



Islamic Republic of Afghanistan

Ministry of Public Health

**NATIONAL HEALTH POLICY 2005-2009
AND
NATIONAL HEALTH STRATEGY
2005-2006**

**A policy and strategy to accelerate
implementation**

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List of Acronyms

BCC	Behavioural Change Communication
BPHS	Basic Package of Health Services
DIFID	
DPT 3	Diphtheria/Pertussis/Tetanus, 3rd dose
EC	European Community
ENT	Ear, Nose & Throat
EPHS	Essential Package of Hospital Services
EPI	Expanded Program of Immunizations
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Virus
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illness
KFW	
MDG	Millennium Development Goals
MOPH	Ministry of Public Health
MOPH-SM	Ministry of Public Health-Strengthening Mechanism
NGO's	Non-Governmental Organizations
PHD's	Provincial Health Directors
PRR	Priority Reform and Restructuring
STI	Sexually Transmitted Infections
UN	United Nations
UNICEF	United Nations Children's Fund
UNFPA	United Nations Fund for Population Activities
UK	United Kingdom
USAID	United States Agency for International Development
WHO	World Health Organization

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**NATIONAL HEALTH POLICY 2005-2009:
A POLICY TO ACCELERATE IMPLEMENTATION**

FOREWORD

Afghanistan, a post conflict country in transition, is in the process of determining the nation's political system. The National Health Policy, with its 'first time' elements, as described below, was developed based upon the Ministry of Public Health's expressed core values: Right to a healthy life; greater equity; concern for women, children and other socially disadvantaged groups; and the need to address the problem of poverty by being pro-rural. The health policy presented in this document re-enforces the strong perception of the Ministry of Public Health as an institution working for reform.

The government's Public Investment Programme 2004 highlighted the need for '**Accelerated implementation through concerted and focused action**'. We recognise the particular importance this holds in the health sector, where much has been written and formulated but even more remains to be done on implementation to ensure the delivery of quality primary and hospital health services throughout Afghanistan.

During the development of our national health policy, for the first time in Afghanistan we have:

- Analysed the health context, developed processes for policy formulation, involved a wide variety of stakeholders and agreed upon the most important health priorities
- Placed greater emphasis on evidence-based decision making that reflects both Afghan and international information and experiences
- Revised the Mission Statement of the Ministry of Public Health to better reflect the achievements in establishing new foundations and in developing the health sector in the post conflict period 2002-2004
- Based the health policy on the considerable knowledge and experience of many senior Afghan health personnel, resulting in a focus on 18 priorities for accelerated implementation
- Turned the 18 priorities into a national health strategy with 18 strategies, providing more detail on strategic actions, outputs and responsibilities to close the gap between policy and implementation
- Focussed on accelerating the implementation of health care services for all, including the Essential Package of Hospital Services and Basic Package of Health Services.

We are committed and have the will to implement this national health policy. We ask all our other stakeholders to join us in this important work.

H E Dr Sayed Mohammed Amin Fatimie
Minister of Health
April 2005

Acknowledgements

The development of this new national policy and strategy began during Dr. Sohaila Seddiq's tenure as Minister of Health. Her Technical Deputy Minister, Dr Ferouzudeen Feroz, initiated and facilitated the decision making related to the work, which was implemented under the direction of Dr Stanekzai, Executive Director, Policy and Planning Directorate in the Ministry of Public Health. In January 2005, this process was immediately moved forward by Dr. Faizullah Kakar, newly appointed Deputy Minister for Policy, Planning and Preventive Health Services.

Formulating this policy and strategy has involved many staff of the Ministry at both central and provincial levels. Many other Afghan and international stakeholders have also contributed to the development of the policy and will play a key role in its implementation. They include a number of NGOs, the UN and its agencies, EC, World Bank, Asian Development Bank and other donors. Stephanie Simmonds, DFID UK-supported consultant to top management in the Ministry of Public Health, played a valuable role in helping guide the processes. We extend our sincere thanks to all.

1. INTRODUCTION

Post-conflict context

After 23 years of war, December 2001 found Afghanistan facing extreme poverty, insecurity, political instability, appalling infrastructure and large gender disparities. Though it is still early in the post-conflict phase, Afghanistan is addressing these contextual issues; however, the challenges to success are enormous, especially in light of the lack of social and human capital, the absence of government income through taxation or natural resources, the transitional status of the political system and the receipt of relatively little international aid. All these challenges are adding to the complexity of health sector development.

An extensive analysis of the Afghan health situation, together with proposed policies, priorities and strategies, was published in early 2002 as the **Master Plan for Reconstruction and Rehabilitation of the Health Situation in Afghanistan 2002-2006**. This work was coordinated by the present Minister for Public Health, Dr SM Amin Fatimie, with support from the World Health Organization. Subsequently, a revised, shorter version was published in October 2004 that advocated for a stronger, more systematic approach to developing national health policies for Afghanistan.

Managerial Processes for National Health Development

To achieve this planning, the World Health Organization recommends the Managerial Processes for National Health Development, a systematic process for national health planning that starts with policy formulation, choice of priorities and definition of main goals. This is then followed by health planning to formulate the most appropriate strategies, including the delivery of high priority health services and programmes. It also includes defining the responsibilities of the Ministry of Public Health and other partner organisations, establishing the programme activities and tasks to be achieved, allocating the required human and financial resources, agreeing to time frames for implementation, and putting procedures in place for monitoring and evaluation. The process is thus a framework for delivering more detailed programming, budgeting and implementation.

Evolution of National Health Policy 2005-2009 and National Health Strategy 2005-2006

In February 2002, within the context of the Transitional Islamic State of Afghanistan, the then Ministry of Health developed a comprehensive interim health policy. To help close the gap between health policy and implementation, in August 2002 an interim health strategy for 2002-2004, finalised in February 2003, was produced. This interim strategy focused on laying the foundations for equitable, accessible, quality health care through strategic planning, management and actions that made the best use of limited resources. It set priorities and also stated what should be achieved by the end 2004.

To a great extent, the foundations for recovery were gradually put in place. By mid- 2004, it was generally agreed that the Ministry needed to focus more on accelerating the implementation of health care services, especially in underserved rural areas.

The process involved in developing both the new national policy and strategy started in July 2004 and was coordinated by the Ministry's Policy and Planning Directorate. Ministry staff from all departments formed a working group, which included two technical advisors supported by DFID UK.

Stakeholder participation in policy and strategy development

The process of policy analysis particularly emphasised stakeholder involvement. Provincial health directors, for example, were involved through their quarterly coordination meetings in Kabul and in key provinces. The Provincial Health Coordination Committees provided feedback on important issues. Other national and international stakeholders had opportunities to provide comments and inputs at various stages in both formal and informal meetings and to respond to questionnaires, participate in priority setting exercises and comment on drafts of this document.

Summary of policy and strategy content

This national health policy is a guide to the overall context within which all health and health-related work for accelerating implementation should be developed and implemented over the next five years, 2005-2009. The choice of a time frame of five years for this new national policy reflects the more stable and wider context within which the Ministry of Public Health is now functioning. Because a health policy should not go into detail, a new national health strategy has also been produced (further described below and towards the end of this document). The policy and strategy have been agreed with the following three important factors in mind:

- The formation of a new government following agreement on the new Afghan Constitution in 2004
- The 2004 Public Investment Programme
- Ensurance of a close link between the development of the new health national policy and strategy and that of the next National Budget

The new national health policy 2005-2009 puts forth the:

- Mission Statement, Values and Working Principles of the Ministry of Public Health
- National Health Policy goal, objectives, priorities and outcomes
- Policy statements on each of the 18 policy priorities

Within the framework of the national health policy, the new national health strategy provides the direction and scope of work for two years, 2005-2006. The strategy helps answer the question, 'How are we going to successfully achieve the policy?'

The new national health strategy states the following:

- National health strategy objective and five planned outputs
- Critical success factors, conditions, risks and assumptions
- Eighteen strategies based on the 18 priorities given in the national health policy, stating both what is to be done and the mechanisms through which each of the strategies will mainly be implemented
- Outputs to be achieved for each strategy, along with appropriate indicators of achievement to facilitate, for example, review and/or a mid term evaluation
- Strategic actions to help implement the strategies
- Priorities in resource allocation among the 18 strategies
- Allocation of responsibility within the Ministry for each strategy

During the period 2005-2009, there will be two national health strategies, one for 2005-6 and one for 2007-9. Two national health strategies are needed because considerable uncertainty exists around future funding for the health sector, including implementation through contracting out primary and hospital services to non-government organisations. Current donor agreements for support end in 2006; from 2007 on, different ways of working may be needed. In addition, in the rapidly changing post conflict environment in Afghanistan, a period of five years is too long a time frame for only one strategy.

MOPH Organizational Structure

A new organisational chart for the Ministry at the central level has also been produced (see Annex A) to reflect both the new policy context and also recent guidelines from the Independent Administrative Reform and Civil Service Commission (IAR-CSC) on the organisation of each government ministry.

THE OFFICE OF THE MINISTER

As the “public face” of the MOPH, the Office of the Minister operates in highly visible areas, such as the Cabinet, the international donor community, the NGO community, global interfaces, the media, and governmental and public forums for policy debate. This office ensures that the work of the MOPH is guided by the priorities and international commitments of the State and by the health status of the people of Afghanistan. Composed of the Minister of Public Health and Deputy Ministers in three strategic areas (Policy, Planning and Prevention; Reproductive Health and Mother and Child Health; and Administration and Curative Care), the Office of the Minister has final approval of all MOPH policies and guidelines, and holds staff at all levels accountable for adhering to them in providing high quality health service.

Deputy Minister of Policy and Planning and Preventive Care:

The policy and planning and preventive care deputy minister is to formulate evidence based health policies and regulations, provide guidance and support to MOPH team and development partners on health planning/financing/PHC and ensure that MOPH priorities reflected in the health planning at all levels.

The following General Directorates, Departments and sections are directly linked to it and they are working under close supervision of Policy and Planning and Preventive Care deputy minister:

1. General Directorate of Policy and Planning

- Planning Department
- Health Financing Department
- Grants and Contract Management Unit
- External Relation Department
- Health System Performance Assessment Department
- Health Law and Regulation Department

2. General Directorate of Preventive Medicine and Primary Health Care

- Health Education and Publication Department
- Public Nutrition Department
- Disease Prevention, Control and Emergencies Preparedness Department
- EPI Department
- Environmental Health Department
- Mental Health Department
- National TB Program Department
- National Malaria and Leishmania Department

- 3. Food and Drug Control Department**
- 4. General Directorate of Provincial Public Health**
 - **Provincial Public Health Directorates (34)**
- 5. Forensic Medicine Department**
- 6. Pharmaceutical Affair Directorate**
 - API Department
 - Drug Affair Department
 - Essential Drug Department????

Deputy Minister of Administrative and Curative Care:

The Deputy Minister for Administrative and Curative Care is to ensure developing policies, strategies about administration and curative care and implementing effective and efficient curative care and operational management practices, protecting internal control environment and advisory service to line department on operations policy issues and proper use of MoPH resources as per MoPH priorities.

The following General Directorates, Departments and sections are directly linked to it and they are working under close supervision of Administrative and Curative Care deputy minister:

- 1. General Directorate of Curative and Diagnostic Care**
 - Central Hospital Department
 - Diagnostic Facilities and Blood Bank Department
 - Ambulance Service Department
 - Nursing and Midwifery Department
 - Telemedicine Unit

- 2. General Directorate of Administration**
 - Financial Budget and Internal Contract Department
 - Procurement and Medical Equipment Department
 - Construction and Building Maintenance Department
 - Information Technology Unit
 - Health Insurance Department

- 3. General Directorate of Human Resources**
 - Training and Development Department
 - Personnel Management Department
 - Employee Records and Registration Unit
 - Institute of Sciences

Deputy Minister of Reproductive Health and Mother and Child Care:

The Deputy Minister for Reproductive Health and Mother and Child Care is to ensure developing policies and strategies to promote well being of women, children and adolescents and ensure provision of services for Women (SMI, STI/STD and FP) to reduce maternal mortality and morbidity and ensure provision of health services to Children and adolescents.

1. Reproductive Health Directorate

- Gyn/obs Hospitals Directorates
- Safe Motherhood Department
- Family Planning Program Unit
- Gender and RH Right Unit

2. Children and Adolescent Health Directorate

- Children Specialized Hospital Directorates
- IMCI Department
- School Health Unit
- Adolescent Health Unit

THE GENERAL DIRECTORATES

The General Directorates (GD) serve as the implementing arms of the MOPH, enabling concerned departments to examine their mandates, policies, budgets, programs, projects, services and key aspects of operation to ensure that

- 1) The BPHS, the EPHS, and all relevant policies are effectively implemented at all levels of the health sector;
- 2) The rate of morbidity and mortality is reduced, especially that of women and children; and
- 3) Community participation in health services improves; making Community-based Health Care (CBHC) a reality.

The General Directorates have direct responsibility for the staff falling under them and are directly accountable to the OSG for the overall performance of their departments.

THE DIRECTORS

Working under the General Directors, Directors are responsible for the performance of their department and report to their respective GD.

THE Units

A Director has one or more Unit, each responsible for coordinating, guiding and leading one or more sub-units. Units provide intellectual leadership to the various sub-units, particularly in conceptualising their work and strategies, and they ensure that work is done in the most effective and efficient manner.

2. HEALTH AND DEVELOPMENT

The poverty context

Years of conflict in Afghanistan have taken a devastating toll, as measured by dramatic drops in human, social and economic indicators. Addressing poverty, lack of income and limited access to opportunities is therefore a top priority of human development in Afghanistan. Table 1 compares some key poverty and related indicators with those in neighbouring countries.

Table 1. Selected indicators for poverty, vulnerability and risk in Afghanistan

	GDP per capita (US\$) (2002)	Life expectancy at birth (years) (2002)	Human poverty index (2002)	Gender development Index (2002)	Population without access to improved water source (%) (2000)	Literacy rate Total (2002)
Afghanistan	190	44.5	59.3	0.300	60*	28.7*
Pakistan	408	60.8	41.9	0.471	10	41.5
Iran	1,652	70.1	16.4	0.713	8	77.1

*2003

Source: Afghanistan National Human Development Report 2004: UNDP, 2004

Millennium development goals

Most countries subscribed to the millennium development goals (MDGs) in 2000, but many of the goals are currently considered unachievable, especially those in health, mainly due to lack of international financial investment. This is certainly true for Afghanistan, where, in addition, other important factors also play a role, such as insufficient numbers of female health workers and security problems. (See the statement on security and access to health care in Annex B.) Table 2 gives the current level of the relevant health MDGs and the target for 2015.

Table 2. MDG health targets for Afghanistan

MDG	2003 level	Target 2015	Target 2020
Reduce child mortality	Under 5 mortality rate: 260 per 1,000 live births Infant mortality rate: 165 per 1,000 live births	Under 5 mortality rate: 90 per 1,000 Infant mortality rate: 55 per 1,000	
Improve maternal mortality	Maternal mortality ratio: 1600 per 100,000 live births	Maternal mortality ratio: 400 per 1,000,000 live births	
Combat HIV/AIDS, malaria and other diseases	Polio: 10 Malaria: 261,000 new cases TB: 321 cases per 100,000	Polio: 0 cases Malaria: 50% reduction, to 130,000 new cases TB: 48 cases per 100,000	

Source: Afghanistan National Human Development Report 2004: UNDP, 2004

Afghanistan's Public Investment Programme

The national health policy and strategy have been developed within the framework of the Constitution of Afghanistan 2004, the Public Investment Programme 2004 and the National Development Framework 2002. The 2004 Public Investment Programme reinforces the focus on the three pillars outlined in the National Development Framework, namely development of human capital, physical infrastructure and good governance. Health falls within the human capital pillar. A key priority in The Public Investment Programme is the need to expand the delivery, coverage and quality of both basic health services and hospital services. In addition, many other cost-effective interventions need further development.

The Public Investment Programme calls for strengthening and accelerating implementation throughout government, since it acknowledges that **'Implementation will make or break Afghanistan's reconstruction efforts.'** In specific regard to the health sector, this means that what is important is how well Afghanistan implements its health programmes. Focusing on the most important priorities and implementing services both efficiently and effectively in cooperation with development partners will increase the chances of success. Implementation that is unfocussed, fragmented and non-participatory will most likely fail to be successful.

The Public Investment Programme also mentions that while implementation strategies will vary across sectors, reflecting specific circumstances, the strategies have key elements in common, including making use of the Priority Restructuring and Reform (PRR) facility to accelerate ministerial reforms. PRR is led by the Independent Administrative Reform and Civil Service Commission (IAR-CSC) and focuses on organisational reforms linked to performance based salary supplementation for civil servants. The Ministry of Public Health is closely involved in this process.

3. HEALTH ACHIEVEMENTS AND CURRENT CHALLENGES

Health Achievements

During 2002-2004, the Ministry of Public Health made impressive post conflict achievements in the five following areas: information gathering, disease prevention, health reforms, donor coordination and physical construction (see Table 3). In all these areas, decision making has, to the extent possible, been evidence based and has involved stakeholders through mechanisms such as working groups, task forces, committees, workshops, forums and, at the most senior level of the Ministry, through the Executive Board (see Annex C).

The increasingly pro-active leadership of the Ministry has resulted in its being widely considered one of the most progressive and reform-minded Afghan ministries. It has acquired the trust of other Afghan ministries, international donors, multilateral agencies and non-governmental organisations.

Table 3. Summary of Ministry of Public Health main achievements 2002-04

Information gathering

- National health resources assessments
- Studies on maternal mortality, nutrition status, and national mortality and injury
- Assessments on hospitals, national cold chain, food security and livelihood studies.

Disease prevention

- Millions of children vaccinated against measles and polio. Campaign Coverage >95%
- Millions of children receiving vitamin A biannually. Campaign Coverage >85%
- About 4 million women of child bearing age vaccinated for tetanus. Campaign Coverage >95%

Health reform

- Formulated the Interim health policy and health strategy, including individual programmes
- Implemented the Basic Package of Health Services
- Developed the Essential Package of Hospital Services
- Achieved Priority Reform and Restructuring Status by the Government
- Created an annual budget feeding into the National Budget
- Conducted a 10 year costing exercise with the Ministry of Finance
- Restructuring and reorganisation of the Ministry
- Formulated terms of reference for all Ministry departments and staff
- Improved Ministry senior level decision-making by establishing a new Executive Board with a Management Executive Forum to strengthen communication between departments and a new Technical Advisory Group for evidence-based decision making.
- Revised the health and management health information system (HMIS)
- Held provincial planning workshops in all provinces

Donor and other coordination

- Established a Consultative Group for Health and Nutrition to coordinate work across ministries and among donors
- Established a National Technical Coordination Committee to coordinate all NGOs and other agencies implementing health care
- Instituted Coordination Committees of Provincial Health Directors held quarterly in Kabul

Physical construction

- Within the framework of a protocol on construction and sites selected by communities, renovated 138 health facilities
- Constructed 107 facilities

Current Challenges Facing the Ministry of Public Health

The new national health policy and strategy focuses on accelerating the implementation of essential, basic services at all levels of the health sector. Success will require dealing with both new and existing challenges. Rigorous, focussed health policy and planning must be performed in the following three areas:

- Implementation of health services
- Reduction of morbidity and mortality
- Institutional development.

In addition, three different situations also require particular strategic approaches for people living in areas which are:

- Not currently covered by any health services
- Underserved districts with poor access to health services
- Suffering from the emergency withdrawal or collapse of contracted out services.

The Ministry of Public Health faces many challenges in ensuring the most efficient mechanisms for delivery of health services. The Ministry has retained responsibility for managing and delivering services in a few provinces through the so-called Ministry of Public Health Strengthening Mechanism (MoPH-SM). However, health services in many other provinces and districts have been contracted out to NGOs.

Currently there are five donors supporting contracting out: World Bank, Asian Development Bank, USAID, EC, and KFW. Various mechanisms are used by these donors to contract NGOs. For example, the Ministry of Public Health is responsible for contracting NGOs competing for World Bank funds; the Asian Development Bank and USAID have each tasked an NGO to undertake the process, and the EC undertakes this work itself.

Contracting managed by the Ministry on behalf of World Bank is for funds currently valued at US\$37 million. The current World Bank support ends September 06. World Bank contracting involves a bidding process. Selection is made based on quality and cost criteria, and funds are awarded on a lump sum basis. The time frames of the contracts vary, with the longest being three years. Some of the other donors support contracting based on districts.

In the near future, it is highly likely that the Ministry will need to accept more direct responsibility for health services since some 30-40% of the population now live in areas that are either underserved or not served at all. However, many of the health services provided to the 60% of the population living in areas covered by health services are presently contracted out to NGOs. In the longer term, the Ministry will also need to take into account the following possibilities:

- Reductions in external donor funds for contracting NGOs
- Increasing demands on central government funds
- Return of many hospitals to direct Ministry control
- Rising expectations in the population for access, quality and range of services
- More services in the main urban centres being provided by private medical services

4. LEADERSHIP BY THE MINISTRY OF PUBLIC HEALTH

Vision for Health 2005-2015

In April 2004 the Cabinet of the Transitional Government of Afghanistan requested all government ministries to submit their vision for the next ten years. The Ministry of Public Health's vision is briefly summarised below:

'Better health for all Afghans in order to contribute to economic and social development'
(See Annex D for more details).

For the five year period of this national policy, the Mission of the Ministry of Public Health is as follows:

Box 1. Mission Statement of Ministry of Public Health 2005-2009

The Mission of the Ministry of Public Health, Islamic Republic of Afghanistan, is committed to ensuring the accelerated implementation of quality health care for all the people of Afghanistan, through targeting resources especially to women and children and to under-served areas of the country, and through working effectively with communities and other development partners.

Values of the Ministry of Public Health 2005-2009

Values and principles embody the essential ideals of the Ministry of Public Health and offer a moral and ethical code that guides decision making to achieve success. Values are also useful in communicating the reasoning behind decision-making. The Ministry of Public health believes in the following values, all of which are equally important:

- Right to a healthy life
- Compassion
- Honesty and Competence
- Equity
- Pro-rural

Working Principles of the Ministry of Public Health 2005-2009

The values held by the Ministry of Public Health are incorporated into the following seven working principles--the moral rules or strong beliefs intended to guide the everyday work of the entire Ministry (see Annex E for further explanation and definition for each of the principles). In this work, the principles listed below are of equal importance, with none taking priority over any other:

1. Treating all people with dignity, honesty and respect and considering healthy life as a basic right of every individual.
2. Making evidence-based decisions.
3. Ensuring equitable access to, and provision of, quality, basic, essential health services.
4. Being honest, transparent and accountable.
5. Improving the effectiveness, efficiency and affordability of health care.
6. Giving priority to groups in greatest need, especially women, children, the disabled and those stricken with poverty.
7. Promoting healthy lifestyles and discouraging practices proven to be harmful.

Promotion of Effective Partnerships

As the national steward for the health sector in Afghanistan, the Ministry of Public Health is interested in the principles of partnership and collaboration with all stakeholders sector wide and in having as complete a picture as possible of all activities in the health sector--who is doing what, where and why. This full picture not only includes the activities of staff working in health facilities and professional associations but also those of communities, private not-for-profit and for-profit organisations, bilateral and multilateral agencies, the UN organisations, academia and research organisations. Stakeholder involvement is to make the best use of limited resources in working towards achieving equitable and sustainable improvements in health.

The examples below demonstrate ways in which the Ministry of Public Health is working towards more effective partnerships:

- Strongly advocating the Ministry's priorities with the Ministry of Finance
- Engaging increasingly in governments' broader civil service and budget initiatives and reforms
- Using the strengths and comparative advantages of its partners
- Ensuring that the Ministry and its partners are focused on the same goals
- Being pro-active with donors and guiding them to input selectively to the Ministry's priority programmes
- Holding constructive dialogue with the private-for-profit sector
- Strengthening coordination and other collaboration mechanisms

This effort to promote effective partnerships is seen as the first possible step towards adopting a sector wide approach (SWAp) and the pooling of all resources.

5. NATIONAL HEALTH POLICY 2005-2009

National Health Policy Goal, Objectives and Priorities

The national health policy goal, objective and priorities describe the overarching course of actions the Ministry of Public Health must take for the next five years. Developing the National Health Policy included review of the following:

- Progress in achieving the planned outputs in the interim health strategy 2002-2004
- Present need for incremental changes in health policy
- Future possibilities for bringing about health sector changes
- Experience of working with different stakeholders
- Availability of necessary economic and other resources
- Challenges identified for more effective implementation country wide

Box 2. National Health Policy Goal 2005-2009

Develop the health sector to improve the health of the people of Afghanistan, especially women and children, through implementing the basic package of health services (BPHS) and the essential package of hospital services (EPHS) as the standard, agreed-upon minimum of health care to be provided at each level of the health system.

National Health Policy Objectives 2005-2009

Reduce the high levels of mortality and morbidity by:

- Improving access to quality emergency and routine reproductive and child health services
- Increasing the coverage and quality of services to prevent and treat communicable diseases and malnutrition among children and adults
- Strengthening institutional development and management at central and provincial levels to ensure the effective and cost-efficient delivery of quality health services
- Further developing the capacity of health personnel to manage and better deliver quality health services

National Health Policy Priorities

In order to achieve the National Health Policy goal and objectives, the Ministry has identified 18 priorities. These are shown in Box 3 and are further elaborated upon as strategies in the National Health Strategy 2005-2006, presented later in this document. Of the 18 priorities, nine are considered to be top priority and marked with an asterisk (*) in Box 3.

Box 3. National health policy priorities 2005-2009

Afghanistan's current six prioritized needs

1. Reducing maternal and newborn mortality
2. Reducing under 5s mortality and improving child health
3. Reducing the incidence of communicable diseases
4. Reducing malnutrition
5. Developing the health system
6. Addressing mental health needs

*Top priority

Implementing health services

- *Implement the basic package of health services
- *Implement the essential package of hospital services
- *Establish prevention and promotion programmes
- Promote greater community participation
- Improve coordination of health services
- Strengthen the coverage of quality support programmes

Reducing morbidity and mortality

- *Improve the quality of maternal and reproductive health care
- *Improve the quality of child health initiatives
- *Strengthen the delivery of cost effective integrated communicable disease control programmes
- Reduce prevalence of malnutrition and increase access to micronutrients.

Institutional development

- *Promote institutional and management development at all levels
- *Strengthen human resources development, especially of female staff
- *Strengthen health planning, monitoring and evaluation at all levels
- Develop health financing and national health accounts
- Strengthen provincial level management and coordination
- Continue to implement PRR
- Establish quality assurance
- Develop and enforce public and private sector regulations and laws

National Health Policy Outcomes

Focusing the health policy on accelerated implementation is expected to result in the following four outcomes:

- Maternal mortality ratio reduced, from 1,600 to 1,300
- Infant mortality rate reduced, from 140 to 105
- Under-five mortality rate reduced, from 230 to 180
- Prevalence of acute malnutrition among children under five years of age lowered from 7% to less than 5%

The following three sections--Implementing Health Services, Reducing Morbidity and Mortality, and Institutional Development) state the national policy commitments for individual programme areas that are within the policy framework and covered by the national policy goal, objectives and priorities. Policy statements have been derived from Ministry of Public Health policy and/or strategy documents, including those for particular subjects, such as malaria and nutrition. These documents are available in the Ministry's Resource Centre.

6. IMPLEMENTING HEALTH SERVICES

Policy Statement on Health Services

The Ministry of Public Health is committed to the equitable provision of cost-effective, quality interventions through efficient and effective health services. Currently there are two service delivery mechanisms: the Ministry of Public Health strengthening mechanism (MoPH-SM) and contracting out to NGOs. These will be rigorously evaluated and other mechanisms will also be explored.

The Ministry of Public Health will further develop medium- and long-term policies and strategies to plan strategically for at least three different situations:

- Geographical areas where there are no government health services
- Populations living in underserved areas
- Emergency withdrawal or collapse of contracted-out services.

The Ministry is exploring payment exemption strategies for the poor. Meanwhile, the following public health interventions and clinical care will be provided free of charge to any citizen of Afghanistan: immunisation, maternal delivery, antenatal care, family planning, treatment of TB, and nutrition interventions. In the future, antiretrovirals for HIV/AIDS will also be provided when needed without charge.

SN1. Primary Health Care and Basic Package of Health Services

Policy statement

The Ministry of Public Health will ensure that all the principles of primary health care, especially community participation, intersectoral collaboration, prevention, and the use of appropriate technology, will be implemented countrywide.

As a top priority, the Ministry of Public Health will focus on mobilising the human and financial resources necessary to accelerate the implementation of the basic package of health services; work towards the most effective, efficient ways to ensure sustainability of services; and further develop the equitable availability of the basic package, especially for women and children.

Basic package of health services

Development of a basic package of health services (BPHS) was one of the 12 priorities in the Interim Health Strategy 2002-2004. Preparatory planning was completed in March 2003 and BPHS became the official policy of the Ministry of Public Health. As a result of subsequent experience, BPHS was further revised in the latter half of 2004 and approved.

The BPHS has two main objectives:

- To provide a standardised package of basic services which forms the core of service delivery in all primary care facilities

- To promote the redistribution of health services by providing equitable access, especially in underserved areas.

The main components of the BPHS are outlined in Box 4 below.

Box 4. Components of the basic package of health services

<p>Maternal and newborn health</p> <ul style="list-style-type: none">➤ Antenatal, delivery and postpartum care; family planning; care of the newborn <p>Child health and Immunisation</p> <ul style="list-style-type: none">➤ EPI (routine, outreach and mobile); integrated management of childhood illness; promotion of exclusive breast feeding for the first 6 months <p>Public nutrition</p> <ul style="list-style-type: none">➤ Micronutrient supplementation; treatment of clinical malnutrition <p>Communicable diseases</p> <ul style="list-style-type: none">➤ Control of tuberculosis and malaria <p>Mental health</p> <ul style="list-style-type: none">➤ Community management of mental problems; health facility-based treatment of outpatients and inpatients <p>Disability</p> <ul style="list-style-type: none">➤ Physiotherapy integrated in PHC services; Orthopaedic services expanded in hospitals <p>Supply of Essential Drugs</p>
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SN1.1. Mental Health

Policy statement

The Ministry of Public Health will work with the social and other sectors to develop a flexible range of integrated mental health support and care services at all levels of the health system. Particular attention will be given to post traumatic counselling through the training of more community mental health workers and psychologists and their placement in accessible community health facilities.

SN1.2. Disability, Accidents and Injuries

Policy statement

The Ministry of Public Health is committed to ensuring that the disabled and those injured through accidents in traffic, at home, or at work will have access to relevant health care when needed. In collaboration with other relevant ministries, the Ministry of Public Health will develop a policy on disability once the results and recommendations of a survey on the prevalence of disability and the needs have been announced. In collaboration with the police, Ministry of Transport and other relevant ministries, the Ministry of Public Health will develop, implement and enforce laws and regulations to reduce the risks of accidents, especially road accidents.

SN1.3. Essential Medicines

Policy statement

The Ministry of Public Health is committed to: 1) ensuring the accessibility, availability, safety, efficiency, effectiveness and affordability of medicines; and 2) having a functional drug quality control laboratory at the central level.

SN2. Essential Package of Hospital Services

Policy statement

As a top priority, the Ministry of Public Health is committed to ensuring the provision of a comprehensive referral network of secondary and tertiary hospitals that provide, as a minimum, the essential package of hospital services and do so within a framework of agreed, set standards to improve clinical and managerial performance.

Essential package of hospital services

The development of a package of essential hospital services was one of the 12 priorities in the Interim Health Strategy 2002-2004. Upon its completion in February 2005, the essential package of hospital services (EPHS) became official policy of the Ministry of Public Health.

Hospitals face major challenges in the post conflict environment, including the lack of equitable access to hospital services; concentration of financial resources and health workers at hospitals; lack of standards for both clinical patient care and hospital management; scarcity of management skills; and lack of medicines, equipment and supplies. The development of this essential package addresses these challenges.

The EPHS (see summary in Box 5, below) has three main objectives:

- To identify a standardised package of defined clinical, diagnostic and administrative services for district, provincial, regional and national hospitals.
- To provide a guide for the Ministry, NGOs and donors on how the hospital sector should be staffed, equipped and provided with drugs for the defined set of services at each level
- To promote a health referral system that integrates the BPHS with the hospitals.

Box 5. Standardised provision of services to be offered by hospitals

District hospital:

30-75 beds, serving population of 100,000-300,000 in 1-4 districts
Basic surgery, medicine, obstetrics and gynaecology, paediatrics, mental health, dentistry, plus support services for nutrition, pharmacy, physiotherapy, laboratory, radiology and blood bank

Provincial hospital:

100-200 beds
All the above clinical and support services, plus rehabilitation services and infectious disease control

Regional hospital:

200-400 beds
All of the above plus surgery for ENT, urology, neurology, orthopaedics, plastic surgery; and medicine to include cardiovascular, endocrinology, dermatology, lung and chest, oncology, forensic medicine.
Expanded support services

SN3.1. Information, Education, Communication and Behaviour Change Communication

Policy statement

The Ministry of Public Health will initially focus on IEC/BCC issues related to the basic package of health services and to the priority promotion and prevention programmes. All IEC/BCC health messages should follow the national guidelines and convey messages that do not conflict with one another.

SN3.2. Health Promotion and Prevention

Policy statement

In collaboration with other relevant ministries, the Ministry of Public Health will, as a top priority, have promotion and prevention programmes that address key emerging public health problems, such as illicit drugs and their use, smoking, HIV/AIDS, blindness, and road traffic accidents. Through the development and implementation of comprehensive programmes covering prevention, treatment, care and rehabilitation, the Ministry will enhance and strengthen its capacity to address chronic conditions such as cardiovascular disease, diabetes and, as control of illicit drugs is a government priority, especially to address the problem of substance abuse

Methods used will vary depending on the nature of the target group and the current level of awareness or knowledge about a particular issue.

SN4. Community Participation

Policy statement

The Ministry of Public Health is committed to increasing the active participation of communities in the management of their local health services through developing strong, active participatory links with shura (community committees) and training and supporting community health workers.

SN5. Coordination of Health Services

Policy Statement

The MOPH, in its role as steward of the health sector, is committed to set policies, standards and guidelines in coordination with all departments within the MOPH, all partners, implementing NGO's, and donor agencies. In line with national Government of Afghanistan policies, the MOPH has created the Consultative Group for Health and Nutrition (CGHN). The large CGHN, which includes representatives from other ministries, donors, the UN, and selected NGOs, meets once a month, chaired by the MOPH. A working CGHN, chaired by the Deputy Minister for Planning, Prevention and Promotion, meets weekly and serves as a venue in which to discuss technical and policy issues. All partners in the health sector are welcome to participate in this meeting, and key recommendations for policy formulation are referred here for review.

In addition to the CGHN, the MOPH has established Task Forces around specific technical issues. Currently there are 24 Task Forces, which allow focused technical input on specific topics. Their objective is to provide policy and implementation guidelines, intervention strategies, or program recommendations. These recommendations are then forwarded to both the CGHN and the Technical Advisory Group for review prior to being forwarded to the Executive Board for approval.

Provincial Public Health Coordination Committees (PPHCC's) have been created within each province to coordinate the activities of all stakeholders in achieving MOPH priorities at the provincial level. In any given province, multiple partners are involved in implementing health programs, including the MOPH; hospitals; NGO's; other ministries, for example, the MRRD or MOWA; provincial government; and the military. Under the direction of the Provincial Public Health Director (PPHD), the PPHCC's will play a critical role in ensuring effective implementation of MOPH priority programs at all levels throughout the province.

SN6. Support Services

Policy statement

The Ministry of Public Health will aim to have equitable, affordable and sustainable quality support services, including those for laboratory services, blood safety, radiology, pharmaceuticals, equipment and medical supplies. It will establish capacity for the maintenance of facilities, equipment and transport.

7. REDUCING MORBIDITY AND MORTALITY

SN7. Reproductive and Maternal Health

Policy statement

The Ministry of Public Health is committed to ensuring that development partners deliver the different components of reproductive health as an integrated package. In maternal health, the Ministry of Public Health is committed to increasing the accessibility of mothers and women of child bearing age to quality reproductive health services, including antenatal care, intrapartum care, routine and emergency obstetric care and post partum care, counselling and modern family planning services, through skilled birth attendants working with community and other health workers.

SN8. Child and Adolescent Health

Policy statement

The Ministry of Public Health is committed to significantly reducing child mortality, morbidity and disabilities and improving child growth and development by promoting exclusive breast feeding, introducing integrated management of childhood illnesses (IMCI) and enhancing the control of vaccine preventable diseases. Issues in adolescent health will particularly address potential public health problems posed by smoking and by communicable diseases, such as sexually transmitted infections (STIs) and HIV/AIDS. In addition, puberty-related issues will be raised. All these adolescent issues will mainly be addressed through school health programmes, which initially will focus on raising awareness among teachers.

SN9. Communicable Diseases

Policy statement

The Ministry of Public Health will, as a priority, better control communicable diseases, especially malaria, tuberculosis, cholera and HIV and other STIs, through strengthening the management of integrated, cost-effective interventions for prevention, control and treatment. The prevention and management of outbreaks will also be strengthened further through raising public awareness and responding more rapidly through the disease early warning system.

SN9.1. Environmental Health

Policy statement

In collaboration with other relevant government ministries and departments, the Ministry of Public Health will increase awareness and understanding of potential adverse health consequences of environmental factors, such as poor water supplies; lack of adequate sanitation facilities; inadequate rubbish disposal and collection, particularly of plastic bags; health facility waste; poor food handling and hygiene; and high levels of air pollution. Various mechanisms will be used to raise awareness and understanding, including during Cabinet meetings and inter-ministerial meetings and through the media. The Ministry will develop an environmental health policy and strategy that defines where and how it can be most effective in preventing illness due to adverse environmental factors. It will also develop and distribute guidelines on good environmental health practices.

SN10. Nutrition

Policy statement

The Ministry of Public Health is committed to reducing malnutrition of all types, including reduction of micronutrient deficiency diseases, through integrated and coordinated programming. In collaboration with development partners, the Ministry will take the lead in preventing, identifying, and reducing malnutrition. In addition, the Ministry will promote food and nutrition security for all by adopting a public nutrition approach involving multicultural interventions that address the underlying causes of malnutrition, including food insecurity, poor social environment, and inadequate access to health services. This work will be undertaken, for the most part, through the basic package of health services and a close link with food security analysis.

8. INSTITUTIONAL DEVELOPMENT

SN11. Organisation and Management of the National Health System

Policy statement

The Ministry of Public Health is committed, as a top priority, to organising and managing the national health system to reduce inequity and improve efficiency, effectiveness, quality and accountability at all levels. The core functions of the Ministry of Public Health can be seen in Box 6. Decentralisation and delegation will be enhanced in order to have more responsive and efficient health systems and services. Delegated powers will be used with transparency and according to norms of good governance.

Box 6. Core functions of the Ministry of Public Health at different levels of the health system.

Ministry of Public Health central level

Leadership, stewardship
Development of a strategic, regulated, accountable, transparent organisation
National health and disease policies, strategies and plans
Human resources capacity development and technical support
Annual planning, monitoring and evaluation cycles
Contracting and monitoring of contracted services
Regulation and legislation
Setting standards and guidelines
Sector wide coordination
Management of financial resources

Provincial level

Assessment of health and managerial needs
Setting and reviewing progress towards achieving targets
Decentralized annual planning, monitoring and evaluation cycles
Monthly management work plans
Implementation of health care and services
Supervision and guidance
Sectoral and intersectoral coordination
Referral system

District level

Assessment of local health and managerial needs
Weekly management work plans
Implementation of health care and services
Supervision and monitoring
Coordination of health providers

Health centre level

Weekly management work plans
Implementation of health care and services
Outreach services
Community participation

Community level

Outreach to households
Community participation

SN11.1. Procurement and Logistics

Policy statement

The Ministry of Public Health will establish and use standard international level procurement, stocking and logistics systems to enable international contracting, bidding, stocking and transportation.

SN11.2. Construction and Maintenance

Policy statement

The Ministry of Public Health will ensure that any newly constructed health facilities are well designed and resistant to potential damage from natural disasters such as earthquakes and floods, are built at an affordable cost and meet the needs of patients and staff. A maintenance programme will be developed and implemented.

SN11.3. Information Technology and Communications

Policy statement

The Ministry of Public Health is committed to establishing, maintaining and further developing an affordable, useful and functioning communications network using modern information and technology systems at both national and provincial levels. Specifically, this effort will be guided by the need to improve decision making.

SN12. Human Resources Development

Policy statement

The Ministry of Public Health is committed as a top priority to using a comprehensive approach to human resources development in addressing the issues of how to produce, deploy and retain an appropriately trained health workforce possessing the variety of skills needed to deliver affordable and equitable packages of health services as the basis for health care. The selection, training, deployment and retention of female staff is particularly important to the Ministry. Through implementation of a transparent Priority Reform and Restructuring (PRR) competitive recruitment process, the MOPH will address the issue of employing the best qualified health workers, particularly women, throughout all levels of the health system. Recognizing the detrimental effects of more than twenty years of conflict on health professional education, the MOPH will assess the capacity and training needs of existing staff to raise quality performance.

SN13. Health Planning, Information, Monitoring and Evaluation

Policy statement

The Ministry of Public Health is committed to enhancing evidence-based, bottom-up and participatory strategic planning in all levels of the health care system. As a priority, emphasis will initially be given to developing annual, costed business plans in all departments; strengthening the links and communication channels between the different levels of the health systems; and ensuring that recommendations from research and practical experiences are incorporated into policy formulation and health planning.

As part of quality strategic planning, the Ministry will ensure the availability, coordination, distribution and use of accurate, reliable, user-friendly health information in the design, implementation, monitoring and evaluation of health services and other related activities. Annual monitoring, evaluation and planning cycles will be developed at both the national and provincial level. A system will be developed to ensure that checks for the accuracy of information are in place. In addition, a particular emphasis will be placed on ensuring that reliable baseline data is obtained for various initiatives, for example, when starting quality-assurance work.

SN13.1. Surveillance of Diseases and Health Risks

Policy statement

The Ministry of Public Health is committed to developing and maintaining an effective and efficient surveillance system for certain diseases and health risks and to responding to health emergencies in a timely manner.

SN13.2. Emergency Preparedness

Policy statement

The Ministry of Public Health is committed to developing and institutionalising a comprehensive health preparedness plan at the national and provincial levels and to allocating appropriate resources in order to be able to respond to natural and man-made emergencies in an effective and timely manner. This work will be undertaken in close collaboration with other ministries.

SN14. Health Financing

Policy statement

The Ministry of Public Health will coordinate closely with the Ministry of Finance on the National Development Budget and on the development of mechanisms to improve total public expenditure from internal and external resources, development of alternative health financing schemes that protect the poor and on development of a medium-term expenditure framework.

The Ministry will also undertake health advocacy to increase funds and resources to the health sector; to ensure spending is in line with priorities and coordinated across sectors; to strengthen transparency in the allocation of financial resources and financial management; to strengthen coordination of different sources of funding; to monitor different mechanisms of financing the delivery of health services for their cost-efficiency and acceptability; and to work toward obtaining more relevant baseline information, including on household expenditure on health care.

SN14.1. Coordination of Partner Organisations

Policy statement

The Ministry of Public Health is committed to working in partnership with other stakeholders, such as NGOs; the UN agencies, especially WHO, UNICEF and UNFPA; bilateral donors; EC; World Bank; Asian Development Bank; and the private sector. The Ministry holds effective coordination to be important and will sustain it through both formal and informal mechanisms. The Ministry will also encourage stronger donor coordination, especially when undertaking assessment and planning missions and in supporting particular health priorities, such as maternal health.

SN15. Provincial Level Strengthening

Policy statement

The Ministry of Public Health is committed to strengthening the health service management capacity of the provincial level and to the decentralisation of operational responsibilities and authorities to the provincial level. This will be achieved through various mechanisms, such as the implementation of PRR and of MoPH-SM; more effective functioning of provincial health coordination mechanisms and donor focal points; development of provincial health planning, monitoring and evaluation capacity; quarterly provincial health directors' meetings in Kabul, where issues such as delegation can be addressed; and the effective functioning of the General Directorate of Provincial Health Liaison Department at central level.

SN16. Continue to implement PRR

The MOPH is committed to working closely with the Civil Service Commission to implement the National PRR competitive recruitment processes for placing the most highly qualified Afghan health professionals possible in established MOPH posts throughout all levels of the health services. This process is designed to strengthen implementation of MOPH services by reemploying highly qualified Afghan health workers currently working outside the government services. Implementation of the PRR recruitment process is primarily the responsibility of the General Directorate of Human Resources.

SN17. Quality Assurance

Policy statement

The Ministry of Public Health is committed to introducing a culture of quality throughout the organisation, and especially in health facilities, through leadership and good examples set in day-to-day work. The Ministry will develop and utilise even more quality standards. The first priority is to improve the culture in public sector facilities and in those contracted out to NGOs. Work will initially focus on improving the attitudes of staff towards patients and clients and on developing user-friendly quality management and quality clinical care tools and promoting their use. As part of improving quality of care, the Ministry will also develop a programme designed to change the expectations of clients, who often believe that they need and should receive numerous different types of drugs any time they are ill. At a later stage, the Ministry will also work on quality issues with the private-for-profit sector, especially pharmacies and drug sellers.

SN17.1. Health Research

Policy statement

The Ministry of Public Health is committed to encouraging relevant, useful research that can assist evidence-based decision making and the formulation of new policies, strategies and plans. Nationally led health systems research, conducted in collaboration with international bodies, is a priority. The research should be related to the many reforms the Ministry is introducing in areas such as the institutional development of the Ministry, service delivery, the financing of health services, the education and training of health personnel, and the development of a quality culture).

SN18. Public Health and Private Sector Law and Regulation

Policy statement

In order to safeguard the public and, in particular, to ensure quality of clinical services the Ministry of Public Health will focus on reviewing, developing and enforcing relevant legal and regulatory instruments that govern health and health related work. The 2004 Constitution encourages the development of the private sector. The Ministry will develop constructive relationships with private and non-government health care providers and ensure adherence to laws and regulations.

NATIONAL HEALTH STRATEGY 2005-2006:

A STRATEGY TO ACCELERATE IMPLEMENTATION

FOREWORD

The Ministry of Public Health made outstanding progress during the immediate post- conflict period; the Interim Health Strategy 2002-2004 was designed to lay the foundations for equitable, accessible health care in our country. We are now able to focus on accelerating the implementation of quality health services to provide coverage to more of the Afghan people.

This National Health Strategy 2005-2006 was developed closely with the new National Health Policy 2005-2009 and is intended to show how that policy can be successfully achieved. It is hoped that the processes used to develop both the new National Health Policy and the new National Health Strategy will help significantly in closing the gap between policy and implementation.

The strategy is not intended to be prescriptive. It is important that provinces and districts themselves prioritize the 18 strategies and adapt their strategic actions to the current situation in their places of work. If the best results and outputs are to be achieved, however, it is also important that all decisions and actions feed into the successful implementation of the National Health Policy.

We would like to thank everyone for their hard work in helping us develop the National Health Strategy and prepare to implement, and successfully achieve, the strategies.

H E Dr Sayed Mohammed Amin Fatimie
Minister of Health
April 2005

NATIONAL HEALTH STRATEGY OBJECTIVE AND STRATEGIES 2005-2006

1. INTRODUCTION

Strategic development in support of implementing the National Health Policy 2005-2009

This national strategy goes into detail on what needs to be done to support the implementation of the National Health Policy and on its direction and scope of work over the next two years. This detail will help ensure that day-to-day decisions coincide with long-term interests and the policy of the Ministry; it also plays a role in developing a strategic environment within the Ministry that encourages people to look at what is currently happening in the context of where the Ministry wants to go and what it aims to achieve.

Presented within the framework of the national policy is a strategic objective with five planned outputs. The Strategic Logical Framework, found on pp. , lists the outputs, indicators towards achievement, and strategic actions for each of the 18 strategies. The Framework also ranks priorities for resource allocation and assigns the lead responsibility for taking each strategy forward.

However, a strategy should not provide detail on activities; these should be covered in an annual plan developed at each level of the health system, and in six-month and monthly work plans by individual departments and/or units. Nor does this strategy provide detailed information on financial allocations, which are instead found in the annual budget.

Within the five year period of the National Health Policy 2005-2009 are two national health strategies, one for 2005-06 and one for 2007-09. Two health strategies are necessary because future funding for implementation of health services through contracting out remains uncertain. Current donor support ends in 2006, and ways of working may need to change from 2007 onwards. The need for two strategies also reflects the rapidly changing post conflict environment, in which five years is too long a period for a strategy. Flexibility and opportunities for change are needed within a shorter time frame. The 2005-06 strategy will undergo a mid-term review in early 2006.

The government and various agencies contributing technical and financial assistance will fund implementation of this strategy through a number of different mechanisms, including the national budget, grants and donor budgetary support. Loans are not permitted in the health sector. The Ministry of Public Health will ensure consistency between donor contributions and the health policies, priorities and strategies.

National Health Strategy Objective

The national health strategy objective can be seen in Box 1.

Box 1. National health strategy objective

To implement the national health policy priorities through strategic decision making and planning, and effective and efficient day-to-day work. And in doing so, to successfully achieve the planned outputs and contribute to achieving the national health policy objectives and outcomes.

National planned outputs 2005-2006

By the end of 2006, the Ministry intends to achieve the following five outputs:

- 34 provincial and 55 district hospitals providing 24 hour emergency obstetric coverage
- A national increase in DPT3 EPI coverage (from national baselines as of December 2004) from 66% to 80% by the end of 2005, and to 90% by the end of 2006; a **20% reduction in prevalence of malaria (2004 level: 261,000 cases)**; and polio transmission stopped
- A reduction in the prevalence of acute malnutrition or wasting from 7% to 5% for all children under five years of age
- Increased efficiency and effectiveness of the Ministry of Public Health at all levels and in particular, at the provincial level
- Improved quality of patient care, especially essential obstetric care, newborn care, and care of children under five.

2. EIGHTEEN NATIONAL HEALTH STRATEGIES

The 18 priorities listed in the National Health Policy 2005-2009 have been turned into strategies. As were the priorities in the national policy, the strategies are grouped into three areas: Implementing Health Services, Reducing Morbidity and Mortality, and Institutional Development for the 18 strategies. Included are what will be done in each area and the main mechanism for successful implementation and achievement:

Implementing Health Services

1. Extend coverage of the basic package of health services through mobilising additional human and financial resources and strengthening the delivery of quality, effective, efficient health services.
2. Strengthen the coverage and implementation of the essential package of hospital services through mobilising additional financial resources and improving hospital management.
3. Develop and implement at least three prevention and promotion programmes through inter-ministerial collaboration.
4. Lay the foundations for greater community participation through developing links with local shura.
5. Further strengthen the coordination of health services through ensuring better communication between the different levels of the health system and the effective and efficient functioning of provincial health coordination meetings.
6. Increase the coverage of quality support services through mobilising resources and strengthening health plans, systems and implementation.

Reducing Morbidity and Mortality

7. Improve the quality of maternal and reproductive health care through strengthening the delivery of care, especially emergency obstetric and gynaecological care, by skilled birth attendants and the delivery of routine reproductive health services focussed on antenatal care, postnatal care and family planning.

8. Improve the quality of child health interventions through promoting exclusive breast feeding, introducing integrated management of childhood illnesses (IMCI) and enhancing the control of vaccine preventable diseases.
9. Strengthen the management of cost effective, integrated communicable disease control programmes through capacity building and effective guidelines and supervision.
10. Ensure effective delivery of nutritional interventions through the basic package of health services and social marketing.

Institutional Development

11. Further strengthen institutional and management development through clarifying roles and responsibilities, encouraging team work, and increasing delegation at all levels of the health system.
12. Further strengthen human resources development, especially of female staff, through quality basic training and continuing education in conjunction with further development of human resource planning and retention strategies.
13. Further develop health planning, monitoring and evaluation through enhancing evidence-based, bottom-up and participatory strategic planning at all levels of the health care system; the availability of accurate, user-friendly baseline and other information; and regular planning, monitoring and evaluation cycles.
14. Further develop health financing through increasing the flow of funds to the health sector, especially for health and hospital services; ensuring that spending is in line with priorities; monitoring various mechanisms to finance the delivery of health services; and developing an integrated budgeting and planning system.
15. Further strengthen provincial level work by developing the leadership skills and knowledge of Provincial Health Directorates, increasing delegation and decentralisation, and undertaking monitoring and evaluation to find out whether the provision of health care is responsive and efficient.
16. Ensure effective implementation of the Priority Reform and Restructuring (PRR) process through efficient performance appraisal and human resource support systems.
17. Introduce and develop a culture of quality assurance through setting good examples in day-to-work and through the development and use of Ministry quality processes covering service delivery, clinical care and health management.
18. Mobilize and use technical and other resources to develop health reform-related regulations and laws and develop processes for effective enforcement.

Critical Success Factors

A number of critical factors can influence how well the strategy objectives are implemented, including the need for

- Strong political will and commitment
- Visible and effective leadership and stewardship
- Ownership of the strategy among managers at all levels of the health system
- A corporate culture that includes team work
- Additional human and financial resources
- Strong human and financial resource planning and management

Necessary Conditions

In addition to the critical factors above, a number of other conditions are key to the successful implementation of this strategy:

- All stakeholders committed to the values and working principles of the Ministry of Public Health

- Development partners working within the framework of the strategies and their desired outputs
- Continued emphasis on building capacity in human and financial resources
- Development of a learning environment and a strong institutional memory
- Involvement of many health workers at community and district levels in deciding ways to implement strategy priorities and necessary programme activities
- Good links between strategic planning and activities and budgeting through the formulation of annual business plans
- Increased delegation of managerial authority to provincial and district levels in order to manage health programs more effectively and efficiently at local levels
- Better integration between vertically organised interventions and programmes
- Availability of improved baseline information on health risks, diseases, and management and financial issues
- Use of best practice tools and guidelines in all aspects of service during implementation.

Risks and Assumptions to Strategy Implementation

In developing this strategy, a number of risks to successful implementation were identified. Because a number of factors can seriously hinder the successful achievement of the best written strategies, these risks need to be monitored, minimised and managed to the greatest extent possible. The Ministry of Public Health has also identified various assumptions which are will be important in the monitoring and assessing the rate of progress towards achievement of the outputs. (See Box 2)

Box 2. Risks and assumptions

Risks to strategy implementation:

Poor macroeconomic growth resulting in no increase in government allocation to the health sector
Stoppage of support by international organisations due to security problems
Insufficient numbers of women trained as female health workers
Lack of sustainability of PRR and its salary supplementation component
Failure of health salaries not included in PRR to rise, leading to salary differences among workers.
Lack of improvement in the attitudes of health personnel towards clients
Failure of health staff to take actions to improve the quality of available health services

Assumptions underlying strategy implementation:

Economic growth and continuity of national and international financial resources
Spread of political stability out from Kabul to much of the country
The Ministry of Public Health's continued willingness to undertake reforms
Effective decision making mechanisms continue
Continuance of a useful coordination forum
Continued transparency about all financial incomes and expenditures
Continued management performance and needs-based human resource management

NATIONAL HEALTH STRATEGY LOGICAL FRAMEWORK 2005-2006

<p style="text-align: center;">National health policy objectives 2005-2009</p> <p>Reduce the high levels of mortality and morbidity by:</p> <ul style="list-style-type: none"> ➤ Improving access to quality emergency and routine reproductive health services ➤ Increasing the coverage and quality of services to prevent and treat communicable diseases and malnutrition among children and adults ➤ Strengthening institutional development and management at central and provincial levels to ensure the effective and cost-efficient delivery of quality health services ➤ Further developing the capacity of health personnel to manage and better deliver quality health services 	<p style="text-align: center;">Outcomes 2005-2009</p> <ul style="list-style-type: none"> ➤ Maternal mortality ratio reduced from 1,600 to 1300 ➤ Infant mortality rate reduced from 140 to 105 ➤ Under-five mortality rate reduced from 230 to 180 ➤ Prevalence of acute malnutrition among children under five years of age lowered from 7 % to less than 5%
<p style="text-align: center;">National health strategy objective 2005-2006</p> <p>To implement the national health policy priorities through strategic decision making and planning and effective and efficient day-to-day work and, in doing so, to achieve the planned outputs and contribute to achieving the national health policy objective and outcomes</p>	<p style="text-align: center;">Planned national outputs 2005-2006</p> <p>34 provincial and 55 district hospitals providing 24-hour emergency obstetric coverage</p> <p>From national baselines as of January 2005: DPT 3 coverage of 66% to 80% by end of 2005 and 90% by end of 2006; 15% reduction in prevalence of malaria; polio transmission stopped</p> <p>Prevalence of acute malnutrition or wasting reduced from 7% to 5% for all children under five years of age</p> <p>Increased efficiency and effectiveness of the Ministry of Public Health at all levels, in particular, at the provincial level</p> <p>Improved quality of patient care, especially essential obstetric care, newborn care, and care of children under the age of five.</p>

Strategies	Outputs	Indicators towards achievement	Strategic actions	Priority for resource allocation	Ministry of PH Lead responsibility
<p>Implementing Health Services</p> <p>1. Extend coverage of the basic package of health services through mobilising additional human and financial resources and strengthening the delivery of quality, effective, efficient health services.</p> <p>2. Strengthen the coverage and implementation of the essential package of hospital services through mobilising additional financial resources and improving hospital management.</p>	<p>Improved coverage</p> <p>All MoPH-SM & contracted-out districts/provinces implementing the full BPHS</p>	<p>100% coverage in those districts/provinces covered by MoPH-SM and contracting out by December 05 & an increase from 10% in the overall coverage of the country by end of 2006</p>	<p>Finalise & implement fundraising strategy Confirm baseline of implementation of basic package as of January 05</p> <p>Develop guidelines & other management tools for outreach</p>	<p>Top priority</p>	<p>Director,</p>
	<p>Improved coverage</p> <p>Improved obstetric care</p> <p>More effective management of hospitals</p>	<p>70% of district hospitals, 60% of provincial hospitals and 30-40% of regional hospitals each fully implementing their relevant package of hospital services by end of 2006</p> <p>Standards to improve clinical & managerial performance being fully implemented in 55 district hospitals by end 06</p> <p>Selected options</p>	<p>Finalise & implement fundraising strategy</p> <p>Review & strengthen the referral system, especially for emergency obstetric care</p> <p>Examine all possible options for strengthening the management of hospitals both generally throughout the country and specifically in MoPH-SM provinces and in the three hospitals in Kabul addressing maternal and child care</p>	<p>Top priority</p>	<p>Director,</p>

<p>3. Develop and implement at least three prevention and promotion programmes through inter-ministerial collaboration.</p>	<p>Programmes developed and implemented on illicit drugs and their use, HIV/AIDS, and cardiovascular disease</p>	<p>implemented for effective management of hospitals in MoPH-SM provinces and in three hospitals in Kabul by end of 2005</p> <p>Evidence of delegated authority in the MoPH-SM provinces and in three Kabul hospital programmes by the end of 2005</p> <p>Raised public awareness in 3-4 major cities by end 06</p>	<p>Mobilise resources</p> <p>Obtain baseline information on the 3 issues</p> <p>Raise awareness and obtain commitment through inter-ministerial and other partnerships</p> <p>Develop relevant policies, plans and guidelines</p> <p>Develop guidelines for the training of community health workers & their supervisors</p>	<p>Top priority</p>	<p>Director,</p>
<p>4. Lay the foundations for greater community participation through developing links with local shura.</p>	<p>Strengthened link between health centres and shura in all districts covered by MoPH-SM and contracting out</p>	<p>Donation of land by community for health facility</p> <p>Community health workers chosen by shura and receiving in-kind contributions from the community</p> <p>Health &health related issues discussed in last</p>	<p>Develop system at provincial and central levels for monitoring the rate at which community participation is developing</p>		<p>Director,</p>

<p>5. Further strengthen the coordination of health services through ensuring better communication between the different levels of the health system and the effective and efficient functioning of provincial health coordination meetings.</p>	<p>Improved coordination of health services</p>	<p>two meetings of shura and issues raised with health workers</p> <p>Increased knowledge of community about health and disease risks, especially related to immunisation, pregnancy and healthy practices such as hand washing</p> <p>Existence of minutes of provincial health coordination meetings</p> <p>Feedback & advice on content of minutes by central level to provincial level received on regular basis</p> <p>Central level laboratory functioning effectively and efficiently, especially with regard to food and drug quality control</p>	<p>Review the functioning of provincial health committees and the extent of ownership of terms of reference</p> <p>Capacity for writing minutes and follow-up actions will gradually be transferred from a donor focal point to staff of the provincial health department</p>		<p>Director,</p>
<p>6. Increase the coverage of quality support services through mobilising resources and strengthening plans, systems and implementation.</p>	<p>Increased availability of supplies and functioning equipment and an efficient maintenance programme</p>	<p>Central and provincial level blood banks able to perform all necessary tests. collect and store blood safely</p>	<p>Strengthen plans and systems to ensure efficient and cost-efficient procurement and management of supplies, facilities and transport</p>		<p>Director,</p>

		<p>Relevant health facilities can fully implement basic package of health services; all necessary supplies and functioning equipment in place</p> <p>Central level radiology institute maintaining all radiology equipment at central and provincial level</p>	<p>Develop and implement effective, efficient and cost-efficient facilities and equipment maintenance service</p> <p>Develop relevant training and continuing education programmes for all support services</p>		
<p>Reducing Morbidity and Mortality</p> <p>7. Improve the quality of maternal and reproductive health care through strengthening the delivery of care, especially emergency obstetric and gynaecological care and routine reproductive health services.</p>	<p>24 hour coverage of emergency obstetric care in hospitals & routine availability of all components of reproductive health services in 100% of</p>	<p>Increased number of deliveries by skilled birth attendants</p> <p>Increased attendance at antenatal clinics</p>	<p>Review baseline and increase in numbers of female health workers</p> <p>Ensure continuing education programme and supervision system are in</p>	<p>Top priority</p>	<p>Director,</p>

<p>8. Improve the quality of child health interventions through promoting exclusive breast feeding, introducing integrated management of childhood illnesses (IMCI) and enhancing the control of vaccine preventable diseases.</p>	<p>MoPH-SM & contracted-out districts/provinces</p> <p>IMCI implemented country wide by 06</p> <p>EPI coverage increases by 50% from baseline in each MoPH-SM and contracted-out district/province</p>	<p>Increase in TT2+</p> <p>IMCI guidelines available in 100% of MoPH-SM and contracting-out districts/provinces by end 05</p> <p>Rational use of antibiotics evident</p> <p>Proper case management of ARI, CDD, & malnutrition</p>	<p>place</p> <p>Agree baseline figure for EPI coverage as of January 05</p>	<p>Top priority</p>	<p>Director,</p>
<p>9. Strengthen the management of cost effective integrated communicable disease control programmes through capacity building and effective guidance/supervision.</p>	<p>Integrated communicable disease control programmes functioning in 100% districts and 100% of provinces</p>	<p>Functioning nutritional surveillance system</p> <p>Evidence-based decision making about feeding programmes</p>	<p>Agree how to best implement communicable disease interventions</p>	<p>Top priority</p>	<p>Director,</p>
<p>10. Ensure effective delivery of nutritional interventions through the basic package of health services and social marketing.</p>	<p>Reduction of prevalence of acute malnutrition</p> <p>More than 90% of households countrywide have access to iodised salt</p>	<p>Health personnel at health centre and community levels know about key nutrition facts such as breastfeeding, need for iodised salt, & health</p>	<p>Briefly review current nutritional status and other nutrition-related information from data available in the nutritional surveillance system and</p>		<p>Director,</p>

	Increased prevalence of exclusive breastfeeding for infants 0-6 months from about 30% to over 60%	risks associated with malnutrition Outbreaks of scurvy controlled and prevented	health information system; agree upon baselines		
<p>Institutional Development</p> <p>11. Strengthened institutional and management development through re-clarifying roles and responsibilities, encouraging team work, and increasing delegation at all levels of the health system.</p>	Evidence that central and provincial level departments are functioning efficiently and effectively	<p>Review undertaken at all levels of the health system by individual departments etc by end March 05 and where necessary, revised mission statements, roles, job descriptions, organizational charts, etc, available by end April 05</p> <p>Evidence of management development, including delegated authority</p>	<p>Review roles and functions, lines of accountability, decision-making foci, and team working within MoPH, between MoPH and contracted NGOs and between MoPH and other development partners</p>	Top priority	Director,
<p>12. Further strengthen human resources development, especially of female staff through quality basic training and continuing education parallel with further development of human resource planning and retention strategies.</p>	<p>Increased number of female staff working, especially on essential maternal and child health issues</p> <p>Strengthened human resource planning &</p>	<p>70% of comprehensive health centres, 50% of district hospitals and 80% of provincial hospitals have full female staff capacity by end of 2006</p>	<p>Ensure training and education programmes are well coordinated</p> <p>Review options for retention strategies</p>	Top priority	Director,

<p>13. Further develop health planning, monitoring and evaluation through enhancing evidence-based, bottom-up and participatory strategic planning at all levels of the health care system; the availability of accurate, user-friendly baseline and other information; and regular planning, monitoring and evaluation cycles.</p>	<p>management to reduce mal-distribution of staff</p> <p>National HMIS fully implemented</p> <p>National M&E system agreed and ready for implementation</p>	<p>All provincial health departments developed annual plans by mid 2005</p> <p>Pilot M&E implemented by mid 2005 and evaluated by end of 2006</p>	<p>Review options for national M&E system and decide which ones to pilot and in which provinces</p> <p>Develop tools to implement pilot approaches to M&E</p>	<p>Top priority</p>	<p>Director,</p>
<p>14. Further develop health financing through increasing the flow of funds to the health sector, especially for health and hospital services; ensuring spending is in line with priorities; monitoring various mechanisms to finance the delivery of health services; and developing an integrated budgeting and planning system.</p>	<p>Increased flow of funds to health sector</p> <p>Integrated planning and budgeting</p>	<p>More funds flow to MoPH for its management</p> <p>Useful information being generated about different kinds of financing mechanisms</p> <p>Departments at central level better able to contribute to process of developing MoPH annual budget</p>	<p>Finalise and implement fundraising strategy</p> <p>Develop a system to monitor different kinds of mechanisms to finance the delivery of health services, such as contracting for their cost-efficiency and acceptability</p>		<p>Director,</p>
<p>15. Further strengthen provincial level work through developing the leadership skills and knowledge of PHDs; increasing delegation and decentralisation; the monitoring and evaluation of the</p>	<p>Effective functioning of the provincial</p>	<p>Regular, efficient, and useful provincial health coordination meetings</p> <p>Annual plans developed</p>	<p>Develop format for annual departmental business plans</p> <p>Develop and implement</p>		

<p>provision of health care to assess its responsiveness and efficiency.</p> <p>16. Ensure effective implementation of PRR through efficient performance appraisal and human resource support systems.</p> <p>17. Introduce and develop a culture of quality assurance through setting good examples in day-to-work and through the development and use of a Ministry quality process covering service delivery, clinical care, and health management.</p>	<p>management team</p> <p>Effective management of health services</p> <p>Health providers show interest in changing for the better their attitude towards patients/clients</p>	<p>and used</p> <p>50% provincial health offices separate from hospitals</p> <p>PRR completed in 34 provinces by end of 2005</p> <p>Resources mobilized for quality assurance work by mid 2005</p> <p>Quality assurance defined and quality assurance cycle (continuous process) described, in a document</p> <p>Evidence that proposed quality standards and other tools are based on</p>	<p>capacity building programme for provincial health team</p> <p>Raise funds to establish provincial health offices outside hospitals</p> <p>Establish training centers and communication centres</p> <p>Examine how to further strengthen HRD directorate to undertake PRR-related work, including communication with the Civil Service Commission</p> <p>Mobilise resources to undertake quality assurance work; ToR developed for work</p> <p>Examine ways to best strengthen work on quality assurance at each level of the health system</p> <p>Decide how to, & obtain</p>	<p>Director,</p> <p>Director,</p> <p>Director,</p>	
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<p>18. Develop health reform related health regulations and laws for the public and private sectors through mobilising and using technical and other resources and developing processes for effective enforcement.</p>	<p>1-2 new priority laws and/or regulations developed and processed for ministry/government approval and enforcement ready</p>	<p>(international) research and local experience. Priority standards developed by mid 06 More technical and other resources available by mid 05 Decision about current situation and next steps briefly summarised in document by mid 2005; 1-2 new, priority health-reform-related regulations and/or laws identified by mid 2005</p>	<p>key baseline information on service delivery, patient care & health management Mobilise resources to undertake work Determine relevance of any existing laws and regulations & decide next steps Mobilise technical and other necessary resources</p>		<p>Director,</p>
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Annex A. Ministry of Public Health organisational chart, central level

To be added

Annex B. Ministry of Public Health statement on security and access to health care



**Transitional Islamic State of Afghanistan
Ministry of Public Health, Office of the Minister of Health**

7 August 04

Commanders: PRT and ISAF

Cc. Office of President Karzai
Embassies
Health aid stakeholders

Position paper: Security and access to health care

One of the top priorities of the Ministry of Public Health is to urgently extend the delivery of health services, especially in rural and other underserved areas, primarily to address the seriously high rates of maternal and child mortality and morbidity.

The Government of Afghanistan is very appreciative of the many international and local efforts in the health sector to address the high levels of illness and other problems. However, it has become increasingly clear that a serious security problem exists in those areas of the country where Provincial Reconstruction Teams, ISAF and/or any other special international military forces get involved in health and health-related work and where aid agencies are also working.

Work by the military or reconstruction teams, such as the running of health clinics, the digging of wells and the distributing of leaflets promising aid for information, is posing a serious threat to the lives of aid workers. The distinction between aid workers and soldiers/reconstruction teams has become fatally blurred. Sadly, this was most recently demonstrated in the killing of Medicines sans Frontiers workers and the decision of the Nobel peace prize-winning organisation to leave Afghanistan.

The Ministry of Public Health does not have the resources to take over the delivery of health care when an aid agency has to suddenly pull out for security or other reasons. Thousands of women and children, in particular, stand to lose access to vital health services.

We therefore see a crucial need to draw a line to differentiate and ensure a clear separation between the work of the aid community and that of PRT/ISAF/other special military forces. Before any international or local organisation can undertake health and health-related work in Afghanistan, it must sign a Memorandum of Understanding with the Ministry of Public Health. Such a memorandum reflects discussions with senior management on where the organisation will work, what it will provide, and how it will go about its work.

It is the position of the Ministry of Public Health that no individual, organisation, or other group or team can undertake health or health-related activities in Afghanistan without the prior permission of the Ministry headquarters, Kabul. We ask everyone to please respect this.

Annex C. Position paper on coordination, Updated January 05 from February 03



**Islamic Republic of Afghanistan
Ministry of Public Health
Position paper on coordination**

What are the main aims of the Ministry of Public Health in coordination?

We have determined that our main aims in coordination are:

- To demonstrate leadership and stewardship of the health sector to all stakeholders
- To ensure the effective and efficient use of the limited resources, avoid duplication and waste of resources and work towards sustainability of the ministry as an organisation and health system
- To enhance sector wide health development – involve all stakeholders whether in the public sector, private-not-for-profit, private-for-profit, or international agency
- To benefit from the comparative strength(s) of each agency

The definition of ‘coordination’ as applied to the Ministry of Public Health

There are many interpretations of the word ‘coordination’. It means different things to different people. And so in order to help ensure that there is a common understanding in the health sector of what is meant by ‘coordination’ the ministry has developed the following definition:

The Ministry of Public Health is in the driving seat for sector wide coordination in health in Afghanistan and intends that coordination is any activity formal or informal, at any level of the health system, undertaken by recipients in conjunction with donors and other development partners, individually or collectively, which ensures that external and internal inputs to the health sector enable the health system to function more effectively, and in accordance with priorities, over time.

Various mechanisms

The coordination mechanisms in the table below give an indication of our approach. The process of informal discussions and formal meetings that result in effective and efficient coordination are very important to the ministry.

At the central level the Policy and Planning Directorate is responsible for external coordination. Any international or local organisation wanting to undertake health and health related work has to sign a Memorandum of Understanding with the ministry.

Level of the health system	Type of coordination mechanism
Central level	Inter-ministerial committees

	Consultative Group Health and Nutrition (CGHN) National Technical Coordination Committee (NTCC) Executive Board (Top/senior management) Management Executive Forum (Senior/middle management) Task forces and Working groups
Provincial level	Inter-sectoral committees Provincial Health Coordinating Committee (PHCC) Management meetings
District level	Management meetings
Health centre level	Management meetings
Community level	Shura (Traditional forum)

Annex D. Ministry of Public Health Vision for Health 2004-2014



**Transitional Islamic State of Afghanistan
Ministry of Public Health**

7 April 04

Vision for Health in Afghanistan 2004 - 2014

What is the vision of the Ministry of Public Health?

It is that in 10 years better health will contribute to economic and social development.

By better health the Ministry of Public Health means that:

- There will be significantly reduced mortality among women, infants, and children under five years of age.
- The incidence of communicable diseases, especially of malaria and tuberculosis, will be at lower levels than now, and there will be fewer epidemics.
- The nutritional status of children will be much improved.

In addition:

- We will have effective programmes for the prevention of chronic diseases such as HIV/AIDS and heart disease.
- There will also be information and education programmes about lifestyle issues such as smoking and road traffic accidents that really help people decide to change their ways.
- The reduced mortality and incidence of disease will contribute significantly to helping achieve the relevant global millennium development goals.

How will we achieve all this?

- We will have effective, efficient, quality, sustainable basic health services distributed equitably throughout the country, especially in the rural areas.
- We will have well functioning hospitals, all of which will be able to do caesarean operations at any time of the day or night.
- We will have the right health workers, in the right place, in the right numbers, at the right time, with the right skills.
- We will make the best use of financial and other resources, with spending in line with priorities and coordinated across sectors.
- We will have a Ministry of Public Health that is a strong steward of both the public and private health sectors, is transparent with good governance, and has evidence based policies and priorities. There will be effective and efficient health systems that will ensure a well functioning public sector institution.

Is the vision really realistic, is it achievable?

The Ministry of Public Health believes it is.

Why? Because:

- The Ministry of Public Health is an achiever. Within the relatively short time frame since the establishment of the transitional government, the ministry has gained a reputation of being dynamic and of being increasingly in the driving seat with strong leadership, and a strategic vision. It also has a reputation of being good to work with. It has excellent relationships with development partners.
- The ministry is currently laying the foundations for the vision outlined above. This is being done within the framework of an interim health strategy 2002-2004. The strategy gives the mission and values of the ministry, values such as right to a healthy life; equity; women, children and other vulnerable groups; and pro-rural. And it clearly states the priorities that must be addressed if we are to improve the health of our people. The interim health strategy also says what should be achieved by end 2004, in other words has planned outputs, within the context of health outcomes for the period 2002-2006.
- One recent example of how well focussed Ministry of Public Health is, is that it put in two bids for Priority Reform and Restructuring (PRR) status and was successful. The first of the two bids was for provincial level strengthening. The first ministry to focus on the provincial level rather than central level, and a good reflection of its pro-rural value.
- Reforms are being implemented incrementally within the strategic framework, while capacity is being developed especially through on-the-job learning. And the ministry is developing a management culture that guides implementation through continually asking itself: What are doing? How are we doing it? What are the successes and constraints? What factors are contributing to them?

Do we have any constraints or challenges?

There are constraints and some of them are serious and will take time to deal with. For example:

- There are very few female health workers.
- Training females is going to be a real challenge because of the low literacy rates.
- It will take time to empower health service clients, particularly poor women, to have a say in the delivery of health services. For example, about the opening and closing times of clinics, or the need to reduce out-of-pocket expenditure to prevent households sliding even further into poverty.
- There are few commitments to long term funding, and funds pledged take long to come in the form of a project or programme ready for implementation.
- Finally, improved health is not just the result of health services. The country needs substantial, effective investment in other sectors such as education, water and sanitation, employment and housing.

The vision that the Ministry of Public Health has outlined in this document will contribute to the improved health of our people. The Ministry is committed to the vision and has the will to implement it.

Annex E. Working Principles and Definitions of the Ministry of Public Health

The first part of this annex explains or defines what each of the seven working principles of the Ministry of Public Health actually means. Thereafter other definitions are given in alphabetical order.

Seven working principles, Ministry of Public Health

1. Treating all people with dignity, honesty and respect and considering healthy life as a basic right of every individual.
2. Making evidence based decisions.
3. Ensuring equitable access to, and provision of, quality, basic, essential health services.
4. Being honest, transparent and accountable.
5. Improving the effectiveness, efficiency and affordability.
6. Giving priority to groups in greatest need especially women, children, the disabled and those stricken with poverty.
7. Promoting healthy lifestyles and discouraging practices proven to be harmful.

Brief explanation of the seven principles

1. Treating all people with dignity, honesty and respect and considering healthy life as a basic right of every individual.

The Ministry of Public Health reaffirms its commitment to treat all people with dignity and respect and to ensure this fundamental attitude is present in every Afghan professional in their dealings with patients, the public and colleagues

2. Making evidence based decisions.

The Ministry of Public Health seeks to ensure that sound and appropriate decisions are made by patients, clinicians, managers and policy makers in all elements of planning, delivery and receipt of health services. This means all health services and related activities must be monitored and evaluated.

3. Ensuring equitable access to, and provision of, quality, basic, essential health services

Provision of good quality health services will be based upon need for the services. The Ministry of Public Health will further promote equity in the distribution of resources and health services between provinces, between primary and secondary care and between rural and urban areas.

4. Being honest, transparent and accountable

All interactions and transactions between patients, health workers, the community, the public, the ministry of public Health and suppliers must be open, of the highest standard of integrity, and stand the scrutiny of review.

5. Improving the effectiveness, efficiency and affordability.

Maximum benefit should be received from the use of scarce health resources-human, financial, drugs and supplies, facilities and equipment. Health services must also be affordable for the community if they are to be accessible.

6. Giving priority to groups in greatest need especially women, children, the disabled and those stricken with poverty.

The Ministry of Public Health is committed to targeting health services to those in greatest need by increasing the opportunities for women, children, the disabled and those living in poverty to access health services which will improve their health.

7. Promoting healthy lifestyles and discouraging practices proven to be harmful.

The Ministry of Public Health is committed to providing more effective health information and education to assist all members of the community to reduce illness and lead healthier lifestyles as part of a healthy society. It will also introduce legislation to ban unhealthy or harmful medical practices, drugs and habits.

Other definitions of terms

Annual and monthly work plans

A yearly agenda of work that indicates all major activities ranked in order of priority, and tells us what is needed to achieve locally planned outputs and targets at each level of the health system. This is required by the Independent Administrative Reform and Civil Service Commission (IAR-CSC) in Afghanistan. The sum total of the work should contribute to achieving the national level strategies. When government and agency financial allocations are included a work plan is sometimes renamed 'business plan'. When financial planning is possible covering a 2-3 year period a separate document is often produced called a medium term expenditure framework.

A monthly work plan is a management tool that can help us work more effectively and efficiently in each health facility and department. It details the work to be done during the month and allocates time objectives and responsibilities. The results should be discussed at a staff meeting when the work plan for the next month is also agreed. Sometimes individuals make their own weekly work plans.

Capacity building

One of the key aims of capacity building is to try and achieve sustainability. By capacity building the Ministry of Public Health means the development of organisational, managerial, and technical abilities, attitudes, relationships and values that enable individual staff, groups such as departments, committees and teams, and the ministry as an organization to become more effective and efficient. We are working towards becoming a sustainable institution that achieves results through strategic work - working on a day-to-day basis within the longer-term context of strategies and planned outcomes and outputs.

Chronic conditions

Health problems that persist over time and require some degree of health care management. Examples include cardiovascular disease, cancer, diabetes, depression, and increasingly HIV/AIDS is also being termed a chronic condition. The prevalence of chronic conditions is rising worldwide because of increased longevity, urbanisation, unhealthy lifestyles, and the spread of smoking.

Cost-effective public health interventions

Interventions that if implemented well, can substantially reduce the burden of disease in populations, especially among the poor, and do so at a reasonable cost relative to results. Examples of interventions include maternal health and safe motherhood, family planning, integrated management of childhood illnesses, immunization, school health interventions, malaria case management and selected preventive measures e.g. impregnated bed nets, treatment of tuberculosis, selected non communicable diseases and injuries, and tobacco control.

Evaluation

Evaluation is attributing value to an intervention by gathering reliable and valid information about it in a systematic way, and by making comparisons, for the purposes of making more informed decisions or understanding causal mechanisms or general purposes. An evaluation process links planning and monitoring to evaluation and one of the basic principles is continuously questioning: what are doing and how? should/could we be working differently in order to be successful?

Health management

Undertaking all work effectively and efficiently to help achieve goals, outcomes, outputs and objectives. Management functions include: setting priorities, planning, monitoring and evaluation, coordination, resource management, and human resource or personnel management. Management tools include delegation, management by objectives, staff meetings, and work plans. Effective management = doing the right job. Efficient management = doing the job right.

Health policy

The health policy of a government is its' guide to the overall context within which all health and health related work should be developed and implemented within a set time frame.

Health policy statement

A concise interpretation of the national health policy or a concise statement of the policy for a specific subject e.g. human resource development, malaria etc.

Health reform

Reform is all about change. Health reform can be a major programme including for example, organizational, financial and human resources reform. Or be about a very specific aspect of change such as the way hospitals are managed. Key challenges encountered by decision makers as they seek to reform their health system include political/social pressures, scarce resources, funding the system or element of the system equitably and sustainably, allocating resources effectively, delivering care efficiently, and the management of the change process.

Health strategy

A health strategy is the direction and scope of work in the health sector during a specific period, often 3, maximum 5 years. A strategy helps answer the question 'how are we going to successfully achieve the policy'? It outlines how all stakeholders can contribute to improving and sustaining the health of the people of the country. A strategy should reflect strategic thinking, leadership, a wide consultative process, evidence based decision-making, and responsible management.

A strategy does not give detail on activities. These should be covered in an annual business/work/operational plan developed at each level of the health system. Nor should it give detailed information on financial allocations. This should be in a medium term expenditure framework. But a strategy should reflect some thinking about priorities and on matching resources to the changing environment.

Health system(s)

A health system comprises all the organisations, institutions and resources that are devoted to producing health actions and outcomes. Health systems are constituted, on the one hand, by a system of care whose goal is to correct health problems, prevent their appearance and address

their consequences. On the other hand, they are formed by a system whose goal is to promote the health of populations.

Indicators

Indicators are measures for checking on progress towards achieving outcomes and outputs. They can be quantitative and/or qualitative, have a time frame, and may highlight geographical and/or target groups. Indicators should relate to those aspects of care or organisational/management issues, which staff can alter.

Institutional development

Refers to the process and content of change in institutions. The term process covers 'how' change is achieved and the term 'content' refers to 'what' is to be achieved.

'How' concerns change management or organization development, e.g. how need for change is identified and accepted; how change programmes are designed and agreed, and how implementation is organized. 'What' relates to the changes that are to be made, e.g. redefining objectives of new human resource policies.

Ministry of Public Health strengthening mechanism (MoPH-SM)

The strengthening of the delivery of health services by the ministry, currently in 3 provinces, and supported by World Bank.

Outcomes

Outcomes are the real or visible effect of decision-making and practice. They should relate to crude rates of adverse events in the population (these give the best indication of the size of a health/disease problem) or when qualitative relate to issues that are system wide. Outcomes are usually assessed after a 5 year period.

Outputs

Outputs are the direct qualitative or quantitative results of actions. They can be produced within a very short time frame. They are usually in the form of tangible products such as guidelines, manuals, workshops or policy papers or can be intangibles such as increased managerial competencies or changed behaviour.

Contracting out

Contracting an agency e.g. a non governmental organisation, to deliver health services in a given area (district/provincial) of the country with authority to manage systems and personnel, including hiring and firing, setting salaries and prices with agreement to ensure outcomes based on health policy framework of the government.

Contracting in

Contracting in management from an agency to run government health services in a given area (district/provincial) within civil service rules and regulations to ensure outcomes based on the health policy framework of the government.

Private sector

The part of the economy of a country that is not under the direct control of the government. There are a number of different players in the private sector in many countries. These can be summarized as: private-for-profit, private not-for-profit, and informal sector. Health policy and

strategy need to cover the private provision of services and private financing, as well as state funding and activities, in other words be sector wide (see definition below). Only in this way can health systems as a whole be orientated towards achieving goals, outcomes and outputs that really do make a difference, for the better, to the health of the population in the country. Good stewardship (see definition below) helps ensure such an approach.

Public sector, and Public health

In most countries 'public sector' refers to services funded and managed by/within national government systems.

Public health is defined as the science and art of preventing disease, prolonging life and promoting health through organized efforts of society. Public health is concerned with the health of populations/communities as opposed to the health of individuals. Major public health functions include:

- Monitor trends in diseases, identify explanations, propose and monitor interventions, and support the development of comprehensive, integrated programmes to deal with them
- Communicable disease control and environmental health
- Managing public health crises
- Promoting/provision of cost effective interventions to specific groups e.g. immunization
- Health promotion
- Research

Quality management, and Quality prevention and care

Quality management is the degree of excellence of a service or a system in meeting the health needs of those most in need at the lowest cost, and within limits, directives and/or regulations. This means looking at issues including equity, accessibility, effectiveness, efficiency, appropriateness and responsiveness. Baselines for quality include: setting national and local level standards, clinical audit, legal rights, and in many countries a patient's charter, patient ombudsman, and a tribunal for patients' rights comprised of ordinary citizens.

Quality prevention and care is measured to a great extent by clinical audit. To move towards higher quality prevention and care, more and better information is commonly required on existing provision, on the interventions offered and major constraints on service implementation. Local and national risk factors need to be understood. Information on numbers and types of providers is a basic requirement. An understanding of provider attitudes and practices and on client utilisation patterns is also needed so that policy makers know why the array of provision exists, as well as where it is going.

Regulation

A rule, ordinance or law by which conduct is ensured at established standards.

Sector wide

Sector wide means all institutions, organizations, and agencies, whether public, private, local or international, formal or informal, within the health sector.

Sector-wide approach (SWAp)

Refers to formulating policy and managing all agencies and organisations, both public and private, with a common strategy and mutually agreed management arrangements including the pooling of financial resources. Ghana and Bangladesh have adopted a SWaP in the health sector.

Sector-wide management (SWiM)

Similar to a SWaP but main difference is no pooling of financial resources. Cambodia has adapted SWaP to SWiM

Stewardship

Stewardship encompasses the tasks of defining the vision and direction of health policy, exerting influence through regulation and advocacy, and collecting and using information.

Strategic options

Broad directions to be chosen based on analysis of what is feasible, has high potential to attain the goal, outcomes and targets, and is within available resources.

Strategic thinking

The ability to differentiate between short and long term thinking and strike a balance between the two. This needs to be a continuous process; even when implementing a policy or strategy, future planning cannot be neglected. A good strategist looks at what is happening /being done now in the context of where they want to go, they react positively to problems, can inspire and motivate people, and communicate well.