

Afghanistan Health Security and Health System Brief

Overview of needs identified¹

Afghanistan's HS requires substantial support to improve its labs, One Health (data Integration for human/ animal/ environmental health sectors), cross-border health collaboration, procurement & supply, and governance. Additionally, it needs some support for improving its surveillance, rapid response, health services, HRH, and health financing. E-SPAR 2021 IHR Country Average of all Capacities /Global Average of all Capacity scores: 41%/65%.² The 2021 GHS Index Country Profile: 28.8 Index Score; 145/195 Rank.³

Laboratory Systems

The country has 28 labs with PCR technology and is planning to increase them to 34 (one per province). The Central Public Health Laboratory (CPHL) has been acting as a reference laboratory for confirming all disease outbreaks reported by the regional labs. For COVID-19, the country has used a specimen transport mechanism, similar to the Global Influenza Surveillance, and contracted couriers for sample shipping. The CPHL and provincial public health lab staff have been trained on Standard Operation Procedures including those for COVID-19. There is a national COVID-19 testing strategy in place. The labs have experienced limited availability of COVID-19 test kits, particularly, in remote districts during the second wave of the pandemic. There is no genomic testing facility.

Real time surveillance and reporting

The Disease Early Warning System (DEWS) is a primary disease surveillance system established in 2006. DEWS operates at about 520 sentinel sites in all 34 provinces in both public and private health facilities, which is used to identify and trace COVID-19 cases; however, there has been limited capacity to confirm suspected cases at the regional and national levels. The General Directorate of Health Information Systems (GDHIS) collects, analyzes,

and shares data for decision-making. In 2018, paper-based systems were migrated to electronic DHIS2 and have been implemented at the provincial level. The Ministry of Public Health has introduced ICD standards for hospital reporting since 2019. However, so far, they have only been implemented in 20 hospitals. There is a need to improve capacity for data collection, analysis, and reporting.

Data integration/One Health

The surveillance for human and animal diseases is very fragmented and has never been integrated because different administrative branches of the government have been responsible for the implementation of the respective surveillance systems. There is a lack of effective and practical coordination between the Ministries of Public Health (MoPH) and Agriculture (MoA), although they signed a MoU to work together to address the burden of Zoonotic diseases in 2019.

There are no national regulations on carrying out epidemiologic surveillance of zoonotic diseases. The private sector is not involved. There is only passive, inadequate surveillance of zoonotic diseases conducted by the animal sector, which does not include cross-border sharing with institutions of other countries. There is a need to help MoPH and MoA to integrate both human and animal disease surveillance systems and to improve mechanisms for data sharing.

Rapid response teams/ systems

The country has contingency emergency preparedness plans for mass casualty incidents management and key communicable diseases with pandemic potential. It has also developed a National All Hazard Emergency Response Plan for Health. The COVID-19 Multi-Sector Humanitarian Country Plan has allowed contracting out NGOs in 31 provinces to deploy rapid response teams and hire new health workers for COVID-19 facilities. The

¹ The majority of information in this brief is based on national assessments conducted between Jan and Oct 2021 under TA6535 and has not been updated unless otherwise specified.

² <https://extranet.who.int/e-spar>

³ <https://www.ghsindex.org/country/afghanistan/>

country has an EOC, but it only focusses on Polio outbreaks and eradication. WHO EMRO regional office has developed a field rapid response guideline. It serves as a manual for rapid response teams.

The private sector, which was initially not allowed to participate in COVID-19 response (testing and treatment), has turned into the major supplier of medical oxygen and provides COVID-19 inpatient and ICU services. There is a need to institutionalize and build capacity of rapid response teams (widen EOC tasks), as well as to improve multi-sectoral communication, coordination and collaboration for effective rapid response.

Health service delivery

The MoPH contracts NGOs to deliver a basic package of health services (BPHS) to the population in defined geographic areas. There are around 3,000 primary health facilities in the country. Around 1,541 beds are designated for COVID-19 patients, 700 beds in Herat, 200 beds in Kabul, and the remaining are spread around the country. By March 2020, there were 300 ICU beds available for quarantine throughout the country. According to the One UN COVID-19 Response Update, 950 health workers have received training on ICU care, and WHO has trained 1,700+ health workers on case management of COVID-19. Only 65 % of the population have good access to BPHS. There has been an acute shortage of medical oxygen in COVID-19 hospitals in 2021. There is a need for training on the rational use of medical Oxygen, as well as to improve supply chains.

Human resources for health

There is a functional Human Resource Management Information System (HRMIS) that will be integrated into the second version of the MoPH data warehouse. There is no clear policy on forecasting, planning, and performance improvement of HRH. There is no system for the rational distribution of staff in national hospitals. Some hospitals are overcrowded, others do not have enough clients.

Therefore, health workers in some hospitals are underutilized.

Cross-border coordination mechanisms

Pakistan and Afghanistan have enhanced cross-border cooperation and have synchronized campaigns' schedules to successfully eradicate the poliovirus at the regional level. There is also a regional TB grant, which enhances cross-border collaboration between Afghanistan, Iran, and Pakistan for TB case finding and follow-up. No official agreements and regulations regarding cross-border collaboration for joint outbreak investigations are in place. In border areas, COVID-19 health education has been provided to more than 1 million people. Community volunteers have reached another 960,000 people with COVID-19-related health education messages. There is a need to develop official agreements and regulations on cross-border collaboration for joint outbreak investigations.

Procurement and supply chain

Afghanistan's procurement of medicines, services, and supplies (particularly, COVID-19) is very centralized and handled by the National Procurement Agency (NPA). Through USAID support, the MoPH developed a pharmaceutical logistic information system (PLIS), allowing to track stock status, consumption patterns, and costs, which contributes to better planning. More decentralization is needed and a regional warehouse structure needs to be developed in the country to improve supply chain management of health commodities.

Health financing

The budget which the government allocated for health in 2020 was USD 94m (3.4 % of CHE). The donor's expenditure on health was as high as 19.6% of CHE, and the household out-of-pocket expenditure as high as 77.0% of CHE. During the pandemic, the financial commitment from the government and donors was high, but access to actual funds has been time-consuming. From USD251m, only USD62m have been released and

executed. Capacity to prioritize the purchase of supplies and equipment has been insufficient during the pandemic.

Governance

The MoPH organizational structure (tashkil) follows the National Health Strategy. It includes 7,431 staff members in the center and 6,951 in the provinces. In addition to the official organizational structure, the MoPH has employed 4,796 project staff members in various areas in the center and provinces. The MoPH has adopted a decentralized decision-making approach. In most cases, the minister has delegated authority to the deputy ministers, general directors, and other directors. The minister and his/her deputies are in touch with all directors. Nevertheless, several directorates in the center and provinces asked for more shared decision makings.

Regional health cooperation

Priority areas⁴

- Expand the capacity of CPHL to get organized for the ISO certification and maintain the required biosafety level.
- Train GDHIS teams in data analytics, complete the integration of paper data into electronic records, and strengthen sharing of health data with neighboring countries.
- Integrate human and animal health surveillance and organize regional data-sharing platforms on One Health.
- Develop capacity for rational use of medicines and health products, particularly, medical Oxygen.
- Develop HR rationalization and forecasting capacity and guideline.
- Agree on cross-border mechanisms to improve health security and migrants' health
- Decentralize the budgeting and procurement process.

Active regional initiatives

- Pakistan-Afghanistan partnership on Polio Eradication Programme.
- Developing digital health solutions, such as eLearning and telemedicine projects (Afghanistan, Tajikistan, Pakistan, and the Kyrgyz Republic borders).
- CAREC sanitary and phytosanitary standards modernization project.

Policy documents with regional cooperation mentioned

- National Health Policy 2019 (cross-cutting issues of regional health cooperation and integration)
- Afghanistan National Peace and Development Strategy – Regional Cooperation Component (focus on increasing investment in health and addressing climate change in trans-Himalayan initiative)
- National Health Policy 2015-2020 (IHR, Tobacco)
- Tobacco Control Legislation 2014
- Afghan National Drug Action Plan 2015-2019.

National institutes responsible or involved in regional cooperation

- Ministry of Public Health (Deputy Minister for Policy and Planning, Technical Advisory Group)
- Health Committee of the Parliament
- Ministry of Foreign Affairs, Regional Cooperation Directorate.

⁴ Defined based on results of the national assessment as well as outcomes of the CAREC workshop conducted in Tbilisi in October 2022, which are in line with the Regional Investment Framework.