Providing high quality accessible information to policy makers and practitioners working in health and development

---

Produced by the IDS Health and Development Information team in collaboration with Eldis and the DFID Health Resource Centre

Health systems stewardship in Afghanistan

Health systems reporter, 28 July 2009

Feature: Health systems stewardship in Afghanistan

Recommended readings:

- A balanced scorecard for health services in Afghanistan
- Support to the health sector in Helmand Province, Afghanistan
- Afghanistan health sector balanced scorecard national and provincial results
- A basic package of health services for Afghanistan, 2005/1384
- A time-seried analysis of health service delivery in Afghanistan

Latest additions:

- An aging world: 2008
- The unfinished public health agenda of Chagas disease in the era of globalization
- Poverty and disability among Indian elderly: evidence from household survey
- Nurse-driven, community-supported HIV/AIDS treatment at the primary health care level in rural Lesotho: 2006-2008 programme report
- Access to health care in relation to socioeconomic status in the Amazonian area of Peru

Announcements

Feature: **Health systems stewardship in Afghanistan**

Although developing countries share many common challenges, such as low overall spending on health, poor physical and financial access, low density of

providers, high out-of-pocket spending, and significant utilisation of the informal private sector, the local context is a crucial consideration for health systems reforms.

Can we identify common promising health sector reforms that can be adapted to local contexts? One approach that could be useful across countries, to strengthen accountability mechanisms and quality of provision in the health sector, is a strong monitoring and evaluation system.

One example is the balanced scorecard approach that has been operating in Afghanistan since 2004. The scorecard is used to measure and manage quality, and hold contracted NGOs accountable for their performance.

Data from annual facility assessments, patient-provider observations, and patient exit interviews are synthesised to produce a one-page scorecard on the primary care health system, at national and provincial levels. The evaluated domains, which include patient and community perspectives, staff perspectives, capacity for service provision, service provision, financial systems, and the Ministry of Public Health's vision, plus indicators within each domain, were selected by an inclusive group of stakeholders in the health sector.

If a balanced scorecard approach is adopted in other settings, what are some ways to improve on or adapt the experience from Afghanistan? First, it's clear that the relevant domains and indicators, as well as data collection methods, will have to be locally adapted, depending on a country's health priorities and health system structure.

Additionally, it's worth considering how to include a broader view of the health system beyond the public sector. The Ministry of Health's role of steward of the health sector includes not only responsibility for ensuring quality in and equitable access to services in the public sector, but also a mandate to measure and, if not directly manage, then engage positively with the private sector – a complex challenge in many developing countries, including Afghanistan. This remains a challenge that new monitoring and evaluation efforts to support local health sector stewardship should tackle head-on.

This feature is adapted from messages posted by Laura Steinhardt, Johns Hopkins Bloomberg School of Public Health, on Future Health Systems' and Povill's Eldis Community blog from the July 2009 International Health Economics Association Congress in Beijing.

More information:

- Interview with Dr. Benjamin Loevinsohn, Lead Public Health Specialist, the World Bank, at the International Health Economics Association Congress, Beijing, July 2009.

community.eldis.org/ihea2009/Blog/An-example-of-health-system-stewardship/?@892.5VzZcafNeaA@
- Balance scorecard, Wikipedia
  en.wikipedia.org/wiki/Balanced_scorecard
- Measuring and Managing Health Services: The Balanced Scorecard, presentation to the Health System Metrics meeting, Gilon, Switzerland, by David Peters, September 2006
  www.who.int/entity/healthmetrics/documents/petersserviceprovisionscorecard.ppt
- Afghanistan, Eldis Country Profile
  www.eldis.org/go/country-profiles?objectId=235461D0-C2E2-3D32-A66B354570EC7C95&country=1000
- Quality improvements, Eldis Health Systems Resource Guide
  www.eldis.org/go/topics/resource-guides/health-systems/health-service-delivery/quality-improvements
- Non state providers, Eldis Health Systems Resource Guide
  www.eldis.org/go/topics/resource-guides/health-systems/health-service-delivery/non-state-providers
- Health and fragile states, Eldis Dossier
  www.eldis.org/go/topics/dossiers/health-and-fragile-states

Recommended readings

1. A balanced scorecard for health services in Afghanistan
Authors: D.H. Peters; A. A. Noor; L. P. Singh
Publisher: Bulletin of the World Health Organization: the International Journal of Public Health, 2007

The Ministry of Public Health in Afghanistan has developed a balanced scorecard (BSC) to regularly monitor the progress of its strategy to deliver a basic package of health services. Although frequently used in other health care settings, this represents the first time that the BSC has been employed in a developing country. This paper from The World Health Organization describes how the BSC for health services in Afghanistan was created, how it is used and the first results of the BSC in 2004.

Nationally, health services were found to be reaching more of the poor than the less-poor population, and providing for more women than men, both key concerns of the government. However, serious deficiencies were found in five domains, and particularly in counselling patients, providing delivery care during childbirth, monitoring tuberculosis treatment, placing staff and equipment, and establishing functional village health councils. The BSC also identified wide variations in performance across provinces; no province performed better than the others across all domains. The innovative adaptation of the BSC in

Afghanistan has provided a useful tool to summarise the multidimensional nature of health services performance, and is enabling managers to benchmark performance and identify strengths and weaknesses in the Afghan context.

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=44186&type=Document

---

2. Support to the health sector in Helmand Province, Afghanistan
Authors: S. Simmonds; F. Ferozuddin; Department for International Development Health Resource Centre (HRC)
Publisher: Chatham House [Royal Institute of International Affairs], UK, 2008

How can aid funds best be spent in areas of high instability? This scoping study from the British Department for International Development (DFID) argues that development funds would have the most impact on improving health outcomes in the Helmand Province of Afghanistan, a country where health is consistently ranked among the top 5 priorities of the general public. The study shows how whilst insecurity is hampering health service delivery in some places in the province some of the time, there is a sound health development framework in place. What is needed is to support equitable, quality service delivery and systems development, and at the same time incrementally work on building state capacity and governance. The authors argue that raising state visibility and legitimacy in the health sector is currently not advisable, except at provincial hospital/directorate level. At district level and below, the public sector health services have been contracted out to an NGO, which is working to the principles of neutrality and impartiality.

The authors highlight how the country is now at a critical period and an important way forward in health and other sectors is to focus more on the 'how' of capacity development rather than so much on the 'what' in Helmand. Sound information is scarce, but currently it is likely that because of the insecurity deaths and illnesses are more of a problem in Helmand than national averages suggest. The authors also argue that making better use of, or building upon, existing DFID initiatives in other sectors e.g. infrastructure, advisory, sub-national reform and oversight of service delivery could be useful, but not in isolation of addressing the top priority: implementation of health service delivery and the systems crucial for achieving good results. Finally, it is recommended that for the foreseeable future there should hardly be any more health facilities built, inappropriate medical equipment and supplies must not be allowed to be donated/provided and projects or ad hoc activities that do not fall within the framework of Afghan government policies, guidelines and systems must not be allowed to happen. Much of the support in health needs to be targeted to address equity, to better enable effective, efficient and quality health services to be delivered to those hard to reach in the province.

In this way the support would also contribute to stabilisation.

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=44188&type=Document

---

3. Afghanistan health sector balanced scorecard national and provincial results
Authors: Islamic Republic of Afghanistan Ministry of Public Health; Indian Institute of Health Management Research
Publisher: Johns Hopkins Bloomberg School of Public Health, 2006

The Ministry of Public Health of the Islamic Republic of Afghanistan has adopted the Balanced Scorecard (BSC) for use as a tool to measure and manage performance in delivery of the Basic Package of Health Services throughout Afghanistan. This paper from Johns Hopkins Bloomberg School of Public Health looks at the results from 2004 to 2006 and demonstrates how the health system has shown improvement for many key measures in a majority of provinces in the country. The results demonstrate that improvements in health service delivery have been achieved across the country in a rather short period of time, according to the researchers.

According to the 2006 assessment, more female patients than male patients used outpatient services, and the poor were more likely to use public sector services than the non-poor, which is in line with the Ministry of Public Health's stated goal for equitable health care. The percentage of women in rural Afghanistan receiving antenatal care during pregnancy from a skilled provider increased from an estimated 4.6 in 2003 to 32.2 in 2006. Over the same time period, the percentage of women in rural Afghanistan who had a doctor, nurse or midwife assist with their last delivery increased. More children are receiving vital childhood immunisations, according to the assessments. The researchers found improvement was needed in the management of tuberculosis treatment, laboratory services, reaching women for care during pregnancy and delivery, and health workers spending a sufficient amount of time with each patient.

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=44187&type=Document

---

4. A basic package of health services for Afghanistan, 2005/1384
Authors: Islamic Republic of Afghanistan Ministry of Public Health
Publisher: Management Sciences for Health, 2005

Since the creation of the Basic Package of Health Services (BPHS) in

Afghanistan in 2003 the country has seen many positive changes in its health care system. This document from the Ministry of Public Health defines the key elements of the health system being built in the country. The service was to rebuild the national health system and identify health services which were so important to addressing the greatest health problems that they should be available to all Afghans, even those in remote areas. This document illustrates where these basic primary care and hospital services are provided and details the hospital referral system necessary to support the BPHS.

The document outlines the basic package of health services available in Afghanistan, its development, accomplishments and challenges. The authors discuss the future of the BPHS strategy and the types of health care used by it. Specific areas examined include: maternal and newborn health, child health, communicable diseases, mental health and supplies of essential drugs. The report then looks at the staffing for BPHS and health posts and district hospitals in addition to the equipment needed and diagnostic services. A summary of the services is then provided and a comprehensive list of tables with specific details on services including family planning, public nutrition, control of malaria, HIV and AIDS and blood transfusion services.

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=44189&type=Document

---

5. A time-seried analysis of health service delivery in Afghanistan
Authors: E. Sondorp
Publisher: Department for International Development Health Systems Resource Centre, 2005

This case study, from the Health Systems Resource Centre, looks at the history of conflict in Afghanistan and its impact on health service delivery. The paper reviews the varying levels of central control over the country, the interest of central authorities in social service delivery, the engagement of the international community and whether the international community has improved access to service delivery. It then draws out key lessons learned from these experiences. The current government has opted to contract external agencies to provide services. This allows the government to provide an umbrella role in determining policy direction, regulation, standardisation and monitoring of delivery, while not supporting the delivery process itself.

The author highlights the need for an overarching policy and strategy in order to implement service delivery strategies. Capacity building may help to lay the foundations for future service delivery in the post-conflict era, especially as non-state providers will play an ongoing role in service provision. Other lessons learned include: the immense costs of service delivery in environments like

Afghanistan should not be borne by the government or population alone; and the high costs of reaching isolated communities may see services for these areas left out of contracts.

[adapted from author]

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=19358&type=Document

---

Latest additions from the Health systems resource guide

1. An aging world: 2008
Authors: K. Kinsella; W. He
Publisher: U.S. Census Bureau, 2009

Population ageing has emerged as a major demographic worldwide trend. On the one hand the reality of global ageing and increased longevity represents a triumph of medical, social, and economic advances. But on the other, population ageing has created significant challenges to health care systems, and existing models of social support, pensions and insurance.

The report provides detailed information on life expectancy, health, disability, gender balance, marital status, living arrangements, education and literacy, labour force participation and retirement and pensions among older people around the world.

In particular the authors examine nine international population trends (as identified in 2007 by the National Institute on Aging (NIA) and the U.S. Department of State):

- the world's population is ageing: people aged 65 and over will soon outnumber children under age 5 for the first time in history
- life expectancy is increasing which raises questions about the potential for the human lifespan
- the number of the oldest old is rising: people 80 and older are the fastest growing portion of the total population in many countries
- some populations are ageing while their size declines
- noncommunicable diseases are becoming a growing burden: chronic noncommunicable diseases are now the major cause of death among older people in both developed and developing countries
- family structures are changing: if people live longer and have fewer children, family structures will transformed and care options in older age may change
- patterns of work and retirement are shifting: shrinking ratios of workers to

pensioners and people spending longer time in retirement mean increasing burdens on existing health and pension systems

- social insurance systems are therefore evolving: an increasing number of countries are evaluating the sustainability of their systems and redesigning old-age security provisions
- new economic challenges are emerging: population ageing has and will have large effects on social entitlement programmes, labour supply, and total savings worldwide

Specific highlights of the report include:

- while developed nations have relatively high proportions of people 65 and older, the most rapid increases in the older population are in the developing world. The current rate of growth of the older population in developing countries is more than double that in developed countries
- as of 2008, 62 percent of the world’s people 65 and older live in developing countries. By 2040, today’s developing countries are likely to be home to more than 1 billion people 65 and over - 76 percent of the projected world total
- the 65-and-older population in China and India alone numbered nearly one-third of the world’s total in 2008
- childlessness among European and U.S. women 65 and older in 2005 ranged from less than 8 percent in the Czech Republic to 15 percent in Austria and Italy. Twenty percent of women 40–44 in the United States in 2006 had no biological children. This raises questions about the provision of care when this cohort reaches advanced ages
- in countries with well-established pension and social security programs, many older adults provide shelter and financial assistance to their adult children and grandchildren. Older people in developing countries, although less likely to provide financial help to children, make substantial contributions to family well-being through such activities as household maintenance and grandchild care.

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=44155&type=Document

---

2. The unfinished public health agenda of Chagas disease in the era of globalization
Authors: C. Franco-Paredes; M.E. Bottazzi; P.J. Hotez
Publisher: Public Library of Science Medicine, 2009

In Latin America, Chagas disease (CD), caused by infection with Trypanosoma cruzi, is a prime example of an co-evolutionary process in which parasites and mammalian reservoirs (including humans) are engaged in a dynamic race of

ecological adaptation and counter-adaptation. This short article from the Public Library of Science traces the evolution of the disease.

The author outlines discoveries made in the development and treatment of the disease which have helped to establish three recognised stages of the illness: an initial acute stage representing the entry of the parasite and invasion of the bloodstream in which most patients are asymptomatic, followed by an indeterminate stage that is defined by the absence of symptoms and clinical findings in patients with a positive serology for T. cruzi. The indeterminate stage (also called early chronic) is followed by chronic complications in approximately 20-30 percent of patients many years after the initial infection.

The article briefly covers treatment and control programmes by organisations such as Médicins Sans Frontiéres and Drugs for Neglected Disease Initiative and concludes that we must run at least twice as fast to increase our efforts to control this poverty-promoting disease. By controlling CD and other neglected tropical diseases in Latin America, the most vulnerable populations in this region may be in a better position to achieve the Millennium Development Goals.

[adapted from the author]

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=44059&type=Document

---

3. Poverty and disability among Indian elderly: evidence from household survey
Authors: M.K. Pandey
Publisher: Australia South Asia Research Centre, 2009

In India, more than one quarter of the Indian aged population (age 60 upwards) is disabled. Age-specific disability rates and the severity of disablement increases with age. Indian data also suggests that that 40 percent of the elderly live below the poverty line and 90 percent are neither covered by any state pension nor have any family to take care of them.

This paper looks at the relationship between disability and poverty among Indian elderly. It aims to compare the poverty scenario between individuals with and without disability using different measures of poverty and inequality. Results suggest that disability is associated with the poor standard of living. At the same time, poverty is associated with likelihood of being disabled.

Observations include:

- significant categories of people who are functionally disabled are not be

identified by households as being disabled - even seriously functionally impaired elderly people were seen as being “just old” rather than disabled
- traditionally, the joint family took care of the aged but rapid urbanisation and the exodus of persons from rural to urban areas have created a vicious situation. In the absence of the ability to earn, and without community support, in the form of kinsmen or the extended family, the aged are rendered destitute
- there is immediate need to strengthen social security safety nets to uplift poor elderly’s economic conditions in one hand and on the other hand, it is also essential to provide sufficient health care facilities to reduce the risk of disability among elderly.

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=43931&type=Document

---

4. Nurse-driven, community-supported HIV/AIDS treatment at the primary health care level in rural Lesotho: 2006-2008 programme report
Publisher: Médecins Sans Frontières, 2009

Lesotho has the third highest HIV prevalence in the world, with an estimated 270,000 people living with HIV and AIDS in the country, and 18,000 deaths annually of AIDS-related complications.

In an effort to tackle the challenges related to a severe shortage of human resources, and geographic and financial barriers, that prohibit patients from accessing care and treatment, a decision was taken to decentralise HIV and AIDS services in Lesotho to the primary health care level.

This report by Médecins Sans Frontières (MSF) outlines the community-based approach to the decentralisation of HIV and AIDS services. The Wellspring of Hope was the first programme in Lesotho to provide HIV and AIDS treatment and care through an entire health service area as a result of this initiative.

The report discusses the following:

- delivery of HIV and AIDS services, specifically testing and counselling, prevention of mother to child transmission and antiretroviral therapy
- a nurse driven approach to the provision of antiretroviral therapy at the community level
- activities aimed at health systems strengthening
- challenges associated with the implementation of this model.

This innovative approach, of a nurse-driven, community-supported model of care, has proven to be successful in delivering quality HIV and AIDS, and TB services

integrated into existing primary health care structures for a population living in remote, rural areas.

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=43878&type=Document

---

5. Access to health care in relation to socioeconomic status in the Amazonian area of Peru
Authors: C. Kristiansson (ed); E. Gotuzzo; H. Rodriguez
Publisher: International Journal for Equity in Health, 2009

Good health is recognised by many as being central to individual and national development. However, there is often a disconnect between the access and utilisation of health services by the poor. In countries where publicly funded programmes are limited and persons are required to utilise insurance schemes or out of pocket payments, people who lack the means to pay for services may be unable to access them.

This paper, from the International Journal for Equity in Health, examines the link between the socioeconomic status and the ability to access health services. The authors of this research paper provide empirical data on the impact of limited health services on children from two small urban communities in Peru. The study interviewed the care givers of 1,573 children about how and when they seek health care. The economic status of participants was measured based on personal assets rather than questions about personal wealth. Biological samples were also taken in order to test for illness such as diarrhoea and dysentery.

It was found that those with lower income levels did not access health and pharmaceutical services even in cases of severe illness where consultation with a health professional and medications were required. On the other hand, persons who had the means to pay for services often sought assistance and utilized treatments for minor ailments. The findings of this study highlight the need to implement funding schemes that bridge the gap between the rich and the poor. The authors note that health schemes aimed at financing services should be implemented with caution as these can result in persons being subjected to stigma. This can result in a lack of uptake of programmes that have been designed to meet the needs of persons from lower socioeconomic groups.

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=43858&type=Document

---

See the complete list of latest additions at: www.eldis.org/healthsystems

---

Announcements

Conference: Healthcare & Trade
Date: 10-11 December 2009
Location: Erasmus Expo and Conference Centre, Woudestein Campus, Erasmus University Rotterdam, The Netherlands

The International Conference on Healthcare and Trade, organised by the Erasmus Observatory on Health Law, will focus on the influence of the law of both the European Union and the World Trade Organization on trade in health services, health insurance services and health goods (pharmaceuticals).

The application of the EC Treaty, the GATS and the TRIPS to national regulation of health services, health insurance services and pharmaceuticals raises questions of applicability of, compatibility with and possible exceptions to the provisions of these instruments. In these areas, these questions have not yet been answered conclusively and further research and discussion in this area is ongoing. The conference aims to contribute to the discussion, attempting to formulate both legal and economic answers to these questions.

More details available online at: www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements&id=43918&type=Item

---

Training: Short course in international health consultancy
Date: 24 August - 11 September 2009
Location: Liverpool, UK

This 3-week short course, organised by the Liverpool School of Tropical Medicine and Liverpool Associates in Tropical Health (LATH), is aimed at those embarking on their consultancy careers as well as for those consultants seeking continuing professional development opportunities.

The course aims to provide emerging national, regional and international consultants with an opportunity to enhance and improve their professional knowledge and skills in the provision and management of consultancy services within the context of international health and deliver work that is robust, evidence-based and grounded in the reality of resource-poor settings.

More details available online at: www.eldis.org/go/topics/resource-

guides/health/health-events-and-announcements&id=43921&type=Item

---

See the complete list of announcements at:
http://www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements

---

The Health Systems Reporter is produced by the IDS Health and Development Information team in collaboration with the DFID Health Resource Centre (HRC) and Eldis. The IDS Health and Development Information team promotes health and equity in developing countries through the provision of high quality, accessible information to policymakers and practitioners. IDS Health and Development Information currently has three flagship products:

- Health Resource Guide - http://www.eldis.org/health/index.htm
- Health Systems Resource Guide - http://www.eldis.org/healthsystems/index.htm
- HIV and AIDS Resource Guide - http://www.eldis.org/go/topics/resource-guides/hiv-and-aids

The HRC provides access to technical assistance and information for the Department for International Development (DFID UK), and its partners, in support of pro-poor health policies as well as health systems, service delivery and public health topics and programmes.

Eldis currently includes descriptions and links to over 4,500 organisations and over 22,000 full-text online documents covering development and environmental issues. It can be searched or browsed free over the Internet.

You are welcome to re-use material from this bulletin on your own website, provided that it is accompanied by an acknowledgement to Eldis and a link to the Eldis website (either to our home page or to the home page of one of our Resource Guides). An alternative way to add Eldis content to your website is by adding one of our newsfeeds.

If you are unable to access any of these materials online and would like to receive a copy of a document as an email attachment, please contact our editor at the email address given below.

Eldis is funded by DFID, Sida, SDC and NORAD, and hosted by the Institute of Development Studies, Sussex, UK.

If you like the Health Systems Reporter, you may also be interested in

subscribing to the other Reporters produced by the IDS Health & Development Information Team:

- Health Reporter - to subscribe, send a blank email to lyris@lyris.ids.ac.uk with the subject "subscribe eldis-health"
- HIV and AIDS Reporter - to subscribe, send a blank email to lyris@lyris.ids.ac.uk with the subject "subscribe eldis-hivaids"

To unsubscribe, send a blank email to lyris@lyris.ids.ac.uk with the subject: "unsubscribe eldis-healthsystems".

Please forward this email bulletin to colleagues and networks who may be interested.

Contact details:

IDS Health Development Information Team
Institute of Development Studies, Sussex
Brighton BN1 9RE, UK
Email: hdi@ids.ac.uk
Tel: 44 1273 915 791
Fax: 44 1273 877 335