|  |  |  |
| --- | --- | --- |
| **Number** | **Recommendation** | **Anticipated Outcome(s)** |
| 1.1.1 | Establish an **Independent Council on Health Sector Auditing and Reporting (ICHSAR)** in Kabul. Councilors should include the Minister of Public Health, international technical consultants with expertise in health system auditing and reporting, representatives from Afghan civil society organizations from outside the health sector, and representatives of international donors funding the Afghan health sector. | Rebuild public and donor trust in the MOPH.   |
| 3.1 | Establish an **Independent Commission on Accrediting Healthcare Organizations (ICAHO)**. Commissioners should be composed of the Minister of Public Health, international technical consultants with expertise in accrediting healthcare organizations, representatives from Afghan civil society organizations from outside the health sector, and representatives of international donors funding the Afghan health sector. ICAHO meetings must be held on a Quarterly basis for review of achievements against Action Plans. | Rebuild health sector reliability, thoroughness, and integrity; assures MOPH is fit for purpose; lowers risk of weak NGOs and INGOs obtaining contracts.   |
| 6.2.1, 6.2.2 | Internally and publicly clarify the referrals policy and expected practices; address conflicts of interest that arise when public patients are inappropriately referred to private healthcare. | Improve public confidence in the health sector, reduce exploitation. |
| 8.1, 8.2 | Internally and publicly clarify the rules on private use of public assets; strictly enforce rules against use of public assets for meeting private needs. | Improve public access to ambulance services, increase public and donor confidence in the public health system. |
| 12.1, 12.2 | Engage ICAHO to undertake an analysis to support development of authentic and realistic Key Performance Indicators for the MOPH. | Health sector managers in MOPH and NGOs and INGOs can pinpoint and address gaps in performance, demonstrate results when justifying budget requests including requests for increased health sector allocations; realistic KPIs will help MOPH to communicate to the Ministry of Finance, key political decision makers, and the public how resources are being used for the social good; confidence in the health sector will be increased. |
| **Number** | **Recommendation** | **Anticipated Outcome(s)** |
| 12.3, 12.4, 12.5, 12.6 | Engage representatives from civil society organizations and Health *Shuras* in monitoring and reporting on Key Performance Indicators. | Quality of care improves; confidence in the health sector will be increased.  |
| 15.1 | Convene a **High Council on Oversight of Health Sector Integrity (HCOHSI)** composed of the Minister of Public Health, the highest levels of MOPH Senior Leadership, the Attorney General, health sector donors, civil society, Health *Shura* representatives, and BPHS and EPHS contract implementers. The HCOHSI should meet Quarterly, at a minimum. | Rebuild public and donor trust in the MOPH; improve health sector effectiveness, quality of care, transparency, and good governance. |

**Independent Council on Health Sector Auditing and Reporting (ICHSAR)**

**🡪 Health Sector Ombudsman Office <inside ICHSAR>**

**Independent Commission on Accrediting Healthcare Organizations (ICAHO)**

**High Council on Oversight of Health Sector Integrity (HCOHSI)**

|  |
| --- |
| **Health Shura engagement opportunities… *Could these also be opportunities for NGOs and Civil Society Organizations to engage?*** |
| **Number** | **Recommendation** | **Anticipated Outcome(s)** |
| 13.1 | Establish a unified and independent reporting system for complaints through development of a **Health Sector Ombudsman Office inside ICHSAR**, and through affiliation with expanded and empowered Health *Shuras*. | Rebuild health sector accountability, transparency, and good governance; increase opportunity for patients and their families to be treated with dignity; reduce risks of being exploited, abused, or treated with indifference. |
| 6.1.3, 6.1.4, 6.1.5 | Confront absenteeism in BPHS and EPHS sites during contracted official working times; engage ICHSAR and empower Health *Shuras* to participate in monitoring of health sector absenteeism. | Improve public confidence in the health sector.  |
| 6.2.4, 6.2.5, 6.2.6 | Enforce policies on conflicts of interest to prevent public patients being referred inappropriately to private care; engage ICHSAR and empower Health *Shuras* to participate in monitoring of conflicts of interest. | Improve public confidence in the health sector, reduce exploitation. |
| 8.2, 8.3, 8.4, 8.5 | Enforce rules against use of public assets for meeting private needs; engage ICHSAR and empower Health *Shuras* to participate in monitoring of ambulance usage. | Improve public access to ambulance services, increase public confidence in the public health system; improved donor confidence in auditing and reporting in the health sector. |
| 17 | Engage ICAHO to establish and implement policies on Conflicts of Interest in the management of patient referrals to private sector health services; engage ICHSAR and Health *Shuras* in monitoring conflicts of interest. | Public confidence in the health sector will be increased. |
| 19.2.1, 19.2.2, 19.2.3 | Engage Health *Shuras* to participate in monitoring of requests or demands for bribes; engage HSOO to investigate, prosecute, and publicize high profile cases of punishment for bribery among all levels of staff and management in MOPH and BPHS and EPHS contract holders on Provincial and national level. | Increase public and donor confidence in the public health system. |