

Afghanistan: Health Systems Profile

Health status (2015)

Life expectancy at birth in years	<i>total</i>	60.5
	<i>males</i>	59.3
	<i>females</i>	61.9
Maternal mortality ratio per 100 000 live births	<i>total</i>	396

Communicable diseases (2015)

Tuberculosis notification rate per (100 000) (2014)	103
Incidence rate of malaria per 1 000 population	4.2
Number of newly reported HIV cases	212

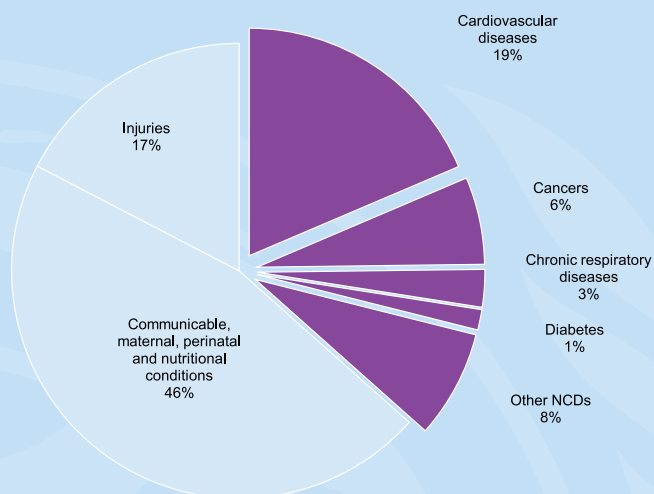
Behavioural risk factors

Estimated prevalence (%)	<i>males</i>	<i>females</i>	<i>total</i>
Current tobacco smoking
Insufficient physical activity

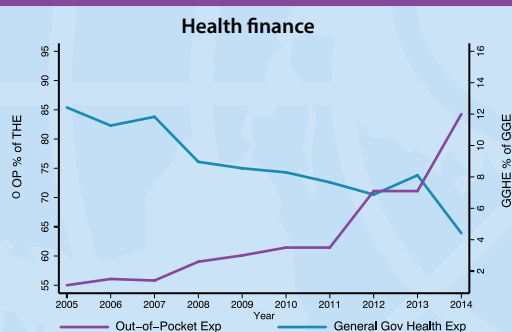
Metabolic risk factors

2014 estimated prevalence (%)	<i>males</i>	<i>females</i>	<i>total</i>
Raised blood pressure	21.7
Raised blood glucose	9.6
Overweight	16.2
Obesity	2.9

Proportional mortality (% of total deaths, all ages, both sexes)

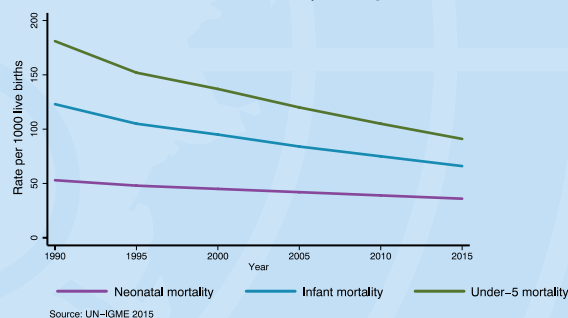


Expenditure and mortality trends



*GGHE % GGE is the general government health expenditure as % of general government expenditure
**OOP % THE is the out-of-pocket expenditure as % of total health expenditure

Neonatal, infant and under 5 mortality rates per 1000 live births



Health system: selected coverage interventions

Antenatal care visits (4+ visits) (2013)	16.4
Measles immunization coverage among 1-year-olds (2015)	90.0
Treatment success rate of new bacteriologically confirmed TB cases (2013)	88.0
DTP3-containing vaccine / Pentavalent coverage group among children under 1 year of age group (2015)	98.0

Health system: finance (2014)

General government expenditure on health as % of general government expenditure	12.0
Out-of-pocket expenditure as % of total health expenditure	63.9
Per capita total health expenditure at exchange rate (US\$)	57

Health system: workforce (2014)

Health workforce per 10 000 population	
Physicians	2.7
Nurses/midwives	3.2
Dentists	0.1
Pharmacists	0.3

Health system: information (2012-2015)

Percentage of births registered	37.0
Percentage of deaths registered	10.0

Health system: medicines and medical devices (2013)

Availability of selected essential medicines and medical products in health facilities (%)	public	...
	private	...
Number of scanners (in public facilities) per million population ^a	CT	0.2
	MRI	0.1

Health system: service delivery (infrastructure) (2014)

Primary health care facilities per 10 000 population	0.4
Hospital beds per 10 000 population	5.0

... No data available

^a Computed tomography (CT) and Magnetic resonance imaging (MRI)

* Age-standardized estimated

Please note the data sources are in the attachment

Health System Strengths, Weaknesses, Opportunities, Challenges, and Priorities - Afghanistan 2016

Strengths	Weaknesses
<ul style="list-style-type: none"> • Resilient leadership and stewardship, long-term and high level of commitment by the Ministry of Public Health (MoPH) • Well-developed national policies, strategies and plans. Current National Health Strategy 2016-2020 addresses institutional Development that includes health system strengthening • Rapid improvements in access to health services through outsourcing of PHC services to NGOs and more recently through community midwives, particularly in remote areas • Well defined and costed package for basic health and essential hospital services • Key projects such as SEHAT (System enhancement for health action in transition) and others that increasingly support ownership, leading toward improved efficiency and fewer parallel structures, systems and programs • Conceptualization and implementation of revised coordination mechanisms, such as Steering Committee and Technical Advisory Group • Recent approval of National Medicines and Health Products Regulatory Authority by the council of Ministers • Soon to be released results of the Demographic and Health Survey, which could establish an invaluable baseline for many data points 	<ul style="list-style-type: none"> • High level of dependency on partners for health sector financing • Inadequate funds allocated to health and high share of out-of-pocket spending on health, high risk of catastrophic expenditure and impoverishment • Burgeoning private health sector, much of which is unregulated • Shortage of health workers, especially women in remote areas, and their mal-distribution • Poor Civil Registration and Vital Statistics • Absence of professional bodies that can focus on quality on the Human Resource Management issues • Fragmented and limited planning, budgeting and accounting and unclear guidance on developing an effective cross-functional and interdepartmental working environment and duplication of roles and responsibilities • Poor ICT infrastructure and capacity • Lack of clear understanding the roles, responsibilities and needs of Provincial Public Health Directorates and heavily centralized decision making mechanisms including planning and budgeting • Poor and ineffective referral systems at various levels • Weak regulations, licensing, and inspection mechanisms for the pharmaceuticals
Opportunities	Challenges
<ul style="list-style-type: none"> • Presence of many active international donors/ NGOs committed to health system development • Multi-sectoral collaboration between MoPH and other line ministries and institutions • Availability of GHI's financial support such as GAVI and other partners for health system strengthening • Development partners' commitment to enhance aid effectiveness • Continued commitment of UN agencies including WHO in providing technical and financial assistance to the MoPH • Tobacco tax passed by the Parliament, now awaiting implementation • Recent approval of user fee for secondary and tertiary care • Unity Government's new initiative for collaboration between ministries; Citizen's Charter • The recently revised National Salary Policy • Establishment of the Interim Medical Council and National Medical Council 	<ul style="list-style-type: none"> • Access to health services hindered by insecurity, geographical barriers, low literacy and other social and environmental determinants of health • Disparity in access to health services - urban-rural, male-female, and poorest and richest quintiles of the community • Inefficient government incentive packages for private sector engagement including affordable access to affordable financing for the private health sector • Insufficient government fiscal capacity and gradual reduction in donor funding • Limited capacity in pharmaceutical management and ensuring quality of medicine, vaccines and technologies • Widespread public misconceptions regarding the MoPH governance function among communities, which tend to believe that services stem from the NGOs • Inadequate coordination between off- and on-budget projects
Priorities	

- Governance especially ensuring the enforcement of anti-corruption measures and having mutual accountability
- Institutional development – the functioning of the Ministry of Health as an effective state institution, and institutional and management culture, style and practices
- Public health especially changing attitudes, perceptions and practices, combatting malnutrition, the prevention of non-communicable diseases, the eradication of polio, and prevention and control of other communicable diseases
- Health services especially improving access to, and the sustainability of, quality primary health care and public health particularly for mothers, the new born, children and adolescents, as part of a direction towards universal health coverage and improving the quality of clinical care, and more and better quality specialist tertiary care in partnership with the private sector and controlling the quality of imported pharmaceuticals