights the health activities pertinent to operationalization of the HDPNx for health in Afghanistan, while putting into context the wider scope of HDPNx conceptualization and operationalization in the country.

Coordination architecture

In 2016, the Government of Afghanistan launched the Afghanistan National Peace and Development Framework (ANPDF) 2017 to 2021, a single coordinating structure for development assistance. (*5*) This framework serves to focus all development assistance in Afghanistan around the priorities of the Government, ensuring that Afghanistan's development is Afghan-driven. The ANPDF laid out the development challenges in the country and describes the Government's roadmap for ensuring peace and security, ending poverty and achieving self-reliance. (*5*) In continuation of the first ANPDF, the ANPDF II has been developed covering 2021–2025, with a focus on three broad objectives: peacebuilding, state building, and market building. (*11*)

To reflect this consolidation of development assistance, the One UN - One Programme: 2018–2021 outlines the technical capacity and resources that the UN can deliver in collaboration with the Government of Afghanistan. The UN's work is to be conducted under the guidance of, and in close coordination with, the relevant development councils. The Government of Afghanistan has the central role in creating a system with which the UN can engage in order to deliver key outcomes. (*6*)

Specific to health, close coordination with the MoPH in joint planning, programme implementation, monitoring and evaluation through existing taskforces and coordination forums is outlined. All strategic decisions concerning the health sector are made in the High-Level Health Sector Oversight Committee. The division of work between the different UN agencies is based on their mandates, existing capacities and comparative advantages.

Humanitarian support is planned and coordinated through the Health Cluster, which comprises all the UN agencies, the MoPH and health sector NGOs. The Health Cluster is co-chaired by the MoPH and WHO. (*6*)

In addition to the One UN - One Programme, the United Nations Sustainable Development Cooperation Framework (Afghanistan Cooperation Framework) is currently under development and will represent the UN's collective offer to support Afghanistan. It will begin and end with an analysis of the national development landscape and Sustainable Development Goal (SDG) priorities and gaps, using the lens of the imperative to leave no one behind. The Cooperation Framework will set out sustainable development objectives jointly agreed upon with the government, tailored to the specific country context.

Joint assessment

Although humanitarian and development assessments have mainly been conducted separately, there has been consideration of the needs of the other. On the humanitarian side, the Whole of Afghanistan Multi-Sector Needs Assessment (WoAA) was the major data source for the Humanitarian Needs Overview (HNO) 2019. (*10*) The assessment covered the needs relevant to all national clusters in Afghanistan's 34 provinces and across 70 of the country's hard-to-reach districts. The WoAA provides an evidence base for integrated response planning to effectively address intersectoral drivers of need across geographical areas and population groups. The WoAA research framework and questionnaire were developed in conjunction with the Humanitarian Coordinated Assessment

Working Group, the Inter-Cluster Coordination Team and the United Nations Office for the Coordination of Humanitarian Affairs (OCHA). (10) The current HNO 2020 creates a shared understanding of the ongoing crisis, quantifying the humanitarian needs in the country. (*1*) It provides an evidence base to inform joint strategic response planning.

On the development side, the Afghanistan Health System Review 2020 (AHSR 2020), on which work is stillongoingat the time of writing, was commissioned by the MoPH in 2019. As there was no mid-term review of the implementation of the National Health Strategy 2016–2020, the MoPH decided to commission: 1) a health system review structured along the six building blocks of the WHO's health system framework; and 2) an assessment of the implementation of the National Health Strategy, with identification of the enabling and obstructing factors. (*8*)

In addition to the AHSR 2020, the 2018–2019 Afghanistan Service Provision Assessment was also implemented by the MoPH. The overall goal of this assessment was to gather information on the availability, readiness and quality of health services in national specialty and provincial/regional hospitals. This included major private sector hospitals in seven major urban areas: Kabul, Herat, Balkh, Kandahar, Nangarhar, Kunduz, Paktya. The assessment focused on specific service areas, including family planning, maternal and child health, surgery, pediatrics, emergencies, intensive care, delivery and newborn care. (*12*)

Collective outcomes

The definition of collective outcomes can ensure that all health actors have a common vision that drives their planning and programming, bridging the spectrum between immediate assistance and long-term development.

On the humanitarian side, the humanitarian response plan (HRP) 2018–2021 includes the following objectives:

1. Lives are saved in the areas of highest need;
2. Protection violations are reduced and respect for International Humanitarian Law is increased; and
3. Vulnerable people are supported to build their resilience. (*4*)

The second and third of these objectives can be considered to be nexus-style objectives – the second objective as a requirement for peacebuilding, and the third (and newest) objective because it addresses critical problems related to resilience and recovery, bridging the gap between humanitarian and development efforts.

The proposed One UN - One Programme suggests health-specific outcomes for UN agencies that are aligned with the ANPDF. These include:

1. Strengthening, expanding and sustaining the health system with well-functioning institutions;
2. Improving access to and utilization of high quality reproductive (including family planning), maternal, neonatal, child and adolescent health preventive and curative services;
3. Achieving 90% coverage with all basic antigens at the national level and interrupting poliovirus transmission with certification through standard surveillance;
4. Working to reduce death, illness and disability in the most acutely vulnerable populations while strengthening existing health institutions to adequately prepare for and respond to conflicts, outbreaks and natural disaster-related health crises; and
5. Improving capacity to monitor the trends and delivery of integrated quality services that are inclusive and free of stigma and discrimination to help reduce the burden of communicable and noncommunicable diseases. (*6*)

Specific to the HDPNx, a recent HDPNx operationalization in Afghanistan concept paper outlines the following collective outcomes for health:

1. Reduced death, illness and disability in the most acutely vulnerable population while complementing and strengthening existing health institutions to adequately prepare for and respond to conflicts, outbreaks and natural

disaster-related health crises (related to SDG 3); and

2. Improved access to social services and universal health coverage by 20% by 2023 for people living in conflict-affected areas for all IDPs, returnees and refugees (related to SDG 16). (9)

Joint planning and implementation

The Resident Coordinator's Office, OCHA, UN Development Programme (UNDP) and other UN agencies (World Food Programme, International Labour Organization, the UN Children's Fund (UNICEF), UN Office for Project Service, WHO, UN Population Fund, UN Women, Agency Coordinating Body for Afghan Relief and Development, etc.) and donors are currently the driving force behind a clear, practical approach to implementing the HDPNx in the Afghanistan context. Through this collaboration, the Strategic Recovery/Transition Advisor has facilitated discussions on how to operationalize the HDPNx within the UN organizations, building on the existing goals, principles and commitments from previous documents, meetings and assessments such as:

1. World Humanitarian Summit in 2016;
2. UN reforms and the 2030 development agenda;
3. Afghanistan National Development Plan;
4. HNO and HRP.

The Resident Coordinator has put forth a three-phased approach to implementing the HDPNx in Afghanistan, including a transition period before the development of the Cooperation Framework (Phase 1) up to the implementation of the Cooperation Framework (Phase 3).

The vision for the HDPNx in Afghanistan builds on existing humanitarian and development coordination mechanisms, networks and programmes. (9) The operationalization of the HDPNx will also first focus on the areas controlled by the Afghanistan authorities, where coordination mechanisms will be studied and adapted on a case by case basis. The eight regions established by the UN system will be given priority because there are already existing coordination and collaboration mechanisms. (9)

One UN - One Programme outlines consolidated UN development system reforms, including a focus on the HDPNx. It emphasizes the "Five Ones" approach, calling for "one programme, one budget, one operation, one leader, and one voice." (6) The One UN-One Programme is also in alignment with the ANPDF and the SDGs. The action plan for health can be seen in Table 1.

In addition to the UN initiatives, the ongoing Afghanistan Sehatmandi Project is a prime example of operationalizing the HDPNx. This World Bank project aims "to increase the utilization and quality of health, nutrition, and family planning services." (14) The

Table 1: One UN- One Programme 2018-2021 Action Plan for Health

NO.	ACTION	RESPONSIBILITY	DEADLINE	REMARKS
1	Strengthen health system	MoPH, WHO, UNICEF, UNDP	2021	System building requires long term efforts and investment
2	Reduce maternal, newborn and child mortality and morbidity	MoPH, WHO, UNICEF, UNFPA	2021	The work of other UN agencies will also contribute to improving social determinants of health and contribute to the reduction of morbidity and mortality
3	Make Afghanistan polio free	MoPH, WHO, UNICEF	2021	The current Polio National Emergency Action Plan indicates to stop transmission of wild poliovirus by end of 2017
4	Strengthen the capacity for preparedness and response to manmade and natural disasters	MoPH, WHO, UNICEF, UNFPA	2021	Priority to be given to trauma care and addressing the needs of internally displaced people
5	Reduce the burden of communicable and noncommunicable diseases	MoPH, WHO, UNICEF, UNDP, UNOCD	2021	More focus to be placed on vaccine-preventable diseases, tuberculosis, malaria, HIV, and drug and substance abuse disorders

Source: One UN - One Programme 2018-2021 (6)

project focuses on the following three objectives:

1. Improving service delivery to finance performance-based contracts to deliver the BPHS and EPHS in 31 provinces;
2. Strengthening the health system and its performance to support a systematic approach aimed at establishing a performance management culture in the MoPH and among stakeholders; and
3. Strengthening demand and community accountability for key health services to finance a range of activities from communication campaigns aimed at raising overall awareness of health rights as well as specific health behaviours to support the MoPH and service providers to be more responsive to community health needs. (*14*)

Joint monitoring and evaluation

In addition to the national monitoring checklist assessment conducted by the GDM&EHIS, the main monitoring of activities is performed by Third-Party Monitoring, contracted in the framework of the Sehatmandi Project. It consists of the following components:

1. Annual Balanced Score Card, which reports on a variety of agreed indicators of resource availability, efficiency or quality;
2. Semi-annual HMIS and Health Facility Functionality Assessments, which compares reported HMIS data with that obtainable at the health facility;
3. Annual Drug Quality Assessment, which assesses the quality of selected essential drugs by testing samples with a portable
4. lab and provides information on storage adequacy and drug availability; and
5. 4. Afghanistan Health Survey, a household survey conducted every few years, which complements but does not replace the Afghanistan Demographic and Health Survey and other household surveys.

The GDM&EHIS has produced the national monitoring and evaluation framework for the National Health Strategy 2016–2020. This framework is organized along the six strategic areas of the National Health Strategy and is composed of 41 indicators, for which baseline and targets for 2019 and 2020 have been proposed.

The One UN - One Programme proposes the streamlining of monitoring and evaluation activities at the UN level. It calls for the UN to use and strengthen existing government monitoring mechanisms within national priority programmes. At the agency level, dedicated monitoring and evaluation capacities should be included within core teams. Most UN agencies are required to have their own country programme, which includes a results framework fully aligned with the One UN – One Programme. Progress monitoring against results frameworks should be conducted in conjunction with government counterparts. (*6*)

Harmonized resources and financing

It is becoming increasingly clear that sustainable development should start at the local level. In Afghanistan, there is potential for area-based approaches to achieve cross-sectoral coordination and longer-term programming starting at the local level. However, this requires flexibility in funding and adaptive approaches to programme design and management. The Afghanistan Humanitarian Fund is funding a number of small-scale, area-based response pilot projects in 2020 to assess how well this approach can support the localization of response in Afghanistan. (*10*)

Additionally, the One UN - One Programme has proposed placing Afghanistan's policy planning and monitoring framework under the leadership of the Ministry of Finance, which houses the aid coordination team and Development Assistance Database. In doing so, UN agencies will increase their engagement with the Development Assistance Database to report on expenditures, establishing clearer communication from the UN about what it does and at what cost. At the same time, the UN is also engaging in efforts to enhance transparency of its work, including making available analyses of efficiency and effectiveness to promote

accountability and allow comparison of value for money compared with other parties. (6)

Conflict prevention, peacemaking and peacebuilding

In fragile and conflict-affected countries, "peacebuilding strategies are necessary to ensuring lasting health gains." (*15*) Conversely, "the health sector can play a significant role in promoting peace by using its competencies, credibility and networks."(*16*) The neutrality of the health sector and health workers can be leveraged to mediate and promote dialogue.

The multilateral consultation meeting on the Health and Peace Initiative, held on 1 November 2019 and co-sponsored by Oman and the Government of Switzerland in collaboration with WHO Regional Office for the Eastern Mediterranean and with headquarters participation, gave WHO the opportunity to share lessons learned from the field with the international community. WHO's Health and Peace Initiative is an established framework that supports health programmes to operate in conflict settings while contributing to peacebuilding. It calls for increased partnerships among Member States, UN and non-UN partners and academia in order to conduct diplomacy, build capacity on the ground and design and implement strategic initiatives linking health interventions with peacebuilding. (*15*, *17*)

In a recently published public perception poll, almost 89% of Afghan people surveyed said they either strongly or somewhat supported efforts to negotiate peace with the Taliban, while 64% of people surveyed believed reconciliation with the Taliban was possible. (*18*)

5. Way forward and recommendations

The HDPNx in Afghanistan should be built upon a jointly agreed vision that reflects the views and inputs of relevant stakeholders. There should be consensus and clear definition of how to advance the HDPNx at the operational level. The foundations for the HDPNx in Afghanistan have been laid and further advancement should build on existing programmes, policies, coordination bodies and practices. The following are proposed recommendations for advancing the HDPNx for health in Afghanistan:

I. **Strengthen existing health coordination mechanisms:** The first priority is to fortify the existing health sector coordination structure at the central and sub-national levels. The Health Cluster should feed into this national coordination structure in order to ensure better linkages between the humanitarian and development programmes. Developing an HDPNx for health strategy is recommended to guide the establishment of a nexus coordination mechanism so as to facilitate collaboration, effective information management, communication, and harmonization of processes and funding/financing resources and instruments among health actors. It should be updated as the situation evolves. It is important to note that health is part of a wider ecosystem and so the success of HDPNx for health depends on the success of HDPNx coordination at large.

    Government leadership of the processes around the formulation, financing and implementation of collective outcomes is critical. At the same time, the role and leadership of the Resident Coordinator's Office and the Resident/Humanitarian Coordinator are central to supporting local and national authorities so that they can provide leadership of coherent humanitarian, development and peace actions, while ensuring that humanitarian principles are respected and upheld, and that development cooperation objectives are maintained. The office of the Resident Coordinator is key to act both as an effective interface between the UN and the national Government, and across the spectrum of actors in the nexus, in order to secure buy-in and full support from the main operational agencies, key donors and partners.

II. **Conduct joint, comprehensive health system assessments:** Many assessments have been conducted from the humanitarian perspective, with consideration of development needs. However, more comprehensive health system assessments are needed to advance HDPNx for health in Afghanistan. As with the nexus coordination mechanism, the joint assessment can take many different forms, but it should ideally be conducted in an integrated manner by a coalition of nexus actors, using the same tools and a common methodology. The goal of the joint assessment is to identify vulnerabilities, risks, needs, capacities and resilience in Afghanistan. The joint assessment should follow a rights-based approach and include national and community perspectives, with the aim of strengthening communities and governance mechanisms. A first step could be conducting a joint analysis through a Common Country Analysis, based on the results of assessments already conducted, including the WoAA and HNO. The health system review 2020 is an excellent source for this purpose.

III. **Define health sector development objectives and identify HDPNx for health collective outcomes:** To advance health related HDPNx work in Afghanistan, collective outcomes should be developed that are informed by programming, Common Country Analysis, WoAA, HNO and other assessments. The collective outcomes should become the driver and determining factor for how programmes are designed, funded and implemented over a 3-5-year period with a view to taking forward the 2030 Agenda. They need to be jointly identified, driving planning and programming while bridging the spectrum between immediate

assistance and long-term development. They do not necessarily require a separate planning framework, but they should inform and drive all relevant existing frameworks and processes (e.g. HRP, UN Sustainable Development Cooperation Framework, ONE UN Framework, ANDPF II). The objectives identified by the One UN - One Programme 2018–2021 should be taken into consideration and followed. Key entry points for health, such as advancing the IPEHS, should be leveraged. It is important that civil society and representatives of marginalized groups be included in the formulation of collective outcomes. In addition, it is vital to consider the implementation of other SDGs, as progress towards the achievement of other goals will have an impact on overall health outcomes. Collective outcomes should be informed by joint risk-informed, gender-sensitive analysis of root causes and structural drivers of conflict. They should also reinforce and strengthen existing capacities at national and sub-national/local levels.

IV. **Shift towards multi-year strategic planning:** Multi-year strategic planning is needed to ensure both urgent and long-term development needs are addressed. This involves formulating, articulating, and establishing a plan for achieving collective outcomes, including making decisions on how to mobilize and allocate resources accordingly. The strategic planning should be reflected in the operational plan, leveraging potential entry points (e.g. strengthening IPEHS, building on health information systems, strengthening the national health security plan, strengthening primary health care as accelerator to universal health coverage, etc.) as a means to advance the HDPNx in Afghanistan. All partners, including donors, UN agencies, national and international NGOs, and health system representatives, should be included in this process in order to ensure cohesive and collaborative joint planning. Cross-cutting issues such as gender equality and human rights should be integrated into HDPNx programme planning, implementation, and monitoring and evaluation. As the conflicts and long-lasting consequences of droughts are expected to continue, development of the multi-year HRP after 2021, building on the nexus-style objectives of the HRP 2018–2021, should be prioritized. This can pave the way for the recovery of the society through livelihood creation, system-strengthening and bridging to sustainable development initiatives.

    In the midst of the COVID-19 pandemic, it may be challenging for HDPNx actors to come together to develop a shared, multiyear strategy in light of the ever-changing and unknowns of the pandemic. However, as the effects of COVID-19 will continue to impact vulnerable populations into the future, it is vital to have a sustainable strategy for response, recovery, and resilience-building. In addition, the momentum, solidarity, and achievements that COVID-19 has led to in bringing together humanitarian, development, and non-traditional health actors should be sustained.

V. **Bolster monitoring and evaluation mechanisms:** Increased attention should be given to promoting the capacity of public institutions to become more responsive to priority needs, strengthening their data and statistics systems, promoting evidence-based development and resilience-based programming. Regular monitoring of progress should be undertaken to assess the impact of HDPNx for health activities against the collective outcomes. More robust monitoring and evaluation mechanisms specific to health are needed. Simultaneously, HDPNx for health focal points should be assigned to facilitate communication and knowledge management. Systematic collection and archiving of HDPNx-related documents should be conducted. Additionally, due to the dynamic nature of the emergencies in Afghanistan, the HDPNx for health profile should be updated regularly – every 6 to 12 months.

VI. **Create HDPNx-related resource and financing records:** Actors working on humanitarian and development programmes in Afghanistan face obstacles because funding mechanisms are siloed and humanitarian planning cycles, typically annual, do not easily fit with longer-term development planning processes. At this time, there are no agreed upon HDPNx funding mechanisms and discussions surrounding an

interagency framework are ongoing. More effective financing modalities for multi-stakeholders and multisectoral activities are needed. One of the biggest obstacles to coherent planning in Afghanistan is the absence of a centralized, health sector-wide resource tracking mechanism. More precise breakdown of finances is needed to understand the current level of resources allocated to HDPNx for health activities and in turn, to gauge the appropriate short, medium and long-term financing/resources required for furthering HDPNx efforts. For example, a map of financing strategies of various health actors to show existing financing flows and to suggest opportunities for harmonizing resources to achieve collective outcomes could be a start.

VII. **Mainstream conflict analysis and peacebuilding prioritization:** Closer coordination among humanitarian, development and peacebuilding The Health and Peace Initiative framework is a primary example of an initiative that can be used for defining interventions to advance the HDPNx agenda. A potential starting point is thorough conflict analysis. Secondly, the development of a risk management strategy is needed to not only identify and assess risks, but also to develop mitigating measures to address these risks. Once finished, the conflict analysis and risk management strategies can inform HDPNx programme design.

In the COVID-19 context, practical measures that can be taken to support the response include ceasefires, the protection of health workers and health facilities, the expansion of humanitarian access through border crossings and the evacuation of critical cases for life-saving treatment.

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THE HUMANITARIAN-DEVELOPMENT-PEACE NEXUS (HDPNX), as part of the New Way of Working, offers a framework for coherent, joined-up planning and implementation of shared priorities between humanitarian, development and peacebuilding actors in emergency settings. Advancing the HDPNx approach in a given country, territory or area, requires a shared foundational understanding of the current situation. However, finding such a resource can be challenging, which perpetuates poor understanding, planning and operationalization. The *Humanitarian-development-peace nexus for health profile: Afghanistan* is one of a series of profiles developed by WHO to address that need. Each profile provides an overview of health-related nexus efforts in the country, territory or area, and will be updated regularly.