



**STRATEGIC PLAN FOR THE MINISTRY OF PUBLIC HEALTH
(2011-2015), GOVERNMENT OF THE ISLAMIC REPUBLIC OF
AFGHANISTAN**



STRATEGIC PLAN (2011-2015)

FOREWARD

I am pleased to present the first Strategic Plan for the Ministry of Public Health (MoPH) 2011-2015. The plan is the result of a collaborative effort among our staff and national and international partners including donors, NGOs and the public and private sectors over the past seven and a half months.

The Strategic Plan identifies 10 Strategic Directions: 1) Improve the nutritional status of the Afghan population; 2) Strengthen human resource management and development; 3) Increase equitable access to quality health services; 4) Strengthen the stewardship role of MoPH and governance in the health sector; 5) Improve health financing; 6) Enhance evidence-based decision making by establishing a culture that uses data for improvement; 7) Support regulation and standardization of the private sector to provide quality health services; 8) Support health promotion and community empowerment; 9) Advocate for and promote healthy environments; and 10) Create an enabling environment for the production and availability of quality pharmaceuticals.

These Strategic Directions are strategic priorities that will guide us in our work over the next five years. The Strategic Plan is underpinned by a Performance Measurement Framework (PMF) that will enable us to assess and report on the results of the MoPH within each Strategic Direction on a regular basis. I will personally be appointing a high level Performance Review Committee who the relevant departments within the Ministry will report to annually. A new operational planning process that links MoPH departments with the strategic plan has been introduced and Ministry-wide capacity development workshops have been held to assist departments to develop their 2011-2012 annual workplans using this process. The annual workplans and process will be assessed annually in the spirit of continuous quality improvement and with an enhanced focus on results.

The Strategic Plan 2011-2015 builds on the Health and Nutrition Sector Strategy (HNSS) and lays the foundation for movement toward a Sector Wide Approach (SWAp) in the Health and Nutrition Sector in Afghanistan.

This document reflects the voices of many from within and outside government who have been actively involved in its development. It is intended to be a living document that is reviewed and updated as necessary as the environment changes.

I would like to particularly acknowledge the capable leadership of Dr. Ahmad Jan Naeem, General Director, Policy and Planning (MoPH) and Dr. Ahmad Shah Salehi, Director, Health Economics and Financing Directorate (MoPH), Co-chairs of the Strategic Framework Working Group, as well as all members of the multistakeholder Working Group, for their hard work and commitment to the process of developing our first Strategic Plan. Last but not least I would like to thank Pamela Thompson, Technical Advisor with the Canadian Governance Support Office (CGSO) funded by CIDA, who facilitated the process and enabled many voices to be reflected in the document.

With this Strategic Plan we look forward to a more focused effort in addressing the key health concerns in Afghanistan; in particular to reducing the maternal mortality ratio, reducing neonatal and under five mortality rates, increasing coverage and quality of our primary and hospital services through the BPHS and EPHS, increasing immunization coverage, as well as to enhanced partnerships with the private sector.

Only by working together we can make a difference in the health of the Afghan people.

Sincerely,

Suraya Dalil, MD, MPH

Acting Minister of Public Health

Kabul, Afghanistan

May 2011

ACKNOWLEDGEMENTS

We would like to thank everyone who contributed to the development of the MoPH Strategic Plan 2011-2015. It was a truly collaborative effort. In particular, we would like to acknowledge all members of the Strategic Framework Working Group: Romain Boitard, EU; Dr. Habib, EU; Alison Riddle, CIDA; Padma Shetty, USAID; Dr. Faiz Mohammad, USAID; Dr. Sayed, World Bank; Dr. Tawab, World Bank; Dr. Najibullah Safi, WHO; Dr. Majeed, Health Net TPO; Dr. Ajmal Sabawoon, Johns Hopkins University; Dr. Hedayatullah Saleh, MSH Tech-Serve; Dr. Zeliakha Anwari, MSH Tech-Serve; Dr. Arzoie, Policy and Planning Directorate, MoPH; Dr. Ihsanullah Shahir, Human Resources, MoPH, Dr. Akram, Planning Department, MoPH; Dr. Martine Catapano, Project Team Leader, Support to Health Service Provision, MoPH/AEDES – Afghanistan; and Pamela Thompson, TA, Policy and Planning, MoPH/CGSO; whose expertise, camaraderie and dedication were notable. We would also like to acknowledge Dr. Reshad Osmani and Dr. Mohmmad Saber Perdes, from the Health Economics and Financing Directorate of the MoPH, for their translation of the document into Dari and Pashtu respectively. Finally, we would like to thank the USAID through MSH Tech-Serve for their valuable support in printing the Strategic Plan in English, Dari and Pashtu.

The process to develop the Strategic Plan was extremely participatory. The planning team, headed by Dr. Shams with assistance from Dr. Yusofzai, National Consultant to Provincial Liaison Directorate, MoPH/AEDES and Pamela Thompson, held consultations with representatives from all Directorates within the MoPH. A multistakeholder workshop was held on December 7 and 8, 2010 from which the Vision and Strategic Directions emerged as part of a consensus-building process. A follow up workshop was held on February 6, 2011 where key stakeholders were invited to review the draft and offer suggestions to enhance the document.

A participatory process was used to develop the Strategic Objectives and Priority Interventions within the Plan, as well as the Performance Measurement Framework. Reflective of our new core values: “quality”, “evidence-based decision-making” and “results-oriented culture”, we are committed to increasing the use evidence in the development of MoPH policies and programs and to focusing and reporting on results.

We hope that the Strategic Plan and its 10 Strategic Directions will provide guidance to the MoPH and our partners and facilitate decision making toward strengthening the health and nutrition sector in Afghanistan and in particular, enable us to achieve our MDG targets. We look forward to working collaboratively with our colleagues within MoPH and with other ministries, as well as with our partners, to improve the health and nutritional status of the Afghan population.

Dr. Ahmad Jan Naeem,

and

Dr. Ahmad Shah Salehi

GD, Policy & Planning

Director, Health Economics & Financing

Co-Chairs, Strategic Framework Working Group - Kabul, Afghanistan, May 2011

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LIST OF ACRONYMS

- ADR - Adverse Drug Reaction
- ANDS – Afghanistan National Development Strategy
- ANSA - Afghan National Standards Authority
- APHI – Afghanistan Public Health Institute
- BCC – Behaviour Change Communication
- BPHS – Basic Package of Health Services
- BSC - Balanced Score Card
- CAAC - Catchment Area Annual Census
- CBHC – Community Based Health Care
- CDC – Community Development Council
- CGHN – Consultative Group on Health and Nutrition
- C-GMP - Community-Based Growth Monitoring and Promotion
- CHS – Community Health Supervisor
- CHW – Community Health Worker
- CPDS- Coordinated Procurement and Distribution System
- CSO - Central Statistics Organization
- DEWS -Disease Early Warning System
- DSF – Demand-Side Financing
- DTC - Drug and Therapeutics Committee
- EPHS – Essential Package of Hospital Services
- EPI – Expanded Program for Immunization
- EU – European Union
- FAO – Food and Agriculture Organization
- FHAs – Family Health Action Groups
- GDPA – General Directorate of Pharmaceutical Affairs
- GI-A – Governance Institute – Afghanistan
- GoIRA – Government of the Islamic Republic of Afghanistan
- HIS – Health Information System
- HMIS – Health Management Information System
- HNSS – Health and Nutrition Sector Strategy
- HR – Human Resources
- IEC – Information Education and Communication
- IMCI – Integrated Management of Childhood Illness
- IMR – Infant Mortality Rate
- IYCF – Infant and Young Child Feeding
- KAP – Knowledge Attitude and Practice
- MAIL – Ministry of Agriculture, Irrigation and Livestock
- MAM – Moderate Acute Malnutrition

- MDGs - Millennium Development Goals
- M&E – Monitoring and Evaluation
- MICS - Multiple Indicator Cluster Survey
- MMR – Maternal Mortality Ratio
- MNCH - Maternal, Neonatal and Child Health
- MoC – Ministry of Commerce
- MoHE – Ministry of Higher Education
- MoPH – Ministry of Public Health
- NEH - National Environmental Health
- NEWS – Nutrition Early Warning System
- NGOs - Nongovernmental Organizations
- NHSPA – National Health Services Performance Assessment
- NMC – National Monitoring Checklist
- NPPs – National Priority Programs
- NRVA - National Risk and Vulnerability Assessment
- OPSC – Office of Private Sector Coordination
- PDO – Pharmaceutical Donations Office
- PND – Public Nutrition Department
- PPHO – Provincial Public Health Office
- QA – Quality Assurance
- RBF – Results-Based Financing
- RFP – Request for Proposals
- RH - Reproductive Health
- RHTF – Reproductive Health Task Force
- RUTF- Ready to Use Therapeutic Food
- SAM - Severe Acute Malnutrition
- SD – Strategic Direction
- SO – Strategic Objective
- SOP – Standard Operating Procedure
- STGs – Standard Treatment Guidelines
- SWAp – Sector Wide Approach
- TB – Tuberculosis
- U5MR – Under 5 Mortality Rate
- UN – United Nations
- UNICEF – United Nations International Children’s Emergency Fund
- USAID – United States Agency for International Development
- WHO – World Health Organization

GLOSSARY OF KEY TERMS

Continuing Professional Development - An approach that ensures staff has the opportunity and willingness to improve their knowledge and skills on a continued basis. This should be built in to a formal and structured annual appraisal system for all staff.

Continuous Quality Improvement – people for whom the service is provided receive the information they need to make educated decisions about their own health; their desires are reflected in the final outcomes and decision making is shared between the client and service providers.

Demand side Financing (DSF) - “A means of transferring purchasing power to specified groups for the purchase of defined goods and services” (Pearson, 2001).

Food Security - “...exists when people are able to access enough safe and nutritious food to live a healthy life.” The food can be imported, produced domestically or obtained through food aid. (Canadian International Development Agency, *Food Security Strategy*, 2010).

Health – “ A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity. ... Health is a resource for everyday life, not the object of living. It is a positive concept emphasizing social and personal resources as well as physical capabilities” (*Ottawa Charter for Health Promotion*, 1986).

Health Inequities – “the unfair and avoidable differences in health status seen within and between countries” (World Health Organization – http://www.who.int/social_determinants/en/)

Infection Prevention and Control Mechanism - A mechanism to reduce and prevent transmission of infection from one person to another person in a health facility.

Management and Leadership at the facility level: A program to improve management and leadership skills of the health facilities’ staff.

Pharmaceutical Safety – In the Afghanistan context this involves developing a system for the identification and control of high hazard medications (e.g. narcotics and anti coagulants) and putting in place appropriate processes and systems to help reduce errors in prescriptions, inappropriate use of medication and adverse effects.

Results-Based Financing (RBF) – “Results-Based Financing (RBF) for Health is a tool used for increasing the quantity and quality of health services. It combines the use of incentives for health-related behaviors with a strong focus on results, and can support efforts to achieve the Millennium Development Goals (MDGs)” - <http://www.rbfhealth.org/rbfhealth>

Risk Management System - In the Afghanistan context, each health facility needs to undertake an annual risk appraisal covering all aspects of potential risk for clients, visitors, members of staff and property. Risks need to be assessed for their severity and the likelihood of them occurring. Action plans should then be developed to help reduce the probability of these risks taking place. Guidance and templates will be developed to support this process along with training as required.

Risk pooling – “the collection and management of financial resources so that large unpredictable individual financial risks become predictable and are distributed among all members of the pool” (Witter et al., *Health Economics for Developing Countries: A practical guide*, 2006).

Safe Surgery Check List - The WHO’s safe surgery checklist is a set of evidence-based safety procedures that, if performed in an operating room prior to surgery, help reduce adverse surgical outcomes (i.e. morbidity and mortality).

Supportive Supervision: An effective approach to supervise health service delivery in which the supervisor provides on the job support to the employee in order that they can better perform.

EXECUTIVE SUMMARY

The Strategic Plan for the Ministry of Public Health (MoPH) 2011-15 has been developed through a highly participatory process. In addition to the active participation of a multistakeholder Working Group (WG) ably co-chaired by the General Director, Policy and Planning and the Director, Health Economics and Financing, a number of consultations were carried out by the “new” planning team in the Strategic Planning Department. Input was also invited and consensus built at a national workshop held in Kabul on December 2010 from which the following 10 Strategic Directions emerged:

- *Improve the nutritional status of the Afghan population*
- *Strengthen human resource management and development*
- *Increase equitable access to quality health services*
- *Strengthen the stewardship role of MoPH and governance in the health sector*
- *Improve health financing*
- *Enhance evidence-based decision making by establishing a culture that uses data for improvement*
- *Support regulation and standardization of the private sector to provide quality health services*
- *Support health promotion and community empowerment*
- *Advocate for and promote healthy environments*
- *Create an enabling environment for the production and availability of quality pharmaceuticals.*

The Working Group actively consulted with relevant departments and organizations within and outside of MoPH in the further development of the Strategic Directions.

The mission, vision and values were reviewed and revised from previous policy documents including the Afghanistan National Development Strategy (ANDS), Health and Nutrition Sector Strategy (HNSS) 2008-2013 and the National Health Policy 2005-2009, taking into consideration current needs and issues.

When developing the Strategic Directions that include Strategic Objectives and Priority Interventions for the next five years, contributors were guided to build on existing strengths of the MoPH, lessons learned, strategies and existing indicators. They were also asked to keep in mind the following questions when developing their Priority Interventions under each Strategic Direction:

- *Will they assist us to achieve our vision?*
- *Will they contribute toward important desired results/outcomes; (particularly the Millennium Development Goals (MDGs) such as reducing maternal mortality and under 5 mortality)?*
- *Will they enable us to maintain donor interest and commitment?*

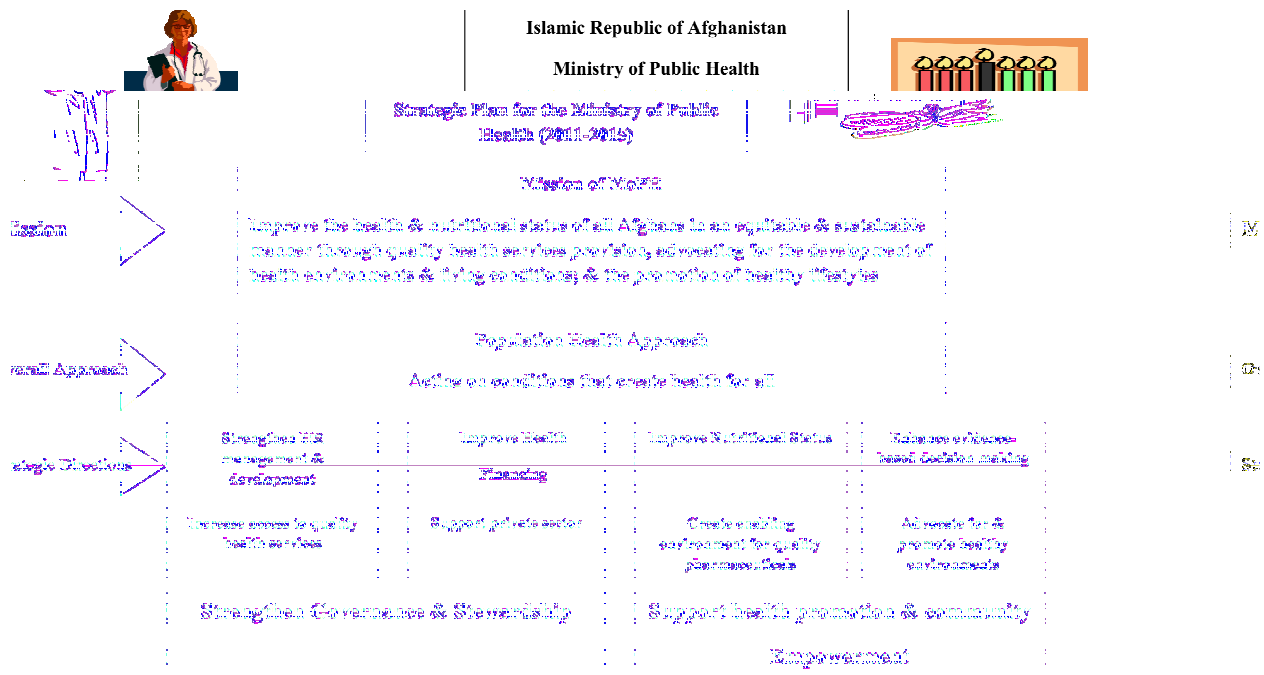
- Will they assist us in moving toward a quality health system?
- Can we likely achieve this within the next 5 years?

This document is designed to be practical, user-friendly and to be actively used by MoPH management and staff and related stakeholders, to guide them in their operational/work planning processes over the next five years.

The Strategic Plan is intended to build on and be complementary to the Health and Nutrition Survey (HNSS) 2008-2013. For that reason much of the data and the issues have not been repeated here.

A process and templates have been designed to enable priority-setting within each Strategic Direction, and the integration and use of the Strategic Plan in operational planning (annual work planning) processes at both central and provincial levels. In addition, a high-level performance measurement framework with accountabilities has been developed (attached in Appendix A), using a participatory process, to facilitate and monitor the implementation of the Strategic Plan.

The diagram below depicts the key elements of the Strategic Plan of the MoPH 2011-2015.



MINISTRY OF PUBLIC HEALTH (MoPH) STRATEGIC PLAN 2011-2015

INTRODUCTION

The Ministry of Public Health (MOPH) is one of the leading Ministries in the Government of the Islamic Republic of Afghanistan (GoIRA). Yet, in spite of major achievements in the health sector in recent years, Afghanistan still lags behind countries in the region with respect to key health outcomes; particularly in the areas of maternal, infant and child health.

Building on recent achievements, including the Health and Nutrition Sector Strategy (HNSS) 2008-2013, and based on the identified need for an overall organizing framework for the MOPH and to identify strategic priorities, the Ministry has developed a Strategic Plan for 2011-2015. It will assist in movement toward an anticipated Sector Wide Approach (SWAp) for the health and nutrition sector.

A strategic plan is “a navigational tool; with it the organization pilots a course from where it is to where it wants to be. The plan helps the organization progress toward its destination. It provides a point of reference that must be used, assessed and updated as the environment changes.” (Kent & Wilkinson, *Applied Strategic Planning*, p. 1) A strategic plan is also a management tool for making public sector organizations more efficient and effective.

A number of the causes of death, illness and disability in Afghanistan are preventable. International data show that preventing ill health and promoting positive health saves the health care system a lot of money. This also reduces unnecessary suffering and enables people to be more productive and to live longer, happier and more fulfilling lives. For this reason, MoPH’s Strategic Plan, 2011-2015, is underpinned by a Population Health Promotion Approach. In addition to elaborating on this, the document identifies the core elements of the Strategic Plan - the mission, vision and core values - as well as Strategic Directions, that are areas of focus that enable movement toward the vision for 2015. Strategic Objectives and Priority Interventions are identified for each Strategic Direction for the next five years. For those new to Afghanistan, a brief section on Background and Context is provided.

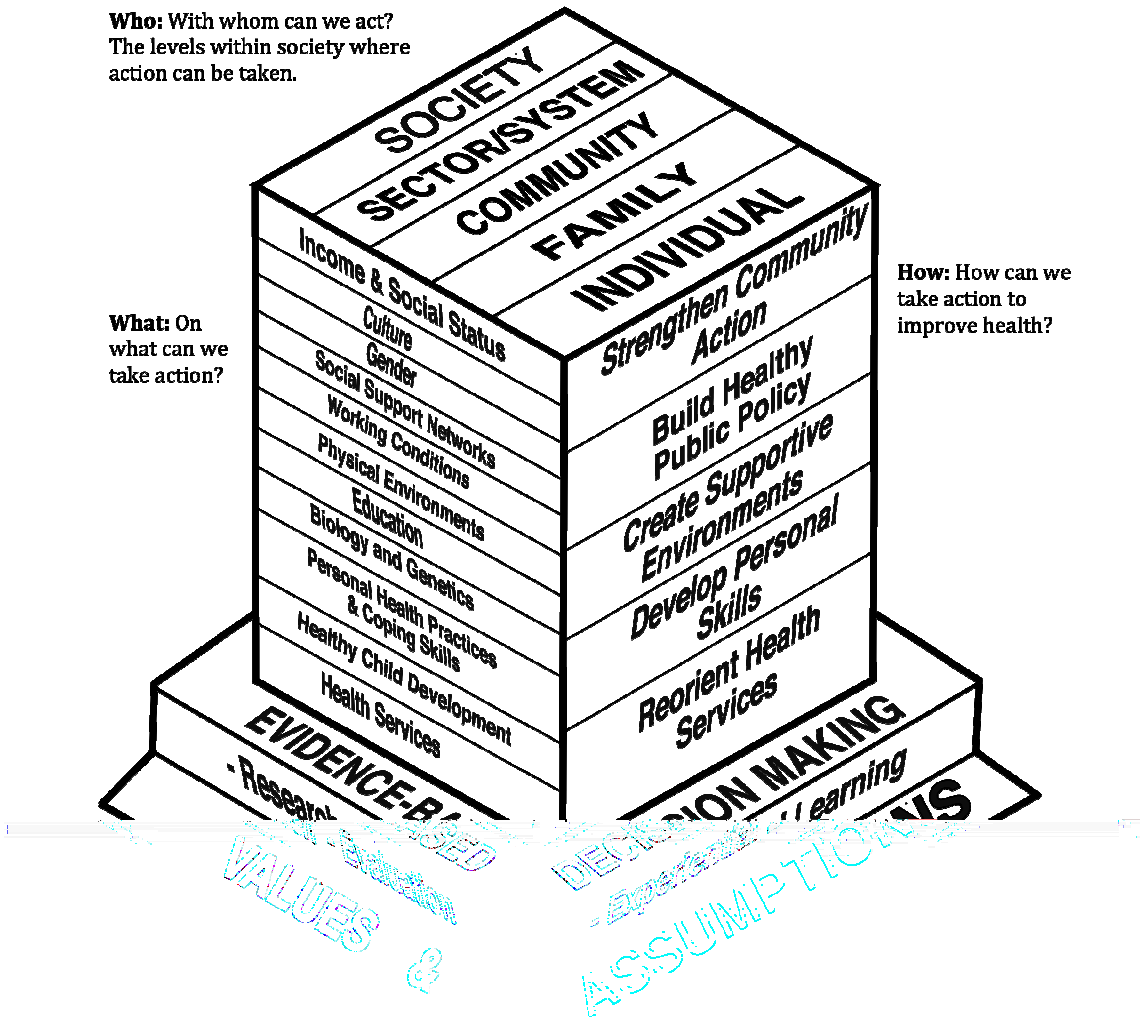
“Desired Results for 2015” presents an updated table from the HNSS that includes the ANDS targets. There is also a short section on monitoring the implementation of the Strategic Plan.

The creation of this document has been a truly collaborative process engaging a broad range of stakeholders. It is hoped that the momentum and ownership built through the creation process will support and “fuel” its dynamic implementation.

MoPH's APPROACH: POPULATION HEALTH PROMOTION

The MoPH's Strategic Plan 2011-2015 is underpinned and guided by a Population Health Promotion Approach depicted in Figure 1.

Figure 1 - Population Health Promotion Model



“Population health is an approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups. In order to reach these objectives it looks at and acts upon a broad range of factors and conditions (determinants) that have a strong influence on health ... Th(is) broader notion of health recognizes the range of social, economic, and physical and environmental factors that contribute to health.” (Public Health Agency of Canada, 2006)

Health promotion is “the process of enabling people to increase control over the determinants of health and thereby improve their health” (WHO, Health Promotion Glossary, 1998).

Population health and health promotion fit together well because a population health approach assists in identifying the range of factors that affect or create health and a health promotion approach guides action on such factors.

Determinants of health or **social determinants of health** have been documented by WHO since the early 2000s (e.g. WHO, *The Solid Facts*, edited by Wilkinson & Marmot, 2003) and further studied intensively through a Commission on Social Determinants of Health that submitted their final report in 2008 (*Closing the gap in a generation – Health equity through action on the social determinants of health*). There is now much evidence to demonstrate that many factors beyond personal behaviours and access to adequate healthcare, have powerful effects on health.

The social determinants of health include:

- Income and Social Status
- Culture
- Gender
- Social Support Networks
- Education
- Working Conditions
- Physical Environments
- Biology and Genetics
- Personal Health Practices and Coping Skills
- Healthy Child Development; and
- Health Services.

Each determinant of health and its importance will be briefly discussed.

Income and Social Status – “Life expectancy is shorter and most diseases are more common further down the social ladder in each society” (WHO, *The Solid Facts*, 2003, p. 10). In Afghanistan, where many people live in poverty, this is having a significant impact on the rates of death and illness.

Culture – Being from a minority cultural group or an ethnic group that has been identified as inferior to others in a society, has a negative impact on health choices and outcomes. In many countries this is particularly notable among indigenous groups and certain tribal groups.

Gender – refers to those characteristics of men and women that are socially constructed, whereas sex refers to biologically determined characteristics. Gender affects many areas of life because it pertains to the roles performed by women and men in society and the power relations between them (Vlassoff & Moreno, 2002). In many societies and cultures, being a woman results in reduced access to and control over resources and decision-making for health. This results in “inequitable patterns of health risk, use of health services and in health outcomes” (WHO, 2001, Madrid Seminar on Gender Mainstreaming Health Policies in Europe). In Afghanistan, in general, being a woman puts one at increased risk for poor health. (Refer to Draft MoPH National Gender Strategy 2011-2015 for more details on Health and Gender in Afghanistan)

“Gender inequality damages the physical and mental health of millions of girls and women across the globe ... taking action to improve gender equity in health is one of the most direct and potent ways to reduce health inequities and ensure effective use of health resources”

http://www.who.int/social_determinants/themes/womenandgender/en/index.html

Social Support Networks – Good social relations with family and friends and feeling connected and supported by a social network or networks improve people’s health. Such relationships also encourage preventive health actions.

Education – Data show that in countries where women are educated, the health status is higher (i.e. the higher the *educational* levels of women in a country, the better the nation’s health status). Education increases one’s opportunity to generate income that in turn enhances people’s sense of security and control over their lives. Studies have shown that the single best predictor of a baby’s birthweight is the level of educational attainment of the mother. Illiteracy rates in Afghanistan are among the highest in the world. Increasing the access of females to education in Afghanistan, which is the current policy direction, will have a positive impact on the nation’s health.

Working Conditions – Studies show that work environments that enable people to have more control over their work support better health and “... having a job is better for health than having no job.” (WHO, *The Solid Facts*, 2003, p. 18). Workplace stress also increases the risk of disease.

Physical Environments – Factors in the environment such as water, air and soil quality have a strong influence on health. The built environment including housing, road design, workplace safety and community also are important influences (*Population Health: investing in the Health of Canadians*, 1994). The poor air quality in certain parts of Afghanistan (e.g. Kabul) and the lack of access to safe drinking water in many rural areas of the country, put people who live in those areas at higher risk for illness and disease.

Biology and Genetics – Individual genetics (e.g. family history) and the processes of development and aging determine health. Sex differences also influence health at an individual and population level (Federal, Provincial, Territorial Advisory Committee on Population Health, *Strategies for Population Health – Investing in the Health of Canadians*, September 14-15, 1994)

Personal Health Practices and Coping Skills – People’s knowledge and understanding of health promoting actions and positive coping skills, and environments that support and enable healthy choices, strongly influence health. These are areas that require much attention in Afghanistan.

Healthy Child Development – Providing young children with stimulating, safe and nurturing environments, as well as nutritious food and exercise, lay the foundations for healthy adulthood. What a woman eats during pregnancy influences the neurological, as well as the physiological development of her baby. The importance of good nutrition for mothers during and after pregnancy, as well as their children, has a strong impact on society’s health. This is a critical area of focus for Afghanistan.

Health Services - Access to quality health services, particularly those that assist in preventing illness and promoting health, contribute to population health.

In addition to depicting eleven determinants of health or WHAT to take action on, the *Population Health Promotion Model* in Figure 1 identifies WHO may take action to promote health, HOW action can be taken, and WHY it is important to take action to improve health. For more indepth information please refer to *A Population Health Promotion Framework for Saskatchewan Regional Health Authorities, Towards a Population Health Promotion Approach, February, 2006* and a number of WHO documents accessible at http://www.int/social_determinants/en.

BACKGROUND AND CONTEXT

Before the departure of the Taliban in late 2001, Nongovernmental Organizations (NGOs) played a strong role in providing health services, with little or no influence or coordination from the MoPH. Health services were fragmented and focused in urban areas; leaving many rural areas and insecure areas unserved or underserved.

In 2003, the MoPH made the decision, with the support of donors, to change its role to a stewardship role. That decision, resulted in the development of and contracting out through NGOs, of a Basic Package of Health Services (BPHS). *“The goal in developing the BPHS was to provide a standardized package of basic services that would form the core of service delivery in all health care facilities” (A Basic Package of Health Services for Afghanistan, 2005).* In 2005, the BPHS was revised based on positive impacts on a number of health indicators (including maternal mortality, infant and under 5 mortality, increased access to services and increased immunization coverage). The details are presented in Table 1 in the *Desired Results for 2015* section of this document. The BPHS was further revised in 2010.

An Essential Package of Hospital Services (EPHS) was later added, focusing on hospitals, improving their facilities and equipment, staff training and development and enhancing the referrals between different levels of the health system. Currently, contracting out by NGOs to deliver health services has been implemented in 31 provinces, with the support of the EU, USAID and World Bank. Three provinces are “contracting in”; where MoPH staff are contracted, similar to NGOs, to deliver the services.

Contracting with NGOs has worked well in Afghanistan and has proven to be a way for the government to rapidly regain and maintain policy leadership. Currently 85% of the entire population lives in districts where primary care services are provided by NGOs, under contracts with the MoPH or through direct grants from donors, and the MoPH Strengthening Mechanism (“contracting in”). The MoPH has used the contracts with NGOs to ensure that: i) all providers are implementing the BPHS and EPHS in accordance with technical guidelines; and ii) all providers are clearly responsible and held accountable for defined geographical areas and populations. Contracting has proven to be enormously successful in expanding service coverage and improving quality of care. Health indicators for Afghanistan have also dramatically improved since the introduction of the BPHS and EPHS.

Despite the admirable achievements made over the past 10 years, Afghanistan still faces a number of challenges related to the health of its people. Key challenges include:

- High rates of poverty
- High maternal mortality ratio (the worst in the world)
- High infant and under 5 mortality rates
- A high burden of disease; in particular from malaria, tuberculosis and pneumonia
- Poor nutrition and High rates of malnutrition
- A shortage of skilled birth attendants
- A shortage of female health providers
- Increasing mental health issues and illness including trauma from 30 years of war
- New and emerging diseases such as HIV/AIDS and non-communicable diseases including diabetes and cardiovascular disease
- Poor sanitation

The Strategic Plan 2011-2015 has been developed with these key challenges top of mind. It builds on achievements and learnings to date and is designed to enable further health gains for the Afghan people(s) and to strengthen the MoPH itself as an organization, over the next five years.

MISSION OF THE MoPH

The MoPH’s mission is to *“improve the health and nutritional status of the people of Afghanistan in an equitable and sustainable manner through quality health services provision, advocating for the development of healthy environments and living conditions; and the promotion of healthy lifestyles.”* (slightly modified from the HNSS)

The mission expresses the purpose of an organization including what it does, for whom and how. It is a tool that helps an organization move toward its vision and stay on track.

VISION STATEMENT FOR THE MoPH IN THE YEAR 2015 *(created from shared vision from the December 2010 national workshop by clustering data and pulling out key themes and then drafting the statement)*

Health for All Afghans

A vision statement expresses a desired future state for an organization that is inspiring yet realistic. It describes what an organization believes its future success will look like.

CORE VALUES AND PRINCIPLES

Note: Refer to definitions in the “glossary of key terms” section of this report for a “fuller” understanding of some of the core values.

Values are the standards or principles that guide an organization and describe what it stands for. They assist in setting priorities, planning interventions and evaluating processes and outcomes. The core values of the Ministry of Public Health are:

- **Right to Health** – We consider health as a right of each individual and are committed to creating conditions that support health and wellbeing without discrimination of any kind.
- **Partnership and Collaboration** – We believe in the meaningful engagement of a wide range of stakeholders both within the health sector and with other sectors and recognize that taking action on health issues often requires working effectively across sectors in addition to the health sector. We see our role as facilitators of multilevel, interdisciplinary and intersectoral cooperation and collaboration.
- **Community Participation and Involvement** – We believe that community involvement is important to better understand the health needs of communities, to develop appropriate health programs and services, and to take effective action on issues that affect health and well being.
- **Evidence-based decision-making** – We believe that when developing our public health programs and policies it is important to use the best available evidence.
- **Results-oriented culture** – We value the performance of our employees and identify, promote and support positive results in the workplace, as well as in our work with clients and communities. We believe in promoting an environment that clearly identifies expectations and performance indicators and monitors and evaluates these over time in the spirit of continuous quality improvement.
- **Quality** – We believe that quality in health programs and services means responding to client needs and developing and providing health programs and services that are appropriate, affordable, available and timely, safe and consistent, effective and efficient and continuously improving.

- **Transparency** - We believe in providing access to information about our budgets and make information freely available about how we make decisions. For certain processes we identify and follow specific published criteria (e.g. when selecting contractors through an RFP process)
- **Sustainability** – We believe in creating and supporting a health system that can, in time, be supported by Afghanistan, both technically and financially.
- **Dignity and Respect** – We value everyone’s worth and believe in treating everyone with dignity and respect regardless of gender, age, race, religion, ethnicity and socioeconomic and political status.
- **Equity** – We believe in fairness and giving all Afghans the opportunity to develop and maintain their health through just and fair access to resources for health.

STRATEGIC DIRECTIONS

Strategic Directions are areas of emphasis that are contained within an organization’s mission and enable it to move toward its vision. The following ten Strategic Directions were identified and reached consensus on at a national multi-stakeholder workshop held in Kabul on December 7 and 8, 2010. Their order in no way reflects their importance.

- Improve the nutritional status of the Afghan population
- Strengthen human resource management and development
- Increase equitable access to quality health services
- Strengthen the stewardship role of MoPH and governance in the health sector
- Improve health financing
- Enhance evidence-based decision making by establishing a culture that uses data for improvement
- Support regulation and standardization of the private sector to provide quality health services
- Support health promotion and community empowerment
- Advocate for and promote healthy environments
- Create an enabling environment for the production and availability of quality pharmaceuticals.

This section will provide a brief description of each strategic direction including what it encompasses, the current situation related to it and why it is important, followed by Strategic Objectives and Priority Interventions for the next five years that were identified by relevant MoPH personnel and other key stakeholders through a highly participatory process. The strategic planning process will be followed within the next few months by an operational planning process where the priority interventions and activities will be further “fleshed out” and indicators and desired results identified to enable the monitoring and measuring of performance over time.

STRATEGIC DIRECTION: IMPROVE THE NUTRITIONAL STATUS OF THE AFGHAN POPULATION

Brief Description/Rationale and Current Situation

Improving the nutritional status of the Afghan population, in particular pregnant women and young children, has been one of the priorities of the MoPH since 2002. Although progress has been made in lowering acute malnutrition, over 50% of Afghan children are stunted, between 5 to 10% suffer from acute malnutrition and an estimated 70% suffer from micronutrient deficiencies (MoPH Public Nutrition Policy and Strategy, 2009-2013; refer to the same MoPH strategy, p.8, *The Conceptual Framework of Malnutrition, adapted from UNICEF – 1992*, for a better understanding of malnutrition and the causes).

“An estimated 500,000 Afghan babies are born each year with intellectual impairment caused by iodine deficiency in pregnancy ... Approximately 50% of Afghanistan’s children grow up with lowered immunity, leading to frequent ill health and poor growth. **Cause: vitamin A deficiency** ... 2,600 young Afghan women every year (die) in pregnancy and childbirth. **Cause: severe iron deficiency anemia** (The Micronutrient Initiative & UNICEF, *VITAMIN & MINERAL DEFICIENCY A damage assessment report for AFGHANISTAN*, p. 3)

There are a number of reasons for this critical situation that include:

- Inadequate knowledge and skills among the general population related to good health and nutrition (e.g. requirements for women during pregnancy and for young children and why these are important for optimal growth and development)
- Poor dietary diversity and low micronutrient intake associated with limited quality and low coverage of current micronutrient interventions
- Exposure of the public to unsafe foods and unhygienic food practices
- Limited capacity in public health nutrition among Afghan health professionals and practitioners from other nutrition-related sectors (e.g. there is currently no cadre of nutritionists in Afghanistan and little education among professionals from the health, agriculture, education and social sectors about nutrition and its importance)
- Limited access to quality treatment for severe malnutrition
- Inadequate Infant and Young Child Feeding (IYCF) programs and limited community outreach of current IYCF counselling and support
- Recurrent food crises/emergencies and low assessment and response capacity
- Low availability of reliable nutrition data
- Weak monitoring and evaluation of nutrition interventions

Strategic Objective 1 (SO-1): To advocate for and increase awareness about healthy eating among the general population

Priority Interventions:

- Advocate for the establishment of a high level national nutrition committee that includes representatives from other sectors such as education and agriculture
- Develop core nutrition messages and disseminate these strategically and consistently to the general public at all levels (e.g. national, provincial, district, facility) through a number of channels (e.g. the media, schools, health facilities)
- Advocate for the integration of nutrition messages into school curricula
- Provide nutrition counselling and practical support at the community level through Community-Based Growth Monitoring and Promotion (C-GMP) and other community level structures
- Strengthen links to food security (e.g. with the FAO and the Ministry of Agriculture) and other nutrition related projects such as community and school gardens.

Strategic Objective 2 (SO-2): To reduce the prevalence of major micronutrient deficiency disorders; in particular iron, folic acid, iodine, vitamin A and zinc throughout the country and prevent possible outbreaks of vitamin C deficiency illnesses such as scurvy

Priority Interventions:

- **Food Fortification:** Work with industry and relevant government departments to fortify salt (with iodine), flour, oil and ghee (with vitamin A and D) and facilitate their availability and access in rural, as well as urban areas at an affordable price
- **Supplementation:** Provide increased access to iron and folic acid supplements to women in the prenatal and postpartum phases and vitamin A and C supplements to women in postpartum as well as to children
- **Public Education:** Develop and disseminate health messages (under SO-1) that include the importance of micronutrients to women of childbearing age and young children in particular and how they may be obtained (e.g. through foods including diversifying diet and supplementation)

Strategic Objective-3 (SO-3): To strengthen case management and increase access to quality therapeutic feeding and care at health facility and community levels.

Priority Interventions:

- Promote Community Mobilization around identifying, referring and providing therapeutic feeding to those children who need it
- Improve case detection of Acute Malnutrition at Health Facility and Community Levels
- Strengthen the referral system between Therapeutic Feeding Units and other BPHS/community for complicated cases
- Strengthen and expand Community-Based Management of Severe Acute malnutrition using Ready to Use Therapeutic Foods (RUTFs)

Strategic Objective-4 (SO-4): To ensure that all commercial and home-produced foods are safe for consumption

Priority Interventions:

- Develop and implement a public awareness campaign on food hygiene and food safety in the home
- Work with related ministries such as Ministry of Agriculture, Irrigation and Livestock (MAIL) to support the education of commercial food producers, processors and farmers
- Collaborate with relevant ministries to develop and conduct education sessions with food retailers and traders
- Establish a food safety and quality control system in collaboration with such government and private sector institutions as Afghan National Standards Authority (ANSA), MAIL, Ministry of Commerce (MoC) and universities (ANSA to take the lead)
- Enhance the infrastructure of the current MoPH Food and Drugs Quality Control Laboratory
- Strengthen the capacity of the MoPH to effectively inspect food producers and retailers

Strategic Objective-5 (SO-5): To monitor the nutritional situation in Afghanistan and strengthen the monitoring and evaluation of nutrition strategies and programs, in order to inform development planning and emergency responses

Priority Interventions:

- **Surveillance:**
 - Strengthen nutrition surveillance as part of HMIS at the health facility level and the Disease Early Warning System (DEWS) (e.g. consult with DEWS as to whether it can collect data on nutritional status including the establishment of a NEWS [Nutrition Early Warning System])
 - Advocate for an emergency response team to conduct rapid nutrition assessments in emergency situations
 - Integrate nutrition indicators into the HMIS, Balanced Score Card (BSC), other regularly conducted surveys and the food security surveillance system
- **Monitoring & Evaluation:**
 - Ensure nutrition programs are evidence-based and that lessons learned from nutrition programs and services are regularly documented and integrated into future planning
 - Establish an effective monitoring system for key nutrition interventions including: supplementation, Infant and Young Child Feeding (IYCF) and Severe Acute Malnutrition (SAM) treatment

Strategic Objective-6 (SO-6): To ensure that responses to treat and prevent moderate acute, severe acute and chronic malnutrition are timely and appropriate, and that increases in Moderate Acute Malnutrition (MAM) and Severe Acute Malnutrition (SAM) are effectively managed

Priority Interventions:

- Improve the quality of emergency assessments and response capacity (design and implementation of timely and relevant interventions) during food crises (*Refer to Public Nutrition Policy and Strategy, 2009-2013 for more details*)

- Ensure the appropriate use of food assistance (i.e. that food rations are culturally acceptable, safe, meet the needs of and are effectively targeted to the most vulnerable groups)
- Enhance the management and prevention of Severe Acute Malnutrition (SAM), Moderate Acute Malnutrition (MAM) and chronic malnutrition
- Strengthen coordination within the nutrition cluster and with other clusters

Strategic Objective-7 (SO-7): To increase the percentage of child caregivers adopting appropriate infant and young child feeding practices (Refer to MoPH National Infant and Young Child Feeding Policy and Strategy 2009-2013 for details on infant and young child feeding practices)

Priority Interventions:

- Develop and disseminate appropriate regulations and guidelines to support implementation of the National Infant and Young Child Feeding Strategy 2009-2013
- Promote and support awareness raising and behaviour change strategies at the community level so families adopt improved breastfeeding and complementary feeding practices
- Integrate Infant and Young Child Feeding (IYCF) promotion and counselling in the BPHS and EPHS
- Expand the “Baby-Friendly Hospital Initiative” to more health facilities
- Promote and support the integration of IYCF practices and IYCF counselling skills into the curricula of all medical and paramedical educational institutions including community midwifery schools and postgraduate programs in obstetrics, gynecology and pediatrics
- Promote and support in-service trainings in IYCF practices and IYCF counselling skills for doctors, nurses, midwives and CHWs (e.g. integrate into Integrated Management of Childhood Illnesses [IMCI] trainings)

Strategic Objective-8 (SO-8): To strengthen in-country capacity to assess the nutrition situation, and design, implement, monitor and evaluate public nutrition interventions

Priority Interventions:

- Integrate nutrition trainings in pre- and in-service training of health staff including public and private implementers and other nutrition-related staff (agriculture, education, social affairs, economy)
- Strengthen technical and logistics capacity of Public Nutrition Department (PND), in particular at the provincial level, through increased support to PND

STRATEGIC DIRECTION: STRENGTHEN HUMAN RESOURCE MANAGEMENT AND DEVELOPMENT

Brief Description/Rationale and Current Situation

In spite of significant progress since 2003 in addressing human resource issues, a number of critical challenges still exist in Afghanistan in the areas of human resource (HR) development and management. “Building on Early Gains in Afghanistan’s Health, Nutrition and Population Sector” (2010, pp. 81-82) summarized the HR challenges as “three major imbalances”:

Geographic imbalance. A disproportionately large number of health care workers are concentrated in cities and periurban areas while rural areas still suffer from shortages.

Gender imbalance. There is still a shortage of (qualified) female staff, especially in rural areas.

Skills-mix imbalance. There is a shortage of staff with public health, reproductive health, and child health skills.” (pp. 81-82)

In addition, there is a high vacancy rate for health workers in the MoPH (ranging from 19-34%) (“Building on Early Gains in Afghanistan’s Health, Nutrition and Population Sector”, 2010, p. 82). This vacancy rate is due to the current low salaries of many MoPH employees, which does not enable the recruitment of high quality health personnel, and the fact that many skilled health workers left Afghanistan during its 30 years of war and have not returned. Many of those health workers who are currently in the system, require capacity building to upgrade them and there is a need for accreditation and enhanced professional standards.

This Strategic Direction is well aligned with one of the core elements of the Afghanistan National Development Strategy (ANDS), *Facilitating Human Resource Development* and includes recommendations from the Human Resource Development Cluster of the National Priority Programs of the ANDS.

The aim of the MoPH is to ensure that the MoPH has the right person, with the right skills, at the right place with the right attitude.

Strategic Objective 1 (SO-1): To develop new categories of health workers and increase the size of the workforce in each major skill category

Priority Interventions:

- Increase the number of female nurses, physiotherapists, x-ray technicians, psycho-social and anaesthetic nurses and other categories of staff as needed
- Work with the Ministry of Higher Education (MoHE) to increase the number of female doctors and other female mid-level health workers
- Collaborate with appropriate institutions to support the development of curricula and training programs for degrees in bio-medical engineering, medical technology, environmental health and other categories of staff (as per the Human Resource Development Cluster of the NPPs of ANDS)

Strategic Objective 2 (SO-2): To enhance Professional Standards and Accredit Curricula for Major Health Professions

Priority Interventions:

- Establish a Medical Council to work with medical profession and medical schools and other health professions in order to improve professional standards through accreditation

Strategic Objective 3 (SO-3): To improve HR Practices (i.e. implement policies, strategies and procedures to enhance the recruitment, retention and performance of all categories of health workers)

Priority Interventions:

- **Recruitment:**
 - Support merit-based recruitment through a fair and transparent process to fill all vacant MoPH positions
 - Recruit qualified administrative staff to effectively manage support services such as HR, financial management, procurement, planning and reporting in all functional areas
- **Retention:**
 - Develop and implement a retention strategy based on the following components: career development, realistic salary scales, HR development and performance-based promotion
- **Performance Management:**
 - Develop clear and appropriate job descriptions and ensure staff are aware of what is expected of them
 - Put in place a fair and transparent performance appraisal system
 - Encourage and support a results-oriented culture where employees are rewarded for high quality work and expected to identify results (based on their performance); to monitor and work toward them

Strategic Objective 4 (SO-4): To provide targeted training to support the recruitment and retention of existing and new cadres of skilled staff

Priority Interventions:

- Implement enhanced training programs for various categories of health workers; in particular, midwifery, community nursing, physical therapy, psychosocial counselors, medical technology, biomedical engineering and environmental health (as outlined in the National Health Workforce Plan 2009-2013 and supported by the Human Resource Development Cluster of the ANDS)

Strategic Objective 5 (SO-5): To improve the flow of information within the health sector regarding HR requirements

Priority Interventions:

- Amalgamate HR databases (e.g. link payment [salary], personnel and training databases) to enable a coordinated analysis of human resources within the MoPH

- Ensure inclusion of deployment data in order for the amalgamated information to show approved positions, with details of individuals; (including their qualifications, experience, training received and cost), filling these approved positions
- Improve information availability regarding the composition of Health Sector Human Resources and build relationships with key stakeholders to improve the flow of information within the health sector relating to HR requirements, availability, shortages and losses due to attrition

STRATEGIC DIRECTION: INCREASE EQUITABLE ACCESS TO QUALITY HEALTH SERVICES

Brief Description/Rationale and Current Situation

There have been marked increases in coverage and access to health services in Afghanistan since 2002, with 57% of the population having access to the Essential Package of Health Services (EPHS) (*Proceedings from Round Table Meeting on the National Improvement Strategy and Infrastructure for Improving Health Care in Afghanistan, January 10, 2010*). BPHS coverage has continued to grow from only 9% accessibility in 2003 (Multiple Indicator Cluster Survey, 2003) to between 61% (Afghanistan Health Survey, 2006) and 85% (National Risk and Vulnerability Assessment 2007/08); however, there is still much to be done.

Maternal mortality ratios are the worst in the world (*1600 maternal deaths per 100,000 live births, NRVA, 2007-2008*) and Infant and Under 5 mortality rates remain extremely high (*111 per 1,000 live births; and 161 per 1,000 live births respectively, NRVA, 2007-2008*)

The introduction of community midwives and community health workers, in addition to community nurses, has increased access to health services; however, there is still a need for many more female health workers, particularly in rural and remote areas. “There is (also) a shortage of staff with public health, reproductive health, and child health skills.” (Building on Early Gains ..., 2010, pp. 81-82)

There are a number of socio-cultural barriers to access and utilization that also need to be addressed (refer to study *Qualitative Methods in Operation Research on Ways of Overcoming Socio-cultural Barriers to Birth Preparedness and Newborn Care in Support of Sustained Behavior Change, November 2010, Governance Institute – Afghanistan [GI-A]*), to improve access to services, particularly in rural and remote areas.

“A quality health care system is client centered, equitable, available, appropriate, safe, consistent, effective, timely and efficient; it continuously improves.” (MoPH, Strategy for Improving Quality in Health Care, 2010). The intent of this Strategic Direction is to address the two broad concepts of “access” and “quality”.

Strategic Objective-1 (SO-1): To increase the proportion of people having access to and utilizing the Basic Package of Health Services (BPHS)

Priority Interventions:

- Expand coverage of the BPHS
- Allocate necessary resources and ensure they are used effectively and efficiently

- Establish necessary infrastructure (e.g. health facilities are fully functional with electricity, water, medical equipment) and have culturally sensitive and quality staff
- Develop creative ways of providing priority services beyond the fixed hours in certain facilities based on lessons learned from within Afghanistan and from other countries
- Improve referral systems (both vertical & horizontal)
- Develop appropriate interventions for reducing demand side barriers (e.g. strengthen community-facility linkages, improve BCC activities, mobilize the community to address health issues) and supply side barriers (e.g. increase the number of health facilities that provide RH services, improve facility management, increase the number of community midwives and have a midwife on call at facilities and increase the number of female health workers)

Strategic Objective-2 (SO-2): To Increase the proportion of people having access to hospital services

Priority Interventions:

- Finalize the hospital sector strategy
- Develop a plan of action for the hospital strategy and support its implementation
- Allocate necessary resources to implement the hospital strategy/plan of action and monitor their effective use
- Develop appropriate interventions for cost sharing and cost recovery in public hospitals
- Develop and implement a plan for expanding geographical coverage of the Essential Package of Health Services (EPHS)
- Improve the referral systems from the community to health facilities (e.g. hospitals) and between health workers
- Develop a package of services for the tertiary level of care
- Rationalize and Increase the number of hospital beds based on identified and documented needs
- Improve public awareness regarding hospital services (e.g. regarding availability, cost and quality)

Strategic Objective-3 (SO-3): To increase the coverage of services to prevent and treat communicable diseases and malnutrition

Priority Interventions:

- Expand and sustain the Expanded Program for Immunization (EPI) coverage with special emphasis on hard to reach areas
- Expand appropriate and effective interventions to combat TB, Malaria and HIV/AIDS
- Support implementation of the Public Health Nutrition Strategy and Policy 2009-2013
- Initiate and strengthen interventions for reducing demand side barriers (e.g. health education, IEC/BCC, community involvement)

Strategic Objective-4 (SO-4): To increase the proportion of women having access to emergency and routine Reproductive Health (RH) and Maternal, Neonatal and Child Health (MNCH) Care Services

Priority Interventions:

- Expand coverage of the continuum of care to address the needs of vulnerable groups such as women and children (to enhance equity in service provision)
- Increase the number of skilled birth attendants at facilities and in communities and undertake innovative interventions for their retention
- Promote and support an equitable increase in maternity waiting homes/rooms based on need
- Introduce a mechanism to reduce demand side barriers such as health education and community involvement
- Strengthen the referral systems
- Increase public knowledge and awareness of how to support and promote healthy pregnancies and the growth and development of healthy babies with specific emphasis on male involvement and community participation in RH services
- Introduce “youth friendly” RH services (e.g. provide appropriate and accessible information related to sexuality, Sexually Transmitted Infections including HIV/AIDS, family planning; for more detail refer to Child and Adolescent Health Strategy 2009-2013)
- Introduce and strengthen specialty services in RH and MNCH; for example, treatment of fistulas, interventions for the early detection and treatment of breast and cervical cancer (Noted in National Reproductive Health Strategy 2010-2015)
- Strengthen data management for RH indicators
- Strengthen RH and MNCH services in communities, as well as in urban slums

Strategic Objective-5 (SO-5): To improve patient safety

Priority Interventions:

- Establish an adverse events and near-miss reporting system
- Introduce a risk management system for all facilities
- Expand the “safe surgery checklist”
- Strengthen infection prevention and control mechanisms
- Introduce ongoing/continuous professional development
- Increase Pharmaceuticals safety in hospitals and health facilities

Strategic Objective-6 (SO-6): To provide client-centred services

Priority Interventions:

- Establish and raise awareness of a patient charter and code of ethics
- Establish a client complaint system
- Introduce a national patient satisfaction survey
- Develop and implement the informed consent mechanism for certain health conditions (e.g. C-section)

Strategic Objective-7 (SO-7): To improve clinical practice

Priority Interventions:

- Improve knowledge and skills in priority areas (e.g. maternal care, newborn care and care of children)
- Establish a culture and infrastructure that supports quality improvement in health facilities
- Strengthen referral systems
- Improve management and leadership at the health facility level
- Strengthen supportive supervision
- Introduce licensing and accreditation for private hospitals

Strategic Objective-8 (SO-8): To build capacity to continuously improve throughout the health sector

Priority Interventions:

- Develop the capacity of managers and providers within the health sector to implement continuous quality improvement (including the provision of tools to support implementation)
- Advocate for the development of a culture that encourages and supports continuous quality improvement within the MoPH and the health sector

STRATEGIC DIRECTION: STRENGTHEN THE STEWARDSHIP ROLE OF THE MOPH AND GOVERNANCE IN THE HEALTH SECTOR

Brief Description/Rationale and Current Situation

Governance "...refers to how any organisation, including a nation, is run. It includes all the processes, systems, and controls that are used to safeguard and grow assets" (<http://governance.tpk.govt.nz/utilities/glossary.aspx>). In simpler terms, governance is the process of making and implementing decisions.

Good governance is transparent, accountable, participatory, responsive, equitable and inclusive, efficient and effective, consensus oriented and follows the rule of law (for more details visit United Nations Economic and Social Commission for Asia and the Pacific at <http://www.unescap.org>)

Building Good Democratic Governance and Strengthening Leadership and Accountability are two core elements of the National Priority Programs of the ANDS.

Stewardship "is ... the willingness to be accountable for the well-being of the larger organization by operating in service rather than in control of those around us" (Block P., *Stewardship - choosing service over self-interest*. San Francisco: Berrett-Koehler Publishers, 1993).

Since early 2004, the MoPH began asserting its stewardship role with the introduction of the Basic Package of Health Services (BPHS) which involved contracting out the delivery of a basic package of primary health care services to NGOs to deliver, rather than being responsible themselves to deliver health services. Since that time, the government has strengthened its policy leadership by providing financing (with the support of foreign donors) and carefully monitoring health system performance; particularly through the use of the Balanced Score Card (BSC), an annual third party evaluation carried

out by Johns Hopkins University. In addition, the MoPH sets priorities, develops national policies, strategies, guidelines and regulations. Through the BPHS and the later introduction of the Essential Package of Health Services (EPHS) to address the need for hospital services, the MoPH has demonstrated its commitment to decentralization. Despite this, many aspects of the MoPH are centralized and bureaucratic including the procurement system. There is a need to further evaluate the current process and to decide which other aspects of the health system to decentralize.

Despite the many achievements since introducing the BPHS in 2004, there is still much to be done related to governance and stewardship in health in Afghanistan.

Strategic Objective 1 (SO-1): To improve efficiency, transparency and accountability in the MoPH and the health care system

Priority Interventions:

- Restructure the MoPH and streamline the lines of authority
- Develop and implement a decentralization strategy
- Streamline and simplify the procurement process and make it more transparent
- Enhance policy development and planning processes including M&E (*Refer to report by P. Thompson "Assessment of Current Policy Development and Planning Processes within the Ministry of Public Health GoIRA and Recommendations for Action [December 2010]"*)
- Carry out Administrative reform (Develop Standard Operating Procedures)
- Implement the health complaint office strategy and anticorruption strategy (part of the National Priority Programs of ANDS)

Strategic Objective 2 (SO-2): To improve the regulatory environment

Priority Interventions:

- Review and modify existing laws and regulations
- Develop the required regulations
- Put in place a system to enforce the regulations

Strategic Objective 3 (SO-3): To ensure continuous support from and participation by critical stakeholders

Priority Interventions:

- Improve communication with and participation from a broad range of stakeholders (e.g. develop and implement a strategic leadership communication strategy targeting key donors, parliamentarians and government officials; develop a communication strategy(ies) targeting various stakeholders including civil society, the private sector and the public).

Strategic Objective-4 (SO-4): To promote intra-sectoral and inter-sectoral coordination and collaboration

Priority Interventions:

- Strengthen coordination mechanisms within the MoPH (between departments as well with national and provincial levels)
- Strengthen coordination with donors, UN agencies, NGOs, other civil society organizations and the private sector
- Strengthen coordination and collaboration at the community level
- Strengthen inter-ministerial coordination mechanisms (e.g. with Agriculture, Education, Higher Education)

STRATEGIC DIRECTION: IMPROVE HEALTH FINANCING**Brief Description/Rationale and Current Situation**

The intent of this strategic direction is to raise revenues, pool resources, and provide and purchase goods and services to move toward delivering high-quality health services in an efficient, equitable and sustainable manner.

There are a number of crucial issues to address related to health financing in Afghanistan. They include:

- Lack of capacity at central and provincial levels in applied health economics and health financing
- High levels of out-of-pocket payments for health services by the public (Estimates range from 76-83 % of total spending [Building on Early Gains ... p. 31])
- Low level of public per capita health expenditure
- Limited data and analysis of the public sector and private sector health care providers
- Dependence on donor funding for the delivery of health services and no mechanism(s) of revenue generation for the health sector (External assistance from 2002/03 and 2007/08 accounted for 85% of government expenditure [Building on Early Gains ... p. 31])

Strategic Objective 1 (SO-1): To build MoPH capacity to function within its optimum potential and ensure health economics evidence-based policy decision-making**Priority Interventions:**

- Build the capacity of MoPH at the central and provincial levels in applied health economics and financing (e.g. Integrate a Health Economics module into the curriculum of the Medical University, Ghazanfar Institute of Health Science, and into MoPH in-service training programs)
- Cost BPHS, EPHS and other strategic documents and programs
- Conduct economic evaluations of priority packages and programs
- Study the cost and effectiveness of the contracting-out mechanism and take over gradually the implementation of the BPHS and EPHS based on evidence and capacity of the MoPH
- Continuously analyze data and recommend scaling up of cost-effective interventions
- Institutionalize National Health Accounts (NHA)
- Develop mechanism(s) that support the private sector and public-private partnerships
- Integrate and decentralize health costing and budgeting to the provincial level

Strategic Objective 2 (SO-2): To improve risk-pooling and mobilize domestic resources

Priority Interventions:

- Advocate for the introduction of “sin” taxes (e.g. on cigarettes)
- Examine User Fees and social security options (e.g. Equity Fund)
- Conduct pilot studies on Supply-side Financing and Demand side Financing (DSF) including the use of high technology initiatives (e.g. Mobile-Health)
- Examine Health Insurance schemes
- Examine health facility management and the autonomy of hospitals and other health facilities

Strategic Objective 3 (SO-3): To secure more external funds and improve aid effectiveness

Priority Interventions:

- Develop sound mechanisms to ensure that a larger proportion of aid goes to the government as budget support for health
- Develop an expenditure framework to clarify sector priorities
- Increase the absorptive capacity through building administrative capacity in public expenditure management
- Work with donors to ensure predictable aid
- Strengthen donor coordination and improve harmonization and alignment among donors and the MoPH

STRATEGIC DIRECTION: ENHANCE EVIDENCE-BASED DECISION MAKING BY ESTABLISHING A CULTURE THAT USES DATA FOR IMPROVEMENT

Brief Description/Rationale and Current Situation

The MoPH, in its *National Health Information Systems Strategic Plan (2009-2013)*, has identified the need to ensure the availability, coordination, management, distribution and use of accurate, reliable, and user-friendly health information via a number of activities; including the routine collection of health information through the Health Management Information System, Surveillance, as well as program monitoring and evaluation. The Strategic Direction discussed below is consistent with the approach identified in the HIS Plan and the Plan’s priorities for health information are aligned with ANDS, the HNSS, and the BPHS, EPHS and National Health Programs.

This strategic direction has been developed to:

- Enhance the quality and appropriateness of data and information provided to MoPH policy makers and program/project managers so that it facilitates their decision making
- Assist in making rational and equitable decisions on resource allocation in the health sector
- Increase transparency and accountability in the health sector

- Make health services and their impacts more transparent to the people of Afghanistan, and other stakeholders including: the media, government, donors, service providers and technical agencies
- Demonstrate to current donors and potential donors that their contributions will be used in an effective, efficient and transparent manner
- Streamline the M & E function within the MoPH
- Enhance the capacity of MoPH management and staff in the area of M&E
- Manage contracts with service providers more effectively
- Change the culture related to Monitoring and Evaluation from one that is perceived as “punishment” to one that views M & E as a management and learning tool

Strategic Objective-1 (SO-1): To build a culture within MoPH that supports health sector performance measurement and the use of evidence in developing policies and programs and in facilitating decision making

Priority Interventions:

- Build the capacity of MoPH management and staff in performance measurement (i.e. monitoring and measuring performance, understanding factors that influence performance and using those lessons in future planning)
- Increase the knowledge of MoPH management and staff on key sources of available data and build their capacity to analyze and use this data to design and implement quality health policies, programs and services
- Ensure that those developing health policies, programs and services have data available to them that is appropriate and practical

Strategic Objective-2 (SO-2): To improve the capacity of MoPH staff (including those who work on M&E, Surveillance, Disease Early Warning System [DEWS] and HMIS) at central, provincial and facility levels, to ensure a consistent approach to M& E and the use of health sector data

Priority Interventions:

- Build the capacity of MoPH staff at all levels on the use of available tools and sources of information for the assessment of health system performance, in collaboration with key stakeholders
- Conduct long and short-term M&E related courses to strengthen the capacity of all technical staff responsible for M&E (e.g. statistics courses, study tours, training on data bases etc.)
- Increase the proportion of MoPH staff with capacity in managing and performing HIS responsibilities and functions

Strategic Objective-3 (SO-3): To develop an IT infrastructure within the MoPH to support the HIS

Priority Interventions:

- Ensure that a consistent and coordinated consultative approach is used to develop all MoPH data bases

- Ensure the safe and appropriate storage of medical and personal information including those pertaining to medical record storage and retrieval systems
- Develop protocols for the classification, recording and analyzing of medical data following review of medical and patient records

Strategic Objective-4 (SO-4): To ensure relevant legislation is in place that supports improved reporting of essential health data

Priority Interventions:

- HMIS Steering Committee annually review and recommend the development of relevant legislation (such as Statistics Law 1385)

Strategic Objective-5 (SO-5): To strengthen governance in the health sector related to statistical information

Priority Interventions:

- Strengthen and enhance coordination among Health/statistical constituencies (e.g. Executive Board of MoPH, Ministry of Interior, Central Statistics Organization [CSO])
- Ensure proper registration of private facilities (e.g. qualified practitioners) and their regular reporting through HMIS
- Ensure estimates of priority indicators are provided for stewardship in a timely manner
- Ensure that all central Directorates and PPHOs produce annual reports including a minimal list of key indicators
- Ensure all PPHOs give evidence of data use for provincial planning, resource allocation and service performance improvement
- Support a robust performance measurement system for Results-Based Financing (RBF)
- Support the development of information systems for new strategies and services within the health sector such as blood screening, etc.

Strategic Objective-6 (SO-6): To strengthen data collection, reporting and the use of data across the health sector

Priority Interventions:

- Improve the tracking of health sector inputs including health financing, human resources and commodities
- Streamline existing data collection systems and improve their validity
- Improve reporting systems and feedback mechanisms
- Strengthen systems for the collection and analysis of hospital performance data
- Improve reporting systems and feedback mechanisms (e.g. the reporting and investigations of reported deaths)
- Establish an integrated surveillance system to investigate the outbreak of notifiable diseases for the control of newly emerging and communicable diseases

- Enhance the use of population and vital statistics information for planning and monitoring
- Ensure all reports and surveys provide gender-specific data as appropriate
- Provide regular updates to CGHN, ANDS, and MDGs on results and status of planned activities
- Ensure that analyzed and formatted reports and results are available for the IT department to put on the MoPH website
- Communicate results and findings based on evidence to MoPH leadership, program managers, PPHOs, NGOs and donors on a regular basis

Strategic Objective-7 (SO-7): To enhance the coordination and planning of M&E and surveys within the health sector

Priority Interventions:

- Ensure coordination of all data collection, analysis and sharing of data between the MoPH
- Facilitate the functional integration of M&E activities within MoPH directorates and departments
- Establish an interdepartmental M&E coordination committee
- Support various programs in conducting M&E activities and supporting data interpretation and dissemination
- Develop a comprehensive, multi-year survey plan, updated biannually including the: Multiple Indicator Cluster Survey (MICS), National Risk and Vulnerability Assessment (NRVA), Mortality and Morbidity surveys, health facility assessments including National Health Services Performance Assessment (NHSPA) and Catchment Area Annual Census (CAAC)
- Integrate multi-level health routine M&E activities, including an M&E Plan for Community-based health care by facilities and communities reflected in the National Monitoring Checklist (NMC)

Strategic Objective-8 (SO-8): To promote and support health-related research at all levels

Priority Interventions:

- Oversee and participate in the development of quality research protocols and conduct surveys, studies, and research on areas of public health importance
- Enhance the capacity of MoPH staff in the field of research
- Facilitate and support universities, NGOs and researchers to conduct quality research on priority areas; participate and contribute to such studies if needed.

Strategic Objective-9 (SO-9): To improve the completeness and quality of HIS data

Priority Interventions:

- To establish a quality measurement and assurance system for all levels of health care, public and private (indicators, tools and procedures)
- Assess organizational information requirements and processes for recording and reporting of routine information
- Develop guidelines for the discussion and use of data in the health system

STRATEGIC DIRECTION: SUPPORT REGULATION AND STANDARDIZATION OF THE PRIVATE SECTOR TO PROVIDE QUALITY HEALTH SERVICES

Brief Description/Rationale and Current Situation

Generally favorable statements concerning the role of the private sector have been articulated in the Constitution, ANDS, HNSS 2008-2013 and underscored in “Building on Early Gains ..., 2010” “Healthcare needs in Afghanistan are immense, and the for-profit sector has a large potential to contribute. Although only 13 of the country’s 359 districts do not have the basic package of health services (BPHS) facilities, potential demand for health services far exceeds supply by the public sector” (p. 59).

There are a number of issues related to the current situation and role of the private sector in Afghanistan that are important to address including:

- No regulations for the private sector
- Limited capacity of the MoPH to improve the quality of private sector services through regulations and a process of inspection and enforcement
- Poor quality health services and products sold by some elements of the private sector
- A general lack of, or weakly developed institutions within the private-for-profit sector
- A general lack of trust between the private for-profit sector and the public sector
- Lack of data on the private health sector

The aim of this Strategic Direction is to address these issues and facilitate the strengthening and growth of private sector organizations to provide and/or produce quality health services and products, so that the private sector effectively contributes to the realization of MoPH health goals.

In response to identified needs, the MoPH has recently developed a National Policy for the Private Sector and created an Office of Private Sector Coordination (OPSC). The goal of this National Policy is “to increase the private sector’s contributions to the health of the Afghan population”.

Strategic Objective-1 (SO-1): To strengthen collaboration and improve communication and understanding between Public and Private health sectors

Priority Interventions:

- Involve the private sector in discussions of public health issues that are relevant to them and invite them to participate in national health events (e.g. WHO and TB days)
- Include private sector participants in training programs and study tours
- Disseminate information to the private sector regarding interventions 1 & 2 above

Strategic Objective-2 (SO-2): To create an environment that facilitates the growth and quality of private sector contribution to the health of the Afghan population

Priority Interventions:

- Promote the strengthening of private sector associations
- Compile and review all relevant existing regulations
- Develop a limited set of clear, prioritized and enforceable regulations
- Negotiate one or more sets of standards and reward compliance
- Establish an ethical committee to reduce medical errors and support patient safety

Strategic Objective-3 (SO-3): To build productive partnerships between the public and private sectors to achieve shared goals and promote synergies

- Identify opportunities to promote and facilitate the development and growth of public-private partnerships
- Explore fundraising opportunities with the private sector (e.g. for renovating and equipping public sector hospitals in certain areas)
- Explore the possibility (assessing benefits and risks) of MoPH purchasing services from the private sector (e.g. using sophisticated diagnostic and treatment equipment and capacities that exist in private sector facilities, rather than creating duplication)

Strategic Objective-4 (SO-4): To enhance the MoPH's stewardship capacity and its capacity to implement public-private partnership strategies by strengthening the Office of Private Sector Coordination (OPSC)

Priority Interventions:

- Begin to allocate government resources to the OPSC (e.g. include OPSC in the MoPH tashkeel)
- Seek some contribution from the private sector (e.g. for private sector participants in study tours)
- Seek donor support for major private sector initiatives (e.g. a major private-public partnership such as a hospital)

Strategic Objective-5 (SO-5): To develop evidence of, and measure private sector contributions to the health of the Afghan population

Priority Interventions:

- Map the geographic distribution of health facilities (e.g. to identify gaps in coverage and locations for investment)
- Develop a system for the collection and reporting of private sector health information that is part of the larger HMIS
- Disseminate information regarding private sector contributions

STRATEGIC DIRECTION: SUPPORT HEALTH PROMOTION AND COMMUNITY EMPOWERMENT

Brief Description/Rationale and Current Situation

“Strengthening Community Action” is one of the Population Health Promotion strategies originally articulated in the Ottawa Charter that was adopted at the First International Conference on Health Promotion held in Ottawa in 1986 and co-sponsored by the Canadian Public Health Association, Health and Welfare Canada and the World Health Organization. The Ottawa Charter notes that:

“Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities - their ownership and control of their own endeavours and destinies. Community development draws on existing human and material resources in the community to enhance self-help and social support, and to develop flexible systems for strengthening public participation in and direction of health matters. This requires full and continuous access to information, learning opportunities for health, as well as funding support” (p. 3)

The intent of this Strategic Direction is to recognize the valuable contribution of communities and their role in supporting the adoption of healthy lifestyles at home, at work and in their communities, as well as their participation in identifying community needs and assisting in the development and implementation of relevant health programs and services. It also reinforces the importance of prevention and health promotion as key strategies to prevent many causes of death and illness in Afghanistan.

Health promotion is important for Afghanistan as it

“ ... focuses on achieving equity in health. Health promotion action aims at reducing differences in current health status and ensuring equal opportunities and resources to enable all people to achieve their fullest potential. This includes a secure foundation in a supportive environment, access to information, life skills and opportunities for making healthy choices. People cannot achieve their fullest health potential unless they are able to take control of those things which determine their health. This must apply equally to women and men” (Ottawa Charter, p. 1)

Community Based Health Care (CBHC) has been demonstrated to be the foundation for the successful delivery of the Basic Package of Health Services (BPHS) in Afghanistan; providing a platform for a constructive interaction between the health care system and the communities it serves. Health workers, particularly those who work at the community level, require skills to not only work collaboratively with

communities but also the tools and skills to effectively integrate health promotion and prevention into their day-to-day work.

The Strategic Objectives outlined below address issues central to empowering communities and strengthening health promotion in Afghanistan.

Strategic Objective 1 (SO-1): To strengthen the capacity of communities to initiate and implement activities that promote their health

Priority Interventions:

- Provide capacity building and oversight of Shura-e-sehie as a forum to back up CHWs and strengthen community-facility linkages; (e.g. for referral, outreach activities, and priority setting)
- Promote facility/community shura coordination and collaboration with Community Development Councils (CDCs) to address health problems in communities
- Introduce evidence-based and culturally sensitive behavior change strategies so that men and women actively participate in community health activities and contribute to changing social norms
- Scale up Family Health Action Groups (FHAs) to the national level to support community health workers (especially the female CHWs)

Strategic Objective-2 (SO-2): To build the capacity of MoPH and health sector staff to integrate health promotion into their day-to-day activities.

Priority Interventions:

- Convene a meeting with NGOs and other organizations who have been working in Afghanistan for some time to collect best practices regarding preventing illness and promoting health in communities from them (Note: there may be strategies that are most effective with certain ethnic groups and also in rural versus urban areas)
- Collect and analyze technical guidelines and training materials from Afghanistan and other countries regarding integrating health promotion and prevention into health provider training, including the development of evidence-based health promotion programs and services
- Develop new guidelines for developing and implementing effective health promotion programs and services at the community level and facilitate their inclusion in the training programs all categories of health workers beginning with those who work at the community level
- Ensure that any new health messages developed by the MoPH are disseminated to all staff and institutions who train health workers to ensure consistency of approach

Strategic Objective-3 (SO-3): To expand the coverage of the CBHC services throughout Afghanistan

Priority Interventions:

- Expand the CBHC strategy to cover poor urban and nomadic populations

- Increase the number of new CHWs and female Community Health Supervisors (CHSs) through NGO grants and/or contracts
- Train and deploy increased numbers of Community Midwives and Female Community Nurses
- Create and implement an incentives package to recruit and retain quality staff in rural and remote areas

Strategic Objective-4 (SO-4): To improve the quality of health care services at community and household levels

Priority Interventions:

- Revise the evidence-based package of services delivered by CHWs to ensure they are acceptable to the community and appropriate to that level of care
- Prioritize CHWs roles and tasks
- Monitor and supervise the performance of workers at health posts and facilities using quality improvement approaches and promote expansion of those that prove effective
- Continually train CHWs in order to enhance and maintain core competencies, skills and changes of attitude
- Promote the design and testing of innovative and effective ways in which community midwives and nurses at health facilities can work collaboratively with CHWs
- Strengthen and implement a compensation and recognition mechanism for all CHWs so they are adequately compensated for their work and their expenses

Strategic Objective-5 (SO-5): To ensure the necessary support and commitment of policy makers and key stakeholders to sustainable development of Community Based Health Care (CBHC)

Priority Interventions:

- Advocate for the increased commitment of stakeholders (e.g. donors and private sector) in terms of stewardship, and technical and financial assistance to strengthen and sustain the CBHC system at national, provincial and community levels (e.g. assign provincial CBHC officers)
- Collaborate with counterparts in other government ministries to promote appropriate intersectoral activities that support the health and development of communities (e.g. School Health and Family Health Worker Initiative that are part of the Human Resource Development Cluster activities of the NPPs of the ANDS)

Strategic Objective-6 (SO-6): To expand the evidence base regarding health-related knowledge, attitudes and behaviours and effective strategies that promote and support positive health behaviours/healthy lifestyles in Afghan communities

Priority Interventions:

- Conduct additional KAP surveys and learn from existing ones carried out in Afghanistan and other Muslim countries such as Tanzania, Malawi, Ethiopia.
- Collect, analyse, interpret and disseminate data to relevant stakeholders including policy makers and community leaders in ways they can understand

- Collect best practices from health programs and services through regular sessions with staff and clients that identify and document “*what is working well?; what concerns or gaps are there? What suggestions would you offer to improve the program or service?*”

Strategic Objective-7 (SO-7): To design clear, simple and understandable health education messages for communities and facilitate their integration into pre-service and in-service education of all community health workers

Priority Interventions:

- Review and assess current health messages to ensure they are based on the best available evidence (including being appropriate, understandable and actionable by communities)
- Standardize the health messages and materials for health workers to enable them to deliver consistent and appropriate health messages to the communities and households with whom they work (e.g. pictorial materials for those who are illiterate)
- Develop guidelines or adapt existing ones for preparing messages and materials for health promotion and ensure these are integrated into the training of all community-based health workers (e.g. community midwives, CHWs, community nurses, etc.)

Strategic Objective-8 (SO-8): To support the monitoring and evaluation of health communication activities

Priority Interventions:

- Standardize the current priority indicators for health promotion for behavior change communication (and ensure they are included in the data MoPH collects, analyzes and interprets)
- Discuss the need for adding new indicators for health promotion (e.g. for Behaviour Change Communication [BCC]) to routine HMIS data collection and population surveys

STRATEGIC DIRECTION: ADVOCATE FOR AND PROMOTE HEALTHY ENVIRONMENTS

Brief Description/Rationale and Current Situation

The intent of this strategic direction is to improve the environment (e.g. air, water, food quality) and increase public awareness regarding environmental health through enhanced technical and professional efforts in order to prevent illness and promote health; particularly in relation to reducing maternal and child mortality and morbidity. The area of occupational health and safety has also been identified as an important area to work on.

There are a number of important issues to address related to promoting healthy environments in Afghanistan including:

- No endorsed strategic plan or implementation strategy for Environmental Health
- Lack of technical guidelines
- Lack of financial resources

- Lack of well trained and Insufficient number of professional staff in Environmental Health
- Low public awareness of environmental health issues and their relationship to death and illness
- Limited data and regulations
- Lack of licensing of food handling and food service outlets such as restaurants and cafeterias
- Lack of policies, standards and regulations to protect workers “on the job”
- Lack of capacity in occupational health and safety
- Insufficient coordination among relevant stakeholders

“Creating Supportive Environments” is one of the key strategies identified at the First International Conference on Health Promotion to take action to improve population health.

“The inextricable links between people and their environment constitutes the basis for a socio- ecological approach to health. The overall guiding principle for the world, nations, regions and communities alike, is the need to encourage reciprocal maintenance - to take care of each other, our communities and our natural environment. ...

Changing patterns of life, work and leisure have a significant impact on health. Work and leisure should be a source of health for people. The way society organizes work should help create a healthy society. Health promotion generates living and working conditions that are safe, stimulating, satisfying and enjoyable (Ottawa Charter for Health Promotion, 1986, pp. 2-3).

MoPH recognizes the urgent need to address environmental health in general and also occupational health and safety within workplaces in Afghanistan. Two priority areas for action include: advocating for and supporting the availability of safe drinking water and improved hygiene (e.g. handwashing) and sanitation that have been shown internationally to reduce death and illness.

Strategic Objective 1 (SO-1): To strengthen the stewardship role of MoPH in relation to Environmental Health by developing regulations and clarifying roles and responsibilities under the Environmental Health program

Priority Interventions:

- Develop a comprehensive strategy/strategic plan for National Environmental Health (NEH) that includes a practical monitoring and evaluation framework
- Mobilize resources
- Develop regulations with associated roles and responsibilities
- Develop a mechanism for enforcement of the regulations
- Develop an implementation plan that includes effective monitoring and evaluation
- Build the capacity of MoPH management and staff related to environmental health

Strategic Objective 2 (SO-2): To advocate for increased availability of safe drinking water in order to reduce the burden of disease from contaminated water

Priority Interventions:

- Establish water quality monitoring and surveillance system including drinking water quality laboratories in collaboration with the Quality Control Lab
- Contribute to the identification of priority needs and intervention planning with related ministries/departments
- Formulate legislation for the promotion of safe drinking water in Afghanistan (e.g., Safe Drinking Water Act)
- Establish standards for drinking water quality
- Promote low cost water treatment technologies at the community and household level
- Identify key messages and launch public education campaign(s) on good hygiene and how to ensure safe drinking water

Strategic Objective 3 (SO-3): To increase food safety practices to prevent food borne illnesses in food service and retail establishments

Priority Interventions:

- Formulate appropriate legislation, regulations and guidelines on food safety in coordination with other relevant stakeholders
- Develop a disease surveillance system for food borne ailments
- Develop a training package for food handlers on safe food handling procedures and practices
- Raise awareness of the general public on food safety issues in the country
- Facilitate the development of a health certification system for food products
- Institute a system of coordinated and regular inspections of food markets, shops and restaurants

Strategic Objective 4 (SO-4): To develop a systematic framework to lead a national process to reduce air pollution and promote clean air (in collaboration with the Environmental Protection Agency)

Priority Interventions:

- Develop appropriate legislation, regulations and guidelines related to acceptable levels of air quality
- Establish health-based standards for outdoor and indoor air quality
- Promote behavior change interventions to raise public awareness about clean air and what they can do to assist in reducing air pollution, as well as information campaigns on the negative effects of poor air quality on human health
- Advocate for the adoption of cleaner technologies (e.g. incinerators)
- Conduct epidemiological studies linking air pollution exposure and human health

Strategic Objective 5 (SO-5): To create a national multisectoral radiation protection forum to agree on and advocate for safe levels of radiation in the country including increasing industry and public awareness of this issue

Priority Interventions:

- Formulate appropriate legislation, regulations and guidelines on radiation safety in coordination with relevant stakeholders
- Collect baseline data on radiation levels in various parts of the country
- Develop a strategy that includes an implementation plan and a realistic monitoring and evaluation framework
- Develop a communication strategy for various key actors on radiation awareness and protection

Strategic Objective 6 (SO-6): To create a national multi-stakeholder mechanism for the management of garbage and hazardous wastes (including solid waste and healthcare waste)

Priority Interventions:

- Formulate appropriate legislation, regulations and guidelines on the management of hazardous waste including solid waste in coordination with relevant stakeholders
- Provide tools for assessing risks and information regarding the health hazards of hazardous waste
- Develop and disseminate guidelines for the proper management of healthcare waste to relevant stakeholders
- Develop/Adapt and implement a training package for healthcare workers on proper healthcare waste management
- Increase public awareness and promote community participation in municipal solid waste management, (e.g. reuse, reduce and recycle)
- Expand the pilot of existing incinerators in medical waste management

Strategic Objective 7 (SO-7): To improve hygiene and sanitation throughout the country among the general public and health workers

Priority Interventions:

- Formulate good hygiene and sanitation standards
- Design and conduct effective health education campaigns for health workers and the public related to handwashing and its importance in preventing illness and promoting health
- Conduct training for health workers at all levels related to handwashing and its importance in preventing illness and promoting health

Strategic Objective 8 (SO-8): To build capacity and improve occupational health and safety among all workplaces

Priority Interventions:

- Develop an occupational health and safety policy, strategy and standards
- Develop and conduct regular training and certification programs for occupational health and safety officers at central and provincial levels
- Develop and implement a practical system for monitoring occupational health and safety among all workplaces in Afghanistan

STRATEGIC DIRECTION: CREATE AN ENABLING ENVIRONMENT FOR THE PRODUCTION AND AVAILABILITY OF QUALITY PHARMACEUTICALS

Brief Description/Rationale and Current Situation

The intent of this Strategic Direction is to create an enabling and regulated environment to ensure reliable and sustainable access to quality pharmaceuticals in Afghanistan.

There are a number of critical issues to be addressed in the current environment including:

- Lack of access to quality assured essential medicines
- Lack of qualified human resources and pharmaceutical management skills at all levels
- Lack of standard stocks
- Poor quality of current pharmaceutical services
- High levels of out-of-pocket payments for medicines by the public due to lack of a mechanism to regulate the price of medicines
- Multiple, largely uncoordinated, streams of medicine supply
- A largely unregulated private sector, and uncontrolled use of medicines
- Uncertain role of the pharmaceutical manufacturing sector
- Low local production capacity of pharmaceuticals
- Low capacity of the existing Food and Drugs Quality Control Laboratory (i.e., does not meet international standards)
- No development of traditional and herbal medicines production and distribution

Strategic Objective-1 (SO-1): To develop effective Quality Assurance (QA) systems to assure the quality of pharmaceutical products in the public and private sectors

Priority Interventions:

- Establish a quality assurance technical advisory committee
- Produce a road map for a quality assurance methodology
- Develop, finalize and implement a 5 year quality assurance strategy and implementation plan
- Promote the appropriate functioning of national, regional, provincial and institutional Drug and Therapeutics Committees (DTCs)
- Develop and further refine Standard Treatment Guidelines (STGs) and establish Pharmacovigilance and Adverse Drug Reaction (ADR) Systems
- Upgrade the Food and Drugs Quality Control Laboratory or build a new facility

Strategic Objective-2 (SO-2): To develop an effective and efficient Pharmaceutical Regulatory System

Priority Interventions:

- Review the existing regulatory documents on pharmaceuticals in Afghanistan and develop new regulations as required

- Develop a pharmaceutical (including pharmaceuticals manufacturing) regulatory implementation plan initially focusing on those gaps that are identified as priorities
- Establish a sustainable mechanism for post-marketing surveillance on medicines
- Implement a revised regulatory framework policy and effective enforcement methodology

Strategic Objective-3 (SO-3): To establish and implement a system of good governance to ensure transparency and efficiency in supply chain management and commodity security of pharmaceuticals including vaccines

Priority Interventions:

- Use and expand the existing Coordinated Procurement and Distribution System (CPDS) for coordination, oversight, procurement, quantification, delivery/distribution etc. of all pharmaceuticals in the public health sector
- Enhance the capacity of the Pharmaceuticals Donations Office (PDO) to act as a regulatory and coordinating body of the GD Pharmaceutical Affairs (GDPA), for all medicine donations to the country
- Establish and implement systems of good pharmaceutical practice to ensure transparency and efficiency in supply chain management and commodity security
- Develop standardized plans, mechanisms, Standard Operating Procedures (SOPs), and tools to implement an Management Information System for data and information sharing and reporting on all pharmaceuticals by all active parties
- Establish coordination of the vaccine supply to ensure reliable availability
- Establish biomedical/technical equipment coordination mechanism

Strategic Objective-4 (SO-4): To build sustainable capacity for effective essential medicines management

Priority Interventions:

- Develop and implement a human resource, education and training strategy to address the deficiencies in current pharmaceutical capacities and provide a degree of sustainability through continuous capacity/professional development
- Facilitate the provision of technical assistance to all the schools of pharmacy for the incorporation of modern pharmaceutical management concepts in their curricula
- Develop a new National Medicine Policy
- Develop a pharmaceutical waste management program
- Upgrade the Central Warehouse operations

Strategic Objective-5 (SO-5): To advocate for and support increased local pharmaceutical production capacity

Priority Interventions:

- Enhance the local pharmaceutical manufacturing capacity of the country by advocating for the reduction of taxes on drug manufacturing equipment and raw materials for local pharmaceutical producers
- Facilitate the bulk purchasing of raw materials from other countries and enable their distribution to local drug manufacturers (so they are able to produce drugs and make them available to the public at lower prices)
- Encourage and support the use of locally produced medicines by Afghan hospitals, health facilities and pharmacies
- Promote the use of locally produced generic drugs versus brand names
- Develop and enforce guidelines to enhance drug distribution systems within Afghanistan to ensure that medications reach areas of need and are not “stock piled” by manufacturers until they can obtain a higher price for them elsewhere
- Reconstitute a department within the MoPH that supports the development, distribution and export of traditional and herbal medicines
- Encourage the development of a local drug manufacturers association to have one point of contact for government and to facilitate the sharing of knowledge and expertise among local pharmaceutical manufacturers
- Advocate for the development of industrial parks within Afghanistan for the production of local pharmaceuticals to enable the enforcement of quality control standards, appropriate disposal of waste materials, sharing of expertise, etc.

DESIRED RESULTS/OUTCOMES FOR 2015

The MoPH has modified the targets set in the Health and Nutrition Sector Strategy 2008-2013 as some of the targets have already been achieved; e.g. reduction in infant and child under 5 mortality. Following are the desired results for 2013 and 2015: (Note that a column entitled 2020 is included as there is speculation that Afghanistan will not reach all the MDGs by 2015.)

TABLE 1: DESIRED RESULTS FOR 2015

Results	Data Source	2000 Baseline	2006	2008	2013	2015	2020 (Afghan MDGs)
		Access to BPHS					
Increased access to primary health care through BPHS as measured by the proportion of a given population that can be expected to use a specified facility, service, etc., taking into account barriers to access, usually measured within 2 hours by	HHS	9%	65%	57 % ¹	65%	75%	85%

¹ NRVA (2000)

walking distance of a health facility							
		Maternal Mortality					
Reduction in the maternal mortality ratio (MMR) per 100, 000 live births	RAMOS Community Based Household Survey	1600	N/A	N/A	1120 deaths/100 000 live births corresponding to a 30% reduction from year (2000) baseline.	960 deaths/100 000 live births corresponding to a 40% reduction from year (2000) baseline.	800 deaths/100 000 live births corresponding to a 50% reduction from year (2000) baseline.
		Infant and Under Five Mortality					
Reduction in the under-5 mortality rate per 1,000 live births	HHS (NRVA)	257	191	161	137	117	100
Reduction in the infant mortality rate per 1,000 live births	HHS (NRVA)	165	129	111	97	85	74
		Full Immunization Coverage					
Increased national immunization coverage of children aged between 12 - 23 months who are fully vaccinated with Penta3 vaccines (3 doses of Penta)	HHS (NRVA)	31% ²	77% ³	33 % HHS (NRVA)	60%	70%	85%
Increased national immunization coverage with measles vaccine among children under one year of age.	HHS (NRVA)	35% ⁴	68% ⁵	54 % HHS (NRVA)	60%	70%	85%

MEASURING PERFORMANCE: MONITORING IMPLEMENTATION OF THE STRATEGIC PLAN

In addition to monitoring the indicators to meet the ANDS targets and those of the HNSS, the Strategic Framework and Operational Planning Working Group will work closely with the M& E and HMIS Departments of the MoPH and with the Afghan Public Health Institute, to ensure that sex-disaggregated data (if possible) are collected, analyzed and reported on. A more detailed Performance Measurement Framework has been developed that includes targets, baselines and indicators for each Strategic Direction (refer to Appendix A). The Strategic Plan will also be costed with technical support provided by the EU.

² EPI/MoPH (2000)

³ EPI/MoPH (2006)

⁴ EPI/MoPH definition (2008) used which will be changed to new definition in subsequent years

⁵ EPI/MoPH (2006)

HOW THE STRATEGIC PLAN 2011-2015 LINKS WITH NATIONAL PRIORITY PROGRAMS, THE HEALTH AND NUTRITION SECTOR STRATEGY AND OTHER MoPH STRATEGIES

This section will address the question “How does the MoPH Strategic Framework 2011-2015 link with the National Priority Programs (NPPs) of the Afghan National Development Strategy (ANDS), the HNSS and other strategies developed by technical departments within MoPH?”

Links to National Priority Programs (NPPs)

At the Kabul Conference, held in Kabul on July 20, 2010, high level GoIRA officials and foreign experts endorsed an action plan to improve: social and economic development, governance and security as part of the Afghanistan National Development Strategy (ANDS). At that time, 22 National Priority Programs were developed and committed to by external donors. For additional detail on the Kabul conference see <http://www.fa.gov.af/kabul-conference.asp> and <http://www.and.s.gov.af>

11 core elements of the NPPs were identified. *Facilitating Human Resource Development; Strengthening Leadership and Accountability; Building Good Democratic Governance; Meeting Resource Requirements and Measuring for Results*, are of particular relevance to the health sector.

Human Resource Development and capacity building is one of the Strategic Directions of the MoPH’s Strategic Framework 2011-2015. It is also a thread that runs through many of the other 9 Strategic Directions. The Strategic Direction (SD) on “Strengthening the Stewardship role of the MoPH and Governance in the Health Sector” and the SD on “Improving Health Financing” are aligned with the NPP Core elements *Building Good Governance and Strengthening Leadership and Accountability*. The SD on “Supporting Regulation and Standardization of the Private Sector” supports improving relationships with the private sector to enhance health services, which aligns with the NPP core element *Unleashing Investments in Economic and Infrastructure Development*. The SD on “Improving the Nutritional Status of the Afghan population” includes links to food and agriculture, which is linked with the NPP core element *Accelerating Agriculture and Rural Development*. “Results-oriented Culture” is one of the new core values of the MoPH, and this is well aligned with the NPP core element that includes *Measuring for Results*.

More specifically, the key areas of the MoPH’s Strategic Plan that are currently under the National Priority Programs of ANDS are: 1) the Basic Package of Health Services (BPHS); 2) the Essential Package of Health Services (EPHS); 3) the Institutional Development of selected National Hospitals; and 4) the Human Resource Development Cluster that includes a number of activities including those aimed at: improving the governance capacity at senior and managerial levels; developing adequate professional standards, specialized curricula and training specialized staff; and increasing the capacity of community workers and professional providers.

Links to Health and Nutrition Sector Strategy (HNSS)

The main objectives of the Afghanistan National Development Strategy (ANDS) are to: reduce poverty, improve human development indicators, promote sustainable economic development (with a focus on the private sector), and to make significant progress toward meeting the Millennium Development Goals (MDGs). The HNSS (2008-2013) set targets for 2013 to address the ANDS objectives that are all reflected in the “Desired Results for 2015” section of this document. These targets have been updated in this new Strategic Plan based on achievements to date and thoughtful projections. The MoPH Strategic Plan includes a number of SDs and Priority Interventions that will contribute toward meeting the MDGs related to: reducing maternal mortality, reducing under 5 mortality and increasing immunization coverage.

The urgent need to devote increased attention and resources to improving the nutritional status of Afghans has been recognized since the development of the HNSS. The Strategic Direction “Improve the nutritional status of the Afghan Population” has been developed to take action in this area. Some issues that were not identified as priorities in the HNSS, have received increased attention in the MoPH Strategic Plan 2011-2015. They include: Pharmaceutical Management, the Private Sector, Environmental Health and Hospitals/Tertiary Care.

Prior to the development of the Strategic Directions, an inventory was done of all current MoPH policies, strategies and plans, as well as those under development. This inventory was shared with SF Working Group members who were advised to build on them, and as much as possible, integrate them into the new Strategic Plan. For each Strategic Direction, key stakeholders from within and outside government were consulted with and invited to present their key recommendations to the Working Group using the framework provided (that included sample Strategic Directions and Priority Interventions).

The MoPH Strategic Plan 2011-2015, is designed to be implemented. During the process, participants were guided to focus on priority areas and interventions that may be accomplished over the next five years.

CONCLUDING REMARKS

Health for all Afghans is an ambitious and inspiring vision. It is hoped that this document will provide inspiration, as well as support and practical guidance, to MoPH management and staff and many others engaged in the health sector. Only by working collaboratively, can we address the complex issues facing Afghanistan and improve the health and nutritional status of the Afghan people. By focusing on promoting health, using evidence to design and implement health programs and services, and in the spirit of continuous quality improvement, TOGETHER we can make a difference.

REFERENCES CITED IN THE DOCUMENT

- Belay, Tekabe A., Ed, Building on Early Gains in Afghanistan's Health, Nutrition and Population Sector, Washington: The World Bank, 2010
- Block P., *Stewardship - choosing service over self-interest*. San Francisco, Berrett-Koehler Publishers, 1993
- Canadian International Development Agency, *Food Security Strategy*, 2010;
<http://www.acdi-cida.gc.ca/acdi-cida/ACDI-CIDA.nsf/eng/NAD-31210472-LHX#pdf>
- Canadian Public Health Association, Health and Welfare Canada, World Health Organization, *Ottawa Charter*, 1986
- Federal, Provincial, Territorial Advisory Committee on Population Health, *Strategies for Population Health – Investing in the Health of Canadians, September 14-15, 1994*
- Governance Institute – Afghanistan (GI-A), *Qualitative Methods in Operation Research on Ways of Overcoming Socio-cultural Barriers to Birth Preparedness and Newborn Care in Support of Sustained Behavior Change, November 2010, [presented at November 24, 2010 meeting of the CGHN]*
- Government of the Islamic Republic of Afghanistan (GoIRA), *Health and Nutrition Sector Strategy*, 2008-2013
- Government of the Islamic Republic of Afghanistan (GoIRA), *Afghanistan National Development Strategy (ANDS), Prioritization and Implementation Plan Mid 2010-Mid 2013, volume 1*
- Hamilton, N. & Bhatti, T., *Population Health Promotion Model*, 1996 <http://www.phac-aspc.gc.ca/ph-sp/php-ppsp/php3-eng.php#Developing>
- Kabul Conference, <http://www.fa.gov.af/kabul-conference.asp> and <http://www.and.s.gov.af>
- Kent, J. & Wilkinson, D.G. *Applied Strategic Planning*. Willowdale ON: The Wilkinson Group Inc/Kent Consulting, 1991
- MoPH, *A Basic Package of Health Services for Afghanistan*, 2005
- MoPH, *Child and Adolescent Health Strategy*, 2009-2013
- MoPH, *Draft National Gender Strategy*, 2011-2015
- MoPH, *National Reproductive Health Strategy*, 2010-2015
- MoPH, *Strategy for Improving Quality in Health Care*, 2010
- MoPH, *Draft Strategy to Support Policy for the Private Sector*, 2009-2014

- MoPH, *National Child and Adolescent Health Policy*, 2009-2013
- MoPH, *National Health Information Systems Strategic Plan*, 2009-2013
- MoPH, *National Health Workforce Plan*, 2009-2013
- MoPH, *National Infant and Young Child Feeding Policy and Strategy*, 2009-2013
- MoPH, *National Policy for Public/Private Sector Partnerships*, 2011-2014
- MoPH, *Public Nutrition Policy and Strategy*, 2009-2013
- Pearson, M., *Demand Side Financing for Health Care*, London: DFID Health Systems Resource Centre, 2001
- The Micronutrient Initiative & UNICEF, *VITAMIN & MINERAL DEFICIENCY A damage assessment report for AFGHANISTAN*, available from: www.micronutrientinitiative.org
- Thompson, P., *Assessment of Current Policy Development and Planning Processes within the Ministry of Public Health GoIRA and Recommendations for Action*, December 2010
- United Nations Economic and Social Commission for Asia and the Pacific, <http://www.unescap.org>
- USAID, *Proceedings from Round Table Meeting on the National Improvement Strategy and Infrastructure for Improving Health Care in Afghanistan*, January 10, 2010
- Vlassoff, C. & Moreno, C.G., *Placing gender at the centre of health programming: challenges and limitations*. *Journal of Social Science and Medicine* 54, pp. 1713-1723
- WHO, *Closing the gap in a generation – Health equity through action on the social determinants of health (Commission on Social Determinants of Health FINAL REPORT)*, 2008
- WHO Commission on the Social Determinants of Health
http://www.who.int/social_determinants/themes/womenandgender/en/index.html
- WHO, Madrid Seminar on Gender Mainstreaming Health Policies in Europe, 2001 accessible from <http://www.eurowho.int/document/a75328.pdf>
- WHO, *Health Promotion Glossary*, 1998
- WHO, *Social Determinants of Health The Solid Facts*, second Edition, 2003
- Witter, S., Jowett, M., & Thompson, R. *Health Economics for Developing Countries: A practical guide*. Macmillan Education, 2006

APPENDIX A - PERFORMANCE MEASUREMENT FRAME WORK (PMF) FOR MOPH STRATEGIC PLAN 2011-2015

Strategic Direction	Indicators	Baseline	Target for 2013	Target for 2015	Data Sources	Frequency of reporting	Lead Dept
Strengthen MoPH's Stewardship Role & Governance in the Health Sector	% of MoPH departments that submit annual workplans (AWPs) following the established process	No system in place (at end of 2010) Assessment report by TA submitted in Dec. 2010	100% of MoPH departments submit annual workplans using the established process	A practical and consistent planning process & system is institutionalized* that 100% of MoPH departments follow <i>*institutionalized means that departments submit their annual workplans on time using the established process & they are of good quality (e.g. score at least moderate according to review criteria)</i>	List compiled by Strategic Planning Department at end of each fiscal year	Annual	Planning

Strategic Direction	Indicators	Baseline	Target for 2013	Target for 2015	Data Sources	Frequency of reporting	Lead Dept
	Fully functional policy analysis unit in place	No unit in place at end of 2010-2011	50% of new policies are reviewed and analyzed by this unit	100% of policy documents are analyzed by this unit	-MoPH Tashkeel -List compiled by Policy Analysis Unit at end of each fiscal year	Annual	GDPP
	Extent to which Procurement Department meets Certification requirements	Procurement assessment of MoPH by Ministry of Finance (MoF) in 2008-2009	Partial certification of Procurement Dept. by MoF	Certification of Procurement Dept. by MoF	Annual procurement plan	Annual	Procurement
Enhance Evidence-Based Decision making by establishing a culture that uses data for improvement	Integrated HIS data warehouse established	None	Four well functioning databases integrated in data warehouse	At least six well functioning databases and national Household surveys integrated in data warehouse	HMIS	Annual	HMIS

Strategic Direction	Indicators	Baseline	Target for 2013	Target for 2015	Data Sources	Frequency of reporting	Lead Dept
	Culture of data use strengthened	Nonexistent	70% of MoPH Depts develop their AWP's using the MoPH P&P template which includes evidence-based strategies and data/evidence that supports their activities	90% of MoPH Depts develop their AWP's using the MoPH P&P template which includes evidence-based strategies and data/evidence that supports their activities	Annual report of Planning Department	Annual	DG PP with HMIS Dept
Improve Health Financing	Government health expenditure as % total government	US \$ 4.0	US \$ 6.0	US \$ 10	NHA	Bi-annual	HEFD
	Private out of pocket health expenditure	75%	70%	65%	NHA	Bi-annual	HEFD
	Health insurance schemes examined	No system is in place	Feasibility study (pilot) of health insurance schemes conducted	Results of the pilot test(s) attained and plan for future developed	Feasibility study report	Once by 2013	HEFD
	Medium term expenditure framework in place	Not developed	Developed	Developed	Med-term expenditure report	One time exercise	HEFD
	Sector-wide approach is implemented	Not introduced	SWAp is partially implemented	SWAp is implemented across the health sector	NHA	Annual	HEFD

Strategic Direction	Indicators	Baseline	Target for 2013	Target for 2015	Data Sources	Frequency of reporting	Lead Dept
Support Health Promotion & Community Empowerment	#of active/practicing CHWs	20000	30000	40000	HMIS and CHWs registration	Annually and quarterly	GCMU and CBHC
	# of provinces that have established FHA groups	1%	10%	20%	NGOs report	Annually and quarterly	GCMU and CBHC
	% of families who recognize signs of ARI and seek timely referral	TBD (add to next MICS/NRVA)	Increased 40% from baseline	Increased 80% from the baseline	Survey	Annual	HPD
	% of mothers who manage diarrhea with continued breastfeeding and/or oral rehydration therapy	TBD (add to next MICS/NRVA)	Increased 40% from the baseline	Increased 80% from the baseline	Survey	Annual	HPD

Strategic Direction	Indicators	Baseline	Target for 2013	Target for 2015	Data Sources	Frequency of reporting	Lead Dept
Strengthen Human Resource Management and Development	Number of health workers* per 10,000 Population * Health workers are defined as "all employees registered in the MoPH and NGO staff contracted in health"	18,404** / 24987.317*** = 7.365					
		** Based on Table 5.1, page 84 World Bank report "Building on Early Gains ..." and increased yearly by 10% *** Afghan CSO Population data (http://www.cso.gov.af/demography/population.html)	24,200 / 26022.298 = 9.299	29,200 / 27100.148 = 10.774	HRMIS	Quarterly	GDHR
	Gender Distribution of Health Workers	Male 75% Female 25%	Male 70% Female 30%	Male 65% Female 35%	HRMIS	Annual	GDHR

Strategic Direction	Indicators	Baseline	Target for 2013	Target for 2015	Data Sources	Frequency of reporting	Lead Dept
	Regional Distribution of Health Workers	Rural/Urban (R/U)**** Doctors: 73%/27% Nurses: 61%, 39% Midwives: 60%/40% **** Urban is defined as Kabul, Jalabad, Mazar, Herat, Kandahar, Kunduz	R/U**** Doctors: 65%/35% Nurses: 55%, 45% Midwives: 55%/45%	R/U**** Doctors: 60%/40% Nurses: 55%, 45% Midwives: 55%/45%	HRMIS	Annual	GDHR
	Occupational Distribution of Health Workers	Per 1000 population: Doctors: 0.29 Nurses: 0.24 Midwives: 0.12 Total health workers: 0.65	Per 1000 population Total Health workers: 4	Per 1000 population Total Health workers: 6	HRMIS	Annual	GDHR
Improve Nutritional Status of Afghan Population	Regulation and associated structures are in place related to Food fortification and Supplementati on	No regulation	Regulatory structure by 2013	Regulatory structure by 2015	Nutrition departmen t documents	Annual	Public Nutrit ion Depart ment (PND)
	Updated/revis ed nutrition policy	No mechanism in place at end of 2010	First review	Second review	Nutrition departmen t documents	3-year	PND

Strategic Direction	Indicators	Baseline	Target for 2013	Target for 2015	Data Sources	Frequency of reporting	Lead Dept
	% of mothers who have initiated breast feeding within first hour following birth	TBD (add to next MICS/NRVA)	20% Increased from the baseline	30% increase from base line	HHS	3-5 years	PND
	% of children < 6 months who have been exclusively breast fed	TBD (add to next MICS/NRVA)	20% Increased from the baseline	30% increase from base line	HHS	3-5 year	PND
Support Regulation and Standardization of the Private Sector to provide quality health services	% of new or revised legally binding regulatory documents, approved by the Minister of Public Health affecting the private sector, which have been developed with private sector collaboration and comment	10%	50%	100%	Policy documents signed by the Minister of Public Health	Annual	OPSC
	# of hospital public private partnerships designed, negotiated and being managed by the MoPH that include an international accreditation requirement	None (0)	Three (3)	Five (5)	Annual report of OPSC	Annual	OPSC

Strategic Direction	Indicators	Baseline	Target for 2013	Target for 2015	Data Sources	Frequency of reporting	Lead Dept
Create an Enabling Environment for Production & Availability of Quality Pharmaceuticals	Proportion of Public health facilities reporting stock outs of Essential Medicines lasting for more than 1 week	HMIS to be checked out <20%	Less than 5%	Maintain	HMIS	Quarterly	GDPA
	% of ED (Essential Drugs) produced locally	1%	10% from baseline	20%	GDPA records	Annual	GDPA
	% of required legislative documents updated, developed and enforced	60%	70%	100%	Policy documents signed by the Minister of Public Health	Annual	GDPA
	% of quality medicine available in private, government and nongovernmental sectors (national level)	MSH/SPS 2010 assessment shows 91% availability of standard medicines at the national level	100%	100%	Survey	Bi-annual	GDPA
	Increase equitable access to quality health services						
	% of HIV prevalence in general population	<0.5%	<0.5%	<0.5%	Every 2 years	Modelling	NACP

Strategic Direction	Indicators	Baseline	Target for 2013	Target for 2015	Data Sources	Frequency of reporting	Lead Dept
	% HIV prevalence among high risk groups (IDUs)	IDUs (1-18.2%) 7.1%	7.1%	Staff transmission	Every 2 years	IBBS	NACP
	% of correct knowledge about HIV prevention and way of transmission	15%	40%	60%	Every 2 year	KAP Survey in general population	NACP
	TB Case detection rate	68%	70%	73%	R&R TB system, quarterly reports	Annual	NTP
	TB Treatment success rate	87%	88%	89%	R&R TB system, quarterly reports	Annual	NTP
Advocate for and promote healthy environments	Critical documents are developed	0	National EVH Strategic Plan approved	Occupational Health and Safety Strategy in place	Surveillance reports	Annual	EHD
	Water Surveillance system is established	No water surveillance system in place at end of 2010-11	The foundation is laid	The system is in place and working effectively	Minutes of Executive Board	Annual	EHD