Afghanistan’s health sector made significant progress over the last decade, which translated in substantial decline in infant, child and maternal mortality. The concerted efforts have enabled Afghanistan to stay on track in achieving MDGs 4 and 5. However the baseline indicators were extremely poor and until now remain high in regional and global comparison.

The coverage of primary health care services has been expanded to districts where 82% of the population resides. Albeit the improvement in the quantity of health service delivery that resulted in an increase of number of functioning health facilities from 496 in 2002 to more than 2000 in 2011 and five-fold increase in the number of outpatient visits, the coverage, quality and accessibility still remains suboptimal. Thirty percent of population has limited access due to lack of security, 40% of population living more than one hour’s travel from nearby health facility and skilled birth attendance is less than 40%.

Afghanistan’s socioeconomic indicators show a mixed picture of progress and challenges, some of which remain a major concern. Life expectancy is low (60 years), despite a significant decline, infant, under-five and maternal mortality, respectively at 77 per 1000 live births, 99 per 1000 live births and 460 per 100 000 live births are still high, and an extremely high prevalence of chronic malnutrition with 39% of all under 5 children and widespread occurrence of micro-nutrient deficiency. There is a high burden of communicable diseases, which account for more than 60% of all outpatient visits and more than half of all deaths.

While Afghanistan remains one of the three polio endemic countries globally steady progress has been made in polio eradication. There is a significant (62%) decline in confirmed polio cases; fourteen polio cases reported in 2013 compared to 37 in 2012. Noncommunicable diseases contribute to more than 35% of all of the mortality. Some of the major challenges and constraints faced by the health sector include: inadequate financing for many of the key programs and heavy reliance on external sources of funding; insufficient and inadequately trained health workers and a lack of qualified female health workers, particularly in the rural areas; lack of access to health care due to dispersed populations and insecurity; quality compromised services; constrained national capacities for health planning and management, especially in the areas of governance, etc.

HEALTH POLICIES AND SYSTEMS

The Afghanistan’s health system has been steadily progressing over the last 13 years, with an increasing coverage of primary health care services throughout the country. Afghanistan health system’s vision, roadmap and policy frameworks and top priorities has been developed within the Afghanistan National Development Strategy (ANDS) in 2008, reaffirmed in National Strategic Health Plan 2011-2015 and National Health and Nutrition Policy 2012-2020. Afghanistan has transformed a conflict-torn health system both in infrastructure and service delivery terms to a relatively functional one through an innovative approach by contracting out Basic Package of Health Services and Essential Package of Health Services (BPHS/EPHS) at primary and tertiary levels to competent NGOs.

COOPERATION FOR HEALTH

The major programmes of MoPH are funded by multi-/bi-lateral donors and development agencies. The major health sector programme System Enhancement for Health Action Transition (SEHAT) is supported by the Government of Afghanistan, WB, EU/EC and USAID to which WHO is providing technical assistance. The focus is on expansion and improvement of BPHS/EPHS and system strengthening. There is an active Development Partners Coordination Committee. The Ministry of Public Health has established a Strategic Steering Committee to share information with all health sector development partners and to ensure effective aid and development co-operation. WHO plays a critical role in improving coordination and communication among all health sector partners. Afghanistan has committed to improve coordination among the partners to strengthen the health system within its six known pillars by application of sector wide approach (SWAP) for a reformed aid delivery which has been well translated into major priorities of the MoPH strategic plan (2011-2015). The aim of SWAP is to put internationally agreed principles for effective aid and development co-operation into practice in the health sector. The country has also recently joined IHP+.
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<tr>
<th>Strategic Priorities</th>
<th>Main Focus Areas for WHO Cooperation</th>
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| STRATEGIC PRIORITY 1: Communicable Diseases | • Support National TB Control Program in updating / developing national TB plans beyond 2015 in line with post-2015 global tuberculosis strategy and new targets  
• Support national malaria control program in implementation of national malaria prevention, control and elimination strategies  
• Support national control programs (leprosy and leishmaniasis) in developing, finalizing and implementation of national NTD control strategy and treatment guideline  
• Support the NACP/MoPH in effective and efficient implementation of strategic plan for HIV control activities with a focus on harm reduction activities  
• Support NIP/MoPH in effective implementation of annual plan of actions developed based on EPI comprehensive multi-year plan towards national targets of achieving 90% coverage with all antigens nationally and at least 85% in each district  
• Facilitate the implementation of Supplementary Immunization Activities, Acute Flaccid Paralysis Surveillance, Monitoring and Evaluation and Certification activities to achieve the interruption of polio virus transmission and eventual eradication  
• Facilitate the collaboration and implementation of the global health initiatives with regard to communicable diseases, such as GAVI and GFATM |
| STRATEGIC PRIORITY 2: Noncommunicable diseases | • Assist in determining burden of NCDs and risk factors which will inform, a National NCDs control strategic plan  
• Support implementation of WHO Framework Convention on Tobacco Control  
• Assist implementation of mental health policy, strategies and plans in line with global mental health action plan  
• Promote multi sectoral collaboration for development and implementation of road safety policy  
• Support country capacity to implement program that address violence against women, youth and child  
• Support MOPH in setting/ targets and establishing national action plans in line with the comprehensive implementation plan on maternal, infant and young child nutrition |
| STRATEGIC PRIORITY 3: Promoting health through the life course | • Support delivery and monitoring of Reproductive, Maternal, Newborn, Child and Adolescent Health services at sub-national level through capacity building. Facilitate revision and development of strategies guidelines and training packages to provide high quality RMNCAH services  
• Assist in mainstreaming gender, equity and human rights issues across all interventions and activities, and specifically help roll out the Gender Based Violence Protocol to all health facilities  
• Support development of County level coordination mechanism established for the implementation of Social Determinants of Health policy, strategy and guideline  
• Advocate for prioritization of environmental health in national plans |
| STRATEGIC PRIORITY 4: Health systems | • Assist in strengthening the governance and stewardship functions of Ministry of Public Health towards strengthening health systems. Help ensure increased investments in the health sector  
• Provide facilitation in adopting Sector Wide Approach, IHP+ and guide the development of partners’ coordination and Sector Dialogue Structures  
• Support transformation of major health systems such as health financing, including development and use of Medium Term Expenditures Framework, Human Resources Development, National Regulatory Authority, Monitoring and Evaluation, HMIS, Research and Surveillance, Health Innovation/Technologies, Health Promotion  
• Facilitate building and maintaining a productive partnership between Private and Public Sector  
• Facilitate the implementation of the GAVI HSFP funds and GFATM HSS funds, ensure effective and timely utilization, monitor the outputs/outcomes, guide the preparation and submission of reports as per the requirements |
| STRATEGIC PRIORITY 5: Emergency preparedness, surveillance and response | • Assist in developing and maintaining alert and response capacities as required under International Health Regulations (IHR-2005) through developed core capacities, intersectoral coordination and strengthened surveillance and response to Public Health Emergencies of International Concern (PHEICs)  
• As Cluster Lead ensure the establishment of health as a central component of multisectoral frameworks for emergency and disaster risk management and support in strengthening national capacities for all-hazard emergency and disaster risk management for health  
• Support the strengthening of the disease early warning system  
• Strengthen the humanitarian health information system by ensuring a functional communication network and data analysis capacity at national and subnational levels. |