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AFGHANISTAN

Basic Package of Health Services—Foundation of Afghanistan's Health System

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Outline

1. Post-Taliban health situation
2. Basic Package of Health Services (BPHS)
 - Why and how it was developed
 - What it is—BPHS interventions
 - Results—Using BPHS for NGO grants
 - Revisions, accomplishments and challenges
3. Basis for health system BPHS and Essential Package of Hospital Services (EPHS)
4. Challenges for the future

Health Situation—Post-Taliban 2002

Health indicators:

- Life expectancy at birth: 47 years for men and 45 years for women.
- Under-five mortality rate: 230 deaths per 1,000 live births
- Infant mortality: 165 per 1,000 live births
- Maternal mortality ratio: 1600 pregnancy-related deaths per 100,000 live births

Health infrastructure:

- Lack of access to health services
- Inequitable distribution of health services
- Insufficient numbers of health workers
- Many clinics and hospitals damaged by war, earthquakes and neglect



Why the BPHS was developed

Purpose of the BPHS:

Expanding access to services that address priority health problems to improve health indicators for women and children



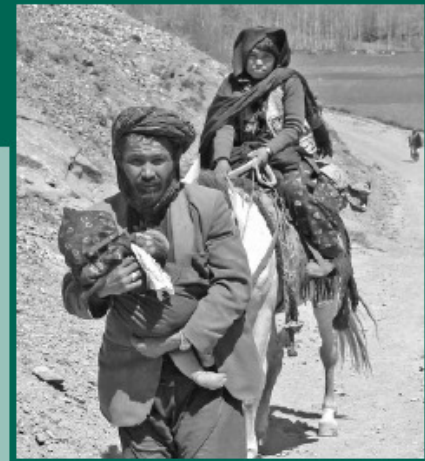
How the BPHS was developed

- Interventions based on critical health situation
- Public Health-based Decision Framework:
 - Impact
 - Effectiveness
 - Scaling-up
 - Sustainable
 - Equitable
- Community-based PHC focus
- Counting the cost: BPHS costed before implementation

What it is—BPHS interventions

1. Maternal and newborn health
2. Child health and immunization
3. Public nutrition
4. Communicable disease treatment and control
5. Mental health services
6. Disability services
7. Regular supply of essential drugs

A Basic Package of
Health Services for
Afghanistan, 2005/1384



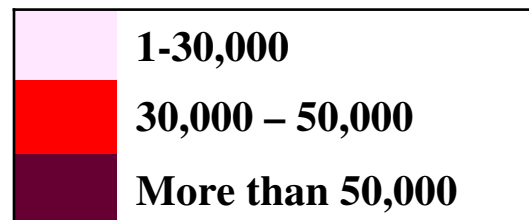
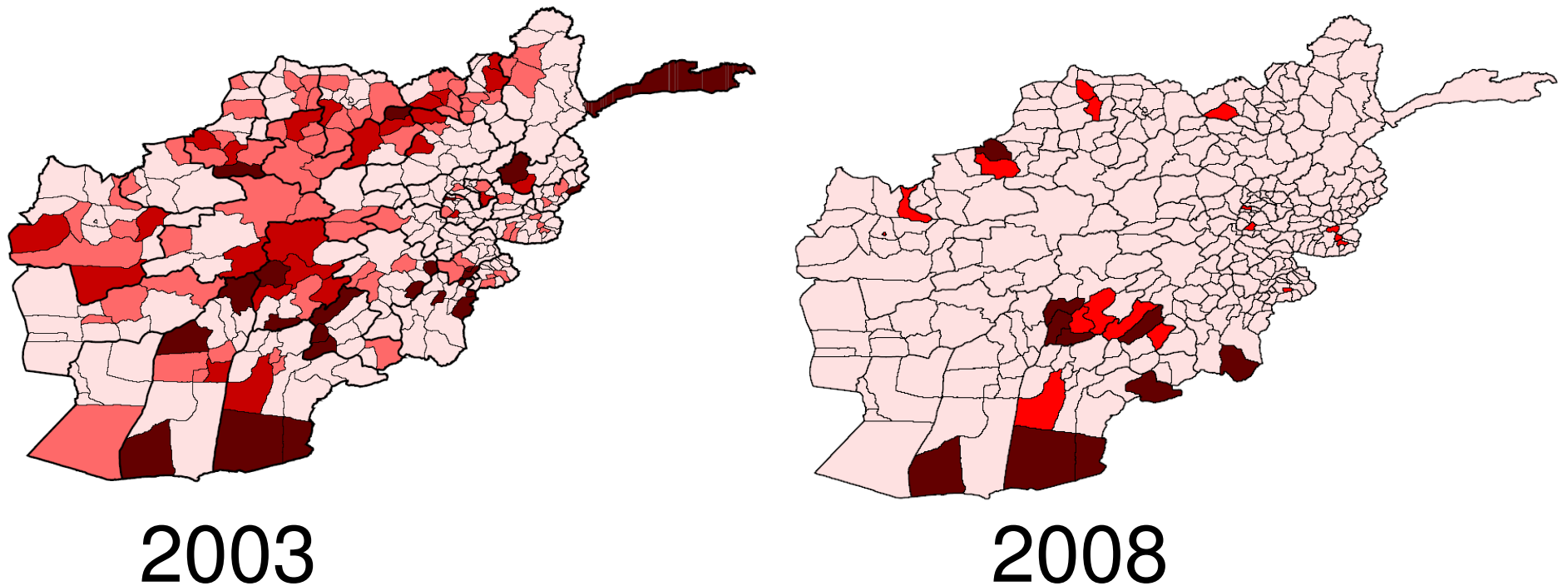
Islamic Republic
of Afghanistan
Ministry of Public Health

What it is—BPHS specifications

- Specifies type of health facilities:
 - Health posts
 - Basic health center
 - Comprehensive health center
 - District hospital
- Specifies for each facility type for each intervention:
 - Services to be provided
 - Staffing
 - Equipment
 - Drugs are defined for each level for each intervention

Results: increasing access

Population per Clinic

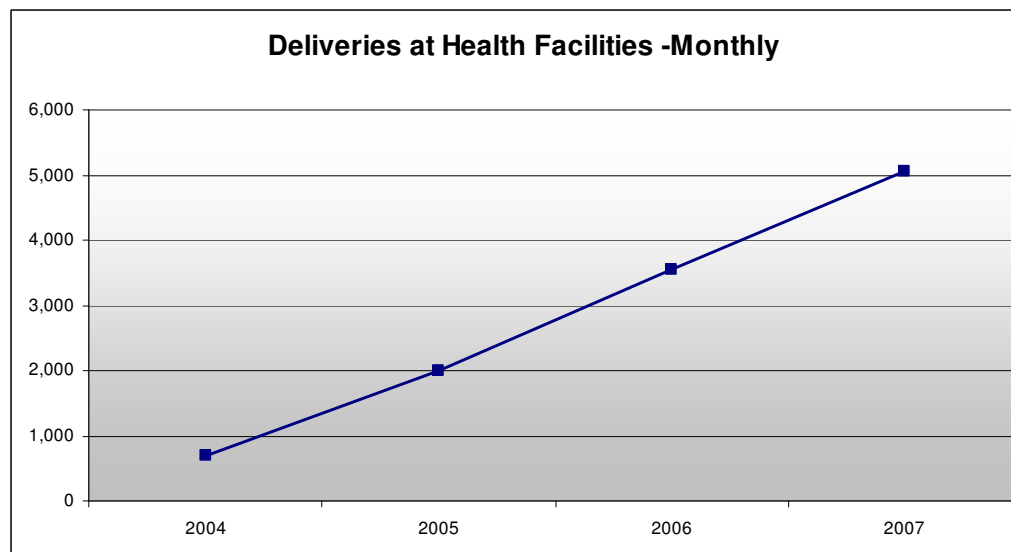
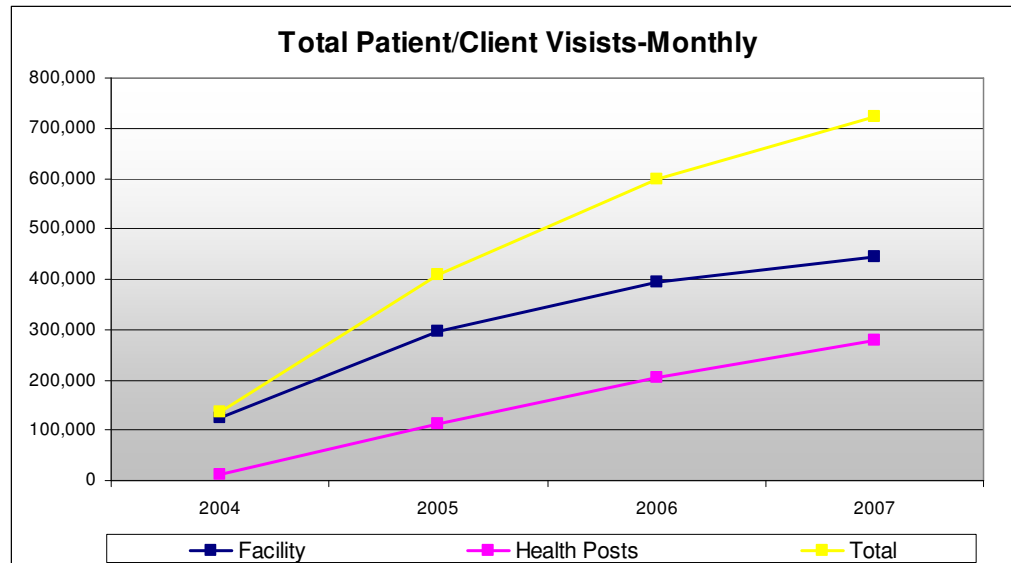


BPHS results in USAID-funded provinces

- Access: 80% of rural population now have access to health services; compared to <10% at project start-up
- Facilities: In USAID-funded 13 provinces: 4,666 service delivery points provide access to 7 million population
 - 370 health facilities and hospitals
 - 4,296 health posts
- Service provision:
 - Currently >700,000 visits each month (> 28,000/day)
 - > 5,000 safe deliveries every month



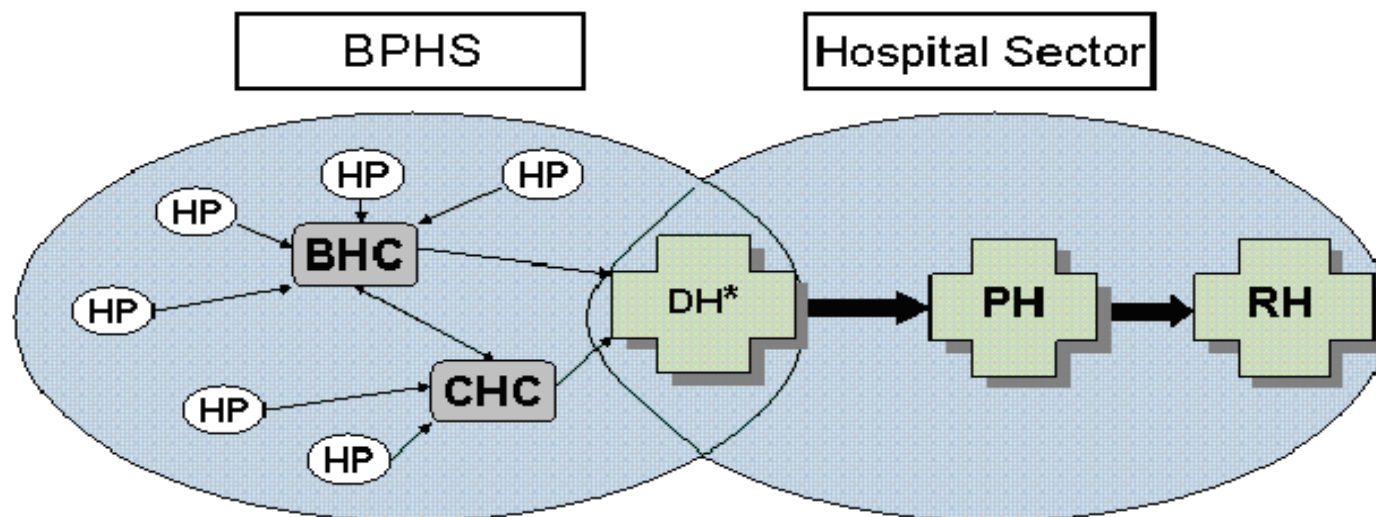
Results: increasing utilization in provinces



BPHS and EPHS—Linking elements of the health system

Figure 1

Link between the BPHS and Hospital Sector



* Where there is no district hospital, the provincial hospital provides services to fill this role.
Where there are not CHCs and BHCs, then DH and PH fill in this role through their OPD

Key:

BPHS: HP: Health Post; BHC: Basic Health Center; CHC: Comprehensive Health Center
Hospitals: DH: District Hospital; PH Provincial Hospital; RH: Regional Hospital

BPHS accomplishments 2002—2008

- Improved health indicators:
 - Under-5 mortality decreased 26%: 257/1,000 to 191/1,000
 - Infant mortality decreased 22%: 165/1,000 to 129/1,000
 - Expectations that maternal mortality has declined
- Functional health system:
 - Coherence and unified priorities for health system
 - Unambiguous decisions about direction of health system
 - Standardized classification of health facilities
 - Increased population access to basic services from <10% to >80%
 - Reliance on NGO provision of health services with MOPH oversight
- BPHS has served as model for other countries

BPHS—Remaining challenges

- Extending access further
- Sustainability—financial and management
- Ensuring quality
- Integrating the BPHS in referral systems
- Retaining commitment to the BPHS as foundational

