

Afghanistan

Health Sector Needs Assessment

Afghanistan continues to have some of the most alarming health indicators in the world as a result of years of isolation and conflict. Life expectancy at birth is 43 years, slightly more than half that of the world's wealthiest countries. The infant mortality rate – one of the highest in the world – is 165/1000 live births. The under-five mortality rate is 257/1000 live births and the maternal mortality ratio is 1600/100 000 live births. 52% of the population are under 18 years

of age. The main causes of maternal death – haemorrhage, convulsions, obstructed labour and unsafe abortions – are all preventable with proper emergency obstetric care. Similarly, infant mortality rates could decrease by more than a third with proper care. Three preventable diseases – acute respiratory infections, diarrhoea and measles – are the leading causes of child mortality in the country. Chronic malnutrition, developed at a young age, translates into extraordinarily high prevalence rates of underweight children (40%) and of stunting (54%). Health and nutrition indicators were further exacerbated by a severe food shortage in 2008 due to drought, coupled with sudden and drastic increases in food prices, making food unaffordable for most low-income households.

The country has a high burden of communicable diseases such as TB and malaria. HIV/AIDS, while still at a low level, is a growing threat, the extent of which is not yet known. Lastly, as a direct consequence of the years of conflict, Afghanistan has a large number of people living with disabilities and mental health problems for whom treatment and rehabilitation services need to be developed.

Despite substantial foreign aid and health sector investments and progress made since 2003, the health situation in Afghanistan remains fragile. Most bilateral and multilateral donors give funds to support health sector recovery and development rather than primary health care or emergency response. The health and nutrition sector receives a negligible portion of government resources, accounting for only 3% of the overall operating budget and 5% of the development budget (*Health and Nutrition Sector Strategy 2008-2013*). Financing of the basic package of health services (BPHS), which is considered the cornerstone of the Afghan health system, is based on 2003 costs that



have not been adjusted to reflect changing needs and increased service delivery costs.

In the last two years, health agencies' ability to provide health services is being undermined by increasing insecurity, decreasing humanitarian space and the recurrence of natural disasters, including drought. This challenging environment hampers both the availability of and access to quality health services for vulnerable communities in insecure and under-served areas.

Health Sector Priorities for 2009

- Maternal and child care at the community and health facility level, including basic emergency obstetric care at community health centres and comprehensive emergency obstetric care in district hospitals;
- Emergency preparedness and response capacity for communicable disease outbreaks and natural disasters;
- Access to emergency hospital care services;
- Access to primary health care in under-served areas (including services for persons living with disabilities);
- Availability of female-friendly health services; including family planning, medical response to gender-based violence and community sensitization of reproductive health needs;
- Advocacy for the equitable distribution of health services, including reproductive health services;
- Strengthen capacity of local stakeholders in health emergency management;
- Monitor quality of drinking water at health facility level;
- Waste product management and vector control at health facilities;
- Increase health seeking behaviours.

WHO Proposed Projects in the CAP 2009

Project titles	Requested funds *	Implementing partners
Mainstreaming gender in the health system AFG-09/H/23737/122	211 500	MoPH
Ensuring national and provincial preparedness and response to the health crisis in Afghanistan AFG-09/H/23738/122	6 600 000	MoPH/Provincial MoPH
Strengthening the coordination and advocacy capacity of the health cluster at national and regional levels AFG-09/H/23739/122	1 950 000	Health Cluster partners (MoPH, NGOs & UN agencies involved in health)
Leishmaniasis control in Kabul AFG-09/H/23742/122	450 000	NMCLP, MoPH, GLCC

Project titles	Requested funds *	Implementing partners
TB control activities in refugee camps AFG-09/H/23744/122	223 630	National TB Control programme/MoPH
Improve access of women and children to comprehensive maternal and child health care services in areas of high refugee returns and IDPs AFG-09/H/23762/122	2 412 850	MoPH, NGOs, UN agencies
Building capacity in emergency nutrition response AFG-09/CSS/23789/122	476 685	MoPH, UNICEF, NGOs

* Amounts given in US dollars.

Total funds requested: US\$ 12 324 665