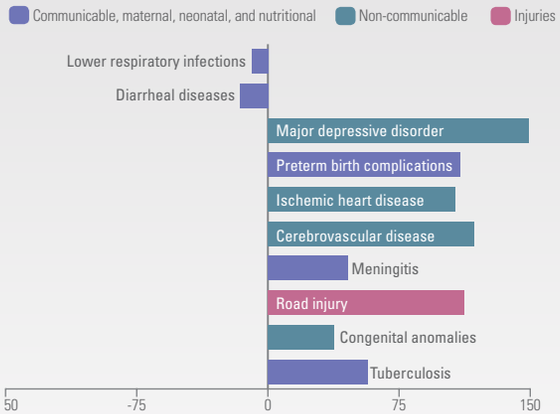
AFGHANISTAN

Approximately 57% of the Afghan population has access to basic health care, although coverage is much lower in hard-to-reach areas. Out-of-pocket expenses account for up to 79% of total health expenditure, despite the abolition in 2008 of formal user fees in public health facilities. There is a high burden of communicable diseases, with limited progress towards achieving Millennium Development Goal 4, and also a high and increasing burden of noncommunicable diseases such as heart disease, stroke and depressive disorders. The availability of skilled health professionals (9.4 per 10 000 population) is low, and mechanisms for accreditation, regulation and licensing require improvement. Planning for human resources for health has therefore been a priority for the government, with the development of multiple policies and collaborative forums, but effective implementation is a challenge. Although the planned development of a five-year strategy for human resources for health is a positive sign, effectively implementing it will require clear resource commitments.

POPULATION AND HEALTH

Population [all (000s); proportion under 15 (%); proportion over 60 (%)]	28.4; 46; 4	(2010)
Average annual rate of population change (%)	2.4	(2010-2015)
Population living in urban areas (%)	24	(2011)
Gross national income per capita (PPP int. $)	1140	(2011)
Population living on <$1 (PPP int. $) a day (%)	–	
Total expenditure on health as a percentage of gross domestic product (%)	9.6	(2011)
General government expenditure on health as a percentage of total expenditure on health (%)	16	(2011)
External resources for health as a percentage of total expenditure on health (%)	16.4	(2011)
Life expectancy at birth (years) [all; female; male]	60; 61; 59	(2011)
Total fertility rate (per woman)	6.3	(2010)
Neonatal mortality rate (per 1 000 live births)	36	(2011)
Infant mortality rate (per 1 000 live births)	73	(2011)
Under-five mortality rate (per 1 000 live births)	101 [84-126]	(2011)
Maternal mortality ratio (per 100 000 live births)	460 [250-850]	(2010)
Births attended by skilled health personnel (%)	36.3	(2011)
Antenatal care coverage - at least one visit (%)	45.5	(2011)
Antenatal care coverage - at least four visits (%)	14.6	(2011)
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%)	66	(2011)
Postnatal care visit within two days of birth (%)	23.4	(2010)

Top 10 causes of morbidity and mortality (DALYs)



Disability-adjusted life years (DALYs) quantify both premature mortality (YLLS) and disability (YLDs) within a population. The top 10 causes of DALYs are ranked from top to bottom in order of the number of DALYs they contribute in 2010. Bars going right show the percent by which DALYs have increased since 1990. Bars going left show the percent by which DALYs have decreased.

HUMAN RESOURCES FOR HEALTH

AVAILABILITY

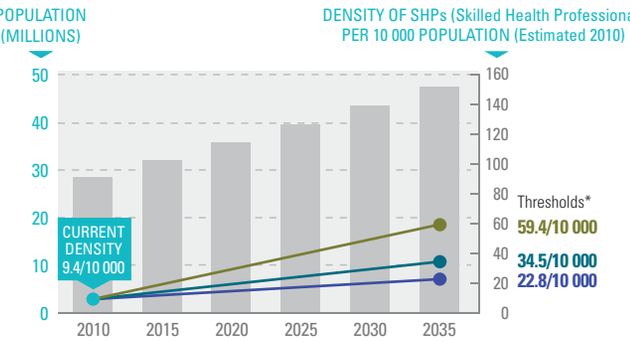
Feasibility of achieving thresholds: Most likely | Somewhat likely | Least likely

TO MEET THRESHOLDS BY 2035, REQUIRES: | FEASIBILITY

1036% increase to meet 22.8/10 000 threshold

1619% increase to meet 34.5/10 000 threshold

2860% increase to meet 59.4/10 000 threshold



ACCESSIBILITY

GEOGRAPHICAL DISTRIBUTION OF PHYSICIANS (density per 10 000 population)

SUB-NATIONAL LOW	NATIONAL AVERAGE	SUB-NATIONAL HIGH
0.6 Physicians	1.9 Physicians	7.2 Physicians

ACCEPTABILITY

The ratio of nurses to physicians is **BELOW** the OECD average (2.8:1).

2.5 Nurses TO 1 Physician

NO DATA

Female physicians

QUALITY

Is there evidence that the country has mechanisms in place to:

ACCREDIT training institutions for:		**REGULATE:**		**LICENSE/RE-LICENSE:**	
Dentists	✓*	Dentists	?	Dentists	?
Midwives	✓*	Midwives	✓*	Midwives	✓*
Nurses	✓*	Nurses	✓*	Nurses	?
Pharmacists	✓*	Pharmacists	?	Pharmacists	?
Physicians	✓*	Physicians	?	Physicians	?

HRH GOVERNANCE

Is there evidence that the country is adopting recommended good practices on HRH:

Leadership and Partnership

Is there government leadership on health workforce policy and management?	✓*
Is there intersectoral and multi-stakeholder partnership to inform health workforce policy and management?	✓*

Policy and Management

Is existing health workforce policy and human resource management:

related to population health needs?	?
informed by data and strategic intelligence?	✓*
addressing pre-service education?	✓
addressing geographical distribution and retention?	✓*
addressing health workforce performance (e.g. competence, responsiveness and productivity)?	✓
addressing international mobility of health workers; and where relevant the WHO Code of Practice on the International Recruitment of Health Personnel?	? / ?

Strategy/Plan and Finance

Is there a national HRH strategy/plan resulting from the above mechanisms?	✓
For which period?	2012-2016
Does the strategy/plan account for the financial costs and resource requirements to implement it?	✗

✓ = Yes ✓* = Partial ✗ = No ? = Insufficient data

*See Annex 1 for full explanation on country profile methods and sources.