World Health Organization

Country Cooperation Strategy *at a glance*

Islamic Republic of Afghanistan

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Indicator	Value
Total population (2008)	25,011,400
% Under 15 (2008)	50
Population distribution % rural (2005)	78
Life expectancy at birth (2003)	46
Under -5 mortality rate per 1000 (2006)	191
Maternal mortality rate per 100 000 live births (2002)	1600
Total expenditure on health as % of GDP (2005)	5.2
General government expenditure on health as % of general government expenditure (2005)	20
Adult (15+) literacy rate (2005)	31
Adult male (15+) literacy rate (2005)	43
Adult female (15+) literacy rate (2005)	20
% population with access to improved drinking water source (2006)	66
% population with improved access to sanitation (2006)	75

Afghanistan, with a per-capita income of less than US$ 570, is among the least developed countries in the world with 70% of the population living in extreme poverty and health vulnerability. The social indicators, which were low even before the 1979 Soviet invasion, rank at or near the bottom among developing countries, preventing the fulfillment of rights to health, education, food and housing. Since the fall of the Taliban almost five years ago, important progress has been achieved in all sectors, but much remains to be done in order to reach a significantly strengthened social infrastructure, realize the rights to survival, livelihood, protection and participation, and reach the Millennium Development Goals (MDGs).

HEALTH & DEVELOPMENT

The Ministry of Public Health (MoPH) has made significant progress in charting the direction of the health sector for the medium term period. A national health policy and strategy has been put into effect, aiming at building institutional capacities and strengthening human resources to provide heath services using the basic package of health services (BPHS), the essential package of hospital services (EPHS) and the establishment of prevention and promotion programs. The goal is particularly to reduce morbidity and mortality by improving maternal and reproductive health and child health care.

The bulk of health care is contracted out to nongovernmental organizations (NGOs). NGOs provide the bulk of primary health services in Afghanistan through. A contracting out mechanism is managed and overseen by the MoPH. The MoPH in addition to providing the remaining care, particularly focuses on: monitoring, evaluation and coordination of the delivery of BPHS by NGOs and donors inputs.

The health of women and children is very poor. The major causes of maternal mortality are found to be haemorrhage, obstructed labor, pregnancy-induced, hypertension, and sepsis. The percentage of preventable maternal deaths is 74%. Home delivery is still the norm with more than 80% of deliveries taking place at home. Coverage of tetanus-toxoid vaccination is 60%.

Reproductive health services are provided as an integrated package in the BPHS and EPHS facilities, especially maternal and newborn health care and family planning services. Basic essential obstetric care services are provided at Basic Health centers (BHCs), Comprehensive Health Centers (CHCs) and District Hospitals (DHs) and comprehensive essential obstetric care at district and provincial hospitals. JHU/AHS 2006 survey shows that the percentage of pregnant women receiving care from skilled attendants has increased from 8% in 2002 to 32% in 2006 and delivery by skilled birth attendants increased from 5% in 2002 to 19% in 2006. The contraceptive prevalence rate increased from 10% in 2003 to 16.4% in 2006. The infant mortality rate has decreased from 165/1000 live births in 2002 to 129/1000 live births in 2006.

Communicable diseases remain high. Tuberculosis (TB), at annual incidence of 46 000 cases, remains a serious health problem with unusual higher prevalence among women. The immunization coverage remains at best around 70-80%, in spite of major efforts and some successes. There has been good progress for malaria control by MoPH and partners since 2007.

Long period of conflict has afflicted anxiety and depression among many. Due to the long period of conflict, over 2 million Afghans are affected by mental health problems, with high cases of posttraumatic stress disorder, depression and severe anxiety, particularly among women.

Underdevelopment and low economic status are the main causes of ill-health and need massive support by the international community. Poverty is rampant and half of the rural population cannot afford to have a food intake of 2100 calories per day. Half of the men and 85% of women are illiterate. The lack of physical infrastructure (proper housing, adequate schools, rural roads, communication, electricity and other utilities) impedes the improvement of the health. Also, the low status of women, low level of water supply and sanitation coverage, extremely poor hygiene and environmental health shortcomings contribute to high infant and child mortality and morbidity.

OPPORTUNITIES

- The MoPH has developed the national health policies and strategies and has begun and pragmatic health development activities.
- There is a well established feeling and consensus in MoPH to strengthen its capabilities, to provide strong leadership to the health sector and to build effective partnership with the health implementing NGOs.
- Hospital reform has been initiated and the EPHS in five provincial hospitals will be implemented.
- There is a clear understanding and specific needs for the categories and number of health workforce and the skills and competencies needed.
- Recent policy to encourage effective public/private partnership

CHALLENGES

- Lack of adequate infra-structure and human resources for health
- Poor economic status, extreme poverty, high illiteracy rate, critically low water supply and sanitation and hygiene, problem f access and lack of awareness on health among people.
- Security problems and restriction of movement.
- Lack of sufficient women health workers and cultural restrictions.
- Too many NGOs and fragmented health service delivery, inequitable bulk of facilities being in large urban areas and the low capacity of MoPH for contracting out services to NGOs.
- Severe shortage of financial resources and huge dependency on external assistance and donors' shortfall to match the needs.
- Generating evidence on impact of socioenvironmental determinants on health for effective intervention.

PARTNERS

The main donors that support the health and nutrition programme (BPHS and EPHS) are USAID, the European Commission (EC) and the World Bank. World Bank funds, and recently USAID funds, flow to a bank account held by the Ministry of Finance and can then be requested by the MoPH. Funds for contracting from USAID and the EC are overseen by the donor and directly provided to the implementing agency. The main UN Agencies that support health are UNICEF, WHO and UNFPA. Also, the Global Alliance for Vaccine and Immunization (GAVI) and the Global Fund to Fight AIDS, Tuberculosis and Malaria provide substantial assistance to health sector.

To coordinate the donors' help to the Government, the Afghanistan Reconstruction Trust Fund (ARTF) has been established. Funded by donor countries, and jointly managed by international aid agencies, the Trust Fund helps with priority projects and programs to rebuild Afghanistan and facilitate the return of skilled expatriate Afghans to the country. It also provides short-term emergency funding for salaries of civil servants.

OPPPORTUNITIES	CHALLENGES
• The mechanisms for coordination of partners is in place, e.g. ARTF • Result orient grant management is well functioning within the MoPH • A new funding opportunity for health projects is made available through ARTF as of 2009	• Insufficient domestic financial inputs to health care. • Security condition not allowing recruiting desperately needed expatriate staff and volunteers. • Donor-driven projects and approaches • Lack of standardization of health care delivery approaches, expectations, procurement services, funding and reporting mechanisms among different Donors resulting in high transaction costs

WHO STRATEGIC AGENDA (CCS 2009 – 2013)

The health needs of Afghanistan are so massive that, WHO collaboration has to effectively support the national program in all aspects of health development. The priorities of WHO strategic agenda are as follows:

Health System Strengthening based on the values and principles of Primary Health Care with focus on human resource development, MoPH stewardship and governance, health information system and health care financing.

Social and environmental determinants of health, health equity and health systems development with focus on evidence generation and dissemination on the influence of socio-environmental determinants on health, advocating for health in all policies, and promoting intersectoral action for health.

Control of communicable and noncommunicable diseases through the provision of strong technical assistance, building the national capacity and strengthening and integration of different disease specific surveillance systems.

Reproductive and child health with focus on making pregnancy safer and Integrated Management of Child illness in addition to advocacy to Reproductive Health and promotion of integrated approach towards mother and child health.

Emergency preparedness and response in which the capacity development of partners in Health Cluster, promotion of capacity for emergency preparedness and diseases early warning system at national and sub-national levels will represent the main strategic approaches.

ADDITIONAL INFORMATION

WHO country page: **http://www.who.int/countries/afg**
Country office web site **http://www.emro.who.int/afghanistan/**

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