AFGHANISTAN: PROGRESS AMID CHALLENGES

Key facts
- Population: 25.64 million
- Ration of health workers to population: 1.08 to 1000
- Number of staff in the human resource database: 27,867
- Increase needed in health workforce: 11.55%

Despite constraints facing the health system in Afghanistan, the country is implementing strategies to boost human resources for health (HRH). A report recently showed that the quality of health service has improved by 25% in the last five years,\(^1\) and a number of policies and plans\(^2\) exist to address a range of issues within the health system. A human resources observatory was established in January 2010, and strategies to address workforce challenges are in progress. The Ministry of Public Health (MoPH) and the Ministry of Higher Education (MoHE) established a joint committee to address HRH training issues such as curriculum content, standards, accreditation, new courses, and selection criteria for students. A Reform Implementation Management Unit (RIMU) was created within the MoPH, resulting in refining of the mission, staff requirements, job analysis, organization chart, and a new pay and grading. A National Salary Policy later helped mitigate the inequity of pay between civil servants and NGO-contracted staff. The robust database of the General Directorate of Human Resources (GDHR) links with the MoPH Health Information System and includes data on all staff in the public health sector.

Yet, with the number of people using public health services doubling in just the past two years, the need to act on HRH is increasingly urgent. Coordination around HRH planning has been immensely difficult due to differing priorities among ministries and partner agencies. The Human Resources (HR) Taskforce launched in 2005 is currently inactive, although it previously succeeded in developing several effective policies and strategies.\(^3\) Lack of participation and funding for coordination and implementation continue to be pivotal underlying constraints for HRH efforts.

Challenges
The following issues have been identified as key HRH challenges facing the country:

- **Time:** Although donor input is vital, donor organisations often do not want to serve on additional committees or working groups, as this adds to their significant workload. An adequate

\(^2\) National Salary Policy, MoPH HR Policy Strategy and Operational Plan, MoPH Midwifery and Nursing Policy, MoPH Needs Assessment and Capacity Building Plan, National Health Workforce Plan, Human Resources for Health Afghanistan Profile (Observatory), MoPH New Pay and Grading System, Job Descriptions and Organigram.
\(^3\) The HR Policy and Strategy, an Action Plan of key priorities, coordination of reproductive HR planning, nursing and midwifery curriculum development and in-service training.
Secretariat for HRH is therefore necessary to perform the majority of functions, so donors can be advisers and decision-makers only.

- **Level of representation:** Due to an overwhelming number of requests, high level invitees often do not have time to attend meetings and send lower level inexperienced delegates who also have little to offer. It is important to limit requests and to ensure that meetings are chaired by a high level person so that stakeholders make attendance a priority.

- **Language:** Meetings must be in a local language so relevant representatives can participate. Currently, most relevant HRH meetings are conducted in English and some key attendees cannot communicate effectively in English.

- **Complexity and number of processes:** The consultation processes must be simplified dramatically and the number of duplicative plans currently in circulation must be consolidated.

- **Limitation of private sector involvement:** Currently, there is little collaboration with the private sector, resulting in inaccuracy of data on their personnel, activities and capacity. The private sector also maintains its own mechanisms for coordination that should instead be linked to overall HRH efforts.

- **Funding:** There is no approved budget for operational costs for HRH services. Funding for each initiative has to be requested individually and funds are not forthcoming. Reliable long-term funding is needed for ongoing essential activities to mitigate the HRH crisis.

As an immediate solution to help address HRH challenges, the HR Taskforce should become the sector-wide HRH coordination body, with meetings held quarterly and chaired by the Minister. This structure would entail a strong Secretariat and the five following working groups:

- **The Workforce Plan:** Consolidation of the Health Workforce Observatory linked with HR database and data analysis, the HR Policy, Strategy and Operational Plan, and Midwifery/Nursing Policies; expanded to be sector-wide.

- **Professional Councils:** Addressing the Professional Standards and Accreditation of Curricula linked with MoHE and private sector; collaboration needs to continue with health worker associations and with non-functional unions.

- **Needs Assessment, Capacity Building and Training and Development:** Assesses public and private sector efforts in these areas.

- **Coordinated HR Practices:** Involves MoPH, donor groups and private sector addressing organisational structures, job evaluation, grading, job descriptions, and personnel management.

- **Adequate funding and workforce financing arrangements:** Ensures priority funding for implementation of major ongoing HRH functions. The SWaP approach would help prevent individual countries putting their country policies ahead of MoPH priorities.

**Promoting CCF actions**

- Advocate CCF in the Minister of Public Health
- Start the identification of relevant stakeholders for establishment of National HR forum and prepared ToR for National HR for Health forum.
- Communicate with other relevant stakeholders identified to nominate a member who should come regularly and have maturity to make decisions.

**Recommendations moving forward**

- Improve the skills of CCF members
- Improve the coordination among all stakeholders
- Address gaps based on the stockholders’ analysis
- Bring all stakeholders on the board for HRH
- Develop a comprehensive costed HRH work plan