World Health Organization

Country Cooperation Strategy at a glance

Afghanistan

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

WHO region	Eastern Mediterranean
World Bank income group	Low-income
Child health	
Infants exclusively breastfed for the first six months of life (%) (2010-2011)	54
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2015)	78
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)	61.9 (Female) 60.5 (Both sexes) 59.3 (Male)
Population (in thousands) total (2015)	32526.6
% Population under 15 (2015)	44
% Population over 60 (2015)	4
Poverty headcount ratio at $1.9 a day (PPP) (% of population) (2014)*	39.1
Literacy rate among adults aged >= 15 years (%) (2016)**	38.2
Gender Inequality Index rank (2014)	152
Human Development Index rank (2014)	171
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	8.18
Private expenditure on health as a percentage of total expenditure on health (2014)	64.16
General government expenditure on health as a percentage of total government expenditure (2014)	12
Physicians density (per 1000 population) (2013)	0.266
Nursing and midwifery personnel density (per 1000 population) (2009)	0.5
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2015)***	35.5 [19.2-56.4]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2015)***	91.1 [69.6-118.8]
Maternal mortality ratio (per 100 000 live births) (2015)***	396 [253 - 620]
Births attended by skilled health personnel (%) (2015)****	50.5
Public health and environment	
Population using improved drinking water sources (%) (2015)	47.0 (Rural) 78.2 (Urban) 55.3 (Total)
Population using improved sanitation facilities (%) (2015)	45.1 (Urban) 27.0 (Rural) 31.9 (Total)

Sources of data:
Global Health Observatory May 2016
http://apps.who.int/gho/data/node.cco

* Asian Development Bank ** UNESCO *** WHO/UN 2015 estimates; refer to text for AfDHS

**** Afghanistan Demographic and Health Survey (AfDHS)

HEALTH SITUATION

Significant progress in Afghanistan's health services over the last one and half decade translated in substantial decline in estimated infant, child and maternal mortality rates. However, many of Afghanistan's health indicators remain extremely worrisome. Progress seems to be stagnating and surveys show large imbalances across socio-economic levels with a clear urban/rural divide. Gender inequality is a pervasive problem and women and girls experience avoidable morbidity and mortality due to gender-based discrimination and harmful practices, including many different forms of gender-based violence (GBV).

Afghanistan is frequently hit by natural disasters causing significant loss of lives, livelihoods and infrastructure. Active conflict continues to threaten the physical safety and health of Afghans, disproportionately so for women and children. Afghan civilian casualties were at record high in 2016 with a total of 3498 civilians killed and 7920 wounded. In 2016, over 630 000 Afghans were internally displaced due to conflict. Attacks against health facilities, patients, medical staff and vehicles continue to disrupt and deprive people of life-saving treatment. Over 4.5 million people live in conflict-affected districts with extremely constrained access to health services. Life expectancy is low at 61 years, and despite a significant decline, infant, under-five and maternal mortality are still unacceptably high and warrant a multi-sectorial approach.

The 2015 Afghanistan Demographic and Health Survey (DHS) reported maternal mortality at 1,291/100 000 live births and neonatal and under-five child mortality rates of respectively 22 and 55/1000 live births. However, pregnancy-related deaths seem to be overestimated, while child deaths may be underreported. The AfDHS mortality data is therefore under review by global experts, including UN agencies, to produce adjusted estimates based on global UN models.

Malnutrition levels are high as 41% of all children under 5 years of age suffer from stunting. Micro-nutrient deficiencies are widespread: around 46% of children under five suffer from vitamin A deficiency. Non-communicable diseases (NCDs) contribute to more than 35% of overall mortality. Major causes of mortality due to NCDs are cardiovascular disease, cancer and diabetes.

Communicable diseases account for more than 60% of all outpatient visits and more than half of all deaths. Tuberculosis continues to be a major public health challenge – there are around 60,000 cases of TB every year with around 13,000 deaths. Over 75% of Afghans live in areas at risk of malaria transmission. While Afghanistan remains one of the three polio-endemic countries globally, progress has been achieved in polio eradication. In 2016, 13 polio cases were reported, compared to 20 in 2015. Overall immunization coverage remains low – only 65% of all children receive all antigens before the age of 1 and around one-sixth of Afghan women and children have never been immunized against diseases. Currently 10 antigens are included in the immunization programme.

Some of the major challenges and constraints faced by the health sector include: inadequate financing for basic health services, many key programmes, and heavy reliance on external sources for funding; insufficient and inadequately trained health workers and a lack of qualified female health workers, particularly in the rural areas; lack of access to healthcare due to dispersed populations and insecurity; quality-compromised services; constrained national capacities for health planning and management, especially in the areas of governance, healthcare financing, human resource development, monitoring, evaluation and analysis of the health situation at central and especially at the provincial level.

HEALTH POLICIES AND SYSTEMS

In 2003/4 the Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS) was developed by the Ministry of Public Health (MoPH) and partners whereby health services are delivered through an innovative contracting-out mechanism by non-governmental organizations (NGOs) and MoPH in selected provinces. There has been considerable progress under difficult circumstances, increasing the number of health facilities and service delivery coverage. This large government (MoPH) led program is the core of the public health system supported by WB, EU, and USAID. A range of multi and bi-lateral development partners provide complimentary financial and technical assistance. The coverage of the BPHS/EPHS public health system is around 60% with a compromised quality of service delivery. There is a lack of or very limited provision of public health services in security-compromised areas that make up over 30% of the country. There is a substantial health workforce which is unbalanced in terms of capacity, gender as well as geographic distribution. The private sector is unregulated and it is expanding.

The Ministry of Public Health and partners developed a National Health Policy and Strategic Plan for 2015-2020 with five key policy areas including governance, institutional development, public health, health services and human resources. Total health expenditure roughly equals to US$55 per capita per year of which 20-25% is covered by development partners and 4-6% by the Government budget: out-of-pocket share is more than 70%. Currently a number of critical studies are ongoing which will help government and partners to make more informed decisions how to improve the contracting out mechanism and quality service delivery in the short and medium term, but also provide options for possible alternative service-delivery models for the future. Ways to increase domestic and external resource mobilization will be explored, to help increase the BPHS/EPHS expenditure per capita.

COOPERATION FOR HEALTH

Public health programmes are predominantly funded through government and multilateral and bilateral development partners. WHO provides technical assistance and complementary financial support to expand the coverage and improve the quality of health services delivered through the BPHS and EPHS and other key public health programs. WHO co-chairs an active Health Development Partners Forum, assisting MoPH with coordination of all key stakeholders, to increase and guide the overall resource envelope for health and improve the effectiveness of the current investments and its partners. WHO's programme area priorities are aligned with the National Health Policy and Strategy and harmonized with the UN Development Assistance Framework (UNDAF) 2015-19 for Afghanistan.

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Country Cooperation Strategy *at a glance*

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2016–2017)

Strategic Priorities	Main Focus Areas for WHO Cooperation
STRATEGIC PRIORITY 1: Communicable Diseases	• Strengthen the capacity of the National Tuberculosis (TB) Control Programme in the adaptation and implementation of guidelines and tools in line with the post-2015 TB global strategy, TB drug management, programmatic management of drug-resistant TB (PMDT), childhood TB and research. • Support the National Malaria Programme by strengthening technical and management capacity in malaria prevention and control, including at subnational levels. • Support Neglected Tropical Disease control programmes for leprosy and leishmaniasis in the management of patients with quality-assured drugs and the integration of treatment into the existing health service delivery system. • Increase the capacity of the National AIDS Control Programme to deliver key HIV interventions through active engagement in the development of normative guidance and tools and provision of technical support, with a focus on vulnerable populations. • Support the National Immunization Programme in developing and implementing national multi-year plan and annual implementation plan, with a focus on under-vaccinated and unvaccinated populations. • Strengthen vaccine-preventable disease case-based surveillance systems.
STRATEGIC PRIORITY 2: Non-communicable Diseases (NCDs)	• Provide technical support to implement the National NCD Strategy for the prevention and control of NCDs and adaptation of evidence-based guidelines and protocols for the management and surveillance of NCDs. • Support the implementation of WHO Framework Convention on Tobacco Control. • Support the implementation of the national Mental Health Action Plan. • Coordinate the strengthening of country capacity to develop a model programme on achieving targets set under the Decade of Action for Road Safety 2011–2020. • Support MoPH and BPHS implementers to strengthen the operation capacity of the facility-based nutrition surveillance system, strengthen the capacity of health staff on management of acute malnutrition, growth monitoring and infant and young child feeding.
STRATEGIC PRIORITY 3: Promoting Health through the Life Course	• Support MoPH in the development of RMNCAH strategy 2017-2021, healthcare provider pre- and in-service training curricula, clinical guidelines and MCH home-based book. • Strengthen MoPH capacity in monitoring and reporting on RMNCAH programme implementation and improving service delivery at national and sub-national levels. • Develop national capacity on maternal and newborn death surveillance and response (MNDSR) and civil registration and vital statistics (CRVS). • Support the implementation of Gender, Equity and Rights (GER) programme in Afghanistan with a focus on strengthening health sector response to gender-based violence and training health workers on the GBV Treatment Protocol. • Strengthen national capacity to assess and manage the health impacts of environmental risks, including water quality assessments and healthcare waste management.
STRATEGIC PRIORITY 4: Health Systems	• Facilitate the implementation of the National Health Policy 2015-2019 and the National Health Strategy 2016-2020 • Advocate and support the road towards universal health coverage and achieving the SDGs. • Facilitate the implementation of the National Laboratory Policy 2016 to support diagnostic services as well as disease surveillance programmes of communicable diseases and networking with sub-national laboratories. • Facilitate the implementation of the revised national Human Resources for Health (HRH) strategy and support the newly-established Afghanistan Medical Council. • Support the establishment of a mechanism for accreditation of health services, hospitals, quality of care and patient safety initiatives. • Support the National Medicine and Health Products Regulatory Authority in the development of a quality pooled procurement system for essential drugs and medical supplies and a (Food and) Drug Regulatory Authority, collection of information on the pharmaceutical sector, and the availability, quality, safety and use of health technologies.
STRATEGIC PRIORITY 5: Health Emergencies	• Strengthen core capacities for IHR (2005) implementation based on recommendations of the Joint External Evaluation for detection of Public Health Emergencies of International Concern (PHEICs), risk assessment and risk communication. • Support National Disease Surveillance and Response (NDSR) in the early detection of epidemics and provide support for preparedness and response to influenza pandemics. • Assist in the development of National and Provincial Emergency Preparedness and Response (EPR) strategies and plans, supporting trauma care and mass casualty management. • As Health Cluster-lead, coordinate preparedness and response to natural and man-made disasters. • Provide direct in-country support for polio vaccination campaigns and surveillance to stop poliovirus transmission. • Maintain highly sensitive acute flaccid paralysis (AFP) surveillance to detect all AFP cases and to ensure that no wild poliovirus cases go un-detected.