



Islamic Republic of Afghanistan  
Ministry of Public Health

**National Child and  
Adolescent Health Policy  
2009 - 2013**

July 2009

In line with the Convention on the Rights of the Child, the MOPH Child and Adolescent Health Policy addresses health issues related to children, defined as persons between the ages of 0 and 18 years. Afghanistan has one of the world's highest levels of infant and young child mortality. Two of the stated national objectives for the Health and Nutrition Sector for 2008 to 2013 in the Afghan National Development Strategy (ANDS) are to reduce newborn mortality and to reduce under 5s mortality. Furthermore, Afghanistan has adopted the Millennium Development Goals (MDGs) which call for a halving of infant and under 5 mortality by 2015, and a further reduction with 30% by 2020. Since late 2001, the country has made impressive strides in reducing infant and under 5s mortality by nearly 25%. While these accomplishments are remarkable, much remains to be done to address the most prevalent causes of death among infants and children under 5 through the widespread implementation of proven effective health measures. This policy establishes the guidelines for the refocusing of the MOPH and its partners on the task of reducing infant and under 5s mortality rates for the period 2009-2013.

### **1. The Need for improving child and adolescent health**

The most recent estimated mortality rates of infants and children are:

- Infant mortality of 129 deaths per 1000 live births
- Under 5 mortality rate (children dying before the age of 5) of 191 per 1000 live births.

The result is that nearly 200,000 children and infants are dying each year in Afghanistan. Most of the causes of these deaths are preventable: the four highest causes of death in children, and the percentage of total of under 5 child deaths expected in 2009, are neonatal causes (41%), pneumonia (21%), and diarrhea (14%) and measles (4%). These four account for 80% of child deaths each year. The issue of general and micro-nutrient malnutrition underlies all the causes of death because children are much more vulnerable if they are malnourished: as much as half of child deaths would not occur if the children were not malnourished. The issue of early adolescent pregnancies and closely spaced births also underlies these causes: up to one third of the child deaths could be avoided, if births were adequately spaced.

### **2. The MOPH Child and Adolescent Health Policy**

Every Afghan child has the right to reach adulthood without the burden of preventable health problems, or the lasting sequels of easily curable conditions. Hence, it is the policy of the MOPH to address the most prevalent and technically preventable or curable causes of child death as an absolute priority.

### **3. Child and Adolescent Health Vision of MOPH**

Every child is assured access essential curative and preventive measures in the home or community where she or he is born and lives.

### **4. Child and Adolescent Health Goal of MOPH**

The goal of this policy is to avoid preventable child deaths by ensuring that appropriate essential curative and preventive measures reach into every community and home to improve the health and nutritional status of infants, children and adolescents by promoting healthy behaviors and

providing essential services to enable each child to avoid death and live to her or his healthy potential.

In order to reduce infant and child deaths by 30% and to achieve the ANDS and MDG goals for child mortality, the resources of the MOPH and its partners will be dedicated to an equitable system of primary health care organized to reach all of Afghanistan's families with an essential package of services that includes specific interventions designed to address the most important and prevalent threats to child survival and well being.

## 5. Desired results by 2013

- To reduce infant mortality with 30% from the 2000 baseline of 165 per 1000 live to 115 per 1000 live births
- To reduce under 5s mortality with 35% from the 2000 baseline of 257 per 1000 live to 167 per 1000 live births

## 6. Guiding policy principles

To make a major impact on causes of mortality in infants and children under 5, the following principles will guide the strategies for implementing this policy:

- Effectiveness: to use interventions of proven effectiveness for each of the major causes contributing to the child and infant mortality in Afghanistan
- Scaled-up: to apply the interventions nation-wide by extending services outward to reach the population where they are
- Equitable Access: to ensure equity by having full coverage of essential actions to save the lives of newborns and children under 5 through expanded coverage and improved quality of critical lifesaving interventions
- Affordable: to promote the interventions to reduce child mortality that are cost-effective and ultimately sustainable with available resources
- Inter-sectoral coordination: to ensure that full commitment and adequate resources of all stakeholders at all levels for obtaining the objectives of the policy.

## 6. Policy Priorities

The priorities for implementation of this policy will include:

### **Reducing mortality of newborns and children under 5 through:**

- Birth spacing: The spacing of children, that is the time that is allowed between the end of one pregnancy and the start of the next pregnancy, is a critical factor in the health and survival of both the mother and her children. A gap between pregnancies of less than two years, or a gap of less than three years between successive births is associated with higher maternal and child mortality rates.
- Antenatal care for mothers: Appropriate antenatal care to women including birth spacing, antenatal examination and intervention, delivery planning and preparation, nutrition including micronutrients, and adequate relief from heavy work
- Birth practices:
  - Safe delivery in an adequately equipped institution and assisted by trained personnel,
  - or where not possible, attended by a trained lay person in the home to assure clean delivery, initial resuscitation where required, proper treatment of the cord, early

initiation of exclusive breast feeding, proper attention to warmth and early recognition and referral of for any problems of the mother or child

- Neonatal care:
  - Ensuring clean environment, assurance of warmth after birth, immediate onset of breathing, and early initiation of breast feeding
  - Early detection and treatment for referral for neonatal infections
  - Continued exclusive breast feeding for the first six months of life with timely introduction of appropriate supplementary foods in adequate quantity and regular micronutrient supplementation
- Protection and treatment from killer diseases
  - Timely and correct immunization and disease reduction (e.g. polio or measles) as well as possible new vaccines that become available
  - Early diagnosis and correct treatment of diarrhea and pneumonia (and in endemic areas, malaria) with early recognition and referral of severe cases
- Nutrition: Appropriate feeding (general and micronutrient), hygiene and child rearing practices

### **Improved health status for school-aged children and adolescents**

- Reducing accidents in the home and environment (e.g. mines, traffic) and raising awareness on personal hygiene, sanitation, nutrition, and the dangers of substance abuse for children of school age
- Increased awareness of risks of early marriage and healthy lifestyles for adolescents

Appropriate monitoring of child health by reliable and sensitive indicators will verify the implementation and impact of this policy.

## **7. Expected impact**

With implementation of the accompanying Strategy for Implementing the National Child Health Policy 2009-2013, Afghanistan will further reduce the mortality rates for newborns and children under 5. This strategy includes interventions that are proven and cost-effective. Most are already being implemented in Afghanistan, need to be extended to more of the population and applied in all parts of the country down to each community and household. With the above policy and strategy for infant and child mortality reduction, it is projected that the impact by 2013 would be:

- 50,000 child deaths averted each year due to increased usage of birth spacing methods (40% contraceptive use rate);
- 20,000 child deaths averted each year due to treatment of 75% of all diarrhea cases and treatment of 50% of pneumonia cases;
- 25,000 child deaths averted each year due to improved care for newborns and mothers at birth;
- 4,000 child deaths averted each year due to strengthened immunization program coverage.<sup>1</sup>

---

<sup>1</sup> *These projections are based on the LiST tool developed from the Lancet series on child survival, neonatal survival and nutrition and is based on current coverage levels for each*

With birth spacing being part of the strategy that is important for child health, it would also help in reducing maternal mortality.<sup>2</sup>

## **8. Breadth of this policy**

The main emphasis of this policy is not to propose new technical interventions, but to promote extension of preventive and curative infant and child health services and behaviors of known effectiveness into communities where people live.

This involves increasing the numbers and effectiveness (e.g. gender balance) of Community Health Workers (CHWs) and the effectiveness of the supporting primary care and referral facilities that together make up the community-based health care system. Thus, this policy applies to the entire range of health provision in the country.

This means that it will be necessary for all health services of the MOPH, partner agencies, NGOs and the private sector to align their policies and strategies with the CAH policy and strategy in support of reducing infant and young child mortality.

The MOPH will also coordinate and collaborate with other sectors to ensure adequate addressing of multi-sectoral issues like literacy and education of women, food security, water and sanitation, security, gender issues, roads and communication, and other enhancements to life, all of which have an influence on the survival and health of children.

---

*intervention. The tool provides an estimation of the number of infant and child lives that can be saved based on various child health interventions.*

<sup>2</sup> *With increased birth spacing rising from 17% in 2009 to 40% in 2013, there would be a reduction of 7360 maternal deaths in 2013 or a cumulative total of over 16,000 fewer maternal deaths from 2010 to 2013.*