

# **Sustaining non-COVID-19 essential health services, Afghanistan**

Najibullah Safi, MD, MSc. HPM

Program Manger Health System, WHO – Afghanistan

# Background

- The foundations of the current health system of Afghanistan was laid down in 2002
  - The MoPH opted to expand primary health care
  - With strong support from key development partners, MoPH developed the Basic Package of Health Services in 2003 and the Essential Package of Hospital Services in 2005
  - Considering the low capacity of public sector, an innovative approach of contracting-out to NGOs as service provider is used to rapidly expand the coverage of health services to remote and underserved areas

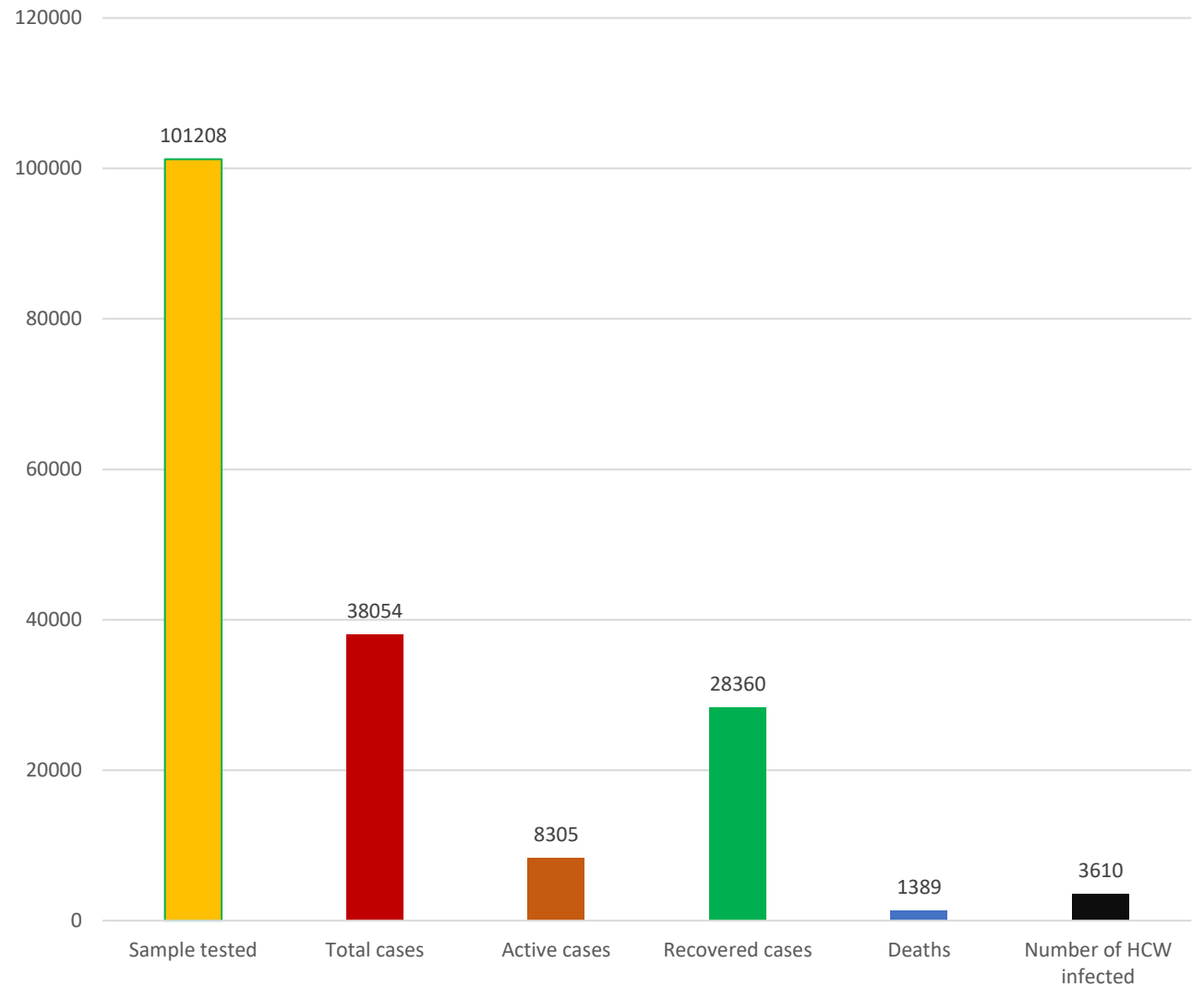
# Introduction

- There are indications that the utilization of healthcare services have gone down (Sehatmandi MTR)
- Several healthcare providers have been affected by COVID and therefore not available
- There is a surge in demand for emergency and critical services
- Restoring people's faith in the health system and health facilities is challenging

# Status of COVID-19 as of 24 August 2020

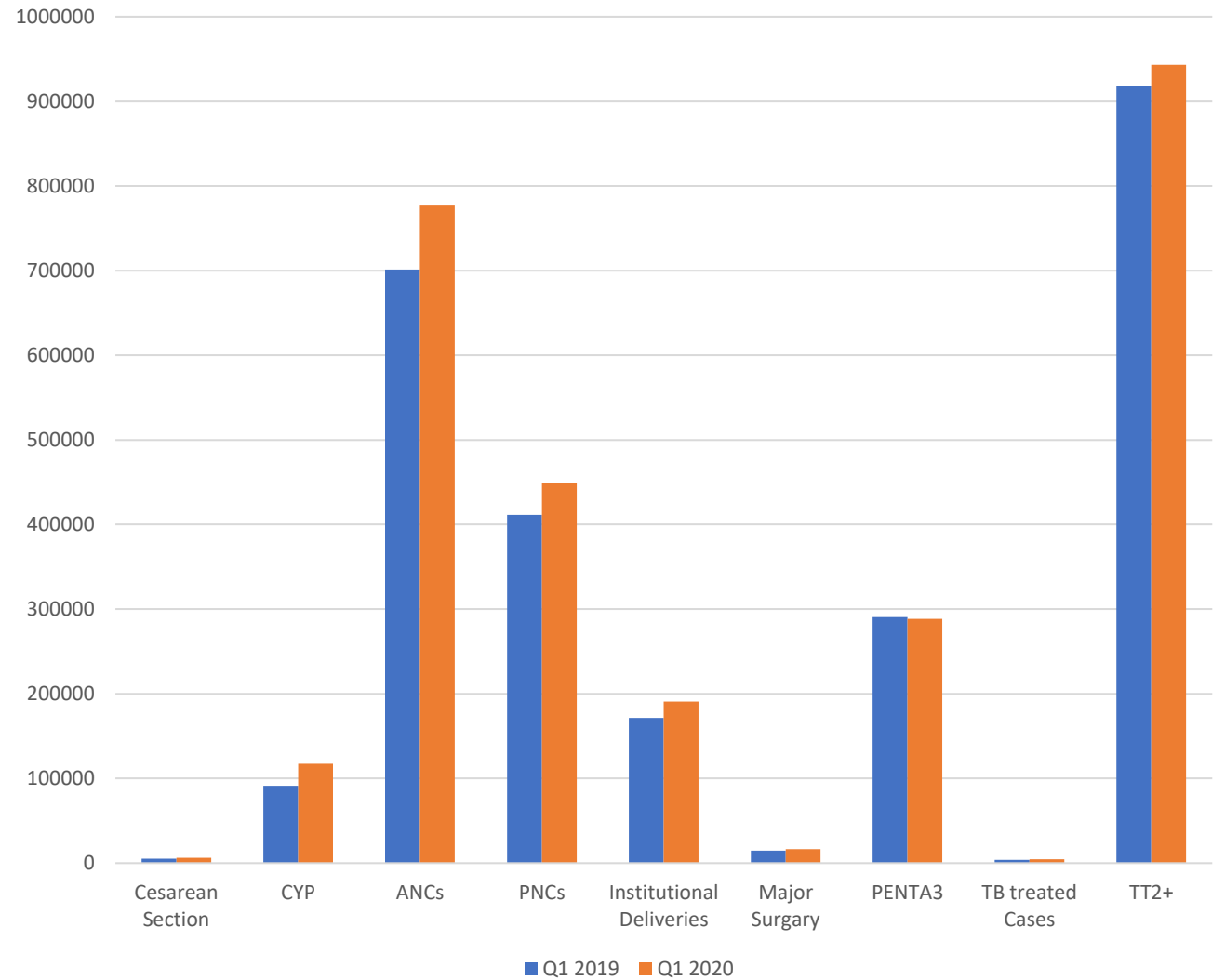
- Survey data indicates that 31.5% of the population is infected (around 10 million people)

Status of COVID-19 as of 24 August 2020



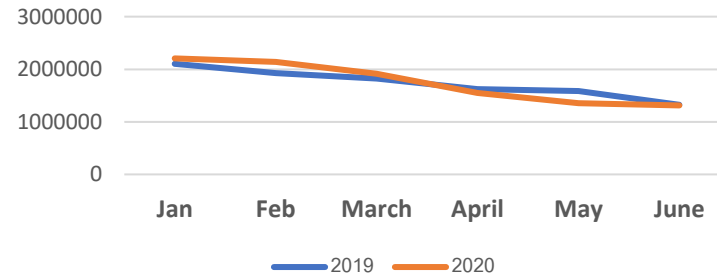
# Comparison of key P4P indicators quarter 1 2019 vs 2020

Comparison of P4P indicators

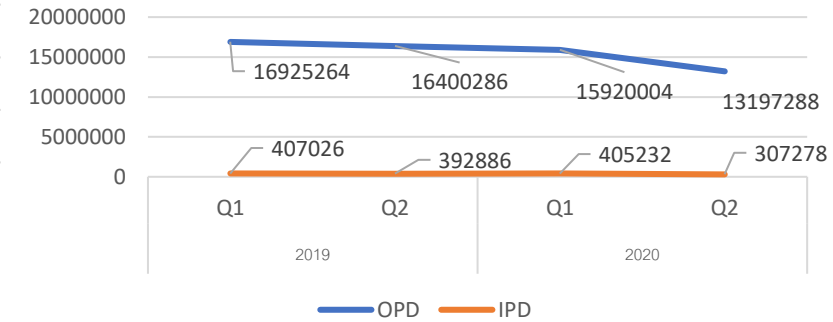


# Comparison of key indicators quarter 1 and 2 2019 vs quarter 1 and 2 2020

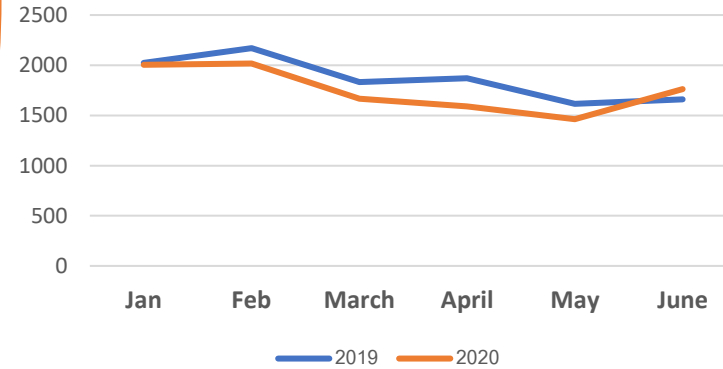
### ARI



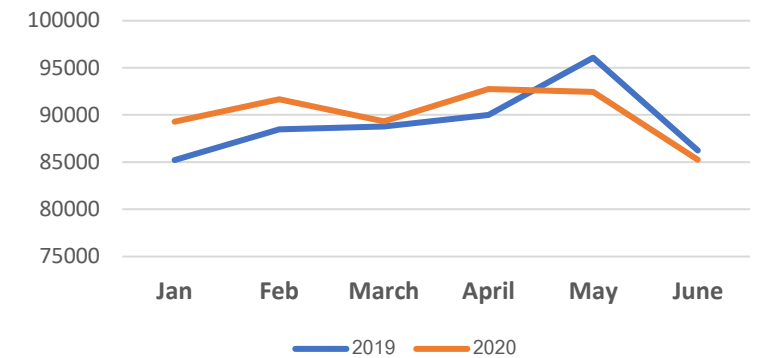
### OPD/IPD Q1 & Q2 2019/2020



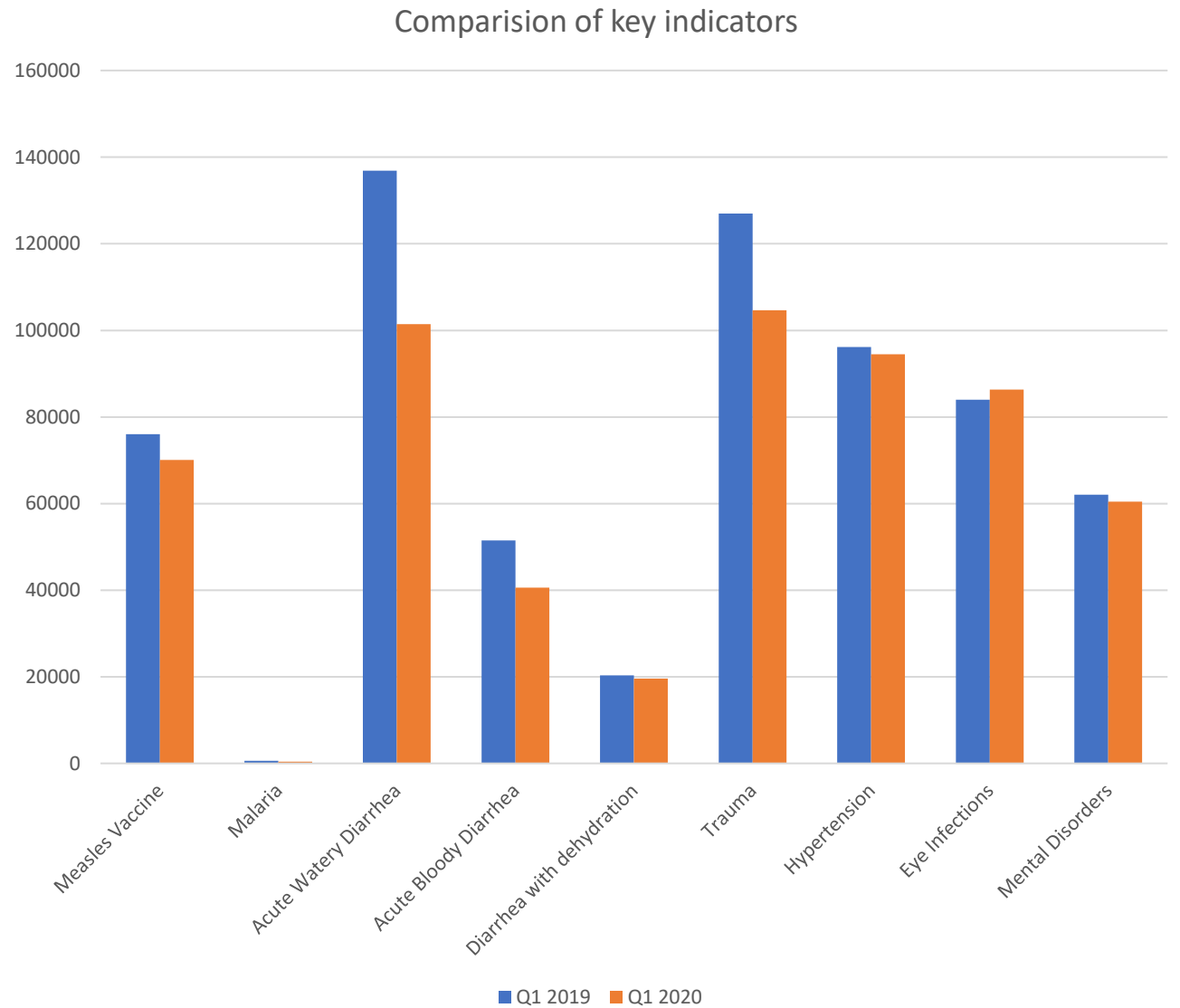
### Hospital Deaths



### Institutional Delivery



# Comparison of key indicators quarter 1 2019 vs quarter 1 2020



# Strategy for sustaining non-COVID-19 essential health services

- WHO suggested 10 strategic actions to maintain essential health services during COVID pandemic
  1. Adjust governance and coordination mechanisms
  2. Prioritize essential health services and adapt to changes contexts and needs
  3. Optimize service delivery settings and platforms
  4. Establish safe and effective patient flow at all levels
  5. Rapidly optimize health workforce capacity
  6. Maintain availability of essential medication, equipment and supplies
  7. Fund public health and remove financial barriers to access
  8. Strengthen communication strategies to support the appropriate use of essential services
  9. Strengthen monitoring of essential health services
  10. Use digital platform to support essential health service delivery



# Strategies for sustaining essential health services conti.

- Adjust governance and coordination mechanisms
  - To ensure coordination different committees were established
  - Used the existing CCC/EOC for coordinating COVID-19 response, PMO and GCMU (responsible for BPHS/EPHS) are part of coordination platforms
- Prioritize essential health services and adapt to changes contexts and needs
  - Continue providing BPHS and EPHS
- Optimize service delivery settings and platforms
  - Fever corner established in health facilities
  - Additional or specific health facilities were assigned for the management of COVID-19 (were re-purposed health facilities)
- Establish safe and effective patient flow at all levels
  - Expanded IPC, training and enhanced public awareness on safe care-seeking behavior

## Strategies for sustaining essential health services cont.

- Rapidly optimize health workforce capacity
  - Identified and registered more than 10,000 additional medical doctors (deployed only few hundreds)
  - Comprehensive training programs for existing and potential staff
- Maintain availability of essential medication, equipment and supplies
  - BPHS and EPHS received their medicines and supplies through the contracted NGOs
  - Government allocated additional budget for COVID-19
  - Partners (WB, WHO, UNICEF, ADB, EU) provided extensive support
- Fund public health and remove financial barriers to access
  - All services are provided free of cost

# Strategies for sustaining essential health services conti.

- Strengthen communication strategies to support the appropriate use of essential services
  - Extensive awareness campaign using different communication channels
- Strengthen monitoring of essential health services
  - M&E directorate, PMO, GCMU, PPHDs, and Polio network increased monitoring of routine and COVID-19 services
  - Disaggregated data on age and sex is available
- Use digital platform to support essential health service delivery
  - Expanded the use of DHIS 2
  - Established public dashboard for COVID-19
  - Provision of health education messages through all mobile companies
  - Provision of online training courses for the first time in Afghanistan

# Conclusion

- Impact of COVID-19 on essential health services
  - Reduced utilization of services (not linked with payment)
  - Slightly increased utilization of services (linked to payment of NGOs) – this raised questions and concerns and need further evaluation
- A good opportunity for strengthening ICU care, IPC, capacity building of staff, and expansion of lab services
- Better coordination and capacity in responding to emergencies (different platforms were merged and brought under one EOC)
- More attention to health services, increased budget allocation by government and partners
- Better preparation for potential second wave of diseases in coming winter

Thanks