HEALTH POLICY PROJECT/AFGHANISTAN

Building capacity for improved health policy, advocacy, governance, and finance.

"Now we have the systems in place to work in partnership with the private sector through PPPs to bring high-quality health services to more Afghans."

—Khan Mohammad Zamani, Head of MoPH PPP Unit

Photo by Health Policy Project/Afghanistan

Overview

Afghanistan's health system has made significant progress over the last decade—delivering lifesaving health services where few, if any, had existed. However, significant challenges remain, and the country's health statistics are still among the poorest in the world.

In this context, from 2012–2015, the Health Policy Project (HPP)/Afghanistan focused on strengthening the capacity of the Ministry of Public Health (MoPH) to improve its health system. Building on the work of previous USAID-funded projects—the Communication for Behavior Change: Expanding Access to Private Sector Health Products and Services in Afghanistan (COMPRI-A) Project, Health Systems 20/20 (HS 20/20), and the Health Services Support Project (HSSP)—HPP helped to

- Enhance the MoPH's stewardship role and improve the policy environment for effective delivery of health services and products through the private sector
- Strengthen health financing capacity and systems
- Increase the capacity of private sector health organizations
- Mainstream gender throughout the health sector

Government Stewardship

In recent years, Afghanistan has improved its ability to provide basic healthcare services. The private health sector has grown rapidly and accounts for a large percentage of the country's expenditures in health. Yet, until recently, the sector was largely unregulated and health service quality remained a concern. HPP increased the MoPH's capacity to improve oversight and regulation of the sector and build stronger public-private partnerships to expand equitable access to high-quality basic, secondary, and tertiary care.

MoPH Regulatory Functions Defined and Strengthened

HPP supported

- The establishment and strengthening of the Directorate for Private Sector Coordination (DPSC) and Public-Private Partnership (PPP) Unit at the MoPH.
- An assessment of the MoPH's capacity to implement private sector regulations and policies and to address gaps and clarify department roles and responsibilities in order to mainstream processes and improve oversight.
- The organization of quarterly public-private dialogue forums chaired by the Minister of Public Health; the forums provide a platform for increased communication and collaboration between the public and private sectors.

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Hospital Public-Private Partnerships

Public-private partnerships (PPPs) provide a model for how Afghanistan can increase international private investment and retain the estimated $285 million spent by Afghans seeking healthcare abroad.

HPP/Afghanistan assisted the Ministry of Public Health with strengthening its PPP Unit and laying the groundwork for the first hospital PPP:

- Drafted legislation and revisions to the National Procurement Law and National PPP Regulation
- Conducted three feasibility studies and value for money assessments
- Created an MoPH PPP Manual
- Conducted investment promotion and market sounding events
- Drafted requests for qualifications and proposals for the first of three PPP hospitals

- Development of the PPP Unit's capacity to design, negotiate, manage, and monitor large-scale hospital PPPs to increase access to high-quality secondary and tertiary care in Afghanistan; requests for qualifications and proposals are ready to be released for the first candidate hospital.
- The creation and introduction of private sector safety and quality standards—the Minimum Required Standards (MRS)—and development of a five-year roadmap for a national healthcare accreditation system that aims to improve the quality of health services.
- Reforms of the licensing process for private health centers, establishment of a Private Sector Information Center, and implementation of a sanctions review process.

Strong Policies Developed and Implemented

- HPP helped the MoPH implement the National Policy for the Private Health Sector 2009–2014 and led the update of the policy in 2015, with significant stakeholder input from both the public and private sectors.
- HPP headed initiatives that increased the MoPH and stakeholders' understanding of private health sector policies, free market economic principles, the role of the private health sector, and modern regulatory practices as they relate to improving the health sector in Afghanistan.
- HPP supported advocacy for the private sector, and as a result, health was integrated into a national private sector incentive package and the National Procurement Law was amended to include PPPs for all sectors.

Private Sector Partner Capacity

HPP not only supported the MoPH in its stewardship role over the private health sector, but also strengthened private sector institutions through organizational capacity building and direct support. Consequently, these institutions and the ministry have become important partners in achieving the country's health goals.

Organizational Capacity Strengthened

HPP built the organizational capacity of the Afghanistan Private Hospitals Association (APHA), Afghanistan Midwives Association/Organization of Afghan Midwives (AMA/OAM), Afghanistan National Medicines Services Union (recently renamed Afghan Medicines Services Union—AMSU), and the Afghan Social Marketing Organization (ASMO) through strengthening management and governance structures, improving financial sustainability, and increasing their value proposition for members.

- AMSU increased its membership from 99 in 2012 to 780 as of January 2015, opened regional offices, and established operational procedures and manuals.
- APHA increased its membership from 68 private hospitals in 2012 to 101 in 2015 and established operational procedures and manuals.
- ASMO conducted a management and governance capacity assessment and based on the results, improved human resource management, monitoring, business development, and governance practices.
- AMA/OAM successfully revised its Strategic Plan for 2014–2019, completed an audit to establish its organizational indirect cost rate, and improved its governance practices through board of director training and development of a board manual.

Technical Capacity and Value Proposition Built

HPP enabled private sector associations to build their technical capacity and increase their value proposition to members through technical training.

- The AMA established a clinical continuing education opportunity for member midwives by training 12 master trainer midwives on "Maintaining Normal Labor and Early Identification of Complications in Early Labor" and replicating the program with 34 member midwives countrywide.
- The APHA conducted infection prevention and waste management training for health providers from 38 member hospitals.
- The AMSU provided stock management workshops for 180 member retailers, wholesalers, and distributors to ensure that best practices are in place to guarantee product quality.
- The ASMO sold more than 47 million high-quality, lifesaving health products between 2012 and 2015 through the commercial sector, including the marketing and distribution of contraceptives, safe water solution, oral rehydration salts, and iron folate.

Private Sector Quality Standards, Data Collection, and Reporting Improved

With HPP support, the MoPH collaborated with APHA to develop the MRS, which outlines the minimum conditions needed for high-quality service delivery and safety at private hospitals. Through its member network, APHA has implemented the MRS as a self-regulation tool in 38 hospitals, including follow-up assessments at five hospitals that showed quality improvements between monitoring visits. APHA plans to roll out MRS at all member hospitals so they understand and are better prepared for MoPH inspections, creating a supportive and transparent environment. APHA is also seen as a technical resource for MRS implementation, building its reputation and member base.

HPP also helped design the private hospital health information management system (HMIS) at the APHA, completing the first step toward institutionalizing routine collection and reporting of private health sector service delivery data to the MoPH. More than 50 private hospitals now report quarterly on 14 key health service indicators to the APHA—from which reports can be prepared for the ministry's use.

Health Financing Capacity

Health financing in Afghanistan is characterized by high household out-of-pocket expenditures (73% of total health expenditure), low government spending on health, and reliance on donor funding. HPP/Afghanistan supported the MoPH's Health Economics and Financing Directorate (HEFD) to increase in-country capacity in health economics and health finance, with a goal of generating evidence-based strategies to address health financing challenges and increasing domestic revenue generation for health.

Capacity for Health Economics and Finance Increased

HPP/Afghanistan supported the HEFD Director to participate in a Health Economics PhD program and 10 HEFD staff members to obtain master's degrees in health economics—thus, greatly increasing in-country knowledge and capacity to oversee health economics and financing initiatives. In

Photo by Naimat Rawan,
Health Policy Project/Futures Group

Social Marketing for Health

The Afghan Social Marketing Organization (ASMO) is a locally run social marketing and behavior change communication organization. Since 2012, with HPP support, ASMO

- Sold more than 47 million health products
- Trained approximately 3,000 healthcare providers
- Reached more than 10,000 people with community-based training on health messages and product information

Photo by Naimat Rawan,
Health Policy Project/Futures Group

"With the experience we got from [HPP] training on the NHA production tool and how to develop the subaccounts, we can produce the tables on our own, and even hope to expand next time to include the subaccounts for child health and disease programs."

—Dr. Mir Najmuddin Hashimi, NHA team leader

collaboration with the directorate, HPP designed and supported an internship program targeting young graduates (especially women) focused on health finance.

Resource Tracking Institutionalized

HPP/Afghanistan helped the HEFD carry out several important health financing studies and implement data collection tools to track financial resources and expenditures within the health system.

- National Health Accounts (NHA): HPP supported HEFD training on the NHA production tool, production of the 2011–2012 NHA and reproductive health subaccount reports, and development of NHA country guidelines. The directorate is now independently initiating production of the third round of the NHA.
- Expenditure Management Information System (EMIS): In collaboration with HEFD, HPP developed an EMIS to regularly collect standardized health service expenditure data. The directorate rolled out a three-year institutionalization plan, operational manual, and EMIS policy to guide the process. The HEFD conducted training workshops for nongovernmental organizations implementing basic health services and is collecting expenditure data from provinces across Afghanistan. HPP also updated the EMIS to a web-based tool, increasing access to data and transparency. The system will provide more accurate information for the NHA.
- Public Expenditure Tracking Survey (PETS): HPP and the MoPH completed the study of 16 public hospitals to track finances across various levels of government—from the central government to service provision. The study analyzed the effectiveness of resource allocation and identified gaps and funding leakages to determine the extent to which resources reach target groups.

Key Health Financing Policies and Strategies Developed and Implemented

With HPP/Afghanistan support, the HEFD developed the Health Financing Strategy 2014–2018, which identifies six key strategic directions to increase the impact of health financing investments and create mechanisms to increase domestic financing for health. HPP worked with the HEFD to design and implement strategies, frameworks, and policy documents to ensure that health financing gaps are addressed and systems are improved.

- HPP and the HEFD created a revenue generation strategic framework that addresses shortfalls in domestic financing and proposes key policy options for increasing revenue generation.
- The MoPH successfully advocated for a new tax on tobacco products that will increase domestic revenue generation.
- HPP conducted phase one of a health insurance feasibility study to gauge Afghanistan's readiness to introduce health insurance schemes. Health insurance is one way to reduce the financial burden on households and increase domestic resources for health. The study identified the challenges to address and the next steps needed to prepare the country for implementing health insurance.
- HPP assisted the HEFD with translating data into policy by producing six health policy briefs to be used externally for advocacy efforts and internally at the MoPH for decision making and policy development.

Gender Equity

Approval of the MoPH's National Gender Strategy was a landmark policy decision, showing Afghanistan's support for mainstreaming gender throughout the health sector. HPP helped the ministry implement the new strategy, which is essential for making health services more equitable and improving the health of women and girls. HPP provided technical assistance and led initiatives to increase the MoPH's capacity to implement the strategy and monitor progress of gender integration activities.

Photo by Naimat Rawan, Health Policy Project/Futures Group

With HPP support since 2012, the Gender Directorate

- Trained more than 190 health providers across Afghanistan on identifying and addressing cases of gender-based violence.
- Drafted gender-responsive planning and budgeting guidelines and processes, which will be implemented throughout the MoPH to ensure that gender is properly integrated into the planning and budgeting process.
- Developed a tool to measure gender sensitivity of health services and identify areas for improvement that will increase women's access to and use of services.
- Identified and advocated for the integration of five gender-sensitive indicators into the National Monitoring Checklist, which is used at all public facilities and will provide data to evaluate facilities' performance related to gender sensitivity.
- Created and rolled out information, education, and communication materials promoting gender equity and equal opportunities for boys and girls; 6,500 posters were disseminated to public and private health facilities.
- Provided on-the-job coaching to MoPH Gender Directorate staff on conducting the collection and analysis of gender-related data to better inform ministry programming and further advocate for gender issues.

Photo by Naimat Rawan, Health Policy Project/Futures Group

The Way Forward

Afghanistan is now at a crossroads, as the Transformation Decade (2015–2024) outlines a vision for an increasingly self-reliant country prepared for a decrease in donor support. This is especially true for the health sector, where significant achievements must be maintained. The Basic Package of Health Services and Essential Package of Hospital Services are currently fully supported by donors. Over the next decade and as donor support decreases, Afghanistan will need to increase the efficiency of public health service provision and promote innovative approaches for generating increased revenue, including tax policies, increased private investment, PPPs, and health insurance. HPP helped lay the foundation to reach these goals.

Photo by Sam French, DFID

With HPP assistance, the MoPH developed the Health Financing Strategy 2014–2018 and Revenue Generation Strategy for the Health Sector. Both strategies identify tobacco tax, user fees for secondary and tertiary care, and health insurance as ways to increase funding for health. Per the revenue generation framework, the combination of the tobacco tax and user fees would have generated an estimated $87 million in 2014 if fully implemented.

Health insurance is one way to increase financial protection for households as well as generate domestic revenues for health. The HPP health insurance feasibility study revealed a need to address key issues such as quality of care and legal clarification of "free care" to prepare for implementation of health

Photo by Naimat Rawan,
Health Policy Project/Futures Group

"There were no standards in the past. With MRS, it forced us to introduce a lot of standards, and because of that, resources were allocated for disposable supplies and equipment. Now, people wear masks and specific shoes during operations, and hats and glasses during technical work."

—Private hospital director

insurance schemes in Afghanistan. With the ministry's introduction of the MRS for private hospitals and the new healthcare accreditation roadmap for both the public and private sectors, the country is beginning to improve service quality.

Engagement with private sector partners must continue and grow. MoPH hospital PPPs provide a model for the government to increase international private investment. These partnerships can also be structured to address services to the poor, ensure that services are accredited and of high quality, and include lease agreement terms for possible government income. Having these internationally accredited facilities will also help the country retain at least a portion of the $285 million spent annually by Afghans seeking high-quality care abroad.

Selected Publications

- Afghanistan National Health Accounts with Subaccounts for Reproductive Health 2011–2012 (2013)
- A Literature Review on Determinants of Gender Sensitivity within the Afghanistan Health System (2013)
- Public Expenditure Tracking Survey (PETS) in Kabul National Hospitals (2014)
- Minimum Required Standards for Private Hospitals (2013)
- Afghanistan Ministry of Public Health Revenue Generation Strategic Framework (2014)
- Afghanistan Ministry of Public Health Health Financing Strategy 2014–2018 (2014)
- Health Insurance Feasibility Study (2015)

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