



Islamic Emirate of Afghanistan  
Ministry of Public Health  
Deputy Ministry for Policy & Health Promotion  
General Directorate of Planning & Policy



2025 (1446 – AH)



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

In the name of ALLAH, the most Gracious, the most Merciful



## Message from His Excellency the Minister of Public Health:

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

I give thanks to the Almighty for creating us as the most honored of His creations on earth. Peace and blessings be upon the Messenger of Allah (PBUH), his family, and his companions. Allah, the Lord of Glory, says in the Holy Quran:

وَمَنْ أَحْيَاهَا فَكَانَ مِمَّا أَحْيَا النَّاسَ جَمِيعًا (سورة المائدة، آية ٣٢)

Similarly, Allah Almighty says: "يَا أَيُّهَا النَّاسُ كُلُوا مِمَّا فِي الْأَرْضِ حَلَالًا طَيِّبًا" (سورة البقرة، آية ١٦٨)

And as Allah Almighty has said: "إِنَّ اللَّهَ يُحِبُّ التَّوَّابِينَ وَيُحِبُّ الْمُتَطَهِّرِينَ" (سورة البقرة، آية ٢٢٢)

Furthermore, Allah Almighty says: "وَكُلُوا وَاشْرَبُوا وَلَا تُسْرِفُوا" (سورة الأعراف، آية ٣١)

"And whoever saves a life, it is as if he has saved all of mankind." (Surah Al-Ma'idah, Verse 32)

Also, Allah Almighty says: "O mankind, eat from whatever is on earth [that is] lawful and good."

(Surah Al-Baqarah, Verse 168). And as Allah Almighty has said: "Indeed, Allah loves those who

are constantly repentant and loves those who purify themselves." (Surah Al-Baqarah, Verse

222) Furthermore, Allah Almighty says: "And eat and drink, but be not excessive." (Surah Al-A'raf,

Verse 31)

Dear fellow citizens, the time for progress has come with the Islamic Emirate's triumph and the end of occupation in our nation. As a result, Afghanistan is now in a unique stage of its history as a sovereign and developing nation—one that is vital and pivotal for both the Islamic Emirate and the country itself. In order to achieve sustained success through comprehensive health models and indicators, this significant phase calls for substantial efforts, international cooperation, and coordination across all sectors, particularly in the health sector. Therefore, having comprehensive policies and strategies in place is one of the essential foundations required for the growth and success of any institution.

Hence, the Ministry of Public Health of the Islamic Emirate of Afghanistan is pleased to present the National Health Policy, which has been developed with Allah's blessings and under the direction of the respected Amir-ul-Mu'mineen (may Allah protect him). By offering healthcare services that meet the needs of the country and society, this policy aims to improve the health of our beloved citizens. Its goals include ensuring equitable and efficient access to healthcare services, improving service quality, and maintaining and enhancing the health sector's current capabilities.

The Ministry of Public Health of the Islamic Emirate of Afghanistan is committed, with the help of Allah Almighty and the utilization of available national and international resources, to providing healthcare services to every Afghan, considering their geographical location and social circumstances. It ensures access to primary, secondary, and tertiary healthcare services. This policy represents our commitment to implementing significant reforms in the current healthcare sector, enabling the provision of essential healthcare services to the people of the society. It aims to ensure the health of every individual and reduce barriers to accessing healthcare services.

Considering the existing challenges, this policy has been designed as a comprehensive guide to address national priorities and urgent needs in the health sector. We invite national and international partners, experts, and all relevant organizations to collaborate with the Ministry of Public Health in implementing this policy.

Regards,

Mawlawi Noor Jalal Jalali

Minister of Public Health



## Foreword:

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

نَحْمَدُهُ وَنُصَلِّي عَلَى رَسُولِهِ الْكَرِيمِ، أَمَا بَعْدُ، قَالَ اللَّهُ تَعَالَى «فَبِمَا رَحْمَةٍ مِنَ اللَّهِ لِنْتَ لَهُمْ وَلَوْ كُنْتَ فَظًّا غَلِيظَ الْقَلْبِ لَانْفَضُّوا مِنْ حَوْلِكَ فَاعْفُ عَنْهُمْ وَاسْتَغْفِرْ لَهُمْ وَشَاوِرْهُمْ فِي الْأَمْرِ فَإِذَا عَزَمْتَ فَتَوَكَّلْ عَلَى اللَّهِ إِنَّ اللَّهَ يُحِبُّ الْمُتَوَكِّلِينَ» (سوره الانعام آیه ۱۵۹)

We praise him and send blessings upon His noble Messenger (PBUH). To begin with: Allah, the Almighty, says, "So, by mercy from Allah, [O Muhammad], you were lenient with them. And if you had been rude [in speech] and harsh in heart, they would have disbanded from about you. So, pardon them and ask forgiveness for them and consult them in matters. And when you have decided, then rely upon Allah. Indeed, Allah loves those who rely [upon Him]." (Surah Aal-e-Imran, Verse 159).

At the outset, it is with great pride and respect that I present the background of the National Health Policy to all our dear country citizens and those involved in the field of health and medicine. This policy serves as a guiding framework for improving healthcare services, treatment, pharmaceuticals, nutrition, and medical supplies within the country. It is the result of collaborative efforts by the Ministry of Public Health, Islamic Emirate national, international organizations, and technical committees. The policy seeks to provide effective and appropriate solutions to address the existing challenges in the Islamic Emirate of Afghanistan's public health system.

Throughout the various stages of developing this policy, our esteemed colleagues at the Ministry of Public Health, with unwavering determination, commitment, and a profound understanding of the nation's immediate and long-term needs, have successfully crafted a comprehensive and balanced policy aimed at achieving the outlined objectives. This policy, on one hand, identifies the critical challenges facing the health sector, while on the other hand, through its strategic vision, it presents essential solutions that will facilitate substantial progress within the country.

I extend my heartfelt gratitude to His Highness, the Acting Minister of Public Health of the Islamic Emirate, Mawlawi Noor Jalal Jalali, for his strong leadership and tireless efforts in overseeing the completion of this policy. I also sincerely thank the esteemed members of the leadership, subcommittees, and technical committee for their invaluable contributions, scientific insights, and extensive support in the analysis and development of this policy.

This policy, designed in alignment with the country's unique circumstances and the primary needs of our people, serves as a guide for policymakers, executive authorities, planners, and all stakeholders in the health sector. Its effective implementation is essential, particularly for improving healthcare services, strengthening the primary healthcare system, and expanding health infrastructure.

I would like to once again extend my gratitude to all colleagues, experts, and organizations who have contributed to this effort. I hope that with the implementation of this policy, we will witness significant progress in the country's healthcare sector.

Best regards,  
**Alhaj Dr. Mohammad Hassan Gheyasi**  
 Acting Deputy Minister of Planning & Health Promotion  
 Ministry of Public Health (MoPH)



## Acknowledgment:

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ  
 نَحْمَدُهُ وَنُصَلِّي عَلَى رَسُولِهِ الْكَرِيمِ، أَمَا بَعْدُ، قَالَ رَسُولُ اللَّهِ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ - كَلُّكُمْ رَاعٍ وَكُلُّكُمْ مَسْئُولٌ عَنْ رَعِيَّتِهِ.

To His Highness, Acting Minister of Public Health of the Islamic Emirate of Afghanistan, Mawlawi Noor Jalal Jalali, the Deputy Minister of Policy and Health Promotion, Dr. Mohammad Hassan Ghiasy, the members of the leadership, technical, and sub-committees involved in policy development, as well as all colleagues and readers, peace, mercy, and blessings of Allah be upon you.

In order to improve the health status, treatment, pharmaceuticals, nutrition, products, and medical technology in the country, this policy has been developed as an important document. It is the result of the joint efforts of relevant specialists, Emirate and non-Emirate organizations. On behalf of the General Directorate of Planning and Policy of the Ministry of Public Health, I express my sincere gratitude and appreciation to all the stakeholders involved in the completion of the National Health Policy. I would like to extend my deepest gratitude to His Highness, Mawlawi Noor Jalal Jalali, Acting Minister of Public Health of Afghanistan, whose effective leadership, strong support, and valuable guidance created the necessary environment for the progress and completion of this process. Additionally, I commend the Deputy Minister of Policy and Health Promotion, Dr. Mohammad Hassan Ghiasy, for his continuous efforts and perseverance. His constant presence in coordinating the work and closely monitoring the progress has been invaluable. I sincerely appreciate and thank both of them. I extend my sincere gratitude to the esteemed Dr. Mohammad Hassan Ghiasy, Deputy Minister of Policy & Health Promotion, for his leadership in the Policy Development Committee, and to Dr. Mirwais Ahmadzai, the General Director of Planning and Policy, under whose supervision the committee worked. I would also like to express my deep appreciation to the honorable members of the committee (Dr. Mohammad Azim Zamarial Kakar, Dr. Zahidullah Rasooli, Dr. Mubarak Shah Mubarak, Dr. Haidar Omar, Dr. Wahdat Alokozai, Dr. Haidar Khan Haidar, Dr. Fazal Elahi Alizai, Dr. Ahmad Siyar Pagoon, Dr. Ahmad Nasir Hanifi, Dr. Abdul Satar Sehat, Dr. Abdul Wahid Arabzad, Dr. Sayed Rasool Mangal and Dr. Mohammad Naeem Aabi), who, with their strategic vision, deep knowledge, and broad experience, successfully completed this policy. Furthermore, I would like to thank the members of the subcommittees and the technical committee (Dr. Abdul Azim Ahmadzai, Mr. Mustafa, Mr. Sayed Fareed Hashimi, Mr. Mohammad Emal Qiami, Dr. Hedayatullah Hamidi, Dr. Sediqullah Reshtin, Mr. Lutfullah Nangyal Sahak, Mr. Sayed Wali Safi, and Mr. Shafiqullah Kochi) for their significant role in the detailed review of information, scientific analysis, and providing technical and practical advice. Without the cooperation and coordination of these committees, the development of a comprehensive document would not have been possible. Additionally, I sincerely thank all the experts, consultants, and staff who have cooperated with full commitment and enthusiasm throughout this process, playing a constructive role in gathering information, analysis, and recommendations. We are sure that with the implementation of this policy, effective steps will be taken to improve healthcare services and the overall public health status in the country. This significant achievement is the result of the collective efforts of all relevant individuals and organizations. The National Public Health Policy is not only an important document for guiding the country's health policy but will also serve as a basis for future reforms and progress in the health and treatment sector, pharmaceuticals, nutrition, products, and medical technology.

The General Directorate of Policy and Planning extends special thanks to all our respected colleagues whose cooperation and support were vital for the success and finalization of this policy. Without their support, this achievement would not have been possible.

**Regards,**  
**Associate Prof. Dr. Mirwais Ahmadzai**  
**General Director of Planning & Policy (MoPH)**



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## 1. Introduction:

After the triumph of the Islamic Emirate of Afghanistan and the country's freedom from foreign occupation, the leadership of the Islamic Emirate, following guidance, has developed a draft of health law and, considering the current health status of the people, designed the National Health Policy for the five-years' period (1446 – 1451).

The Ministry of Public Health, through this policy, will take necessary steps to improve healthcare services, particularly in the provision of primary healthcare services.

Over the past three years, several factors have led to a reduction in mortality rates and an increase in access to healthcare. Currently, a majority of Afghans live within a reasonable distance of healthcare centers. Moreover, provincial public health directorates and healthcare centers have expanded their roles in providing both basic healthcare and hospital-based (clinical) services.

This policy embodies the Ministry of Public Health's vision and perspective on the health needs of the Afghan people and the necessary reforms in the health system. It emphasizes the importance of ensuring that all citizens have access to quality basic healthcare services. Furthermore, the policy prioritizes identifying essential social factors related to health and social groups.

This policy has been developed through an extensive and participatory process, utilizing accurate data and information provided by the Ministry of Public Health, international development partners, implementing organizations, and the private sector. It encompasses seven core areas:

1. Governance and Leadership (G&L)
2. (HR)
3. Health Sector Financing (HSF)
4. Health Services Delivery (HSD)
5. Food, Medicines, and Health Products (FMHP)
6. Health Information Systems (HIS)
7. Engagement of Financial Donors and Working Partners

For each of these areas, a policy goal has been defined, and key guidelines have been set for each action.

As a result of implementing this policy, the capacities of the Ministry of Public Health and the provincial directors will be strengthened through fundamental changes. Adherence to Islamic Sharia law, the rule of law, respect for human rights, and fair principles will become foundational at all levels of the health system. Cooperation with ministries, Emirate institutions, and international development partners will continue, and the quality and safety of healthcare services will be enhanced through improved internal monitoring and evaluation capacities. The development and growth of employees will respond to the health needs and diseases of the community. Where necessary, pre-service and in-service training related to healthcare will be competency-based and quality-oriented, aiming to meet international standards. Special attention will be given to the development of specialized medical training, including in basic medical education, and the empowerment of healthcare professionals will be ensured through the issuance



of standard licenses. This will contribute to increasing motivation and morale among healthcare professionals.

Furthermore, healthcare professionals' self-sufficiency and strengthening of ties with the Afghan medical diaspora community abroad will be further enhanced. Healthcare financing through various financial resources will be improved, and operational capacity at public health-related healthcare centers will be improved, along with strengthened revenue generation mechanisms. Special attention will be given by the Islamic Emirate to allocating a specific budget for the health sector and ensuring safe, effective, and beneficial mechanisms for expenditure.

This policy will facilitate the transition of healthcare service delivery reforms for future generations. Additionally, after a review, the integrated package of basic package of health services & essential package of hospital services (BPHS & EPHS) will be revised. The independence of healthcare service providers, the transparency of contractual procedures, development, and the implementation of cost-related measures will be carried out based on new mechanisms.

Controlling both communicable and non-communicable diseases, with a particular focus on the eradication of polio among children, is one of the key objectives of this policy. Through actions from various sectors, the Ministry of Public Health's basic priorities will be evaluated, and its response capacity to crises and major incidents will be strengthened.

Through the implementation of relevant laws, regulations, and standards, the availability and accessibility of food, medicine, health products, and medical technology will be increased. The development of healthcare information systems and evidence-based decision-making will be implemented at all levels of the health system, creating a lasting foundation. Direct communication with healthcare service recipients will be strengthened.

The focus of this policy will be uniform for all Afghans, not only for those affected by specific diseases, but also to raise awareness of health determinants within communities, and to better coordinate the actions of health partners at the individual and societal levels.

**List of Abbreviations:**

AMR	Anti-Microbial Resistance
ADR	Adverse Drug Reaction
ASP	Antimicrobial Stewardship Program
BPHS	Basic Package of Health Services
CHW	Community Health Worker
DMC	Disaster Management Committee
EMR	Electronic Medical Record
EPHS	Essential Package of Hospital Services
EPI	Expanded program on Immunization
GH	General Hospital
HDU	High Dependency Unit
HMIS	Health Management Information System
IRB	Institutional Review Board
IP	Infection Prevention
MHPSS	Mental Health & Psychosocial Support Services
MoPH	Ministry of Public Health
NTDs	Neglected Tropical Diseases
OOP	Out of Pocket
PHC	Primary Health Care
PPP	Public Private Partnership
RFP	Request for Proposal
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
RUSF	Ready-to-Use Supplementary Food
RUTF	Ready-to-Use Therapeutic Food
SDGs	Sustainable Development Goals
STDs	Sexually Transmitted Diseases
UHC	Universal Health Coverage



## 2. Brief Overview of Afghanistan:

### 2.1 Geographical Location & Population:

Afghanistan is a country located between Central and South Asia, with Pakistan to the east and south, Iran to the west, China to the northeast, and Turkmenistan, Uzbekistan, and Tajikistan to the north. Afghanistan has an area of 652,864 square kilometers, and as of 1403 (2024) in the Islamic calendar, its population is estimated to be 35.7 million people. Of this, 18.2 million (51.0%) are male, and 17.5 million (49.0%) are female. The population is made up of various ethnic groups, including Pashtuns, Tajiks, Hazaras, Uzbeks, Baluchs, Turkmens, Nuristanis, Pamiris, Arabs, Gujjars, Brahawis, Qazalbash, and Hazaras, among others. The official languages of Afghanistan are Pashto and Dari.

### 2.2 Human Development:

In 2020, Afghanistan was ranked 182<sup>nd</sup> out of 192 countries in the Human Development Index (HDI). The life expectancy at birth for men was estimated at 63.8 years, and for women, it was estimated at 66.7 years.

## 3. Key Points of Afghanistan's Health Landscape:

### 3.1. Public Health Indicators of Afghanistan:

At the time of birth, the life expectancy for both men and women in Afghanistan has significantly increased from 56 years in the year 2000 to 65.3 years in 2024. This increase is largely due to the reduction in child mortality rates. The maternal mortality rate is estimated at 620 per 100,000 live births among child bearing age women of 15 - 49 years, while the neonatal mortality rate is approximately 23 per 1,000 live births. The under-one ( $\leq 1$ ) mortality rate is around 41 per 1,000 live births, and the under-five ( $\leq 5$ ) mortality rate is estimated at 50 per 1,000 live births. The population growth rate is estimated at 2.14% per year, and the general fertility rate is around 5.3. However, there is significant social inequality in life expectancy, especially among rural populations, those with lower education levels, and people living in areas with lower income. These groups experience disparities in life expectancy, with older individuals facing more challenges. The prolonged wars, low economic status, and the limited capacity of the healthcare system have contributed to the country's health indicators being in poorer conditions compared to many other developing countries.

### 3.2. Major Causes of Mortality in Afghanistan:

- 1) Heart and Vascular Diseases;
- 2) Pregnancy and Newborns' Diseases;
- 3) Respiratory Diseases and Tuberculosis;
- 4) Cancerous Diseases;
- 5) Non-communicable Diseases;
- 6) Communicable Diseases;
- 7) Diabetes and Kidney Diseases;
- 8) Injuries;
- 9) Traffic Accidents;
- 10) Intestinal Infections.



### 3.3. Health Centers:

Health services are provided by over 4,096 healthcare centers, including mobile health and nutrition teams, health posts, primary, basic, and comprehensive health centers, district, provincial, regional, specialized, and national hospitals. Additionally, more than 16,306 health posts provide primary healthcare services at the community level.

On average, there is one primary health care center for every 10,000 people, with 1.15 primary health centers per 10,000 population, and there is one hospital for every 10,000 people, with 0.54 hospitals per 10,000 population. These figures represent the lowest ratio in the region. The highest level of access to health services has been recorded in Nuristan, where there is one primary health center for every 4,100 people and one hospital for every 53,000 people. On the other hand, the lowest level of access to health services has been observed in Kandahar, where each primary health center serves 20,400 people and each hospital serves 680,000 people. In some rural areas, the lack of investment has made health services inaccessible.

### 3.4. Employees:

In the year 2024, the number of doctors, nurses, and midwives per 10,000 people reached 10.3, which is below the proposed global standards for achieving sustainable development goals. The recommended number for international standards is 34.2 healthcare workers per 10,000 people. Additionally, the access to overall healthcare coverage is much lower than the suggested target of 44.5 healthcare workers per 10,000 people. Only 15% of nurses and 2% of doctors are women.

### 3.5. Health Financing:

In the year 2022, Afghanistan's total healthcare expenditures amounted to 3.6 billion dollars, or approximately 102 dollars per person per year. Of this, 1% was covered by the government, 21% by foreign aid, and 78% privately spending from the people's pockets. A significant portion of the people's private expenditures is being spent on 540 private hospitals, 260 private OPD clinics, and through several private health institutions.

## 4. Introduction to the Ministry of Public Health:

The Ministry of Public Health, based on its leadership role, is responsible for the development of health and nutrition policies and strategies in the country in coordination with other relevant Emirati, national, and international stakeholders. It also oversees the provision and monitoring of health services.

To achieve these objectives, the Ministry of Public Health tirelessly works through its central and provincial offices to ensure effective and efficient access to health services.

### 4.1. The Vision of Ministry of Public Health:

All residents of Afghanistan receive quality, affordable, accessible and sustainable health services according to the highest standards inside the country and have a healthy community.

### 4.2. Mission of the Ministry of Public Health:

To improve health and achieve significant reductions in mortality and morbidity with focus on wellbeing of all Afghan population, national priorities, sustainable development goals and to



reduce the current catastrophic health expenditure among all communities as well as to change attitudes and practices to promote healthy life-styles. All these are ensured under the stewardship role of the MoPH through coordination and collaboration with health stakeholders within the framework of strong leadership, sustained political will and commitment, good governance, and effective and efficient management of resources.

#### 4.3. Goals:

To provide quality healthcare services to all citizens of the country in an accessible and affordable manner, ensuring the availability of food, medicines, and health products, securing healthcare rights, reduce poverty, provide equitable and fair access, and strengthening a sustainable healthcare system that improves the health and nutrition status in the country.

#### 4.4. Core Values:

- 1) **Justice:** Ensuring access to healthcare services for every Afghan, addressing their health needs;
- 2) **Honesty:** Working with integrity and sincerity;
- 3) **Medical Ethics:** Respecting core values of medical ethics, social rights, and equality;
- 4) **Dignity and Respect:** Valuing every person and maintaining their dignity and respect, regardless of gender, sect, religion, socio-economic status, or political background;
- 5) **Effectiveness and Efficiency:** Achieving the set goals and reaching them with the optimal use of limited resources;
- 6) **Quality:** Ensuring that every Afghan receives quality healthcare services, food, medicines, and other health products, meeting their health needs;
- 7) **Patient-Centered Services:** Healthcare workers must consider the dignity and respect of patients and their families, keep them informed, provide necessary guidance, and involve them in all treatment decisions;
- 8) **Responsive Services:** We believe that offering all specialized and super-specialized services within the country will improve health outcomes and contribute positively to reducing mortality and poverty in society;
- 9) **Sustainability:** We believe that the country's health system should be financially and infrastructural sustainable to meet the community's health needs;
- 10) **Accountability:** We believe that stakeholders should be informed about the health system and We hold ourselves accountable for achieving system goals;
- 11) **Transparency:** Ensuring access to information related to health programs and budgets for all, and making decisions based on health-related issues, such as setting standards and evaluating processes like contractor selection through RFP procedures;
- 12) **Coordination and Cooperation:** Ensuring quality service delivery and creating better job opportunities through coordination and collaboration among the partners in the health system;
- 13) **Evidence - Based Decision Making:** Decisions regarding policies, programs, projects, and actions should be based on evidence (research, surveys / assessments, information systems, experiences, and observations), helping us make interventions more effective, reach the intended population, and align actions with available resources;
- 14) **Affordable Pricing:** We believe that service delivery should be affordable to ensure the sustainability of the system, aligned with the country's realities and system longevity;
- 15) **Innovation:** We believe that innovation is the key to our future success and that introducing new ideas, methods, or inventions to improve the quality of healthcare services is invaluable;



- 16) **Inclusion and Non-Discrimination:** Providing healthcare services to all individuals, irrespective of any differences, based on their needs;
- 17) **Commitment and Professionalism:** We strive to provide the best healthcare services to the people and hire the most committed, qualified, and experienced personnel;
- 18) **Acceptability and Applicability:** Committed to ensuring that services are acceptable and applicable to the people, aligning with the community's culture, values, and religion, and free from political interference;
- 19) **Results-Based System:** We believe that the expected outcomes of health interventions should be systematically measured to achieve the final results.

#### 4.5. Policy's Goals:

1. The National Health Policy 1446-1451 (2025 - 2030), in coordination with the Ministry of Public Health, the private sector, national and international partners, aims to reform the financing of health sector and provision of financial resources for the health sector based on good governance. These includes enhancing employees, healthcare and nutrition services, the quality of food, medicines, health products, and strengthening health information and research systems. It aligns with the second and third Sustainable Development Goals (SDGs):
2. Eradication of hunger, food security, and access to proper nutrition, as well as the promotion of sustainable agriculture.
3. Ensuring healthy lives and promoting well-being for all at all ages.

The policy seeks to address health needs in a timely and effective manner and ensure health protection for all Afghans.

## 5. Policy-Related Areas, Goals, and Fundamental Actions:

The National Health Policy has seven main areas;

1. Governance and Leadership
2. Employees Affairs
3. Health Sector Financing
4. Health Services Delivery
5. Food, Medicines, and Health Products
6. Health Information Systems
7. Engagement of Financial Donors and Working Partners

For each of the above areas, a policy goal has been defined, and fundamental guidelines have been set for each action.



## 5.1 Governance & Leadership Area:

### 5.1.1 Policy's Objective:

The Ministry of Public Health is committed to the effective use of resources to achieve health goals, in coordination with other sectors, national and international partners, the private sector, and communities, the Ministry operates under strong leadership and governance. Upholding transparency and accountability, and guided by Islamic principles, the Ministry manages health affairs to ensure clear roles for all stakeholders, universal access to health services for every individual, and positive transformations in the health sector across the country.

### 5.1.2 Fundamental Actions:

In all areas of the health system, good governance, committed, and reliable leadership will be present, which will lead to the achievement of Islamic Sharia law, permanent development in health, and other goals. Establishing opportunities and foundations for Universal Health Coverage (UHC) will guide the actions of the Ministry of Public Health. Achieving the second, third, and seventeenth Sustainable Development Goals (SDGs – 02 & 03, 17) is interconnected with the progress of other sectors' sustainable development goals, such as poverty reduction, education, and food security. Strengthening the health rights of all citizens of the country, providing clean drinking water, ensuring permanent food energy, promoting prosperous urban life, and multi-sectoral strategies will be applied in all activities of the Ministry of Public Health.

**5.1.2.1 Ensuring the Rule of Law** (reducing nepotism, impartiality, free from political interference, work competency, integrity, respecting workers, and protecting them from conspiracies and fake cases), valuing transparency, zero tolerance for corruption, and adherence to accountability principles in the health sector, accepted as working principles;

**5.1.2.2 The organizational structure of the Ministry of Public Health** will be reviewed and reformed, and its role at the central and provincial levels will be appropriately defined to ensure effectiveness;

**5.1.2.3 The identification and implementation of healthcare services** in all policies to achieve better health outcomes for the people of Afghanistan. Establishing support and coordination mechanisms at various levels, including high-level government involvement at the central and provincial levels, and integrating health services into all government policies;

**5.1.2.4 The Ministry of Public Health** will be enhanced with a focus on organizational development, including strengthening governance and leadership skills of directors and managers at the departmental and managerial levels;

**5.1.2.5 Healthcare services** provided by public and private health organizations must meet at least established standards;

**5.1.2.6 Healthcare financial priorities** for the people of Afghanistan, financial diversification for the healthcare sector, and coordination of domestic resources to reduce reliance on foreign resources and ensure the sustainability of health services;

**5.1.2.7 Transparency and accountability** regarding financial and budgetary resources from the Emirate and supporting organizations, as well as financial aid from the community;

**5.1.2.8 Attention to continuous standardized medical education** so that Afghan healthcare and public health specialists gain global recognition and are equipped with internationally accepted standards;

**5.1.2.9 There must be space for innovations** in the healthcare sector;



- 5.1.2.10 The Ministry of Public Health will establish and regulate relevant laws, regulations, bylaws, and procedures.** The Ministry is responsible for the implementation of health laws;
- 5.1.2.11 The Ministry of Public Health will monitor and evaluate health-related affairs;**
- 5.1.2.12 The Ministry of Public Health will carry out efforts in distributing health resources across the country and in delivering healthcare services with a focus on equity;**
- 5.1.2.13 The Ministry of Public Health will take necessary actions to strengthen the healthcare system nationwide based on the healthcare system's priorities;**
- 5.1.2.14 To increase access to specialized, super-specialized, and other healthcare services, public-private partnership (PPP) mechanisms within the Ministry framework will be expanded and supported;**
- 5.1.2.15 Reviewing complaints** from citizens and relevant members and departments of the healthcare system and providing appropriate responses;
- 5.1.2.16 The Ministry of Public Health will undertake necessary actions through healthcare committees with the participation of community members and representatives to improve the healthcare system and gain the necessary support for implementation;**
- 5.1.2.17 The Ministry of Public Health will carry out essential actions for development through e-Governance to ensure necessary capabilities and equipment in the healthcare system and to simplify administrative procedures with transparency;**
- 5.1.2.18 Expanding the coverage of healthcare services** in white areas for greater community access;
- 5.1.2.19 Issuance of official documents and licenses** for healthcare personnel, health facilities, hospitals, diagnostic centers, pharmaceutical-related institutions, etc.;
- 5.1.2.20 Responsible management of the healthcare system:** The healthcare system will focus on management and responsible stewardship to ensure the well-being of the community through the Islamic Emirate. This includes guiding the healthcare system, ensuring the fulfillment of its duties, ensuring justice, and fostering coordination and interaction between the community and the system;
- 5.1.2.21 The Ministry of Public Health will take necessary actions for integrating traditional medicine based on standards in the national healthcare system;**
- 5.1.2.22 No healthcare-related information** will be published nationwide without the approval of the Ministry of Public Health;
- 5.1.2.23 No healthcare research** will be conducted nationwide without the approval of the Ministry of Public Health;
- 5.1.2.24 Establishing and equipping** training and research centers in clinical, preventive, and public health fields;
- 5.1.2.25 Establishing and implementing** professional standards to provide safe healthcare services.



## 5.2. Employees Affairs' Area:

### 5.2.1. Policy's Objective:

The development of competent, committed, motivated, and accountable employees to strengthen the provision of healthcare services, leading to economic growth, social welfare, national and international health security.

### 5.2.2. Fundamental Actions:

**5.2.2.1.** The employee's affairs planning should be aligned with health needs, focusing on areas with severe shortages of employees, considering the characteristics of diseases, vulnerable groups, and the absorptive capacity of the health system. The Ministry of Public Health, through the Employee s' Affairs Directorate, in coordination with relevant institutions, will design pre-service and in-service training, as well as the recruitment of medical and public health specialists based on the set objectives. The Ministry of Public Health will implement standardized programs for short-term, medium-term, and long-term education to enhance the capabilities of health personnel in various management areas. These programs will be designed and implemented according to their needs, utilizing the available resources of public and private hospitals and training centers.

#### 5.2.2.2. Capacity Building of Employees Based on Standards:

The Ministry of Public Health, in coordination with relevant institutions, will define the fundamental competencies and duties of hospital managers, doctors, nurses, and other personnel, and include them in the curriculum. The Ministry of Public Health will design and implement standardized short-term, medium-term, and long-term training programs to enhance the capacity of health personnel in various areas of health management and leadership (such as field epidemiology, environmental health, researches, etc.), based on their needs. The Ministry will prepare a comprehensive plan for improving employee skills, utilizing the resources available in hospitals and training centers, and strengthen the role of public and private partnerships. The Ministry will promote continuous medical education for professional healthcare workers. Recruitment processes will be carried out based on qualifications and competence principles. Newly hired personnel will receive training related to their specific roles, and transfers, service assignments, and dismissals will be done according to established principles and regulations to prevent misuse of power and improper influences.

#### 5.2.2.3. Issuance of Licenses to Health Workers as Per National Standards:

The Ministry of Public Health will develop national standards and procedures for licensing healthcare workers to ensure that the required qualifications in the issued licenses align with the employees' competence and work experience. Additionally, the Ministry will create opportunities to improve the work environment and conditions for healthcare workers.

#### 5.2.2.4. Guidelines for In-Service Training:

A comprehensive collection of the national health strategy and training guidelines, along with standard treatment protocols, should be developed for in-service training.

#### 5.2.2.5. Enhancing Professional Roles for Mid-Level Healthcare Workers:

In addition to improving the quality of training, efforts will be made to provide bachelor's and master's level education opportunities to mid-level healthcare workers. Systematic campaigns will also be implemented to promote the value of mid-level healthcare professionals, enhancing their credibility and addressing misconceptions within the community. Established criteria for participation in training programs for mid-level healthcare workers will be enhanced.

**5.2.2.6. Increasing Motivation and Morale for Healthcare Workers:**

In addition to salaries and hazard pay for healthcare workers in healthcare centers and administrative organizations, financial incentives such as bonus salaries, moral encouragement, academic and educational incentives will be integrated into the development plan of the Ministry of Public Health. Non-monetary incentives at all levels, such as reducing work hours, enhancing professional autonomy, expanding job responsibilities, job security, and safety, will also be recognized and implemented. Healthcare workers will be encouraged to serve within their professional fields.

**5.2.2.7. Professional and Behavioral Training for Healthcare Specialists Aligned with International Standards:**

Hospitals will be designated as the basis for pre-service and in-service training for doctors, nurses, other professional and technical healthcare workers. Programmatic assessments will be conducted in coordination with relevant agencies and aligned with international standards.

**5.2.2.8. Implementation and Expansion of Specialization Completion Programs as Per International Standards:**

- 1) The specialization completion programs will be effectively implemented to provide quality healthcare services by specialists in all healthcare centers (secondary and tertiary levels). To this end, the Ministry of Public Health will prioritize improving the quality of healthcare services by implementing an action plan after necessary evaluation of the specialization completion programs at the secondary and tertiary levels. The Ministry will also work to extend clinical training for specialists to the private healthcare sector;
- 2) Authorization will be granted for specialized programs in private hospitals that meet the standards, and academic titles will be granted to the relevant trainers according to established principles.

**5.2.2.9. Strengthening and Standardizing the Curriculum of Specialization Completion Programs:**

1. The curriculum for specialization completion will prioritize attention to the national and international standards, focusing on Afghanistan's geographical diseases, and the development of new specialized fields within each specialization;
2. Priority will be given to appointing bachelor's degree doctors in basic health clinics and specialized doctors in district hospitals;
3. A proper plan will be developed to introduce graduates of the specialization completion programs to district, provincial, and regional hospitals for the improvement of healthcare services.



### 5.3. Health Sector Financing Area:

#### 5.3.1. Policy's Objective:

The process of improving the financing or provision of financial resources for the health sector, with a focus on equity and justice, ensuring access to standardized and affordable healthcare services, effective utilization of existing resources, and preparing financial sustainability mechanisms in accordance with specific conditions and in line with Islamic principles and standards.

#### 5.3.2. Fundamental Actions:

##### 5.3.2.1. Resources' Generation and Developing New Financial Plans for National Health System Financing:

- 1) The Ministry of Public Health will seek stable and permanent sources for the health sector, attracting domestic and foreign financial resources based on national and sustainable standards;
- 2) Efforts will be made to increase the Islamic Emirate's contribution to the health sector, with a suitable percentage of the annual national budget allocated to health;
- 3) The Ministry will work to enhance public-private partnerships to attract private investments in the health sector;
- 4) Revenues generated in the health sector, including corrective taxes on harmful products like tobacco, non-alcoholic beverages, energy drinks, and others, will be besieged and allocated to the health sector;
- 5) In coordination with other sectors of the Islamic Emirate, a specified percentage of mining revenues will be requested for the health sector;
- 6) The Ministry will collect fees, including user charges, in accordance with relevant legislative documents, to support cost-sharing in health services at all health centers;
- 7) The Ministry will continuously encourage the public through awareness campaigns to donate their charity and other generous contributions to the health sector;
- 8) The Ministry will consistently advocate at both national and international levels to secure financial resources for the sustainability of existing services and to adequately respond to community health needs.

##### 5.3.2.2. Resources' Mobilization and Utilization:

The revenue collected in the health sector will be efficiently and effectively utilized by the Ministry of Public Health, ensuring equity, in order to meet the standards of Universal Health Coverage (UHC).

##### 5.3.2.3. Health Service Purchasing:

- 1) The Ministry of Public Health will facilitate the provision of health services through various strategic mechanisms in collaboration with national and international partners, ensuring quality and equity in the delivery of services;
- 2) The Ministry of Public Health will focus on reducing out-of-pocket expenses (OOP) for households by introducing mechanisms such as government financial subsidies and health insurance, while preventing excessive costs through pre-payment schemes.



## 5.4. Healthcare Services Delivery Area:

### 5.4.1. Policy's Objective:

To ensure the availability, accessibility, utilization, and quality of health and nutrition services across all health levels and sectors, including the private sector, with a focus on sustainability, development, and improvement, to achieve Universal Health Coverage (UHC).

### 5.4.2. Fundamental Actions:

This policy recommends the following key changes for the organization of healthcare services:

1. **Collaboration with National and International Partners:** A new health service delivery package will be developed in coordination with national and international partners, responding to the country's population needs and the epidemiological status of diseases;
2. **Definition of Service Levels and Types:** The new package should define healthcare service levels, including primary, secondary, and tertiary services, and the types of healthcare facilities, with a comprehensive approach to disease surveillance, management, and emergency preparedness;
3. **Review and Reforms of Existing Service Packages:** The Essential Package of Hospital Services (EPHS) and the Basic Package of Health Services (BPHS) will undergo a revision and essential reforms;
4. **Implementation Strategy for the New Service Package:** A step-by-step implementation strategy will be devised, ensuring that the new service package is aligned with available financial and employees and operational capabilities. The real cost of implementing this package in each province will be determined based on factors like population size, disease burden, geographic access, employees, and other specifications, which will be clearly stated in service contracts;
5. **Review of Current Implementation Models:** The Ministry of Public Health will continue the current implementation pathways of health services, while also conducting a comparative study of the models, cost-effectiveness, comparative benefits, and quality assessments through contractual models, considering both service providers and beneficiaries' perspectives;
6. **Prevention of Duplication or Lack of Coordination:** The Ministry of Public Health will ensure no duplication or lack of coordination between healthcare service providers;
7. **Sustainability of Public and Private Health Facility Accreditation:** The accreditation and classification process for public and private hospitals will be sustained, ensuring the delivery of high-quality health services;
8. **Progressive Integration of Emirate Budget into Health Service Delivery:** Gradually integrate health services funded by the Emirate's budget, ensuring that health centers align their service delivery capacity with the Emirate budget in the future;
9. **Strengthening Patient Referral Systems:** Improve coordination between primary, secondary, and tertiary health services to ensure timely referrals of patients to appropriate care levels based on their needs. This will enhance the overall quality, accessibility, and effectiveness of healthcare delivery;
10. **Strengthening Research and Study Systems:** Strengthening the research and studies system to improve evidence-based healthcare service delivery;
11. **Privacy Considerations for Patients and Caregivers:** Special attention will be given to maintaining the privacy of patients and their caregivers;



- 12. Implementation of Islamic Principles in Healthcare Centers:** Implement Islamic principles regarding the veil (hijab) for women health workers, patients, and caregivers in healthcare centers. This includes constructing dedicated medical complexes and related educational and healthcare facilities, based on available resources; ;
- 13. Strengthening Nutritional Support for Inpatients:** Strengthening nutritional support for patients hospitalized in healthcare centers.

**5.4.2.1. Primary Health Care (PHC):**

The Ministry of Public Health is committed to providing equitable, accessible, integrated, and high-quality primary health care (PHC) services across the country. These services include mental health, eye care, disability and rehabilitation, dental care, ear, nose, and throat (ENT) services, and community-based healthcare services. The National Public Health Policy marks a significant shift from limited (selective) care to a comprehensive package of primary health care, which includes the following key elements:

**5.4.2.2. Family Health Houses (FHHs) / Primary Health Care Centers:**

The centers that provide primary health care services are called family health houses will have the capacity to deliver preventive, promotional, treatment, and rehabilitation services based on a designated package of services.

**5.4.2.3. Assurance of Primary Health Care Services:**

To connect families with primary health care centers, health services at the community level will be strengthened through Community Health Workers (CHWs), particularly in remote areas. This approach aims to reduce the number of underserved areas (referred to as "white areas") and improve access to care.

**5.4.2.4. Covering White Areas (Underserved Areas):**

- 1) For areas where basic health services are not provided, new health centers will be established based on the population and geographical criteria. This will involve recruiting and retaining qualified professional staff, particularly female health personnel, and strengthening the capacity of community health workers. Additionally, prison health services will be standardized at the provincial and central health facilities and centers;
- 2) Ensuring access to health services for nomads, returnees, internally displaced people, and those living in hard-to-reach areas;
- 3) Strengthening the provision of preventive and rehabilitation services for individuals with disabilities and impairments;
- 4) Offering services for the prevention and rehabilitation of eye diseases.

**5.4.2.5. Community-Based Primary Healthcare Services and Traditional Medicine Practices:**

This policy supports the delivery, research, and evaluation of primary healthcare services through traditional, homeopathic, and other popular medical practices. To ensure the safety, effectiveness, and standardization of these practices, formal training programs must be accredited, and mechanisms will be established to ensure coordination with regulations and the formal health system. The safety and effectiveness of traditional and other treatments should be evaluated based on scientific research and evidence.

**5.4.2.6. Secondary Healthcare Services:**

**District-Level Health Centers:**

To strengthen access to high-quality secondary health services for the population, ensuring equitable and fair delivery of health services, attention will be given to underserved areas. General



hospitals (GH) will be established in all districts, and provincial hospitals will be strengthened to enhance service delivery.

#### **5.4.2.7. Tertiary Healthcare Services:**

Tertiary healthcare services will be defined at provincial, regional, specialized, national, and military health centers. Gaps in services will be identified, and new tertiary service packages will be introduced. The standards of tertiary healthcare services in hospitals will be improved.

#### **5.4.2.8. Cancer, Emergency, Critical Care, and Other Related Health Services:**

##### **1. Improvement of Health Services in Hospitals:**

To enhance health services in hospitals, the establishment and strengthening of specialized units for cancer care, emergency care, critical care, neonatal intensive care, blood banks, trauma care, diagnostics, hemodialysis, and High Dependency Unit (HDU) will be prioritized. These services will be expanded gradually to other hospitals as needed;

##### **2. Cancer Control:**

The Ministry of Public Health will focus on public awareness, prevention, early diagnosis, and access to standardized treatment to control the spread of cancer;

##### **3. Emergency Health Services:**

Emergency services will be available in all types of hospitals and will be further strengthened. Specialized departments for newborn care, pediatric, obstetrics, and other related services will be established in relevant hospitals and enhanced where they already exist;

##### **4. Public-Private Sector Collaboration:**

The Ministry of Public Health will prioritize those services based on community needs, in accordance with international standards and in coordination with the private sector, that provides advanced and exemplary specialized and sub-specialized services in the country. Additionally, the establishment or upgrading of those departments that are either not present or are limited in the national public system, such as cardiovascular surgery, cardiac surgery, neurosurgery, etc.

#### **5.4.2.9. National Health Programs:**

##### **5.4.2.9.1. Reproductive, Maternal, Neonatal, Child & Adolescent Health (RMNCAH):**

###### **1) Reducing Maternal and Child Mortality Rates:**

Increasing access to prenatal and postnatal services in healthcare centers, and making maternal health services and counseling essential for pregnant women;

###### **2) Expansion of Obstetric and Maternity Centers:**

Strengthening and expanding obstetric and maternity services at the national and provincial levels.

#### **5.4.2.10. Addressing Malnutrition and Micronutrient Deficiency in Children:**

##### **1. Strengthening Public Nutrition Services:**

Enhancing public nutrition services and increasing access to quality nutrition services and products, especially in all healthcare centers, including private healthcare facilities;

##### **2. Promoting Public Awareness and Nutrition Practices:**

Promoting public awareness and nutrition activities, developing and strengthening community capacity based on evidence, and creating a suitable environment for nutrition, with particular focus on maternal and child health. Additionally, efforts should be made to boost the production of nutrition products in the country (such as RUTF, RUSF, Super Cereal, etc.), and accelerate initiatives to improve iron, folic acid, iodine-enriched salt, and vitamin A supplementation.

**5.4.2.11. Expansion of the Expanded Program on Immunization (EPI):**

Prioritizing and improving the quality of the Expanded Program on Immunization (EPI) by increasing vaccine coverage. Alongside routine vaccines, introducing new vaccines based on epidemiological assessments and prioritizing the elimination of polio (poliomyelitis) are considered essential.

**5.4.2.12. Prevention of Communicable Diseases:**

The prevention, identification, and control of communicable diseases (CDs), particularly cholera, yellow fever, dysentery, acute respiratory infections, diarrhea, tetanus, blood-borne diseases, leprosy, rabies, dengue fever, and neglected tropical diseases (NTDs) in hot regions. Strengthening the surveillance system for these diseases and developing comprehensive emergency plans, resource allocation, and a well-trained workforce for disaster preparedness and response are emphasized. Quick intervention measures, coordinated medical responses, and reducing the risks posed by emerging and re-emerging diseases should be aligned with global standards for epidemic control.

**5.4.2.13. Tuberculosis (TB) Treatment Access:**

Increasing the detection and treatment of tuberculosis (TB) cases, including sensitive and resistant strains. Expanding access to quality healthcare services for TB diagnosis, treatment and strengthening coordination among all healthcare providers. The development and strengthening of the country's TB laboratory network will also be emphasized.

**5.4.2.14. Fight Against HIV, Hepatitis B, and Sexually Transmitted Diseases (STDs):**

Preventing and controlling HIV, Hepatitis B, and STDs to reduce transmission and ensure access to care for all affected individuals, aiming to reduce mortality rates from these diseases.

**5.4.2.15. Control of Vector-Borne Diseases:**

Strengthening and expanding programs aimed at the elimination of vector-borne diseases such as malaria and leishmaniasis, ensuring access to effective treatment and preventive services for affected populations, and achieving the vision of "Afghanistan Free from Malaria."

**5.4.2.16. Prevention of Non-Communicable Diseases (NCDs):**

Preventing the progression of non-communicable diseases (NCDs) such as cancer, cardiovascular diseases, diabetes, chronic respiratory diseases, and others, and strengthening the surveillance system for NCDs.

**5.4.2.17. Strengthening Mental Health Services:**

Improving mental health services and psychosocial support by establishing and strengthening mental health facilities and healthcare centers.

**5.4.2.18. Fighting Addiction:**

The National Addiction Treatment and Prevention Program provides comprehensive care for individuals addicted to drugs through addiction treatment centers and public awareness campaigns. This initiative also includes methadone-based treatment.

**5.4.2.19. Emergency Care and Disaster Preparedness:****1. Regular Preparation for Emergency Health Conditions:**

Ensuring regular preparedness, response, and strengthening of related services for emergency health situations;

**2. Preparedness and Response to Disease Outbreaks, Epidemics, and Pandemics:**

Establishing robust measures for preparedness and response to outbreaks, epidemics, and pandemics, ensuring timely and effective intervention;

**3. Reporting of Emergency Health Situations:**

Public health and private sector healthcare centers will report on emergency health statuses regularly;

**4. Collaboration with Relevant Entities in Emergency Management:**

Under the leadership of the government, the Ministry of Public Health will work with the Disaster Management Committee (DMC), relevant ministries, organizations, and international partners to develop and implement strategies for emergency preparedness. This includes developing national guidelines for health professionals and mobile health teams to meet the needs of migrants and internally displaced persons;

**5. Preparedness for Natural and Man-Made Disasters:**

Preparation for natural disasters such as earthquakes, floods, and human-made crises such as refugee returns will be ensured;

**6. Regular Reporting of Emergency Health Situations:**

Health centers in both public and private sectors will consistently report on emergency health situations to the Ministry of Public Health;

**7. Establishing Emergency Health Centers:**

Emergency health centers will be established along major highways and transit areas to provide immediate care in case of emergencies;

**8. Requesting Support for Technical and Financial Assistance:**

The Ministry of Public Health will seek support from partners to strengthen necessary strategies for disaster prevention, considering the specific conditions of the country.

**5.4.2.20. Collaborating with Partners on Environmental Health Services, Health Protection, and Waste Management:**

To protect and prevent environmental-related diseases, the Ministry of Public Health will work with relevant sectors and stakeholders to develop and implement effective mechanisms, interventions, and strategies to safeguard people from environmental hazards and pollution. This collaboration aims to strengthen health protection and ensure the well-being of communities by addressing environmental health challenges.

**5.4.2.21. Strengthening Community Actions:**

1. Increasing public awareness, preparing communities, and strengthening support and participation for community-level health services;
2. Promoting and implementing practical guidelines for medical ethics, establishing the fundamental principles, rules, and regulations of medical ethics;
3. Enhancing forensic medicine services and establishing relevant branches at the central and provincial levels in line with the vision of the Ministry of Public Health.

**5.4.2.22. Promoting and Strengthening e-Health Services:**

Enhancing the delivery of healthcare services through e-health technologies, improving patient outcomes, and facilitating systems by integrating digital health technologies. This includes utilizing e-health services such as telemedicine and other platforms used for the delivery of healthcare services.

**5.4.2.23. Consideration of Occupational Health and Safety:**

The Ministry of Public Health will focus on the health, safety, and well-being of workers in the workplace, including identifying and reducing risks, providing training for the development of a healthy working environment according to safety standards, using protective equipment, and implementing risk assessments.

**5.4.2.24. Promoting Medical Technologies:**

The Ministry of Public Health regularly promotes medical technologies in healthcare diagnostic centers and branches. The development of medical technologies can improve quality, performance, safety, accessibility, as well as enhance diagnostic, treatment, and preventive healthcare outcomes for patients.

**5.4.2.25. Geriatric and Palliative Healthcare Services' Expansion:**

1. The Ministry of Public Health, in collaboration with national and international partners, will promote health services related to geriatric well-being and palliative care. A work plan will be developed to enhance capacity in this area;
2. In healthcare centers, efforts will be made to prevent and control infections, addressing issues such as antimicrobial resistance (AMR), antimicrobial use (AMU), and implementing antibiotic stewardship programs (ASP) according to international standards. Awareness of AMR and AMU will be raised through effective communication, education, and training to ensure optimal use of antimicrobial drugs.

**5.4.2.26. Strengthening and Institutionalizing Relationships B/W Public and Private Health Centers:**

1. The Ministry of Public Health will strengthen the monitoring and evaluation of private sector health services to improve the quality of health services;
2. The private sector will align its health services and practices with national standards within the framework of the law, enhancing transparency and accountability. This will foster effective collaboration between the public and private sectors;
3. An active referral system between the private and public sectors will be established, including the standardization and strengthening of ambulance services;
4. The Ministry of Public Health will establish standards for diagnostic services, and health centers will provide services with the available diagnostic resources to improve services' quality;
5. Significant steps will be taken in both the public and private sectors to strengthen the Health Management Information System (HMIS) for disease identification, control, data collection, and surveys;
6. The Ministry of Public Health will set pricing for private sector health services and will conduct oversight in this area;
7. Oxygen plants will be installed and activated in health centers across the country;
8. The Ministry of Public Health will ensure the implementation of Sharia principles regarding veil (hijab) for female health workers, patients, and their families. It will also work towards establishing specialized medical complexes and other related educational and health centers based on the available facilities.



## 5.5. Food, Medicines & Health Products' Area:

### 5.5.1. Policy's Objective:

The regulation, standardization, and basic development of food, medicine, and healthcare product services.

### 5.5.2. Fundamental Actions:

**5.5.2.1. Licensing of Food and Pharmaceutical Organizations and Related Activities:** The Ministry of Public Health will establish a standardized mechanism for licensing food and pharmaceutical establishments in accordance with international standards, as well as national and international principles.

**5.5.2.2. Registration and Tracking of Food, Medicines, and Health Products:** Only food products, medicines, and health products that are registered and approved in the country will be allowed into the domestic markets and consumption areas. Only individuals with special licenses for the export and import of food products, medicines, and health products, obtained from the Ministry of Public Health, will be permitted to produce, import, and export these products.

**5.5.2.3. Control of Food, Medicines, and Health Products:** The Ministry of Public Health will ensure the quality control of food and pharmaceutical products to ensure the quality of food and medicines available in the market.

**5.5.2.4. Inspection of Food Establishments:** The Ministry of Public Health, in coordination with relevant ministries, will develop and implement necessary guidelines of food safety principles for all food establishments.

**5.5.2.5. Risk Analysis and Surveillance of Food Products:** The Ministry of Public Health will conduct comprehensive analysis and surveillance of food products consumed by people in the country, as a responsible body.

**5.5.2.6. Monitoring of Drug Safety and Adverse Reactions:** Healthcare workers and patients will be encouraged to report any adverse drug reactions (ADR) to the Ministry of Public Health or the relevant authorities.

**5.5.2.7. Monitoring of Drug Manufacturers, Importers, Exporters, Suppliers, and Their Authorized Representatives:** Drug manufacturers, importers, exporters, suppliers, and their authorized representatives in the country are obligated to register all adverse reactions of drugs reported to them and submit them to the Ministry of Public Health's Pharmacovigilance section for research and evaluation.

**5.5.2.8. Advertising and Announcements:** Media can only publish advertisements for food products, medicines, health products, and cosmetics that are registered with the Ministry of Public Health.

**5.5.2.9. Control of Clinical Trials:** In clinical trials, volunteers (participants or targeted individuals) are exposed to specific interventions of drugs, health products, or medical devices based on a research protocol or plan. The Ministry of Public Health will monitor clinical trials to protect the safety and rights of participants. This will ensure that the trials are designed to achieve appropriate scientific and academic objectives, and prevent data falsification.

### 5.5.2.10. Traditional Medicine:

1. Traditional medicine is a fundamental element of traditional healing practices, and it is evaluated by the Ministry of Public Health for the purpose of quality assurance and registration. The Ministry regulates the production, sale, and use of herbal medicines and other domestic



traditional medicines in the country, except in cases where evidence shows that these medicines have harmful effects or are ineffective;

2. Traditional medicine from foreign countries may be imported and used in the country with the permission of the Ministry of Public Health and under specific conditions;
3. The Ministry of Public Health, in coordination with its intermediate health education institutions and the Ministry of Higher Education, will strive to include and strengthen traditional medicine in the medical sciences' universities.

**5.5.2.11. Market Control and Combating Smuggling:** The Ministry of Public Health will coordinate and maintain communication with relevant security agencies, agricultural and livestock departments, and financial ministries to prevent the smuggling and illegal entry of food, medicines, and health products into the country's markets.

**5.5.2.12. Support for Domestic Production:** The Ministry of Public Health will support the registration system for raw material processing and production factories in collaboration with the private sector, in line with the standards of the World Health Organization.

1. Effective, safe, quality, and reasonably priced medicines and health products will be available in all public and private health centers (considering the authorized and essential medicines list);
2. The supply chain for medicines and health products should be strengthened, from selection to consumption, in coordination with national and international partners;
3. Rational use of medicines and health products should be implemented and applied in all healthcare facilities (both public and private);
4. Establishment and strengthening of quality control laboratories for medicines, food, and health products in the country;
5. Effective, safe, high-quality, and essential medicines should be available in all public healthcare centers;
6. Support for the private sector in meeting the demand for medicines and medical products in Afghanistan.



## 5.6. Health Information System's Area:

### 5.6.1. Policy's Objective:

The evidence-based decision-making practice, which is supported by current, credible, and reliable evidence, should be fundamental at all levels of the healthcare system.

### 5.6.2. Fundamental Actions:

**5.6.2.1. Digitization and Electrification Efforts for Health Information System:** All health systems, such as the Health Management Information System, surveillance, vital statistics, monitoring, evaluation, and research/surveys, should be transitioned to modern technologies such as electronic, digital systems, and electronic health records / electronic medical records (EHR/EMR) to improve data management and analysis.

**5.6.2.2. Strengthening of Research Centers:** The Ministry of Public Health will strengthen research centers for health research.

**5.6.2.3. Health – Related Information:** The Ministry of Public Health will collect and disseminate all health-related information, and no other governmental or partner institutions are permitted to release health information without the Ministry's approval. Additionally, the Ministry will implement comprehensive standard procedures for health information.

**5.6.2.4. Reporting:** All government, non-government, and private health centers will report accurate and valid health data to the Ministry of Public Health within the specified time frame (especially for epidemic diseases and emergency health data, which must be reported promptly at all levels of health).

**5.6.2.5. Monitoring Progress:** Health programs and activities should be regularly monitored to assess the progress towards their goals and objectives, and to evaluate the effectiveness of these programs and policies in practice.

**5.6.2.6. Review of Health System:** Health system progress and activities should be periodically reviewed, with broad participation from stakeholders (at least annually). These reviews will help evaluate the quality and effectiveness of health services, understand challenges and obstacles, and strengthen coordination between programs.

**5.6.2.7. Data Quality:** The Directorate of Monitoring and Evaluation is responsible for collecting accurate, complete, and transparent data and ensuring the quality of the data.

**5.6.2.8. Research and Evaluation:** All health programs and activities will be evaluated both qualitatively and quantitatively. The results of these evaluations and evidence should be used to inform policy changes. If any policy or program does not yield the desired outcomes, necessary changes will be made. The results of research and analysis will be used at all levels to support evidence-based decision-making.

**5.6.2.9. Setting Indicators for Health Status:** Specific and standardized indicators will be established to assess the health status of the population, measure disease prevention, service quality, and health improvements.

**5.6.2.10. Ownership and Structure of Health Data and Information:** The Ministry of Public Health owns all health-related data and information. Any organization collecting health data should coordinate with the Directorate of Monitoring and Evaluation, and align with the Ministry for data structure, exchange, and the establishment of health information systems.

**5.6.2.11. Protection and Confidentiality of Health Information:** The Directorate of Monitoring and Evaluation is responsible for ensuring the protection of personal and sensitive health information from misuse and unauthorized access.



**5.6.2.12. Health Surveys, Research, and Evaluations:** Any health-related surveys / assessments, research, and evaluations conducted at the national level must be approved by the Ministry of Public Health's Internal Review Board (IRB) before commencement.

**5.6.2.13.** The Health Information System Management will share quarterly reports.

**5.6.2.14.** The establishment, renovation, expansion, and provision of health services by health centers can only be carried out with the coordination and approval of the Ministry of Public Health.

## **5.7. Engagement of Financial Donors and Working Partners' Area:**

### **5.7.1. Policy's Objective:**

Promoting and ensuring support through transparent coordination processes with donors, national, and international partners to ensure effective and beneficial standard services are provided to the Afghan community in alignment with religious principles and good traditions, through the country's health system, with the support of transparent processes and partnerships.

### **5.7.2. Fundamental Actions:**

**5.7.2.1.** The Ministry of Public Health will actively collaborate with regional and international organizations to benefit from the best global experiences and practices in the health sector.

**5.7.2.2.** The health system of the country will be developed and implemented based on the needs and priorities of the health projects and programs.

**5.7.2.3.** In the development of projects and programs, health partners, national and governmental institutions will be included, responding to the needs with consideration of equity and justice principles.

**5.7.2.4.** National and international donors and partners will ensure transparency in their operations and will be accountable to the community, national, and international institutions.

**5.7.2.5.** Efforts will be made to strengthen and coordinate the health system at the national level.

**5.7.2.6.** In the design, development, and implementation of projects, the priorities of the Ministry of Public Health, community customs, and religious beliefs will be respected.

**5.7.2.7.** Full support will be provided for the implementation of projects and programs, monitoring, and evaluation processes in collaboration with national and international partners, to take necessary steps for improvement.

**5.7.2.8.** Conditions will be created for innovations and sharing results to contribute to the further improvement of the health system.

**5.7.2.9.** Foreign personnel assigned to various sectors of the health sector are required to obtain approval and consent from the Ministry of Public Health.

**5.7.2.10.** Afghanistan's health sector representation in international health conferences, meetings, and forums will be carried out by the Ministry of Public Health. However, international partners may provide the situation description within their competencies after coordination with the Ministry.

**5.7.2.11.** New health initiatives, projects, plans, and models in the health sector that do not align with the Ministry of Public Health's policies should not be implemented.

**5.7.2.12.** Monitoring, accountability, transparency, and the quality and effectiveness of health activities by international partners, UN organizations, and non-governmental organizations will be ensured through coordination mechanisms at various levels, preventing fragmentation and distribution of health services.



**5.7.2.13.** Non-governmental organizations and international partners will organize their activities in accordance with the procedures of the Islamic Emirate's institutions.

**5.7.2.14.** Various UN organizations will engage in the health sector based on their area of work.

**5.7.2.15.** No health data, information, research, analysis, statistics, or reports from foreign institutions or UN agencies will be published without the Ministry of Public Health's approval.

**5.7.2.16.** The Ministry of Public Health will collaborate with other relevant sectoral and governmental institutions for the improvement of the community's health.

**Note:** Section 7 of this policy is not enforceable if it conflicts with the Code of Conduct for Non-Governmental Organizations (NGOs) (an official document developed and approved by the Islamic Emirate of Afghanistan). However, in the event of conflict, the content of the aforementioned code of conduct shall prevail.

## 6. Monitoring, Evaluation, and Review:

**6.1. Monitoring and Evaluation Activities:** The Ministry of Public Health, in collaboration with national and international partners, will carry out monitoring and evaluation activities. These activities will assess the effectiveness, efficiency, and sustainability of interventions, with the aim of achieving the objectives outlined in the National Health Policy 1446 – 1451 (2025 - 2030) and the National Health Strategy 1446 – 1451 (2025 - 2030).

## 7. Implementation:

The implementation of the National Health Policy 1446 – 1451 will be further defined in the National Health Strategy 1447-1451 and the Ministry of Public Health's work plans. The above-mentioned documents will be used for the development of cooperation agreements between the Islamic Emirate of Afghanistan, foreign governments, and international development partners. These agreements will be drafted by the Ministries of Foreign Affairs, Finance, and Public Health.

**7.1 Ministry of Public Health Annual Survey:** Every year, an annual survey will be conducted in collaboration with national and international partners. The review will focus on overall progress in achieving the goals of the National Health Policy and Strategy. It is planned that a short-term review of the policy implementation will take place in the next five years. The aim of this review will be to assess the alignment of the National Health Policy with current realities from 1446 to 1451. The Ministry of Public Health will conduct a policy review every five years, focusing on the developments in Afghanistan's health system and its main challenges.

Approval

Mawlawi Noor Jalal Jalali  
Minister of Public Health



## 8. ANNEXES:

### Annex I: Terminology

- 1) **Sustainable Development Goals (SDGs):** The 17 global goals introduced after the United Nations' 2015 Paris Conference, aimed to be achieved by 2030. These goals promote progress in areas such as poverty, hunger, health, education, and the environment.
- 2) **SDG2:** End hunger, achieve food security and improved nutrition, and promote sustainable agriculture.
- 3) **SDG3:** Ensure healthy lives and promote well-being for all at all ages.
- 4) **Universal Health Coverage (UHC):** The provision of essential health services to all individuals without financial hardship.
- 5) **Public-Private Partnership (PPP):** Collaboration between the government and private sector to deliver public services using shared investments and resources.
- 6) **Equity:** Refers to the quality of fairness and impartiality, ensuring all people are treated justly and have equal rights, opportunities, and resources.
- 7) **E – Governance:** The use of technology to deliver government services, coordination, and monitoring, making services and information accessible online.
- 8) **Stewardship:** Effective and transparent management of resources and services for public benefit.
- 9) **Cost Sharing:** A model of distributing the costs of health services among the government, insurers, and patients.
- 10) **Subsidy:** Financial assistance provided by the government to support a specific sector, service, or group.
- 11) **Vertical Projects:** Health initiatives focusing on specific areas such as immunization, infectious disease control, or nutrition, often complementing broader health projects like HER.
- 12) **Primary Health Care:** Basic health services aimed at providing initial care accessible to all community members.
- 13) **Tertiary Health Care:** Specialized medical services provided at a high level of expertise for complex diseases and conditions.
- 14) **Accreditation:** The certification of health institutions and services that meet established standards, approved by a relevant authority.
- 15) **Implementation Modality:** The strategy or method used for delivering health services or interventions effectively, based on program goals, conditions, resources, and stakeholders.
- 16) **Specialized Nutritional Products (Super Cereal, RUTF, RUSF):** Nutritional products designed to meet specific dietary and treatment needs of children or adults.
- 17) **Waste Management:** The management of waste and hazardous materials generated in health centers, hospitals, and related facilities.
- 18) **Environmental Hazards:** Risks or threats that can harm people, property, or the environment, including natural disasters or human-induced incidents.
- 19) **Pollution:** Contaminants introduced into the environment, causing harm to air, water, land, and living organisms.
- 20) **Outbreaks:** Sudden increases in the occurrence of a disease within a specific geographic area or community.
- 21) **Disaster Management Committee:** A body responsible for emergency preparedness and response to natural disasters such as earthquakes and floods.



- 22) **Medical Ethics:** The study and application of ethical principles in medicine and healthcare services.
- 23) **Expanded Program on Immunization (EPI):** A routine vaccination program aimed at protecting children and mothers against infectious diseases.
- 24) **E – Health:** The application of digital technology in the health sector, including electronic medical records and online consultations.
- 25) **Tele – Medicine:** The provision of medical advice and treatment remotely through technology.
- 26) **Geriatric and Palliative Care:** Specialized health services for improving the well-being, comfort, and quality of life of elderly individuals.
- 27) **Communicable Diseases Control:** The prevention and management of diseases transmissible from one person to another, such as influenza, typhoid, and COVID-19.
- 28) **Neglected Tropical Diseases (NTDs):** Diseases prevalent in tropical regions that often remain underdiagnosed and untreated.
- 29) **Environmental Health:** Factors in the environment affecting human health, including air and water quality and pollution control.
- 30) **Mental Health and Psychosocial Support Services (MHPSS):** Services aimed at addressing mental health challenges and improving individuals' social well-being.
- 31) **Pharmacovigilance:** Monitoring the safety of medicines to detect and address adverse effects and risks.
- 32) **Antimicrobial Resistance (AMR):** The resistance developed by microbes against medications that once effectively treated infections.
- 33) **Antimicrobial Stewardship Program:** The proper use of antibiotics and related medications to combat AMR.
- 34) **Electronic Medical Record (EMR):** Digital documentation of a patient's medical history and data stored within healthcare systems.
- 35) **Institutional Review Board (IRB):** A committee overseeing ethical standards in research and treatments.
- 36) **Addiction:** A condition characterized by dependency on substances or behaviors.
- 37) **Advocacy:** Efforts to support and promote a specific issue or policy.
- 38) **Duplication:** Unnecessary repetition of efforts or resources.
- 39) **Out-of-Pocket Costs:** Expenses directly paid by individuals for healthcare services.
- 40) **Referral:** Directing a patient to a higher-level healthcare provider or specialist for advanced care.
- 41) **Malnutrition and Micronutrient Deficiency:** Conditions caused by inadequate or imbalanced nutrition, such as vitamin and mineral deficiencies.
- 42) **Occupational Health:** The health, safety, and well-being of employees in their work environments.
- 43) **Mandate:** An official order or authority given for a specific role or task.
- 44) **Para – Medical Education:** Training for healthcare professionals who are not doctors but play essential roles in healthcare systems, such as X-ray technicians, lab technicians, physiotherapists, nurses, midwives, pharmacy technicians, anesthetists, and dental technicians.

**Annex II: References:**

- 1) NSIA, Estimated Population of Afghanistan 2024 – 2025, Pg. 03.
- 2) UNDA, Human Development Report 2022 – 2023, Pg. 182.
- 3) NSIA, Statistical Year Book 2023 – 2024, Pg. 24.
- 4) <https://www.unicef.org/afghanistan/health#:~:text=This%20affects,%20their%20ability%20to,638%20per%20100%2C000%20live%20births.>
- 5) Afghan Health Survey (AHS), 2018, Pg. 94.
- 6) NSIA, Statistical Yearbook 2023 – 2024, Pg. 07.
- 7) Afghan Health Survey (AHS), 2018, Pg. 95.
- 8) Human Resource for Health (HRH), Situational Assessment in Afghanistan 2024, Pg. 45.
- 9) HMIS, MoPH, 2023.
- 10) NSIA, Statistical Yearbook 2023 – 2024, Pg.161.
- 11) Human Resource for Health (HRH), Situational Assessment in Afghanistan 2024, Pg. 29.
- 12) National Health Account (NHA), 2022, Pg. 01.
- 13) National Health Account (NHA), 2022, Pg. 10.
- 14) National Health Account (NHA), 2022, Pg. 16.