Islamic Republic of Afghanistan
Ministry of Public Health

NATIONAL HEALTH POLICY
2015 - 2020

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FOREWARD

I am very pleased to introduce this new National Health Policy 2015-2020 of the Islamic Republic of Afghanistan. It reflects both the new political context in the country, the Unity Government, and the new context in the Ministry of Public Health following my appointment as Minister earlier this year. The ever changing context is complex. But I intend to demonstrate sustained political commitment and strong leadership throughout my tenure as minister.

Unlike many other countries we have a challenging, fragile context of a mix of ongoing conflict and development. But this should not, and will not, stop us from moving forward. Since my appointment I have been consistent in my messages about a few new priorities, implementation of which has already started. While concurrently with my staff I am in the process of reforming the ministry in its functioning as a state institution.

The reform is with the intention of ensuring that the ministry better uses its' power, authority and influence to benefit the health of citizens. There are also some other changes underway and planned both in 'how' the Ministry is working and in 'what' the ministry is doing. The policy statements reflect these changes and are based on our values, on common sense and for some on local and/or international evidence. For effective implementation we will need to be flexible, maintain a holistic and systemic approach, and learn about other people's perspectives.

The main policy initiative is one that aims to ensure that there is a balance between downstream health care and upstream 'health'. Quality health care is vital to all of us at some time in our life. To be healthy is vital to all of us all the time. The word balance is key. We still need for example, to pay great attention to the prevention and control of communicable diseases. But we need to better balance that with the prevention of chronic diseases.

To effectively manage the changing context is challenging. So two of the policy initiatives are to give greater attention to the ministry as an institution and also to the health work force. This is with the aim of ensuring both are 'fit for purpose'; that both are capable of getting things done; that they can do the right thing in the right way to bring about real and sustained change to benefit the health of our people.

Ferozuddin Feroz, MD, MBA, MScPHM
Minister of Public Health
November 2015

ACKNOWLEDGEMENTS

There are too many national and international stakeholders to name who in recent months have expressed their honest views on the state of health in the country and the functioning of the Ministry of Public Health as a state institution. They and others have suggested different or new ways of the approach to work and/or doing things to effect sustainable change that will be of benefit to everyone, clients, patients and staff. Our deep appreciation goes to each and everyone. You know who you are!

The policy direction has gradually evolved since February 2015 under the inspirational leadership of Minister Feroz. Both the Minister and Deputy Minister Dr. Ahmad Jan Naeem guided the translation of thinking and experience into written words in this document.

A key approach to developing this document was to systematically review the achievements in the health sector since 2002 and the past health policies. And also to identify what is working well, to examine the overriding challenges, and to look at the 'big picture' - the wider context. This new health policy also partly reflects the work of the 2015 National Health Policy Working Group when they were reviewing the National Health and Nutrition Policy 2012-2020 to see if they could revise that policy rather than develop a new one.

The new General Director of Policy, Planning and External Relations Dr Ahmad Osmani and the new Director of Planning Dr Sarah Safi ably led the process of the development of the policy statements and getting comments from stakeholders. Ministry staff drafted and commented internally on the policy statements. The document was then distributed for comment among the Ministry's partners who represent a variety of national and international stakeholders. A number of discussions followed and written comments also received. We deeply appreciate the insight, comments and tracked changes made by everyone, much of which has been incorporated in this document. Dr Najibullah Safi, a Director in the Directorate of Public Health and Health Services played a valuable role in going through the near final draft of all the statements for their relevance, usefulness and understandability.

Finally, thanks go to members of the Think Tank in the Office of the Minister. They made useful comments during the last stages of the development of this national health policy document.

Office of the Minister of Public Health, Kabul
November 2015

EXECUTIVE SUMMARY

The main policy initiative in this national health policy 2015-2020[1] of the Ministry of Public Health[2] is one that aims to ensure that there is a balance between downstream health care services and upstream 'health'. Quality health care is vital to all of us at some time in our life. To be healthy is vital to all of us all the time. This and the other four policy initiatives can be seen in figure 1.

Figure 1. Summary of Policy Initiatives 2015-2020

- Better balance of health and health care - healthy lifestyles as a result of changing attitudes, perceptions and practices while continuing to reduce the incidence of communicable diseases and the maternal mortality and neonatal death rates
- Improving access to, and quality of, basic health services towards universal health coverage while improving tertiary care through private sector involvement and regulation
- Changing governance and institutional functioning towards a more effective state ministry
- Creating a culture of responsibility, life long learning, zero tolerance to corruption, merit based appointments, evaluation and better working on the social determinants of health
- Better controlling the quality of pharmaceuticals and of food

Unlike many other countries our pre-occupation is ensuring we have a resilient health system in a challenging context of a mix of ongoing conflict and of health development. But this is not stopping us from ensuring we effectively and efficiently implement reforms and new policies. Towards the policy initiatives there is a new vision and mission statement and **five policy areas - governance, institutional development, public health, health services and human resources**. The policy making process was based on our values, on common sense and, to the extent possible on local evidence. It has resulted in policy statements on the five policy areas and on sub-components within each - see figure 2.

Figure 2. Policy Areas

- ✓ **Governance** especially ensuring the enforcement of anti-corruption measures and having mutual accountability
- ✓ **Institutional development** – the functioning of the Ministry of Health as an effective state institution, and institutional and management culture, style and practices
- ✓ **Public health** especially changing attitudes, perceptions and practices, the prevention of non-communicable diseases, the eradication of polio and the prevention and control of other communicable diseases and controlling the quality of imported food
- ✓ **Health services** especially improving access to, and the sustainability of, quality primary health care and public health particularly for mothers, the new born, children and adolescents, as part of a direction towards universal health coverage while also
- ✓ improving the quality of clinical care, and more and better quality specialist tertiary care in partnership with the private sector. And controlling the quality of imported pharmaceuticals
- ✓ **Human resource management** especially merit based appointments, clarity about functions and the motivation of staff

[1] While this policy document has been produced towards the end of 2015, a number of the individual subject policies either existed in previous years or have been unwritten policies since February 2015 when the new Minister was appointed. This is why the national health policy is dated 2015-2020 and not 2016-2020.

[2] The name of the Ministry of Public Health may change sometime in 2016 to Ministry of Health. Mid 2015 the Ministry sent a new health law for legislation. It includes an article changing the name from Ministry of Public Health to Ministry of Health. This is because the Ministry is concerned with health in its broadest sense.

This new national health policy has been developed within the framework of the expressed values and priorities of the National Unity Government; especially governance and as part of that the fight against corruption. It is also based on the core values of the Ministry of Public Health. And within the context of international health challenges, especially inequalities in health and the impact of climate change on health and disease. Furthermore, it is a reflection of the fact that despite impressive gains in improving health over the past 12-13 years, too many people are still suffering from preventable ill health. This indicates that there is a need for reform within the health sector. And in how the Ministry is functioning as a state institution.

The Ministry of Public Health has started on its new strategic policy and reform path by taking small incremental steps. The steps are within an environment that is visionary and dynamic with a commitment to sustained political will and to effective management and coordination. The Ministry is strongly determined to achieve meaningful results as a result of reform and other changes. Results that not only improve the health of people but also help attain institutional, management and financial sustainability of the health system. Within the framework of the five new policy areas for the health sector the top priorities can be seen in figure 3.

This national health policy is different from past such health policies as it:

- ✓ Highlights the need to ensure a sound balance between health care services which are mainly about treating diseases and other ill health among individuals, with public health that addresses the prevention of ill health among communities, to improve health and well-being for all
- ✓ Highlights which are the top priority issues
- ✓ Acknowledges the importance of social, economic and environmental determinants of health[3] and the importance of inter-ministerial coordination for multi-sectoral action
- ✓ Gives a strong affirmation of the political will and commitment to joined up working across the ministry and sectors within a vision and mission that is owned by all
- ✓ Gives pragmatic policy statements on aspects of governance and institutional development
- ✓ Confirms a commitment to make the best use of international aid while working towards less dependency on such aid
- ✓ Emphasises the need for more oversight, monitoring and evaluation of work and the use of results in decision making, development of strategies etc.
- ✓ Has been written with the intention that for the next five years, with rare exceptions, there will only be this one health policy document. Very few subject specific policy documents will be produced. Instead, more time and emphasis will be given to producing subject specific strategies to guide implementation. This is with the aim of helping close the gap between policy and execution.

A dissemination plan will now ensure the wide and effective distribution and further ownership of this national health policy document. Then, with the intention of helping ensure that the words in this document do not remain words. That implementation of the policy areas actually happens effectively and efficiently a national health strategy 2016-2020 will be developed. Followed by the production of annual work plans at all levels of the health system. A performance measurement framework with baselines,

[3] Such as housing, education, employment, social gradients (life expectancy is shorter and disease is more common further down the social ladder), water and sanitation, food insecurity, availability of healthy food, pollution, addiction, stress (including stress in the workplace), early child hood development, road traffic accidents

targets and indicators will be in the new national health strategy. It will be regularly reviewed for progress on implementation and achievement of milestones.

Finally, some people on seeing the list of policy statements in the table of content may think that some subjects are not covered that should be. There has purposely been no attempt to produce policy statements on every possible subject. This is either because the Ministry is of the opinion that at present no statement is needed or that there is insufficient known, a lack of local evidence, as to the size of the issue, what the priority interventions should be etc. If between now and 2020 the Ministry thinks it would be useful to have a written policy on a specific issue then the Office of the Minister will produce a policy statement.

Sections 1 and 2 of this document outline the wider policy and institutional context. Section 3 then gives an overview of the five health policy areas. Section 4 presents policy statements on each of the five policy areas and on sub-issues within each. At annex A is a list of health laws, regulations, policies and strategies. Annex B highlights a few international lessons learned on closing the gap between policy and implementation. It also refers to some core functions needed for each of the 5 policy areas. And at annex C is some information about the sustainable development goals (SDGs).

1. POLICY CONTEXT

UNITY GOVERNMENT

In 2014, the National Unity Government of the Islamic Republic of Afghanistan was formed following elections. The new President and Chief Executive Officer have subsequently set values and priorities. These include equity, anti-corruption, partnerships with the private sector, employment, and developing greater self-sufficiency and less dependence on donor aid and international technical assistance.

The 2004 Constitution[4] provides the basis for a rights approach to health. Relevant articles include for example:

- Article Six: 'The state shall be obligated to create a prosperous and progressive society based on social justice, preservation of human dignity, protection of human rights, realization of democracy, attainment of national unity as well as equality between all peoples and tribes and balance development of all areas of the country.'

- Article Twenty-Two: 'Any kind of discrimination and distinction between citizens of Afghanistan shall be forbidden. The citizens of Afghanistan, men, and women, have equal rights and duties before the law'.

- Article Fifty-Two: 'The state shall provide free preventative healthcare**….**

- Article Fifty-Three: '…….The state shall guarantee the rights of retirees, and shall render necessary aid to the elderly, women without caretaker, disabled and handicapped as well as poor orphans, in accordance with provisions of the law.'

Insecurity and conflict have long been major pre-occupations of government. The government is trying to reform its' functioning and achieve results in a challenging context of a mix of ongoing conflict and of development. The insecurity presents itself in different ways, in different parts of the country, at different times. This unpredictability has particularly negative effects on services such as education and health. In the health sector it is having a major impact on equity and on access to quality health services and public health interventions. The Ministry of Public Health is working on exploring alternative, innovative, sustainable mechanisms to respond more effectively and efficiently to the insecure context.

MDGS, SDGS AND OTHER GLOBAL INITIATIVES

The Ministry of Public Health recognises that the country is within a wider global context. A context where the problems of climate change and environmental degradation have consequences for, and an impact on, health. In addition, Afghanistan realizes that it is an uphill struggle to contain inequalities. This is based on experience in other countries and the resulting huge global inequities in social conditions and health.

To a certain extent these issues are a driving force behind the global diffusion or distribution of infectious diseases and pandemics. The country will not be unaffected by such disease outbreaks. It intends to ensure that it uses its limited resources to prepare for them while also mobilizing the global community to help ensure an

[4] Islamic Republic of Afghanistan, The Constitution of Afghanistan, (Ratified) January 26, 2004

effective response. Nor will it be unaffected by financial and other shocks in the international community. The Ministry of Public Health is working on ensuring the health system is more robust and resilient to deal with such shocks. Meanwhile, the country and the Ministry with the support of donors and other development partners are also working on various global initiatives. The following are some examples.

Afghanistan is a signatory to the Millennium Development Goals (MDGs) Declaration. Because of the political and security context around the time of the millennium, commitment to the goals only happened five years later. Therefore the MDG goals and indicators have been set for 2020 rather than 2015. The country very recently signed up to the sustainable development goals, (SDGs). So there is a five year overlapping period of the MDGs and SDGs. We are well on the way to achieving the MDG goal of reducing the maternal mortality ratio by three-quarters. The new national health strategy 2016-2020 will take into account the health and health related SDG goals – see annex C for the relevant health and health related SDGs and the health targets.

In order to shape how primary health care develops over the next five years the Ministry is considering the cross cutting role of primary health care on the path towards the SGD health goal and targets. It is particularly taking into consideration the 2015 WHO Global Strategy on People-Centered and Integrated Health Services and the draft WHO Global Strategy on Human Resource for Health: Workforce 2030.

Building upon the worldwide commitments of reducing preventable maternal and child deaths, the government joined 'A Promise Renewed' movement in 2013. It also developed acceleration plans in the same year for achieving MDGs 4 and 5 as part of the 'Saving the Lives of Mothers and Children' initiative. To leverage newly available evidence, improve accountability and accelerate improvements in coverage of high impact interventions, the government signed the Kabul Declaration for Maternal and Child Health at a 'Call to Action' event in Kabul, May 2015.

In addition, in September 2015 the Government of Afghanistan re-affirmed its' support to the Global Strategy for Women's, Children's and Adolescents' Health, 2016-30. This is a global effort to bring all stakeholders together in support of countries' work to improve women's, children's and adolescents' health and well-being.

Afghanistan is also a 'Focus FP2020 Country'. This means it is part of the global movement to provide an additional 120 million women in the poorest countries of the world with access to voluntary family planning by the year 2020.

It is well known that Afghanistan is one of the last two countries where polio is endemic. As part of the global polio eradication programme the country is striving hard towards achieving polio eradication in the near future. Meanwhile, the country's international health regulations are being reviewed to take account of new emerging diseases in various continents of the world. Additionally, Afghanistan is benefiting from support from The Global Fund and from the Global Alliance for Vaccine and Immunization or GAVI.

Without all these and other initiatives and the key role of donors, NGOs and other stakeholders we would not have been able to have so many achievements and successes since 2002. Nor would we feel as confident as we do about our ability to achieve sustainable, meaningful results in the next few years.

SOCIO-ECONOMIC AND HEALTH STATUS

The following are key pointers on various socio-economic, health profile and mortality and morbidity data. More detail will be provided in the forthcoming national health strategy 2016-2020.

- Poverty is very prevalent throughout the country as over one-third of the country's population lives below the national poverty line (less than USD 1/day)[5]
- Illiteracy rates are high, especially for women[6]
- About 50% of the population live within 1 hours walking distance of a health facility and 37% of the population live within 2 hours walking distance[7]
- As indicated in the National Health Accounts, out-of-pocket expenditure is high, it is estimated at about 74.0%[8]
- Expenditure 2011–2012 on reproductive health accounted for 16.4% of total health expenditure
- Maternal mortality remains very high at 327 maternal deaths per 100,000 live births; the pregnancy related mortality ratio for those teenagers aged 15-19 years is 531 per 100,000 live births[9]; 10% of 15-19 year old girls have already had a child while 2% have had a child before 15 years of age[10]
- In spite of the significant reductions over the last decade, the under 5 mortality (at 97 deaths per 1,000 live births)[11] and stunting rates (at 41% of all under 5 children)[12] continue to remain high. The neonatal mortality rate at 40 deaths per 1,000 live births[13] is also an important issue as deaths in the first month of life account for the largest proportion of all under 5 deaths
- Only 58.4% of children aged 0-5 were exclusively breastfed[14]
- Knowledge about modern contraception is high - about 91% of women have heard about any contraceptive method[15], but access and demand remain low, with only 13.8% of married women 12-49 years using some form of modern contraception[16]
- Communicable diseases account more than half of all deaths[17]; non-communicable diseases are responsible for about 34% of total deaths in the country[18]
- Of the estimated US$ 1.4 billion spent in the health sector annually around 28%, or nearly US$ 280 million is spent on pharmaceuticals and medical supplies[19]
- Estimates are that between 2.9 and 3.5 million people would test positive for one or more illicit drugs - about 11% of the total population, 5% in urban areas and 13% in rural areas[20]. In 2012 hepatitis C prevalence among intravenous drug users ranged from 70% in Herat to 27.6% in Kabul[21].

[5] Poverty threshold for Afghanistan provided by the U.S. Government Accountability Office
[6] ALCS, 2004
[7] Information produced by the MoPH Evaluation/HMIS Directorate, June 2015
[8] National Health Accounts Afghanistan, 2011, MoPH
[9] Afghanistan Mortality Survey (AMS) 2010, MoPH
[10] Afghanistan Multiple Indicators Cluster Survey, (AMICS) 2012, MoPH
[11] Afghanistan Mortality Survey (AMS) 2010, MoPH
[12] National Nutrition Survey 2013
[13] Afghanistan Mortality Survey (AMS) 2010, MoPH
[14] National Nutrition Survey 2013
[15] Afghanistan Mortality Survey (AMS) 2010, MoPH
[16] Islamic Republic of Afghanistan, Ministry of Public Health, Afghanistan Health Survey 2012, Kabul: MoPH, 2013
[17] DEWS fact sheet 2011
[18] Comprehensive national disability policy in Afghanistan, page 8
[19] National Health Accounts Afghanistan, 2011, MoPH
[20] Afghanistan National Drug Use Survey, ANDUS 2015
[21] Ministry of Counter Narcotics with UNODC, Afghanistan Drug Report, 2013

Hepatitis B prevalence among those who inject drugs was estimated at 6% in 2012[22]

CHALLENGES FACING THE MINISTRY

A policy document is not the place to go into detail about issues. The Ministry of Public Health new national health strategy 2016-2020 will provide such detail to justify its' strategic objectives and actions. It will also have a performance measurement framework with baselines and targets. The following gives a snapshot as to why this national health policy 2015-2020 has taken the path it has. Additional information on the five new policy areas can be found in the next section, section 3.

Governance and Institutional Issues

The 'how' of working
In recent years most attention and capacity development has gone on 'what' the Ministry of Public Health is and/or should be doing and the capacity development of individuals. Little attention has gone on 'how' the institution is functioning, on whether it is 'fit for purpose' to deliver on planned targets and outcomes. Over the past years small power houses of units and departments have developed in the Ministry at headquarters level. There has been a near absence of cross functional and inter-departmental working and also lack of clarity of who has primary responsibility for a particular function and who has support function. So it is not surprising that some people have referred to the ministry as being somewhat dysfunctional. These and other challenges are reflected at the provincial level[23].

Quality of management
There has also been very little work done over the years on strengthening management ministry wide at the headquarters in Kabul. To ensure the Ministry functions as a whole, as an effective, efficient institution. This is needed as health services and public health will only ever be as good as the institutional framework within which they have to function.

The tendency has been for each technical subject to address management when there has been training on the subject e.g. on HIV or on immunisation. This has given rise to some 'islands of excellence' in the ministry. However, the staff of the islands have come up against barriers when trying to get things done. This is because there had been no concurrent strengthening of management ministry wide, as an institution. So in the sea surrounding the islands the situation was as beaurocratic and as static as ever. Additionally, both government and development partner procedures sometimes hamper the ability of the Ministry to efficiently procure services and manage contracts.

Health planning, information and evaluation systems

- One reason for a perceived gap between policy, strategy and implementation or execution is that no work plans have been developed at any level of the health system for some years.
- Most parts of the health information system are semi functional or dysfunctional, core health and program indicators have not been defined, and planning practices are very weak at all levels of the health system.

[22] Ministry of Counter Narcotics with UNODC, Afghanistan Drug Report, 2013
[23] Governance Institute-Afghanistan, 2014, Assessment of feasibility options of decentralization within the health system of Afghanistan, for MSH/USAID

- The Ministry itself has done very little evaluation of its strategies or programmes. This means that the development of new strategies for example, is often not based on sound evidence. Including how effective and efficiently work has been undertaken and whether indicators or targets have been achieved.

Health financing

- High out-of-pocket expenditure, about 73%[24], plus insufficient public spending and widespread poverty means perhaps as much as 36.5% of the population are at risk of going into catastrophic debt[25].
- The development budget of the Ministry, which includes projects, has a relatively low execution rate of around 60%[26].

Cross cutting issues

- It is widely accepted that gender barriers to accessing services remain[27].
- Emergency preparedness and response capacity is weak given the challenges the country is always facing.

Access and Equity

- Insecurity, the level of which fluctuates in terms of geographical location and type over time, is a significant factor affecting both access and equity
- Except in highly populated provinces all provinces have at least one public sector health facility per 15,000 population; about 50% of the population lives within 1 hours walking distance of a heath facility delivering basic health care and 37% of the population live within 2 hours walking distance. The remaining 13% are very small, scattered communities often in remote, difficult to access geographical areas[28]. Meanwhile, access to specialist tertiary care in Kabul is also problematic; there is very little specialist quality, clinical care available.
- Other factors affecting access and equity include the irrational distribution of health facilities and underutilization[29], corruption and the absence of female health care providers in health facilities particularly in remote areas and its negative impact on access for female and children.
- Access to services and medicines, which should be free of charge at the community level, seems to be problematic as reflected in the high out-of-pocket expenditure[30].
- Access to advice on the prevention of, and access to treatment for non-communicable diseases, a growing cause of mortality and morbidity, has not been comprehensively addressed to date and priorities not set.

Quality of Health Services and of Care

- Health facilities do not seem to be very user-friendly places in terms of making people feel welcome and giving them time and attention and opportunities for privacy[31].
- Many tools have been developed and initiatives discussed/piloted over the years to improve the quality of clinical care. But very few of them have been soundly implemented throughout the country.

[24] National Health Accounts, 2011-2012
[25] NRVA, 2011-12
[26] Development budget report 2014
[27] MoPH health sector review 2015 report, April 2015
[28] Information produced by the MoPH Evaluation/HMIS Directorate, June 2015
[29] MoPH and WHO, Rationalization and functionality assessment of health facilities, October 2015
[30] MoPH, Health sector review 2015 report, April 2015, EC funded
[31] MoPH health sector review 2015 report, April 2015, EC funded

Pharmaceuticals

- There is a fragmented or insufficient authority, a lack of a rational single, structure and of resources and evident conflicts of interests, to enable the efficient enforcement of rules and regulations related to pharmaceuticals.
- Currently, the supply chain is fragmented, many organisations run their own supply chain, each of questionable quality; procedures follow ad hoc guidelines or none at all raising concerns about efficiency (cost), management practices (accountability and transparency) and quality of the medicines procured and distributed[32]. Stock-outs periodically happen.
- Although medicines are free for basic health services and public health interventions, drug expenditure is mostly out-of-pocket with purchases at private retailers. There is no pricing policy for the private sector, nor information about the comparative prices practiced across retailers[33].

Human Resources

- The current staffing of the majority of government health facilities is based upon fixed facility staffing. The workforce is substantial in size but scarce available data points to unbalanced capacities, gender and geographic distribution; there is no staffing equity to allow for geographic, demographic and security factors.
- Health personnel in the field are often de-motivated because of low salaries and delays in payment.
- Data limitations do not allow for a proper analysis of the workforce by category, location, functions and type of contract.
- Training and continuing education do not respond to a national plan. They depend on the availability of resources among development partners, which is not always coordinated. The quality of training is questionable. Mentoring on-the-job is almost non-existent[34].

[32] MoPH health sector review 2015 report, April 2015, EC funded
[33] MoPH health sector review 2015 report, April 2015, EC funded
[34] Governance Institute-Afghanistan, 2014, Assessment of feasibility options of decentralization within the health system of Afghanistan, for MSH/USAID

2. INSTITUTIONAL CONTEXT

MANDATE OF THE MINISTRY OF PUBLIC HEALTH

The Ministry of Public Health is the lead governmental institution for the health of the people of Afghanistan. Its mandate falls within the areas of leadership and governance, institutional development, policy and strategic direction, and health for all through public health interventions and health services.

The work of the Ministry is undertaken within the framework of the wider political context, the desired functioning of the state and the implications for a government institution. In addition, the Ministry is responsible for undertaking reforms and other changes in the functioning of the ministry in order to have better, more sustainable financing and quality results towards improving the health of the people of Afghanistan.

THE VISION OF THE MINISTRY OF PUBLIC HEALTH

All citizens reach their full potential in health contributing to peace, stability and sustainable development in Afghanistan

THE MISSION STATEMENT OF THE MINISTRY OF PUBLIC HEALTH

The Mission of the Ministry of Public Health of the Government of the Islamic Republic of Afghanistan is to prevent ill health and achieve significant reductions in mortality in line with national targets and sustainable development goals and to reduce impoverishment due to catastrophic health expenditure. Also to be responsive to the rights of all citizens through improving access and utilization of quality, equitable, affordable health and nutrition services among all communities especially mothers and children in rural areas And through changing attitudes and practices, promoting healthy life-styles and effectively implementing other public health interventions. All in coordination and collaboration with other stakeholders within the framework of strong leadership, sustained political will and commitment, good governance, and effective and efficient management; in its continuous pursuit to become a ministerial ‘institution of excellence’.

THE VALUES OF THE MINISTRY OF PUBLIC HEALTH

Equity, Integrity, Right to Health, Accountability, Trust

THE WORKING PRINCIPLES OF THE MINISTRY OF PUBLIC HEALTH

Right to health especially for women, children and other vulnerable groups. Gender balance. Quality. Transparency. Sustainability. Responsibility. Results orientated culture. Teamwork, cross functional and sectoral working. Evidence based decision-making. Life long learning

3. NATIONAL HEALTH POLICY 2015-2020

FIVE POLICY AREAS

The policy areas are underpinned by four policy mechanisms:

- Considering governance, institutional development and a sound balance between health services and public health
- Making a distinction between the regulatory role and the health service and public health roles of the Ministry
- Considering effective responses to insecurity especially for maintaining routine services
- Ensuring the vision and mission of the Ministry and its' values and working principles are owned by all health stakeholders

Policy Area Number 1 - Governance
The Ministry of Public Health defines good governance of the health sector[35] as being the Ministry better functioning as a capable, accountable and responsive state institution that uses its' power, authority and influence to benefit the health of citizens. Thereby contributing to peace, stability and sustainable development of Afghanistan.

The better development of governance in the Ministry is within the framework of the political will and commitment of the Unity Government to good governance, and the leadership of the Minister of Public Health. Without good governance there will be yet more corruption and poor quality management and care, inequitable public health and health services, little enhancement, expansion and improvement through efficiency gains and poor use of any domestic financing and funds generated through resource mobilisation.

To get to a state of 'good governance' there needs to be a particular focus on sound oversight, anti-corruption measures and their enforcement, inter-ministerial, inter-sectoral and stakeholder coordination, more effective use of government funds and development aid, ensuring equity, access and quality, being more transparent and better enforcing laws and regulations.

The function of oversight is not to just maintain a general overview of the functioning of the Ministry. It is also to question what is and is not happening and why, develop options for the way forward and monitor the effect of change on the performance of the Ministry as a state institution.

The commitment to accountability covers both accountability to citizens who use health services and internal accountability in the Ministry of Public Health. All ministry personnel are accountable to their direct boss and ultimately to the Minister of Public Health. The Minister is accountable to the President and can also be held to question by the Chief Executive Officer of the Unity Government and to members of parliament. In addition, those non-governmental organizations contracted through the contracting out mechanism and those in public-private investment partnerships are subject to accountability oversight. The purpose is to help ensure that government health policies and strategies achieve their targets. And in doing so respond to the health and medical needs of individuals and communities. Another aspect of

[35] See the MoPH Statement on Good Governance of the Health Sector, April 2015, Office of the Minister of Health, Kabul and moph.gov.af/en/

accountability is mutual accountability, a Paris principle[36].

As part of its commitment to responsiveness the ministry will, in collaboration with other service ministries, ensure the effective implementation of the forthcoming Citizens Charter[37]. The Ministry will also work on ensuring its' adherence to the rights approach as reflected in the Patient's Charter[38].

Regarding the governance element of capability the Ministry of Public Health defined capacity building in April 2015[39]. This was based on the existing context in the health sector and on some local and international lessons learned[40]. The definition will be refined as the context changes. The Ministry also produced a statement on capacity building, August 2015, following oversight of what was, and was not happening, in capacity building.

While not usually regarded as an issue of governance, in Afghanistan security and the prevention of insecurity and conflict is an ongoing pre-occupation of government. Internationally, there have in the past been some attempts at 'peace through health'. These have not been successful as predominantly it is political dialogue and compromise that is needed. The role of the Ministry of Public Health as the lead governmental institution is on mitigation, preparedness and effective, efficient response to ensure health and medical needs will be met. All has to be undertaken within the framework of the capability, accountability and responsiveness functions of good governance. The Ministry has a responsibility to continually explore innovative, alternative ways to prevent and reduce suffering linked to insecurity and conflict.

Policy Area Number 2 - Institutional Development

The Ministry of Public Health defined institutional development April 2015 in the light of the context in the Ministry[41]. The definition will be refined over time as the context changes. As a state institution the Ministry intends to be an outstanding state institution renowned for its' good governance, leadership and programme and staff management. There will be an institutional culture and management style that questions 'how' the ministry is working not just 'what' it is doing. And that is supportive of, and motivates health personnel. The gold medal performance will especially result in much improved access to quality, equitable and sustainable health services and public health for all, significant reductions in neonatal, child and maternal mortality and the prevention of ill-health.

Transformational factors, the drivers of major, positive change, in the Ministry such as its mission, strategy, institutional culture and leadership are being reformed or changed. Changes in such transformational factors are leading to the need for changes in transactional factors such as structure, systems and work atmosphere. Attention is being given to analyzing, diagnosing, designing and setting priority governance and institutional development issues. And then ensuring their effective and efficient implementation through a process of change management. Such

[36] See – OECD DAC, Paris Declaration on Aid Effectiveness, 2005. Adapting the definition in the Paris Declaration: MoPH and donor partners jointly assess mutual progress in implementing agreed commitments on aid effectiveness
[37] Under development led by the Office of the President and the Ministry of Rural Development in cooperation with service ministries including the Ministry of Health
[38] Developed with the support of USAID. Currently being turned into a poster available in 3 languages and in pictorial form
[39] Also see the MoPH Position Paper on Capacity Building, April 2015, Office of the Minister of Health, Kabul and the MoH Statement on Capacity Building, August 2015, Office of the Minister of Health, Kabul - moph.gov.af/en/
[40] Governance Institute-Afghanistan, 2014, Assessment of feasibility options of decentralization within the health system of Afghanistan, for MSH/USAID
[41] Also see the MoPH Statement on Institutional Development, April 2015, Office of the Minister of Health, Kabul - moph.gov.af/en/

management will emphasise staff ownership, the coordination of all efforts, cross functional and inter-departmental working and useful monitoring and evaluation.

It is the belief of the Ministry of Public Health that effective leadership is crucial. It must be present if we are to get meaningful, sustainable results from policy and strategy implementation and to effect change in governance and institutional development. It is also vital for sound collaboration and partnerships with a wide variety of stakeholders. Leadership is not only needed among those in top and senior management positions but also among middle level managers at all levels of the health system.

The Ministry of Public Health perceives the health system as an interaction between two systems, the system of care and the system of health promotion. Both systems are working towards the goals of good health, of being responsive to the expectations of the people of Afghanistan, and of fairness of financial contribution. The WHO building blocks for the health system having been guiding work on strengthening the overall system. Specific health systems such as for procurement, health information, and evaluation need a lot more attention.

The financing system is quite strong as partly reflected in the commitment of the finance department to ensuring the delivery of public health interventions and the provision of quality health services in an efficient, effective, equitable, affordable, and sustainable manner through a variety of health financing mechanisms. When considering financing options the department is particularly analysing the three health financing functions of firstly, ensuring sufficient and sustainable funding, Secondly, promoting financial protection by limiting out-of-pocket expenditure and thirdly, enhancing efficiency. Towards strengthening health financing and revenue generation policy is currently examining issues such as:

- Country specific health financing data and information to help make informed decision and ensure effective planning
- How to best improve efficiency and equity of public spending through different mechanisms such as rational resource allocation and use, public-private partnerships and effective targeting of beneficiaries of public funding
- Work needed towards ensuring sufficient and sustainable funding, promoting financial protection through measures to reduce out-of-pocket expenditure and enhancing efficiency
- What foundations need to be laid for prepayment mechanisms
- How to sustain the current resources and advocate for more public and donor funding
- How to best mobilize domestic resources such as levying taxes on interventions that have a negative impact on health
- Ways to mobilize domestic resources

Regarding coordination the Ministry intends that it should significantly contribute to achieving better results towards improving the health of all citizens[42].

The Ministry of Public Health sees the need for more effective support from central level to all other levels of the health system. In provincial health offices leadership, teamwork, skills sharing and effective management, monitoring and coordination need to be evident in all the offices. Any work will therefore, for example, need to cover issues such as strengthening aspects of governance such as oversight, and on health management, planning and monitoring.

[42] See the MoPH Position Paper on Coordination in the Health Sector, updated June 2015, Office of the Minister of Health, Kabul and moph.gov.af/en/

The Ministry of Public Health is currently cautious about going ahead with decentralization in the health sector in the absence of explicit wider supportive national government will, commitment, law, regulations and policy on decentralisation. The Ministry will monitor this wider context. In addition, there is inadequate capacity at the subnational level in health. Therefore while waiting for changes in the wider context, the Ministry headquarters level will transfer skills and knowledge related to governance and management and plans towards: a) an incremental approach to greater delegation of authority and of some functions to provincial level; b) determining how capacity strengthening could best be undertaken; and c) what capacity strengthening will take place, when and where'; and d) the development of annual work plans by each office so enabling them to have the opportunity to state their governance and management strengthening needs.

Policy Area Number 3 - Public Health

The starting point for better addressing public health in Afghanistan is that the term currently means different things to different people, both locals and internationals. So the following is how the Ministry of Public Health has recently defined it according to the context in the country[43].

> The Ministry of Public Health defines public health in Afghanistan as the organisation of social and political efforts to prevent ill health, and promote and protect the health of communities and groups; to have healthy lifestyles as a result of changes in attitudes, perceptions and practices. This is based on the principal that to be healthy is vital to all of us all the time, while quality health care is only vital to all of us at some time in our life.

What the Ministry is saying is that on behalf of the State of Afghanistan, the Ministry of Public Health in collaboration with citizens, the public and private sectors, organisations, institutions, and development partners will, between 2015 and 2020, lead on ensuring that there is a policy shift towards a better balance between downstream health and medical care and upstream 'health' – public health. The definition helps determine the functions of public health – also see annex B. Furthermore, it will help avoid, in the absence at present of a truly multidisciplinary work force, any tendency to have a medical approach to public health.

At present the tendency is to always refer to 'healthcare services'. This implies 'sickness services' where people need care. Including for the consequences of public health problems - what is termed public health medicine. When what Afghanistan needs more of is health and health services where the emphasis is on the prevention of ill health. This of course does not mean that care is not needed, it is. But there needs to be a sound balance between the two.

Important public health interventions related to the need for better health include those in the following list. They are not in order of importance as this varies at different levels of the health system:

[43] See the MoPH Position Paper on Public Health, October 2015, Office of the Minister of Health, Kabul - moph.gov.af/en/

- ✓ Immunization, prevention and control of infectious diseases of public health importance such as especially pneumonia, diarrhea, tuberculosis, leishmaniasis, malaria and the eradication of polio
- ✓ Preventive actions towards healthier and well nourished mothers and babies including access to family planning
- ✓ Legislation on importing cigarettes and their price, and on the use of transfats, sweetened drinks and salt
- ✓ Prevention of hypertension, diabetes and coronary heart disease through for example, ban and enforcement on smoking in public places; tax on individual packets of cigarettes and the labeling of cigarette packets; ban on selling packets of cigarettes to those under the age of 18, ban on advertising cigarettes and on the sponsorship of social activities by tobacco companies
- ✓ Promotion of safe drinking water and improved sanitation and hygiene
- ✓ Promotion of food safety and the consumption of safe food
- ✓ Better housing with reductions in overcrowding
- ✓ Road safety and reducing the number of traffic accidents: imposing traffic regulations such as use of seat belts; maximum 30kph speed limit in urban areas
- ✓ Prevention of, and preparedness for, injuries and disease outbreaks related to disasters such as earthquakes, floods and landslides
- ✓ Minimum of 2 hours physical activity per week in all schools; promotion of minimum of daily 15 minutes of exercise for adults
- ✓ Safe workplaces

Equity is an important aspect of public health. It has been a value of the Ministry of Public Health since 2002. Major gains have been made in reducing mortality and morbidity and in reducing inequalities in health and access to health care. This has been mainly through the effective design and implementation of the basic package of health services and the essential package of hospital services. But many preventable inequalities in health persist.

In relation to health, a rights-based approach means integrating human rights norms and principles in the design, implementation, monitoring, and evaluation of health-related policies and programmes. These include human dignity and attention to the needs and rights of vulnerable groups. The right to be free from pain has for example in recent years been declared a worldwide public health issue given that pain, especially chronic pain, is something experienced by millions of people in any country at any one time. The principle of equality and freedom from discrimination is central to a rights-based approach, including discrimination on the basis of sex and gender roles. The first Ministry programme to address this in a comprehensive way is on maternal, neonatal, child and adolescent health.

Meanwhile, the Ministry of Public Health is also taking steps to ensure that work happens within the framework of respecting individual rights and socio-cultural norms. For example when working on evidence based, cost effective public health programmes and initiatives to promote healthy lifestyles, the healthy family and a healthy environment.

Policy Area Number 4 - Health Services

There will be sound follow up to the mid 2015 assessment of the rationalisation and functionality of health facilities[44]. Also of the mapping exercises to clearly show where in the country are 'white areas', in which the population has very limited

[44]MoPH and WHO, Rationalization and functionality assessment of health facilities, October 2015

access to health services[45]. The current innovation to improve access of establishing 'Family Health Houses' will be evaluated in 2016[46].

At the time of writing this document there is political pressure for the Ministry to change from contracting-out basic health services to not-for-profit non-governmental organisations (NGOs) to government delivered services throughout the country. A transition will therefore start in 2016 that moves on an incremental basis from contracting-out to service delivery by government. If it is to be successful the transition will take time to plan and implement. A number of pre-conditions and risks need to be rigorously addressed. Hence the incremental approach. The first phase will start in 2016 with government taking over BPHS/EPHS service delivery in three provinces and in Kabul.

There will also be a review or evaluation of both the basic and hospital packages of health services in the near future. The objective will be to assess whether the content is still relevant and whether any changes or additions are needed. For example, international evidence is showing that one of the most cost-effective ways to prevent mild hypertension developing into a serious disease problem with long term high cost implications for health services is to ensure prevention and treatment happens at the primary level. Another service that will be considered for inclusion in the packages is palliative care. Many cancers currently incurable in Afghanistan for lack of treatment cause intractable pain. Although palliative care includes more than pain control, pain control is at its core. Opioid medications can generally relieve the pain. The simplest and least expensive preparation is oral morphine. Work will be needed on the cost implications of any additions to the packages and towards ensuring financial sustainability.

Meanwhile, there will be advocacy for additional resources for tertiary health services. This level of the health system with its need for specialist medical and surgical care has been understandably relatively neglected to date. The priority has been to deal with the main causes of illness at community and provincial levels.

The Ministry will also rationalise both the approach to, and the provision of, the development of quality tertiary, specialist care in the context of limited resources. The most relevant approach may well be to have strong, long term and sustainable public-private investment and other partnerships. The current priority chronic illnesses for attention are cancer and cardio-thoracic syndromes.

This year, 2015, an amendment was passed by parliament to allow user fees for some secondary care and for tertiary care. All interventions and services provided as part of the basic package of health services and the essential package of hospital services and any other public health interventions for the public good remain free of cost. A mechanism will be developed to enable those too poor to pay for specialist tertiary care to benefit from such care.

Policy Area Number 5 - Human Resources

The intention of the Ministry of Public Health is to help better meet the human resource needs through having skilled, motivated, gender-balanced, equitably distributed and merit based appointed health personnel whose primary and support functions are clear to everyone. Implementation will be facilitated through the government's capacity for results programme.

[45] MoPH Evaluation/HMIS Directorate mapping of 'white areas' exercise, November 2015
[46] An innovation led by UNFPA

This comprehensive approach will be achieved by:

- Firstly, ensuring evidence-based human resources planning and coordination through determining functions and assessing issues such as equity, access quality, and capacity and then the development and implementation of relevant policies and strategies.
- Secondly, by strengthening the work of medical and health training institutions to meet the demands of the health labour market.
- Thirdly, by ensuring the availability of quality, continuous professional development through curriculum reform and relevant accreditation mechanisms.
- Fourthly, by improving the human resource regulatory frameworks and councils through establishing working partnerships.
- Finally, by strengthening human resource management systems through strengthening the capacity for effective and efficient management. It is planned that individual staff job descriptions will reflect the relevant core functions needed to implement this national health policy. Individual annual and monthly work plans will reflect the actions and activities, the detail, needed to implement the national health strategy.

A number of other external government institutions such as the Ministry of Higher Education and the Civil Service Commission as well as individual directorates and programmes within the Ministry have influence and involvement with different aspects of human resource development. But they are without clear lines of authority or linkages. The Ministry will institute a system of clearly defining standard operation procedures for each directorate and department that clearly defines their internal linkages as well as external linkages. This will delineate who has primary responsibility and who has supportive roles related to all aspects of human resource development.

Work is needed within the framework of the health workforce planning. Available data should include all health services providers including private and police health services, NGO grantees, charity/voluntary health services, occupational health services etc. If done well by involving provincial human resource personnel, the detailed planning process could provide the much needed evidence for developing regulatory mechanisms between public and private health services and dual practice.

In provincial health offices, the role of the provincial human resource officer has been limited to that of personnel administration of Tashkeel staff. They currently have little or no link to the NGO grantees, with training institutions or to staff appraisal results. They also have no role in maintaining the computerised human resource personnel records system or being able to generate reports and oversight of the size and quality of the entire health workforce in their province. The staffing and capacity development of these human resources officers is a priority.

The results of more appropriate and comprehensive human resource planning will be used in a number of ways. The priority will be to review the number of existing educational and training establishment based on information obtained during 2015. The aim being to identify what is required to meet the needs of the health services and to avoid overproduction of particular cadres to the detriment of other cadres that experience shortage. The employment status of health care providers working under contracts with NGOs will be clarified. Currently, they are not NGO staff as their salary and benefits are decided by the Ministry. But they are also not government staff as they are not entitled to any government benefits.

Accreditation systems are much needed. For example, to cover qualifications of teachers, teaching methodology, curricula, teacher/student ratios, theory practice ratios etc. Databases from training institutions and university faculties need to be better linked to the human resource management information system. Doing this would help ensure monitoring of the intakes and outputs of training and the potential to link them to results of bottom up workforce planning.

All continuous professional development needs to be better linked to the job the staff member has to do. Capacity development needs will be identified through a number of ways including annual staff appraisal. This applies to both the health workers delivering the health services and public health interventions and to teachers in training institutes. In training institutes the challenge is to ensure that teachers make themselves aware of, and are capable of adapting their teaching to changing international approaches and practices.

The ministry recognises that supportive supervision is a difficult issue particularly for health workers working in insecure and isolated provinces. But staff working in isolated facilities need continuous professional development, perhaps more than others.

OBJECTIVE OF POLICY REFORM

The overall objective of the policy reform and other changes in this new national health policy 2015-2020 can be seen in figure 4. The forthcoming national health strategy 2016-2020 will highlight the 'how' of change.

Figure 4. The Objective of Policy Reform 2015-2020

The main objective of the policy reform is to change the culture and functioning of the Ministry of Public Health and of health facilities at all levels of the health system to have a better, sustained impact on reducing preventable mortality and morbidity.

Working towards achieving this objective will require increasing domestic resource allocation to health, strengthening equity, access, quality, partnerships and sustainability through the framework of sound governance, institutional development, cost-effective public health, client-friendly health services, effective human resource development and inter-sectoral work at all levels of the health system throughout the country.

IMPACT

The intended impact (the word 'goal' was commonly used in previous years) of the national health policy can be seen below in the box. This will be measured in different ways. Survival for example, is usually through surveys of mortality rates. While some disease and health status measures can be obtained from the routine health information system.

Intended impact of the national health policy 2015-2020

The intended impact of the national health policy 2015-2020 is improved health and a sustainable reduction in preventable mortality and morbidity.

TOP PRIORITIES

The overall policy priorities and the policy statements in section 4 of this document provide the framework for the development of the national health strategy 2016-2020. The strategy will help close any gap between this national health policy and execution; between what is stated in this document, how implementation happens and what is done. It will do this by turning the five policy areas and their priorities into pragmatic strategic directions and priority actions. There will also be a results framework in the new strategy that will give national level outcomes, targets, indicators and milestones.

The Ministry of Public Health will then direct each level of the health system and each health facility to develop an annual work plan. At provincial level and below, staff will be encouraged to adapt the emphasis of the strategic directions and priority actions according to their actual context. This will allow for an element of bottom-up planning with each health facility planning its work depending on community and other needs and priorities.

Figure 3. Top policy priorities within the framework of the 5 policy areas

- ✓ Governance especially ensuring the **enforcement of anti-corruption measures and having mutual accountability**
- ✓ Institutional development – the **functioning of the Ministry of Health as an effective state institution, and institutional and management culture, style and practices**
- ✓ Public health especially **changing attitudes, perceptions and practices, combatting malnutrition, the prevention of non-communicable diseases, the eradication of polio, and prevention and control of other communicable diseases and controlling the quality of imported food**
- ✓ Health services especially improving **access to, and the sustainability of, quality primary health care and public health particularly for mothers, the new born, children and adolescents, as part of a direction towards universal health coverage** and **improving the quality of clinical care, and more and better quality specialist tertiary care in partnership with the private sector and controlling the quality of imported pharmaceuticals**
- ✓ Human resource management especially **merit based appointments, clarity about functions and work loads and the motivation of staff**

4. POLICY STATEMENTS

The policy making process has resulted in policy statements. But there is no intention on the part of the Ministry of Public Health to reduce the complex policy areas into separate, rationally manageable components that can be achieved using a command and control way of working. We appreciate that there is a messy area between policy making and outcomes. Things do not go in a predictable way that can be controlled. There is no one best way to proceed; we always need to be learning, to be flexible, to listen to other people's perspectives and to be constantly aware of the bigger picture, the wider context.

The Ministry is the first to admit that the following policy statements are not all developed on sound country evidence. Unlike most other countries currently our pre-occupation is ensuring we have robust systems to deal with financial shocks, disease outbreak, disasters and for reform in a challenging context of a mix of ongoing conflict and of health development. What some would call a fragile context. So a number of the statements instead build upon international evidence and on local lessons learned, common sense and the values of the Ministry. And they are combined with the desire to try and prevent the levels of preventable disease and other health problems seen in a growing number of countries.

4.1 GOVERNANCE

Governance Policy Statement

> It is the policy of the Ministry of Public Health to work within the framework of the political will and commitment of the Unity Government to good governance. To achieve good governance as a state institution the Ministry will ensure dynamic, committed leadership, ownership of work and of the vision and mission of the Ministry, effective oversight and influence, a culture of accountability, of being responsive to the opinions and ideas of people, and a capable institution with responsible, merit based appointees as managers and support personnel.
>
> In the very specific context of insecurity and conflict in the country, it is also the policy of the Ministry of Public Health that within the framework of the capability, accountability and responsiveness functions of good governance, it will ensure sound mitigation, preparedness and effective, efficient response to the suffering of people as a result of insecurity and conflict. The Ministry will also continually explore innovative, alternative ways to prevent and reduce suffering linked to the fragile context.

Sub-components of Governance

Accountability Policy Statement
By stating that Ministry of Public Health has a policy commitment to ensuring accountability[47], the ministry means that powerful stakeholders, those in charge of

[47] Also see the MoPH Accountability Briefing Note, June 2015, Office of the Minister of Health, Kabul - moph.gov.af/en/

governing the state institution and those delivering public health interventions and health services, answer for their actions to members of the public, citizens who use health services. Internally in the Ministry of Public Health all personnel at all levels of the health system are ultimately accountable to the Minister of Public Health.

It is the policy of the Ministry to have transparent lines of accountability with clarity about responsibilities especially for decision making. All personnel at all levels of authority will suffer some sanction if performance is judged to be below the required standard.

Responsiveness Policy Statement
The Ministry of Public Health is committed to ensuring its policies respond to the needs of citizens and that it upholds their rights. As part of this, it is the policy of the ministry that health personnel listen to communities when designing programmes and other interventions. In addition, health personnel should listen to individuals when, for example, they attend a health facility. They should respond with a sympathetic, understanding attitude and relevant practices.

Capability Policy Statement
It is the policy of the Ministry of Public Health to recognise that to have good governance, both the institution and individuals need to be capable of getting things done. This requires taking responsibility, working pro-actively, accepting to be accountable, having expertise in relevant needed functions and reducing bureaucracy to a level where it no longer reduces the capacity of the ministry to be efficient.

The approach to human resource capacity development must emphasise developing the skills and knowledge of individuals so that they can help ensure the sustainability of institutional systems and functions as well as developing personal capacity. Based on lessons learned in the country the approach should emphasise on-the-job mentoring and coaching[48].

Transparency Policy Statement
It is the policy of the Ministry of Public Health that there be transparency in all procedures and transactions in the Ministry at all levels of the system; in what the ministry is doing, how it is working and why and how decisions are made. The Ministry perceives the right to information as being an important aspect of transparency. Effective communication is seen as being key to helping ensure transparency.

Anti-Corruption Policy Statement
The policy of the Ministry of Public Health is of zero tolerance to corruption at all levels of the health system and in both the public and private health sectors. Within the framework of the wider governmental anti-corruption law and strategy and the work of the High Office of Oversight and Anti-Corruption the Ministry is determined to fight corruption in the health sector and will ensure that the anti-corruption measures are effectively implemented and that they are enforced through sanctions. [49]

[48] Also see the MoPH Position Paper on Capacity Building, April 2015, Office of the Minister of Health, Kabul and the MoPH Statement on Capacity Building, August 2015, Office of the Minister of Health, Kabul - moph.gov.af/en/
[49] See the MoPH Statement: Addressing Corruption in the Health Sector, April 2015, Office of the Minister of Health, Kabul - moph.gov.af/en/

Laws and Regulations Policy Statement
The policy of the Ministry of Public Health is to have relevant up-to-date laws and regulations and most importantly ensure their enforcement. No person, organisation or associated business will be exempt from any discipline. Relevant sanctions will be applied and followed through efficiently. The Ministry will also work on ensuring a clear distinction between the regulatory role and the health service and public health roles of the Ministry.

Equity and Human Rights Approach Policy Statement
The Ministry of Public Health is committed to work on equity and a human rights approach within the framework of the National Unity Government. There will, for example, be a health component in the forthcoming Citizens Charter.[50]

It is the policy of the Ministry of Public Health to address equity through taking incremental steps towards removing differences in health status among citizens and populations that are unnecessary, avoidable and unfair. The main focus for this policy period is on the preventable inequalities in health. The ministry will maintain the orientation of the health system towards the needs of the majority at primary level. It will not permit government resources to be transferred from primary care to tertiary, specialist care. The Ministry is committed to ensuring access to key promotive, preventive, curative and rehabilitative health interventions for all at an affordable cost, towards achieving equity in access. Factors affecting access such as corruption, physical accessibility, transport and its costs, and whether a health facility is regarded as being user-friendly will also be addressed. All will contribute to achieving universal coverage.

The Ministry of Public Health policy on the human rights-based approach to health in the country is that it supports human rights norms and principles. These include human dignity, attention to the needs and rights of vulnerable groups, and an emphasis on ensuring that health services and public health interventions are made accessible to all. These norms and principles are reflected in the Patients' Charter[51].

Aid Effectiveness Policy Statement
Within the framework of the 2015 Government of Afghanistan National Aid Management Policy the Ministry of Public Health policy is to use the Paris principles of aid effectiveness as a guide in its' oversight and development agenda[52]. All five principles[53] are equally important given the current state of the functioning of the Ministry. However, for the next year or so it is particularly important to develop ownership of all the current and planned work. This is because accountability and responsibility will flow more naturally if people feel that the work is theirs.

Monitoring of aid effectiveness in the Ministry of Public Health will broadly focus on attempting to determine a link between aid effectiveness and better health outcomes. More specifically, it is the policy of the Ministry to better monitor the effectiveness of technical assistance (TA), especially international TA.

[50] Under development led by the Office of the President and the Ministry of Rural Development in cooperation with service ministries including the Ministry of Public Health
[51] Developed with the support of USAID. Currently being turned into a poster available in 3 languages and in pictorial form
[52] See the MoPH Statement on Aid Effectiveness, April 2015, Office of the Minister of Public Health, Kabul - moph.gov.af/en/
[53] Ownership, Harmonisation, Alignment, Results and Mutual Accountability

4.2 INSTITUTIONAL DEVELOPMENT

Institutional Development Policy Statement

> The policy of the Ministry of Public Health is to ensure the ministry is a well governed, gold standard state institution whose functioning better benefits the health status of the people of Afghanistan[1].
>
> The Ministry acknowledges that fundamental to having sound institutional functioning is the recognition that it is about managing change; change which itself is forever in a state of fluctuation. The priority is to address changes in transformational factors, such as mission, strategy, institutional culture and leadership and then changes in transactional factors such as structure, systems and work atmosphere.
>
> It is the policy of the Ministry to ensure that the culture and style of management in the Ministry enables all staff to develop and implement the principles, processes, systems and practice of managing change. This is with the aim of improving effectiveness, efficiency and quality towards sustainable outcomes and impact and a better quality of life for the people of the country.
>
> Within the framework of this policy the Ministry will place greater emphasis on evaluation. It will also ensure that health planning is based on wider governmental frameworks and/or the national development strategy. Inter-sectoral work will be an important approach with the intention of promoting health in all policies.

Sub-components of Institutional Development

Leadership in Health Policy Statement
It is the policy of the Ministry of Public Health to create a working environment that encourages leadership at all levels of the health system. Some of the competencies or functions at annex B are an indication of the skills needed for effective leadership.

Health Management Policy Statement
The Ministry of Public Health is committed to creating and maintaining a sound management culture. The health management policy of the Ministry of Public Health is to have a culture that encourages staff to work responsibly, creatively and pro-actively across directorates and that encourages departments and units to function as a group or team united to effectively and efficiently achieve sustainable, quality results.

The priority is to work on changing or strengthening the transformational factors, the drivers of major, positive change, in the Ministry such as its mission, strategy, institutional culture and leadership. This will lead to ensure changes in transactional factors including structure, systems and work atmosphere. The structure of the Ministry will change over time, depending on wider governmental decisions and internal changing functions and other factors.

The key management principle that the Ministry is committed to is that staff are doing the right thing in the right way; and not, instead, doing things efficiently that are not important or the priority. The priorities identified in this national health policy, and which will be taken forward in the new national health strategy, give an indication as to which management processes, systems and practices need to be strengthened. At the same time systems and procedures for efficient administration (the paper work) will be strengthened.

Harassment Policy Statement
The Ministry of Public Health policy on harassment is that the institution should be an environment that is free from all forms of harassment, intimidation/bullying and exploitation among staff, at all levels of the health system. Each individual working in the Ministry is responsible for fostering mutual respect and dignity.

Systems Strengthening Policy Statement
It is the policy of the Ministry of Public Health to strengthen the health system towards having one that is robust and resilient. In the challenging context in the country of a mix of ongoing conflict and of health development, the system needs to be able to cope with financial and other shocks and disease outbreaks at all levels of the health system. And be able to ensure quality health services at low cost. It is also the intention of the Ministry to intensively work on ensuring the better functioning of specific systems such as for procurement, health information, and monitoring and evaluation.

Health Financing and Revenue Generation Policy Statement
The health financing and revenue generation policy of the Ministry of Public Health is to increase the efficiency and equity of public spending, improve financial risk protection and reduce dependence on international aid.

Coordination Policy Statement
It is the policy of the Ministry of Public Health to have effective coordination regularly functioning at all levels of the health system This is towards enabling effective communication, mutual understanding, collaboration, the building on the comparative advantages of individuals and organisations and the use of resources including international aid. It is also a policy to coordinate where and when necessary with nearby countries especially on disease related issues such an outbreak.

The Ministry of Public Health is committed to have effective coordination throughout the institution. The main formal coordination mechanism at the Ministry headquarters and at provincial level is through committees. A position paper gives the ministry's definition of coordination and highlights the main committees[54]. The Ministry is also committed to have effective coordination for important cross cutting issues such as oversight, aid effectiveness, the values of the Ministry, anticorruption, equity, quality, results culture, change management and international technical assistance. The planned informal mechanism for coordination on each of the issues is to have focal points for each of the issues allocated among the Office of the Minister and the Offices of the Deputy Ministers[55].

Health Information Policy Statement
It is the policy of the Ministry of Public Health to ensure the collection of integrated, timely, valid, and reliable health information. Information should be collected through various channels including the routine health information system; and through

[54] MoPH Position Paper on Coordination, updated September 2015
[55] MoPH Position Paper on Coordination, updated September 2015

monitoring, evaluation, research, surveillance, and vital statistics. It should also be collected, analysed and used at all levels of the health system. At central level, information will be analysed and the findings circulated in a useful format to feed into informed decision making. The Ministry is also committed to use the information to help cultivate a culture of accountability in the health sector.

As part of the health information work the Ministry of Public Health is committed to work more closely with the Ministry of Interior and Central Statistics Office. The strengthening of the civil registration of births and deaths and the vital statistics system is most important.

Health Planning Policy Statement
The Ministry of Public Health is committed to ensuring that health planning is based on wider governmental frameworks and/or national development strategy. Any planning will also be in line with the government's budget cycle.

It is the policy of the Ministry to ensure that the planning cycle is incorporated into work at all levels of the health system. This will be reflected in the forthcoming National Health Strategy 2016-2020 and its implementation. A national level work/operational plan for the national health strategy will function as the key guide to strategy execution or implementation. All the actions in the national strategy will be converted into detailed relevant activities that are integrated in annual and monthly sub-level work plans. All work plans will be costed and budgeted based on a resource envelope that includes both government and external funds. They should be realistic, affordable and reflect local context priorities.

The Ministry of Public Health is further committed to ensure support from central level to provincial health offices on health planning integrated with budgeting and monitoring and evaluation.

Monitoring and Evaluation Policy Statement
It is the policy of the Ministry of Public Health to have a single sector monitoring and evaluation (M&E) framework with a manageable set of indicators, targets and milestones, and joint monitoring of work including reviews and evaluation. This will be part of the commitment of the Ministry on aid effectiveness.

It is also the intention of the Ministry to clarify the legal framework, role, priorities, functions, procedures and responsibilities in, and approaches to, M&E at all levels of the health system and among all programmes and services in the near future.

Annual joint reviews of the national health strategy 2016-2020 will be a key feature of work in M&E. The reviews will determine progress on implementation and identify challenges and gaps. The Ministry is determined to ensure that an underlying principle for doing reviews and evaluations is that they are useful, undertaken in a non-threatening way and that they are a positive experience for those being reviewed or evaluated.

Health Standards Policy Statement
The policy of the Ministry of Public Health is to set relevant national standards covering different aspects of health and health care. These include infrastructure, health technology and clinical care. The Ministry will ensure that the standards are implemented and adhered to.

Health Research Policy Statement
The Ministry of Public Health policy on research is to build better capacity for useful,

operational health research. It is intended that the results feed into evidence-based policy making, strategies, health programme planning, the management of health services and public health interventions. The research will focus on top priorities as agreed by the Strategic Health Coordination Committee. When international researchers propose an issue the protocol should be submitted to the committee for approval. And where necessary, the proposed subject and research methods approved by the Ministry's ethics committee.

Private sector and Public-Private Partnerships Policy Statement
Regarding the private sector, it is the policy of the Ministry of Public Health to have effective oversight of the private health sector; and to make the private sector feel an inclusive part of the process towards improving the health of individuals and communities. The ministry will particularly work on exploring how it can work with the private sector on improving access especially to interventions to prevent ill health such as immunization. Collaboration on technology and with the media are two other areas of interest that could help the Ministry be more effective in reaching out to the public with important health messages.

It is the policy of the Ministry of Public Health to further strengthen partnerships both with private-for-profit and private-not-for-profit entities. This is in recognition that such stakeholders can effectively provide the public with quality health services and other health interventions.

It is also the policy of the Ministry of Public Health to have strong working partnerships with private financial investors. The investment is intended to enable the functioning of quality, effective, efficient specialist tertiary care hospitals. Such partnerships are called public-private investment partnerships[56]. Memoranda of understanding will govern all such partnerships. Among other things they will address the control and ownership of assets, the meeting of stringent service quality benchmarks and the assuming of risk for delays and cost overruns, human resource issues and failure to achieve efficiency in service delivery.

Provincial Level and Decentralisation Policy Statement
The policy of the Ministry of Public Health on the provincial level is to ensure the effective and efficient functioning of provincial health offices. This is with the intention of ensuring sound management and oversight by the offices of service delivery and public health interventions. With the intention of getting results from implementation that have a better, sustainable impact on the health of the people.

The policy of the Ministry of Public Health on decentralisation is to only work within the framework of any National Unity Government policy, legislation and strategy on decentralisation.

[56] See the MoPH Statement on Public Private Partnerships and Specialist Tertiary Hospitals, April 2015, Office of the Minister of Health, Kabul - moph.gov.af/en/

4.3 PUBLIC HEALTH

Public Health Policy Statement

The public health policy of the Ministry of Public Health is one that changes thinking and practice towards ensuring a health system that promotes health beyond the Ministries' responsibilities for the provision of clinical and curative services - towards a better balance between health and health services; a vision of healthy lifestyles as a result of changing attitudes, perceptions and practices.

Within the framework of this policy the Ministry of Public Health will ensure effective and efficient cost-effective public health interventions that prevent diseases and promote the health and well being of the population.

Towards this the Ministry is committed to efficiently and effectively reduce morbidities, mortalities and disabilities through a two-pronged public health approach. The first is to work on empowering individuals and communities with knowledge about what actions they can take to stay healthy and to deal with poor health.

The second concurrent approach is the provision of preventive health interventions for all Afghans especially mothers, children, and marginalized populations. The main focus will be on people dying from preventable illness, on improving nutrition and on problems such as post partum haemorrhage among women who have just delivered a baby and from communicable and non-communicable diseases. For the latter the Ministry recognises that the agendas for their prevention and control are inextricably linked. Prevention for both requires integrated multi-sectoral action addressing determinants across the life course.

Sub-Components of Public Health

Health Promotion Policy Statement

The policy of the Ministry of Public Health on health promotion is have a participatory approach in promoting and understanding the causes of ill-health, taking action and capacity building to better address issues at the community level. This is in recognition that health promotion is one the most cost effective strategies to improve and maintain the health of individuals, families and communities. When people are empowered with correct knowledge on healthy behaviours they can make individual decisions about their and their families' health that can make a difference. The role and responsibility of the media in helping promote health will be developed.

As part of it commitment to health promotion the Ministry will place greater emphasis and time working on the social determinants of health. This will be within the framework of inter-ministerial, inter-sectoral coordination for health. The intention is that the work will result in health being taken into consideration by different sectors and contribute to more informed decision making in policies and strategies across government. This is with the aim of guiding government to work on the big issues that impact on health such as education, housing, water and sanitation. At the same time the Ministry will raise awareness of the health consequences of the policies,

strategies and plans of other ministries and their need to accept responsibility for health.

Community Health and Empowerment Policy Statement
The health of communities, especially those in rural areas, is high on the policy agenda of the Ministry of Public Health. Working with communities is seen as key to having a sustainable impact on the prevention of ill health and ensuring attitudes and practices result in the early detection of, and response to, signs of ill health. Community based health services and public health interventions that really are free to all, as enshrined in the 2004 Constitution, are fundamental to achieving universal health coverage. The words 'community' and 'communities' are common to many of the policy statements among the five policy areas in the National Health Policy 2015-2020. This highlights the importance to the Ministry of working with, and the health of, communities.

The community empowerment policy of the Ministry of Public Health is to have a participatory approach in engaging with communities towards their empowerment. By this the Ministry means that it is committed to enable communities and their leaders to take ownership and control of their health and wellbeing. This will be through ways most acceptable and useful to communities depending on cultural, social, economic factors among each community, varying as they do throughout the country. It will also be undertaken in close collaboration with the Ministry of Rural Rehabilitation and Development whose Vision is 'Empowered and Economically Vibrant Rural Communities'.

The forthcoming Citizens Charter[57] is a reflection of the intent of government to empower communities in their rights to basic services. The Ministry of Public Health is committed to ensure the health component is well implemented. The ministry will also ensure its' adherence by staff to the rights approach in the Patient's Charter[58].

Health Protection Policy Statement
The policy on health protection of the Ministry of Public Health is to particularly focus on: a) infectious disease control, especially due to emerging infectious diseases e.g. the Ebola virus, the Middle East respiratory syndrome coronavirus (MERS-CoV) and influenza; b) emergency planning and c) the health care response to emergencies. It is also committed to advocate for a legislative setting to ensure safer and better goods and services, and to increase prices and controls on the marketing of unhealthy products especially tobacco cigarettes, transfats and sweetened drinks.

Preventive Health Policy Statement
The preventive health policy of the Ministry of Public Health is to ensure that to the extent possible all the people of Afghanistan and its guests remain healthy all the time. It will therefore, within the time frame of this national health policy, work towards a better balance between health care – or a national sickness service, and health – to have a healthier nation. The Ministry will ensure that the reference to preventive health care in Article Fifty-Two of the 2004 Constitution, 'The state shall provide free preventative healthcare**….'** is not violated.

Surveillance of Diseases Policy Statement
It is the policy of the Ministry of Public Health to strengthen the integrated disease surveillance system effectively and efficiently. This is with the intention of ensuring

[57] Under development led by the Ministry of Rural Rehabilitation and Development in cooperation with service ministries including the Ministry of Health
[58] Developed with the support of USAID. Currently being turned into a poster available in 3 languages and in pictorial form

the early detection of disease outbreaks and to take timely relevant action. The work includes notification to international authorities of a public health emergency of international concern for multi-hazards due to radio-nuclear, chemical and biological and food-borne events.

The Ministry is also committed to ensure that information collected and analysed on disease surveillance is used to determine disease trends. The information on trends will feed into resource allocation. Surveillance for non-communicable diseases and nutrition surveillance will further broaden the scope of the surveillance system. All this will feed into the outcome and impact evaluation of public health and other interventions to prevent and control diseases. The Ministry will also strengthen the public health laboratories to better assist in the confirmation of outbreaks due to various disease pathogens.

Gender Policy Statement

It is the policy of the Ministry of Public Health to ensure that all planning, budgeting, implementation and evaluation processes at each level of the health system and all projects and programmes of the Ministry are rights based and sound from a gender perspective. The prevention of, and response to, gender based violence features particularly highly in the work of the Ministry.

At the same time the Ministry of Public Health is committed to work on having more positive decision making by men on access to health facilities by their family members; and also on specific health interventions such as immunization and family planning.

It is also the policy of the Ministry to see more women in senior positions in the Ministry and as programme and project managers.

Reproductive, Maternal, Neonatal, Child and Adolescent Health Policy Statement

The Ministry of Public Health through its leadership and effective governance is committed to reduce the high levels of reproductive, maternal, neonatal, child and adolescent (RMNC&A) morbidity and mortality. These are the major causes of concern in the national public health agenda. It is the policy of the Ministry to have close oversight of the many different aspects of work that comprise RMNC&A health. These include, but are not limited to: maternal and newborn death surveillance and response; collaboration and coordination with stakeholders, strengthening human resources; improvement of the quality of health services; medical records and reporting for health information systems, programme monitoring and research; innovation, and new technology.

The Ministry of Public Health gives high priority to the provision of rights based services for women, children and adolescents. It also highly regards the harmonisation of the considerable technical and financial partner support for RMNC&A health in line with the aid effectiveness principles of the Paris Declaration The Ministry places high importance on qualitative as well as quantitative results. For example, progress on delivering quality RMNC&A services including respectful health care.

During this policy period 2015-2020 the Ministry is especially committed to work on the following - reducing the unmet need for family planning, increasing the utilization of quality skilled birth attendance including access to comprehensive obstetric care, essential and emergency care of sick newborns, national vaccination coverage, coverage of interventions for the prevention and management of child pneumonia

and diarrhoea and the treatment of severe and acute malnutrition.

Communicable Diseases Policy Statement
The widespread poverty in the country means the prevention, control and effective treatment of communicable diseases is a never ending challenge. It is the policy of the Ministry of Public Health to put greater emphasis of effort on prevention and control. In particular, the immunization coverage must be increased through more efficient routine vaccinations especially for polio, measles, pneumococcal pneumonia and rotavirus. They will be made available through both public and private health facilities and always be free of cost to all they are intended for. It is the policy to also ensure quality assured diagnostics and treatment at the primary care level at no cost to patients and their families, especially for tuberculosis, malaria, HIV, leishmaniasis and leprosy.

The Ministry will also work more closely on communicable disease prevention and control with other relevant ministries. These include those with responsibility for education, water and sanitation supplies and for animal health.

Non-Communicable Diseases Policy Statement
It is the policy of the Ministry of Public Health to place much greater emphasis on the prevention, risk mitigation and quality of treatment of non-communicable chronic diseases. Whilst effective treatment for non-communicable diseases is important, early action towards prevention is critical. The Ministry recognises that it is in danger of having a sickness or ill-health system rather than a health system if there is not a better focus on upstream 'health'. Furthermore, preventing the onset of chronic illnesses will ultimately save the government valuable time and money, and could relieve the burden on overstretched health resources.

This policy statement on non-communicable diseases should be read in conjunction with the health promotion policy statement and the statements on community empowerment, on health protection, on preventive health and on health education. They are all intended to help prevent ill health, especially illness due to chronic or non-communicable diseases.

The priority chronic diseases for the two pronged approach of prevention and treatment are cancer, diabetes, chronic respiratory disease and cardio-vascular disease. The prevention of cancer related to tobacco smoking is the top priority. There is an urgent need to help current tobacco users to quit and prevent young people from starting. There is now a new tax on the importation of cigarettes and the Ministry is seriously considering a tax on individual packets of cigarettes purchased by tobacco users. An essential package of afforable, feasable cancer control and care interventions will be developed[59]. The package will address the preventable tobacco related and virus related cancers and those cancers epidemioloicially common in the country and which if treated early are curable e.g. breast cancer. The package will also include guidelines on palliative care. The prevention of pain and relief from the intractable pain that cancer can cause is very important for the quality of life of patients and their families.

Nutrition Policy Statement
It is the nutrition policy of the Ministry of Public Health to work more closely with other ministries on addressing the key determinants of malnutrition and so contribute to

[59] Hellen Gelband et al, 2015, Costs, affordability, and feasibility of an essential package of cancer control interventions in low income and middle income countries: key messages from Disease Control Priorities, 3rd edition. The Lancet, published online http://dx.doi.org/0.1016/S0140-6736(15)00755-2

poverty reduction and associated lack of access to food and poor diet. It is also the policy of the Ministry to improve community approaches targeting behavior change for improved nutrition practices. And to better tackle the treatment of acute malnutrition and address chronic malnutrition through a multi-sectoral approach.

Addressing factors such as inadequate infant feeding and caring practices, micronutrient deficiencies such as anemia, Vitamin A and D deficiency, and deficiency of iodine, zinc, and calcium will be given high priority. Greater attention will be placed on the use of fortified foods and nutrition sensitive factors such as food safety, hygiene and sanitation. The local production of ready to eat supplementary foods will be encouraged. The Ministry will also focus on the first 1,000 days of a child's life as a 'window of opportunity' to deliver the high impact nutrition interventions. In order to address the issue of stunting and break the intergenerational cycle of under-nutrition, the Ministry will improve adolescent nutrition, especially the micronutrient deficiencies of adolescent girls.

A new dimension to the nutrition policy of the Ministry of Public Health is of starting to address the risks of poor diet initially among urban communities. The Ministry will, mainly through health promotion, highlight the risks of the over consumption of foods high in fat, sugar and salt, and the need to eat more fruit, vegetables and fibre. This is with the intention of preventing many of the chronic diseases that cause substantial suffering, ill health and premature death. A tax on drinks with added sugar will be considered. As well as the better labeling of food so that the public can be better informed about its' content, especially packaged and tinned food.

Disability and Physical Rehabilitation Policy Statement
It is the policy of the Ministry of Public Health to work with relevant stakeholders on the establishment and efficient functioning of disability and rehabilitation services. The Ministry will also work on the prevention of disability and to restore maximum physical functional ability for persons with disabilities as well as for those with temporary impairment.

The work will be undertaken through strengthening the institutional capacity of the Ministry on increasing access to physical rehabilitation services, ensuring capacity building for health and rehabilitation providers, improving coordination among relevant stakeholders, promoting healthy lifestyle among persons with disabilities, and including the basic principles of psychosocial rehabilitation in training for health workers and volunteers as well as for physical rehabilitation professionals.

Accidents and Injuries Policy Statement
It is the policy of the Ministry of Public Health to strengthen work with other ministries on the prevention of accidents and injuries on the roads, at home, in schools and in the workplace.

Because of their impact on health and on the medical emergency services the Ministry will place priority on working in collaboration with the Ministry of Transport and the traffic police on issues such as road safety and the prevention of traffic accidents, the strict enforcement of traffic rules protecting pedestrians, drivers and passengers such as pedestrian crossings, the use of seat belts, the use of roadworthy vehicles and a maximum 30kph speed limit in urban areas. The most common causes of accidents in the home, in schools and in the workplace will be investigated and discussions with other sectors and with institutions and organisations such as the Ministry of Education, Ministry of Rural Rehabilitation and Development, Ministry of Labour, and the Red Crescent Society will determine the best methods to use to publicise prevention and promote knowledge of first aid. The

Ministry will also work with the Ministry of Education, and the Red Crescent Society on a drive to ensure all schoolchildren aged 10 years and more know the basics of first aid.

Drug Demand Policy Statement
The key focus of the Ministry of Public Health policy on drug demand reduction is the treatment of drug addicts in close collaboration and coordination with the Ministry of Counter Narcotics. The latter ministry also has responsibility for drug demand prevention and for the rehabilitation of drug addicts including the prevention of harmful methods of drug use such as injecting. The Ministry of Public Health recognises that successful treatment is a major challenge and will particularly work with the Ministry of Counter Narcotics on the prevention of injecting drug use through opioid substitution therapy. This is because the HIV epidemic is concentrated among people who inject drugs. So harm reduction is an important way to halt and reverse the epidemic among drug users who are at higher risk of contracting HIV.

The initial focus in this policy period will be on re-examining international experience and lessons learned about approaches to treatment especially in a resource constrained context.

Mental Health Policy Statement
The policy of the Ministry of Public Health on mental health is to have the majority of work on mental health done in and with the community. The Ministry recognizes the important progress that has occurred in meeting mental health needs through pilot programmes and other work. However, there is still much that needs to be undertaken to extend the mental health services to the whole population. During the first year or so of this policy period the Ministry will therefore have some brain storming sessions with all the stakeholders. The intention will be to identify additional approaches, priorities, the availability of resources etc. This will contribute to a reform agenda for mental health.

Environmental Health Policy Statement
The environmental health policy of the Ministry of Public Health is to work towards strengthening implementation of environmental health best practices to prevent diseases and promote health. Multi-sectoral and inter-ministerial work is seen as crucial to the strengthening process. Various mechanisms will be used to raise awareness and understanding of environmental health factors and to address physical, chemical and biological factors that negatively affect populations' health. The Ministry with the support of other stakeholders will advocate about food safety, adequate quantities of clean drinking water, a healthy housing environment, proper waste management, environmental radiation safety, and occupational safety.

The Ministry of Public Health is also committed to work with other sectors to systematically assess the health impact of a rapidly changing environment e.g. urbanization, technology, and a growing number of food, beverage and tobacco industries, and take steps to minimize the negative impact on health.

Emergency Preparedness and Disaster Management Policy Statement
The policy of the Ministry of Public Health on emergency preparedness and disaster management is to considerably strengthen its mitigation of, pre-planning for, and response to emergencies and disasters. Communication systems and clear lines of responsibility, coordination and accountability will be the priority for development. The terms of reference for a Ministry Disaster Response Emergency Health

Committee (DREHC) were developed April 2015[60]. The Ministry will ensure its effective, efficient functioning in cooperation with the National Disaster Management Board in the President's Office, the Ministry of Rural Rehabilitation and Development, the Afghanistan National Disaster Management Authority and the UN health cluster and at all levels of the health system.

The Ministry of Public Health is working on exploring alternative, innovative, sustainable mechanisms to respond more effectively and efficiently to the insecurity and conflict in the country. The Ministry is committed to ensuring that any humanitarian intervention complements the health development agenda and does no harm. The Ministry will also be clear about the type of emergency/humanitarian health and medical aid that is and is not needed for any one of the wide range of disasters that occur or might occur in the country. The Ministry will work closely with the humanitarian community when it considers transitioning humanitarian funding to multi year development funding as a response to chronic humanitarian needs.

[60] See the MoPH Terms of Reference for the Disaster Response Emergency Health Committee (DREHC), June 2015

4.4 HEALTH SERVICES

Health Services Policy Statement

The Patients' Charter reflects the rights based approach to health services and care. The forthcoming Citizens Charter will also reflect an aspect of equity and access to a community based health service.

The health services policy of the Ministry of Public Health is that over this policy period there will be an incremental transition from contracting-out basic health and hospital services basic services to government delivered services throughout the country.

Basic health and essential hospital services are respectively delivered through the Basic Package of Health Services (BPHS) and the Essential Package of Hospital Services (EPHS). The content of both packages are evidence based cost effective interventions and are free of financial cost to all. The Ministry is committed to putting into practice the 'continuum of care' approach, both across the various levels of health service delivery and throughout the life cycle of a person. The Ministry is also committed to strengthen access in rural areas towards achieving universal health coverage.

Concurrently, it is also the health services policy of the Ministry of Public Health to reform tertiary hospital care. This is with the aim of ensuring the provision of quality, specialist care mainly through regulated public-private investment and other partnerships. Cardio-thoracic syndromes and cancer are the priority non-communicable diseases. For the latter, an essential package of affordable, cost-effective cancer control and treatment interventions based on epidemiological evidence will be developed and implemented. The specialist care services will be provided on a fee basis. A mechanism will be developed over the next few years to enable the poor to benefit from specialist care.

The Ministry is committed to having a more responsive, well functioning referral system.

It is a policy priority of the Ministry of Health to ensure the provision of quality pharmaceuticals and other health commodities through a well regulated quality control body.

Sub-Components of Health Services

Quality of, and Access to, Health Services and Clinical Care Policy Statement
It is the policy of the Ministry of Public Health to have a sound balance between ensuring quality assurance that emphasizes a set of standards, and quality improvement. The processes will be ongoing to make sure the services meet the need of clients. The Ministry will review the many tools that have been developed and initiatives discussed/piloted over the years to improve the quality of clinical care for whether they are user-friendly, relevant and applicable. A position paper on quality of health services and care will then be developed and circulated widely.

It is also the policy of the Ministry of Public Health to improve access to, and coverage of health services for all, especially in rural under-served areas. A comprehensive approach to improving access will be taken. This will include not only physical access but also other reasons for low access such as perceived quality of services by clients, and the cost of 'free' health services where corruption is a factor. Physical access will be improved in isolated rural areas through community health facilities, previously called family health houses.

Basic Package of Health Services and Essential Package of Hospital Services Policy Statement

The Ministry of Public Health will continually monitor the content of the basic package of health services (BPHS) and the essential package of hospital services (EPHS). This is with the policy intent of ensuring that the packages reflect local needs and local and international evidence on the most cost-effective interventions. During a review of the two packages in 2016 the inclusion of the prevention and treatment of a limited number of chronic symptoms and diseases such as hypertension and diabetes will be considered. As will palliative care. The Ministry will ensure that the cost and other implications of any suggested changes and also the risks and assumptions are rigorously addressed.

It is the policy of the Ministry of Public Health to strengthen oversight by provincial health offices of implementation of the packages. This is with the intention of ensuring better transparency and accountability of health service and provision and public health interventions. It is also the intention of the government to move from contracting-out to government delivered health services. The transition will be an incremental one. It will be preceded by sound analysis of the risks involved and intensive work on some pre-conditions, all necessary if the transition is to be successful and the gains made in health over the recent past years not lost.

Tertiary Hospitals Policy Statement

It is the policy of the Ministry of Public Health to reform the availability and quality of tertiary hospital care. This is with the aim of having, for the first time, comprehensive, quality specialist clinical care provided in the country. The focus will first be on reform of the hospitals in Kabul. As more resources become available, specialist care will be developed in some provinces. Having specialist care available will enable patients to be treated within their own sociocultural setting, closer to their family and reduce out-of-pocket expenditure on travel.

The first priority is the development of specialist care for patients with non-communicable diseases especially cancer and cardio-vascular disease and for complex problems among women and children. This policy approach is considered timely but is stated within the context of Ministry recognition that primary care is the most important approach to both the control and treatment of ill-health. The Ministry will concurrently work towards ensuring the best use is made of primary care and preventive measures.

In recognition of the reality of the high expense of tertiary care, the Ministry of Public Health is committed to rationalising such care while maintaining a sympathetic human side to decision making about the use of resources. The Ministry will ensure relevant baseline epidemiological information provides the evidence base for interventions and will use cost-effective affordable diagnostics and treatments.

Towards this, and for example for cancer, an essential package of cancer control interventions which are potentially cost-effective will be developed[61].

It is also the policy of the Ministry to charge for tertiary care; a recent (2015) legal amendment to the 2006 Public Health Law allows for this. However, a mechanism will be developed so that those too poor to pay for specialist tertiary care can still benefit from the services. Furthermore, the increased cost for developing tertiary care will not come from the budget or funds for primary care. Most of the essential resources will come from public-private investment partnerships and additional support from donors and from other stakeholders.

Pharmaceuticals and Health Commodities Policy Statement

It is the policy of the Ministry of Public Health early 2016 to establish a national regulatory authority for medicines and health commodities such as vaccines and diagnostics. The authority will be autonomous in respect to its budgeting and staffing. The government will provide a supportive administrative, resource and legal environment to enable the medicines authority to function efficiently and independently.

The authority will be responsible for issues such as the control of the quality of imported medicines, vaccines and other commodities, the effective enforcement of relevant laws and regulations, overseeing the pricing of medicines and on the prescription and use of medicines by doctors and pharmacists. It will work closely with the Ministry of Health on any needed evaluation and revision of the national medicines policy and the list of essential medicines. It will also work with the Ministry to strengthen quality assurance interventions. The ministry will upgrade the existing the quality control laboratory and will expand the adverse reactions monitoring mechanisms. To ensure efficiency in procurement and distribution procedures options will be developed and considered including an e-platform.

[61] Hellen Gelband et al, 2015, Costs, affordability, and feasibility of an essential package of cancer control interventions in low income and middle income countries: key messages from Disease Control Priorities, 3rd edition. The Lancet, published online http://dx.doi.org/0.1016/S0140-6736(15)00755-2

4.5 HUMAN RESOURCES

Human Resource Policy Statement

The Ministry of Public Health policy on human resources is that effective inter-ministerial, cross directorate and departmental ministry and donor and other linkages and coordination underpin human resource development. This is with the intention of ultimately ensuring that the right person is in the right place at the right time, with the right knowledge and skills to work in the right way while doing the right thing.

As part of this policy the Ministry will implement a comprehensive human resources system based on addressing all the essential elements of human resource development. These are policy, planning, production and procurement, management and financing. This will replace the previous outdated 'personnel and training' approach. It will more closely reflect the needs of the health delivery system through closer collaboration between human resources and health services and public health.

The new policy direction is towards ensuring that the workforce is 'fit for purpose'. That the Ministry can effectively, efficiently and with quality produce the appropriate quantity and skill mix of personnel sympathetic to the health and disease needs of individuals and communities throughout the country. And that it makes health personnel feel valued, motivated and that they want to stay working in the public sector.

Sub-Components of Human Resource Development

Human Resource Planning Policy Statement

The Ministry of Public Health policy on human resource planning is one of ensuring effective linkages and coordination. The main links are both within the general directorate of human resources and with other general directorates especially health planning, finance and accounting including budgeting, public health and health services. Coordination, especially between the Ministry and international partners is crucial to prevent duplication and any planning that does not build upon lessons learned. Innovative ways will be explored for the recruitment and retention of specialists and of female staff in rural areas of the country.

As part of the health resource planning policy each provincial health office will be responsible for the development of a comprehensive human resource plan together with all relevant human resource data. This is with the intention of providing the evidence upon which the Ministry will develop regulatory mechanisms for links between public and private health services and dual practice.

Potential new required categories of health personnel their numbers and training requirements will be also be identified. An analysis will be done of the resource and other implications of having new staff categories before any decision made on the creation of a new category. The Ministry will engage with other ministries to jointly use innovative approaches to address the issue of planning for and posting Tashkeel staff to provinces and districts.

Human Resource Production and Procurement Policy Statement
On human resource production and procurement it is the policy of the Ministry of Public Health to focus on pre-service training based on health service/market needs, planned and coordinated continuing professional development including specialist training requirements, and the procurement of required short/medium term professionals with transparent, efficient recruitment processes. As with human resource planning efficient coordination between the Ministry and international partners is very important.

More specifically, the Ministry in collaboration with health professional associations and councils will define the minimum acceptable educational and performance standards to be achieved by universities and health training institutes, both governmental and private. Accreditation systems for training institutions and universities producing health professionals will be established. There will also be regulations regarding human resource production and procurement and their application rigorously monitored.

In addition, the policy on human resource production and procurement is to have a system of standardised accredited in-service training courses and modules. This will be an element of professional development and potential promotion. Specialist training will encompass not just clinical specialisation but also management skills. It will incorporate a 'team approach' and joined up working.

The Ministry will work closely with health professional councils and association to establish an effective system of health professional registration. All already graduated health professionals of all cadres and all newly graduated health professionals will be required to register and maintain their registration status.

All selection of health professionals will be based on a merit based transparent process that ensures that the qualifications and experience of the applicant match the job description, references are satisfactory and the interview comprises an objective panel and a transparent scoring system. The selection people to work in the role of providing technical assistance (TA) must be transparently undertaken in coordination with the relevant directorate and the terms of reference clearly state both the Ministry's desired approach to capacity building and the selection criteria. The Ministry is committed to ensuring the better coordination and monitoring of TA (see also the policy statements on coordination and on aid effectiveness).

Human Resource Management Policy Statement
The Ministry of Public Health policy on human resource management is that management be comprehensively based on both civil service personnel administrative processes and performance management. Cross functional linkages within the Ministry and coordination with other relevant governmental institutions will ensure that all job descriptions cover not only the essential functions but also the functional linkages (internal and external) at whatever level of the health system the post is placed. All staff will be in receipt of a copy of their job description against which their performance will be measured.

Within the framework of the human resource management policy the Ministry intends to see that provincial health service managers implement supportive supervision, identifying in what areas a health worker requires capacity strengthening. Focus of the staff appraisal will be on the performance of the individual health worker as a team member that reflects on the performance of the team as a whole. Staff working in isolated facilities will be given priority for continuous professional development.

In addition, Ministry policy on hiring, transfer, promotion, compensation, benefits, incentives, discipline, grievances, termination, union and professional association relations, and compliance with labour laws will be developed within the next 2-3 years.

Human Resource Finance Policy Statement

The policy of the Ministry of Public Health in human resource financing is that realistic financial planning is the primary driving force to help ensure that the human resource strategy and annual plans can be fully implemented.

The Ministry will work with the civil service entity and the Ministry of Finance to address the salary level requirements of specialist positions. As has been done in some other ministries as exceptions to the national salary structure. This will enable specialists in a variety of disciplines to be placed in tashkeel positions rather than only being employed through donor funded super salaries.

The Ministry will consider whether a policy is needed on the clear separation of public and private employment. Or whether financial options for part-time work for those who choose to work both in the public and private sectors should be possible.

Annex A. List of health laws, regulations, policies and strategies

Some of the following laws and regulations will need to have amendments or be re-written to ensure they reflect the new policy initiatives, priorities and reforms. For example, a new health law is being drafted that will replace the 2006 Public Health Law. Among other issues the new law will address governance and public-private investment partnerships. It will also have an article changing the name of the Ministry from Ministry of Public Health to Ministry of Health.

Some of the subject specific strategy documents listed will also need to change. In future, there will be only one national health policy – unless there is a justified exception for a policy on a specific issue. In general, specific health subjects will only need a strategy and work plans.

Laws
Public Health Law 2006 (Afghan year 1385)
Forensic Medicine Law 2008 (Afghan year 1387- with amendment of the 2006 law)
Medical Drugs Law 2006 (Afghan 1385)
Afghanistan Counter Narcotic Law 2010
Tobacco Control Legislation 2014 (Afghan year 1393)
Health Law 2015 (under development)
Nutrition Law 2015 (under development)

Regulations
Pharmacy Regulation 2006 (Afghan year 1385)
Manufacture and Importation of Drugs and Medical Equipment Regulation 2006 (Afghan year 1385)
Vaccines and immunization Products Regulation 2011 (Afghan year 1390)
Regulation for Iodizing Salt in Food 2011 (Afghan year 1390)
Support and Promotion of Child Breast feeding Regulation 2008 (Afghan year 1387)
Salary and Benefits of Teachers Regulation 2013 (Afghan year 1392)
Staff Hardship Allowance Regulation 2014 (Afghan year 1393)
Environmental Health and Protection of Living Environment Regulation (under development)
Ghazanfar Institute Regulation (under development)
Nurses and Midwives Regulation 1390 (under development)
Doctors' Private Clinics Medication Regulation 2014 (Afghan year 1393)
Private Institutes Regulation 2014 (Afghan year 1393)
Private Health Facilities Regulation 2012 (Afghan year 1391)
Private Medical Laboratories Regulation 2006 (Afghan year 1385)
Private X-ray Clinics Regulation 2006 (Afghan year 1385)

Policies
National Medicines Policy, 1382
Drug Demand Reduction Policy 2012-2016
Policy on Opioid Substitution Therapy 2009
Infection Prevention National Policy, 2005
Hospital Policy for Afghanistan's Health System, 2004
National HIV - AIDS Policy 2012-2015
Policy on Community Based Health Workers, 2003
National Policy for Private Health Sector 2009-2014
National Salary Policy 2004
Human Resource Policy 1388
National Reproductive Health Policy 2012-2016
National Policy on Healthcare Financing and Sustainability 2009-2013
National Policy Document for Nursing and Midwifery Department 2011
USI Communication Policy 2004
Policy of Reproductive Health 2012-2016
Blood Bank Policy 1390
EPI Policy (date does not mentioned)

Policy and Strategy
National Health Communication Policy 2005-2009 and Strategy 2005-2006
National Infant and Young Child Feeding Policy and Strategy 2009-2013
Health of Adolescents Strategy and Policy (Date does not mentioned in the file)
National Public Nutrition Policy & Strategy 2009-2013
TB and HIV Policy, Strategy & Guidelines 2008-2011
National Policy for Health School Initiative (Date does not mentioned in the file)

Strategies
National Reproductive Health Strategy 2012-2016
National Strategy for Health School Initiative, 2007
Infection Prevention Strategy 2005
National Malaria Strategic Plan 2008-2013
Harm Reduction Strategy for IDU and HIV- AIDS Prevention 2005
Monitoring and Evaluation Strategic Plan 1386-1390
National Child and Adolescent Health Strategy 2009-2013
Strategy Paper for the Prevention and Treatment of Substance Abuse 2007
Monitoring and Evaluation Strategic Plan 1386-1390
HIV Communication Strategy 2007
Hospital Sector Strategy 2010-2015
National Family Planning Birth Spacing Strategy 2006-2009
National Strategy on Healthcare Financing and Sustainability 2009-2013
National Health and Nutrition Communication Strategy 2008-2013
National Strategy for Improving Quality in Health Care 2011-2015
National Gender Strategy 2012-2016
National Health and Human Rights Strategy 2013-2017
Strategy for Disability and Rehabilitation 2011-2014
National Drug Control Strategy 2006
Non-communicable Diseases Strategy 2015-2020
National Communication Strategy for Nutrition 2013-2016
National Environmental Health Strategy 2012-20015
Gender and Reproductive Health Right Strategy (Date does not mentioned in the file)
Forensic Medicine Strategy 2015-2020 (under review)
National Pharmaceutical Human Resource Strategic Framework 2013-2017
Strategic Plan for Improving the Local Manufacturing of Medicines 2015

Annex B: Closing the gap between policy and implementation

Annex B (i). Some international lessons learned on policy implementation

The Ministry of Public Health has identified that to a certain extent there has in the past been a gap between what is stated in policy and strategy documents, and what is done during implementation. This section therefore briefly outlines firstly, some international lessons learned on policy implementation and secondly, core functions for each of the 5 policy priorities. This is with the intention of helping close the gap between the policy initiatives stated in this national health policy, the forthcoming national health strategy and new structure of the ministry, and effective and efficient implementation.

International lessons learned on policy implementation
It is generally agreed that the translation of intended policy into action is highly complex. In order to help ensure that the policies stated in this national health policy document become reality we have reviewed the international literature[62] for some lessons learned on policy implementation. Lessons include the following:

- Be clear about the challenge or problem behind the policy or put another way have a very clear diagnosis about any policy that calls for reform or significant changes and about the associated risks
- Get the right capability by identifying the functions needed and bringing in outsiders, if necessary, as part of a multidisciplinary team
- Understand the wider context and in particular the constraints and available resources
- Stay close to the implementers, to where the change is happening. Everyone at headquarters level, including ministers have a role in keeping touch with what is happening on the ground, to keep up-to-date with implementation problems and maintain a focus on the people who should be benefiting from the policy implementation
- Be clear about where and how decisions are made. The quality of implementation depends on many decisions - technical, management and strategic. While ministers are ultimately accountable for the success of policy and must take the highest-level decisions, they need to establish who else has authority to take which decisions once implementation starts.
- Once targets or milestones have been set establish a few regular ways to measure progress
- Use deputy ministers to guide the process of translating policy into implementation, to have oversight of implementation and have formal and informal checks with staff on progress
- Planning for policy change is very important but too much detail can cause or result in a lack of flexibility when dealing with the messy dynamics of implementation
- Continually question: How are we working to achieve the policies? Has anything changed in the wider context that is affecting implementation? Has any unforeseen challenge arisen?

[62] Including: Doing them Justice: Lessons from four cases of policy implementation. A research report sponsored by the Joseph Rowntree Foundation for the UK Institute for Government, 2014; Enabling efficient policy implementation: a report from the Economist Intelligence Unit sponsored by Oracle, 2010; How can the analysis of power and process in policy-making improve health outcomes, UK Overseas Development Institute 2007; Berlan D et al, The bit in the middle: a synthesis of global health literature on policy formulation and adoption, Health Policy and Planning 2014; 29:i23–34; and Erasmus E and Gilson L, How to start thinking about investigating power in the organizational settings of policy implementation, Health Policy and Planning 2008; 23:361–368

Annex B (ii). Key functions to help close the gap between policy and implementation

The following functions are an indication of what is needed to help ensure effective implementation. The implications for the workforce or human resources may be significant in terms of new knowledge and skills needed especially for governance and institutional development. Concurrent with the development of the new national health strategy a capacity assessment will be undertaken and a revised structure of the Ministry at national level finalized.

Governance

- Leadership including ability to exercise political leverage and advocate for what is wanted
- Oversight
- Capability, accountability and responsiveness
- Setting and enforcing the legal and regulatory framework
- Mentoring and coaching

Institutional development

- Health management and change management
- Taking risks
- Coordination, networking and communications
- Health information
- Assessing, planning, monitoring and evaluation
- Setting priorities and standards
- Advocacy,
- Resource mobilisation, financing and health economics
- Maximising synergies between sectors and disciplines
- Mentoring and coaching

Public health

- The prevention of ill-health and health protection and improvement

More specifically:

- Inter-sectoral, inter-ministerial collaboration and coordination
- Surveillance and assessment of population's health
- Promoting[63] and protecting the population's health[64]
- Communication to result in healthy lifestyles as a result of changing attitudes, perceptions and practices
- Developing quality and risk management within an evaluation culture
- Collaborative interdisciplinary working
- Reducing health inequalities
- Policy and strategy development and implementation to improve health
- Working with and for communities to improve health
- Operational research to improve health
- Mentoring and coaching

Health services

- Setting clinical and service standards and ensuring adherence
- Development of guidelines
- Medicines and other commodities procurement, maintenance and supply chain management
- Functioning referral system
- Mentoring and coaching

[63] The top priorities for the promotion of health are immunization and tobacco control and addressing other factors contributing to cancer and cardio-vascular disease

[64] The latter especially protecting the population from imported counterfeit, poor quality medicines and the quality and use of imported food

Human resource management

- Effective technical working mechanism between Ministry general directorates, human resources and the Ministry of Economics, Civil Service Commission, private sector and professional associations and councils - to ensure that graduates and employees are fit for purpose to deliver the required health services
- Mechanisms and processes to strengthen the internal functional linkages between general directorates, human resources, health services and hospitals directorates and provincial health and human resource offices (to better monitor and strengthen health worker performance)
- Management information system to generate reports and monitor if health workers have been trained appropriately for the job they have to do
- Support to provincial human resource offices to undertake their new broadened role to develop, comprehensive provincial evidence based human resource plans and to monitor implementation
- Role e.g. percentage of time permitted for government health workers to work in private practice (dual practice)
- Policy e.g. a salaries policy (that enables people with high skills to be employed as technical experts in the tashkeel
- Mentoring and coaching

Annex C: Extracts from the SDGs Resolution adopted by the UN General Assembly, September 2015, United Nations New York A/RES/70/1

The SDGs highlight perhaps more than the MDGs did that a multi-sectoral, inter-ministerial approach to health is very important. Of the 17 SDGs and their 169 associated targets at least 7 SDGs impact on health and so are highly relevant. For Goal number 3 on health there are nine main targets and 3 sub-issues, all of which will take joint effective effort to achieve.

Health Goal
Goal 3. Ensure healthy lives and promote well-being for all at all ages

Health related Goals of crucial relevance to Afghanistan
Goal 1. End poverty in all its forms everywhere
Goal 2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture
Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
Goal 5. Achieve gender equality and empower all women and girls
Goal 6. Ensure availability and sustainable management of water and sanitation for all
Goal 10. Reduce inequality within and among countries
Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

Goal 3 targets
3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births
3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births
3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being
3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents
3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination
3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate
3.b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing
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countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all
3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States
3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.