



Health Policy Project: Afghanistan

Transforming Its Health System to
Address the Needs of Its People

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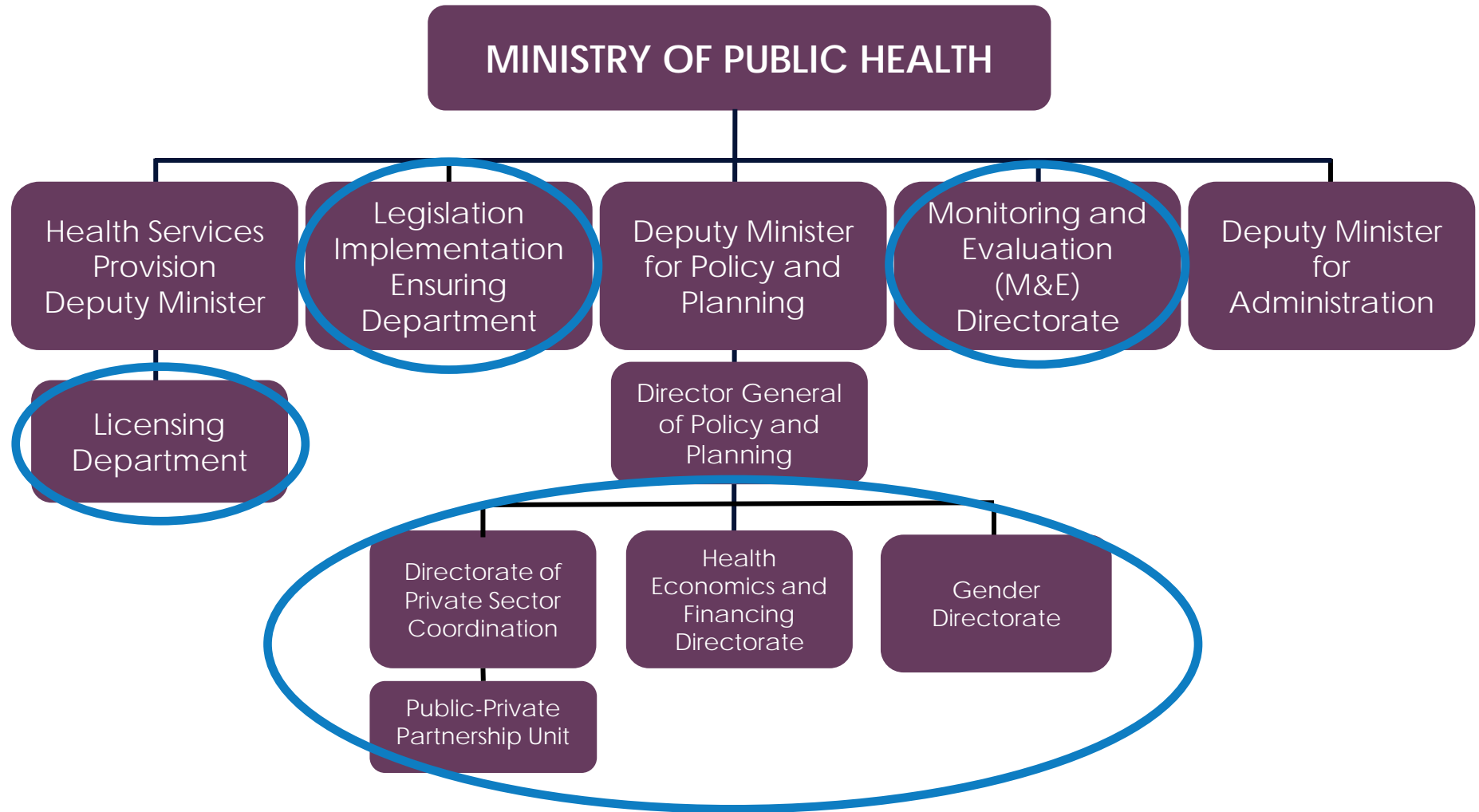
BACKGROUND

- Despite significant improvement in maternal and child health, maternal mortality rate among the highest in the world (327/100,000 live births)
- ~60% of Afghans have access to public services through the Basic Package of Health Services (BPHS), but the majority use private health sector services
- Total health expenditure largely financed by household out-of-pocket (OOP) payments (73%) and donors (21%) (National Health Accounts 2011–2012)
- Afghans spend \$285 million annually seeking care abroad
- Private health sector largely unregulated until recently, with no defined standards of quality
- Lack of high-quality secondary and tertiary health services
- Gender-related barriers limit women's access to services

Photo by Spc. Kelly Fox, DVIDSHUB



HPP SUPPORT-MOPH AND PRIVATE SECTOR PARTNERS



Afghan Private Hospitals Association

Afghan Social Marketing Organization

Afghan Midwives Association

Afghan National Medicines Services Organization

HPP AFGHANISTAN—PROGRAM COMPONENTS

Strengthen the **stewardship role of the MoPH and improve the policy environment** for effective delivery of health services and products through the private health sector

Build the capacity of the **MoPH Health Economics and Financing Directorate (HEFD)** in the implementation of health sector priorities

Build the capacity of **local private sector associations and organizations** to improve the quality of products and services delivered and ensure their sustainability

Mainstream gender throughout the health sector and program activities

RESULTS: GOVERNMENT STEWARDSHIP



Photo by Health Policy Project

- MoPH regulatory functions defined and strengthened
 - Department roles defined and mainstreamed
 - Licensing process reformed
 - Sanctions, procedures, and information center introduced
- Policies developed and put into practice
 - National Policy for the Private Health Sector implemented and updated
 - National and health sector public-private partnership (PPP) regulations drafted
 - National procurement law amended to include PPPs

RESULTS: GOVERNMENT STEWARDSHIP

- Public and private sector coordination strengthened
 - MoPH Directorate for Private Sector Coordination strengthened
 - Dialogue between public and private sectors improved
- Large-scale hospital PPPs
 - MoPH PPP Unit established and strengthened
 - RFPs ready to be issued for Sheikh Zayed, Jumorhiat, and Jinnah hospitals
- Private sector quality standards defined and introduced
 - Minimum Required Standards (MRS) for private hospitals established
 - National healthcare accreditation roadmap developed



Photo by Sam French



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RESULTS: PRIVATE HEALTH SECTOR PARTNERS

- Private sector associations strengthened
 - Organizational development and technical trainings
 - Self-regulation and quality improvement
 - Strengthened board governance
 - Strengthened value proposition for members
- Private sector systems and tools developed
 - Minimum Required Standards – self regulation
 - Private hospital health management information system (HMIS)

- Access to lifesaving health products expanded through social marketing
 - Sold more than 47 million products in partnership with the Afghan Social Marketing Organization
 - Trained approximately 3,000 healthcare providers
 - Reached more than 10,000 people with community-based training on health messages and product information



Photo by Health Policy Project

RESULTS: HEALTH FINANCING

- In-country capacity for health economics and finance strengthened
 - MoPH Health Economics and Financing Directorate
 - 10 HEFD staff supported to obtain master's degree; support to HEFD director for PhD program
 - Internship program for young graduates, especially women
- Financial data systems and resource tracking institutionalized
 - National Health Accounts (NHA)
 - Public Expenditure Tracking Survey (PETS)
 - Expenditure Management Information System (EMIS)
- Strategies developed and implemented
 - Health Financing Strategy for 2014–2018
 - New revenue generation strategy and projections
 - New tobacco tax passed
 - Health insurance feasibility study (HIFS)



Photo by Health Policy Project

RESULTS: GENDER

- MoPH Gender Directorate strengthened
- Healthcare providers trained to address gender-based violence (GBV)
- Gender Responsive Planning and Budgeting (GRPB) guidelines and processes adopted
- Gender data collection, analysis, and monitoring improved
 - Gender sensitivity tool for health services developed
 - Integrated five gender indicators into national M&E checklist used at all public facilities



Photo by Gates Foundation



Photo by Graham Crouch, World Bank

SUMMARY OF ACHIEVEMENTS

- Institutions, policies, and systems encourage private sector engagement and enhance regulation
- Greater collaboration between government and private sector
- Stronger evidence base for planning, advocacy, and accountability (including private sector, financial, and gender-related data)
- Alternative financing mechanisms being implemented and explored, including taxes, health insurance, and PPPs
- Gender policies, training, and initiatives incorporated into MoPH

Photo by Afghan Ministry of Public Health

Sheikh Zayed Hospital, Kabul



LESSONS LEARNED

- Full engagement of private sector only enhances outcomes and roll out of new approaches
- Transition plan at outset is essential for use of seconded staff
- It was assumed that partners and stakeholders understood and supported free market economy
- Gender integration requires a system-wide approach and comprehensive buy-in
- Full government buy-in and political support are needed for new and innovative initiatives (PPPs, health financing, accreditation)

Photo by Michael Foley



THANK YOU!

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Photo by Sarah Webb

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