



# Countdown to 2015: **What Afghanistan** **wants to achieve**

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**At the Pelotas Workshop**  
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**EQUITY in Health, Pelotas, Brazil**

## Part I

# Countdown to 2015: Background

2003 - 13



# Afghanistan Countdown country profile

## Main findings

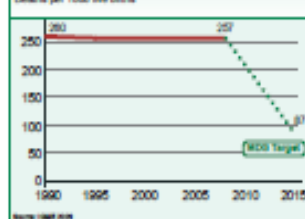


## DEMOGRAPHICS

Total population (000)	27,208 (2008)
Total under-five population (000)	4,907 (2008)
Births (000)	1,289 (2008)
Birth registration (%)	6 (2002)
Under-five mortality rate (per 1000 live births)	257 (2008)
Infant mortality rate (per 1000 live births)	165 (2008)
Neonatal mortality rate (per 1000 live births)	50 (2008)
Total under-five deaths (000)	311 (2008)
Maternal mortality ratio (per 100,000 live births)	1,800 (2003)
Lifetime risk of maternal death (1 in 1)	8 (2003)
Total maternal deaths	26,000 (2003)

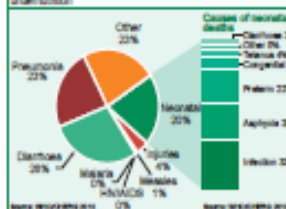
### Under-five mortality rate

Deaths per 1000 live births



### Causes of under-five deaths, 2008

Globally more than one third of child deaths are attributable to undernutrition

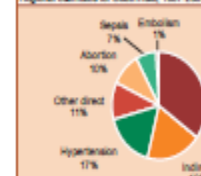


## MATERNAL AND NEWBORN HEALTH

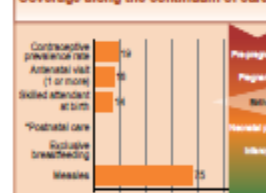
Adolescent birth rate (per 1,000 women)	151 (2007)
Unmet need for family planning (%)	—
Antenatal visits for women (for non-viable, %)	—
Intermittent preventive treatment for malaria (%)	NA*
C-section rate (per 1,000, total, %)	—
Early initiation of breastfeeding (within 1 hr of birth, %)	—
Postnatal visit for baby (within 3 days for home visits, %)	—

### Causes of maternal deaths

Regional estimates for South Asia, 1987-2007



### Coverage along the continuum of care



## INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN

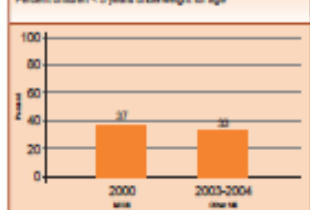
### NUTRITION

Stunting prevalence (moderate and severe, %)	59 (2003-2004)
Wasting prevalence (moderate and severe, %)	9 (2003-2004)

Complementary feeding rate (6-9 months, %)	29 (2002)
Low birthweight incidence (%)	—

### Underweight prevalence

Percent children < 5 years underweight for age\*



### Exclusive breastfeeding

Percent infants < 6 months exclusively breastfed



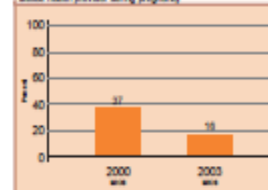
### Vitamin A supplementation

Percent children 6-59 months receiving two doses of vitamin A during calendar year



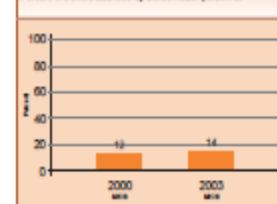
### Antenatal care

Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy



### Skilled attendant at delivery

Percent live births attended by skilled health personnel



### Neonatal tetanus protection

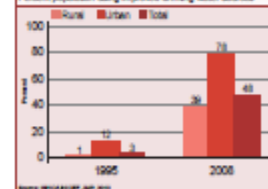
Percent of newborns protected against tetanus



## WATER AND SANITATION

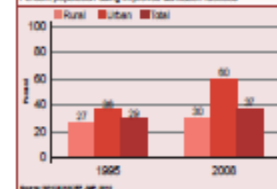
### Water

Percent population using improved drinking water sources



### Sanitation

Percent population using improved sanitation facilities



## CHILD HEALTH

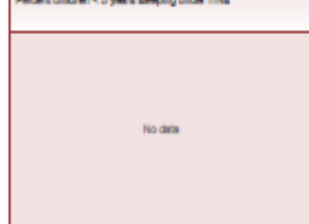
### Immunization

Percent of children immunised against measles  
Percent of children immunised with 3 doses DPT  
Percent of children immunised with 3 doses Hib



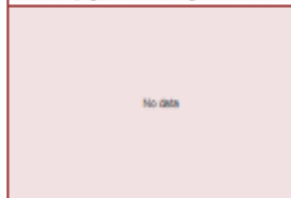
### Malaria prevention

Percent children < 5 years sleeping under ITNs



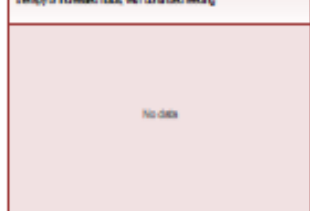
### Prevention of mother to child transmission of HIV

Percent HIV+ pregnant women receiving ARVs for PMTCT



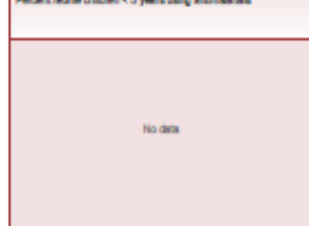
### Diarrhoeal disease treatment

Percent children < 5 years with diarrhoea receiving oral rehydration therapy or increased fluids, with continued feeding



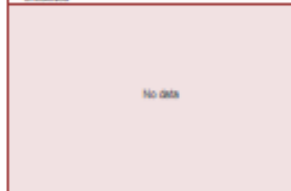
### Malaria treatment

Percent febrile children < 5 years using antimalarials



### Pneumonia treatment

Percent children < 5 years with suspected pneumonia taken to appropriate health provider  
Percent children < 5 years with suspected pneumonia receiving antibiotics



## POLICIES

International Code of Marketing of Breastmilk Substitutes	Partial
New ORS formula and dextro for management of diarrhoea	Yes
Community treatment of pneumonia with antibiotics	Yes
MCI adapted to cover newborns 0-1 week of age	No
Costed implementation plan(s) for maternal, newborn and child health available	Yes
Midwives be authorized to administer a core set of life saving interventions	Yes
Maternity protection in accordance with ILO Convention 103	No
Specific notification of maternal deaths	No

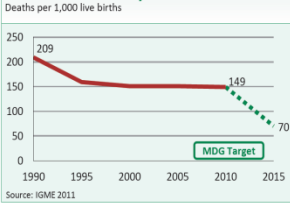
## SYSTEMS

Financial Flows and Human Resources	
Per capita total expenditure on health (US\$)	83 (2007)
General government expenditure on health as % of total government expenditure (%)	4 (2007)
Out-of-pocket expenditure as % of total expenditure on health (%)	76 (2007)
Density of health workers (per 10,000 population)	7.0 (2007)
Official Development Assistance to child health per child (US\$)	14 (2007)
Official Development Assistance to maternal and neonatal health per live birth (US\$)	10 (2007)
National availability of Emergency Obstetric Care services (% of recommended minimum)	—

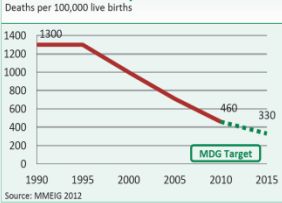
DEMOGRAPHICS

Total population (000)	31,412	(2010)
Total under-five population (000)	5,546	(2010)
Births (000)	1,385	(2010)
Birth registration (%)	6	(2003)
Total under-five deaths (000)	191	(2010)
Neonatal deaths: % of all under-5 deaths	32	(2010)
Neonatal mortality rate (per 1000 live births)	45	(2010)
Infant mortality rate (per 1000 live births)	103	(2010)
Stillbirth rate (per 1000 total births)	29	(2009)
Total maternal deaths	6,400	(2010)
Lifetime risk of maternal death (1 in N)	32	(2010)
Total fertility rate (per woman)	6.3	(2010)
Adolescent birth rate (per 1000 women)	151	(2001)

Under-five mortality rate

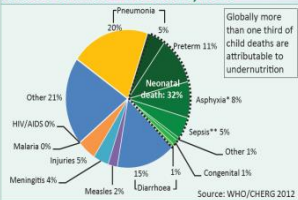


Maternal mortality ratio

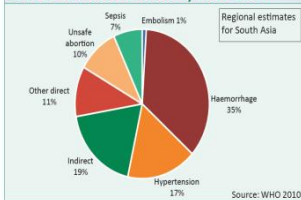


DEMOGRAPHICS

Causes of under-five deaths, 2010



Causes of maternal deaths, 1997-2007

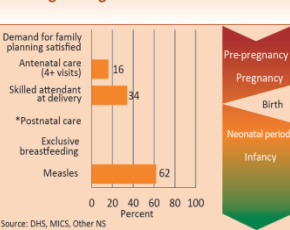


POLICIES

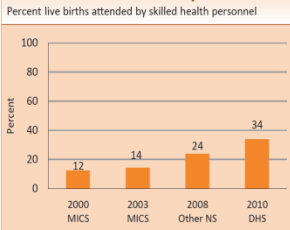
Maternity protection in accordance with Convention 183	No
Specific notification of maternal deaths	No
Midwifery personnel authorized to administer core set of life saving interventions	Yes
International Code of Marketing of Breastmilk Substitutes	Yes
Postnatal home visits in first week of life	-
Community treatment of pneumonia with antibiotics	Yes
Low osmolality ORS and zinc for management of diarrhoea	Yes
Rotavirus vaccine	-
Pneumococcal vaccine	-

MATERNAL AND NEWBORN HEALTH

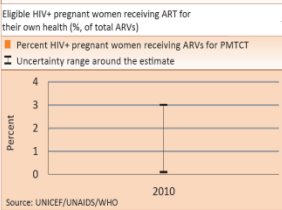
Coverage along the continuum of care



Skilled attendant at delivery

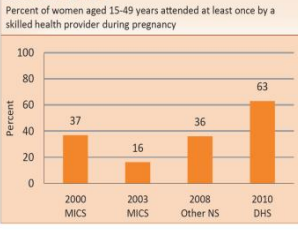


Prevention of mother-to-child transmission of HIV



MATERNAL AND NEWBORN HEALTH

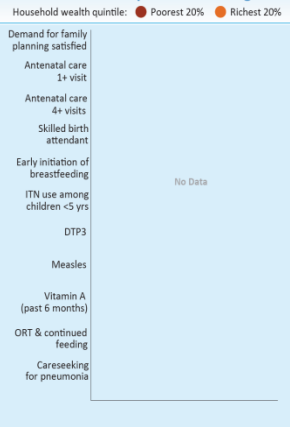
Antenatal care



Demand for family planning satisfied (%)	-
Antenatal care (4 or more visits, %)	16 (2010)
Malaria during pregnancy - intermittent preventive treatment (%)	NA*
C-section rate (total, urban, rural, %)	5, 6, 4 (2010)
Neonatal tetanus vaccine (%)	79 (2010)
Postnatal visit for baby (within 2 days for all births, %)	-
Postnatal visit for mother (within 2 days for all births, %)	-
Women with low body mass index (<18.5 kg/m², %)	-

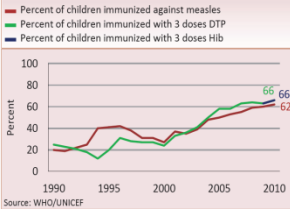
EQUITY

Socioeconomic inequities in coverage

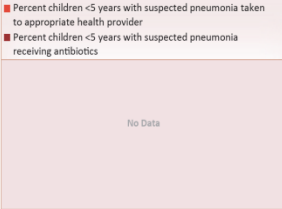


CHILD HEALTH

Immunization

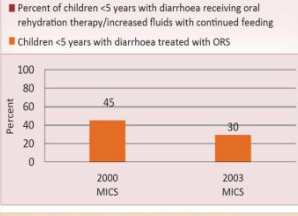


Pneumonia treatment

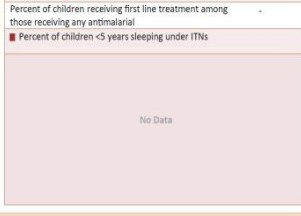


CHILD HEALTH

Diarrhoeal disease treatment



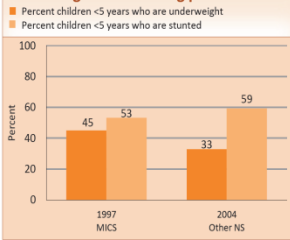
Malaria prevention and treatment



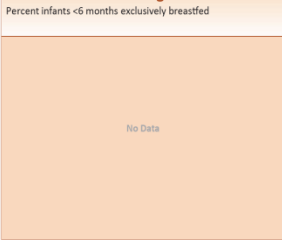
NUTRITION

Wasting prevalence (moderate and severe, %)	9	(2004)
Low birthweight incidence (moderate and severe, %)	-	
Early initiation of breastfeeding (within 1 hr of birth, %)	-	
Introduction of solid, semi-solid/soft foods (%)	-	
Vitamin A supplementation (two dose coverage, %)	96	(2010)

Underweight and stunting prevalence

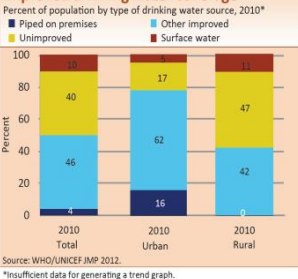


Exclusive breastfeeding



WATER AND SANITATION

Improved drinking water coverage



Improved sanitation coverage



## Range of data on the profile

- Progress in coverage for critical interventions across reproductive, maternal, newborn & child health continuum of care
- Health Systems and Policies – important context for assessing coverage gains
- Financial flows to reproductive, maternal, newborn and child health
- Equity in intervention coverage

# Demographics

**CSO- 26.5 M,  
WB 35 M**

Total population (000)	31,412	(2010)
Total under-five population (000)	5,546	(2010)
Births (000)	1,385	(2010)
Birth registration (%)	6	(2003)
Total under-five deaths (000)	191	(2010)
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Total maternal deaths	6,400	(2010)
Lifetime risk of maternal death (1 in N)	32	(2010)
Total fertility rate (per woman)	6.3	(2010)
Adolescent birth rate (per 1000 women)	151	(2001)

# Coverage along the continuum of care

Demand for family planning satisfied

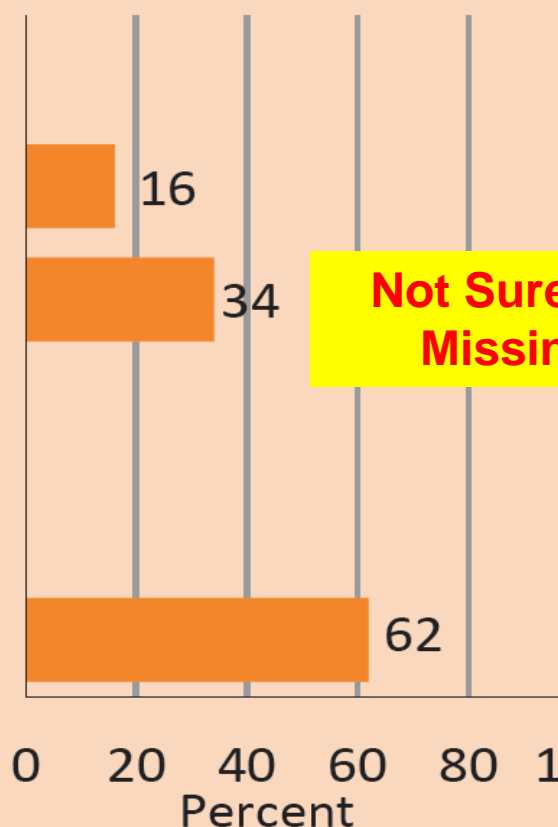
Antenatal care (4+ visits)

Skilled attendant at delivery

\*Postnatal care

Exclusive breastfeeding

Measles



Not Sure why Missing?

Pre-pregnancy

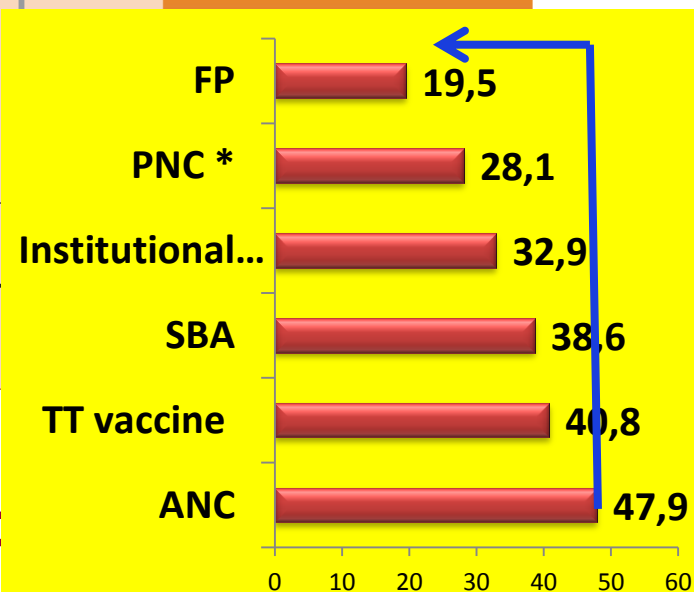
Pregnancy

Birth

Neonatal period

Source: DHS, MICS, Other NS

\* See Annex/website for indicator definition

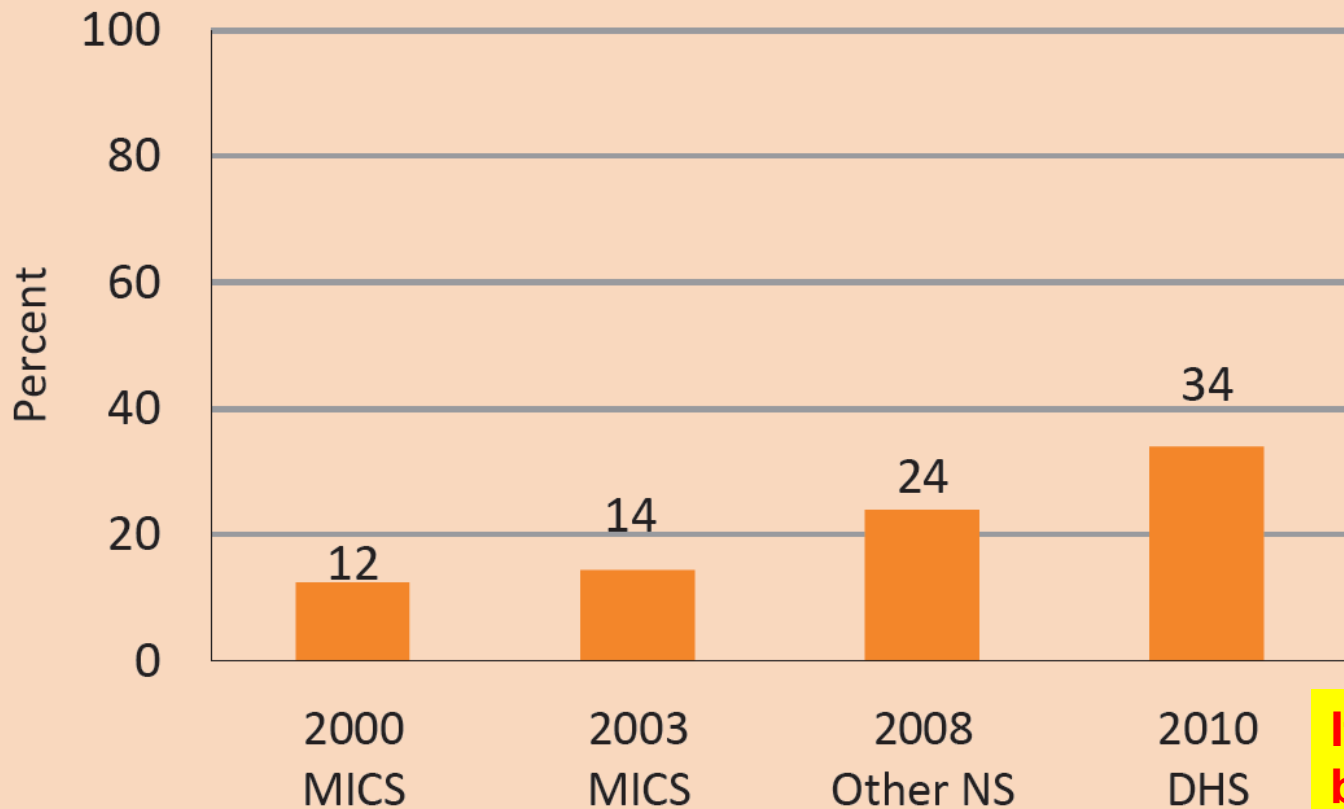


Variable coverage along the cont

# Maternal and newborn health

## Skilled attendant at delivery

Percent live births attended by skilled health personnel

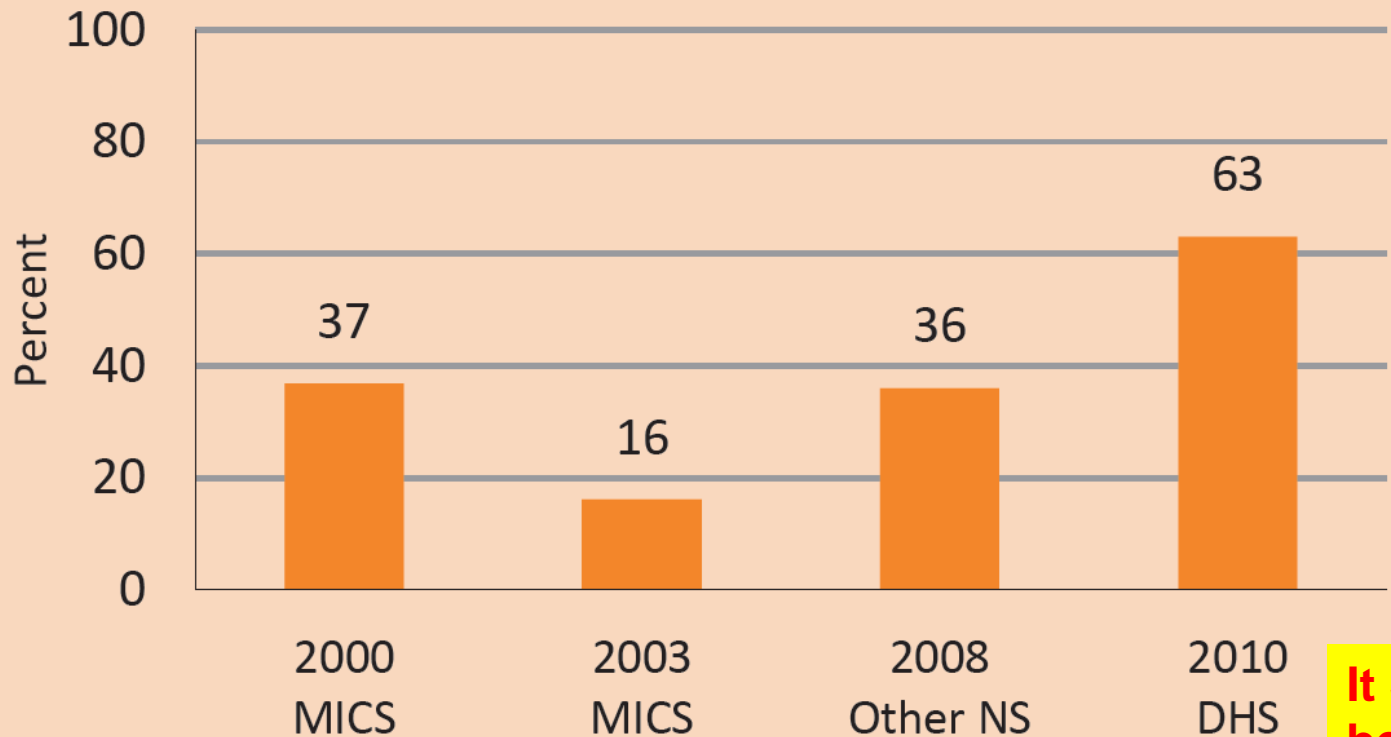


**It Should  
be MICS?**

# Maternal and newborn health

## Antenatal care

Percent of women aged 15-49 years attended at least once by a skilled health provider during pregnancy



**It Should  
be MICS?**

# Other maternal and newborn health indicators

Demand for family planning satisfied (%)	-	-
Antenatal care (4 or more visits, %)	16	(2010)
Malaria during pregnancy - intermittent preventive treatment (%)	NA*	-
C-section rate (total, urban, <b>rural</b> ; %) (Minimum target is 5% and maximum target is 15%)	5, 6, <b>4</b>	(2010)
Neonatal tetanus vaccine (%)	79	(2010)
Postnatal visit for baby (within 2 days for all births, %)	-	-
Postnatal visit for mother (within 2 days for all births, %)	-	-
Women with low body mass index (<18.5 kg/m <sup>2</sup> , %)	-	-

\*Not Applicable

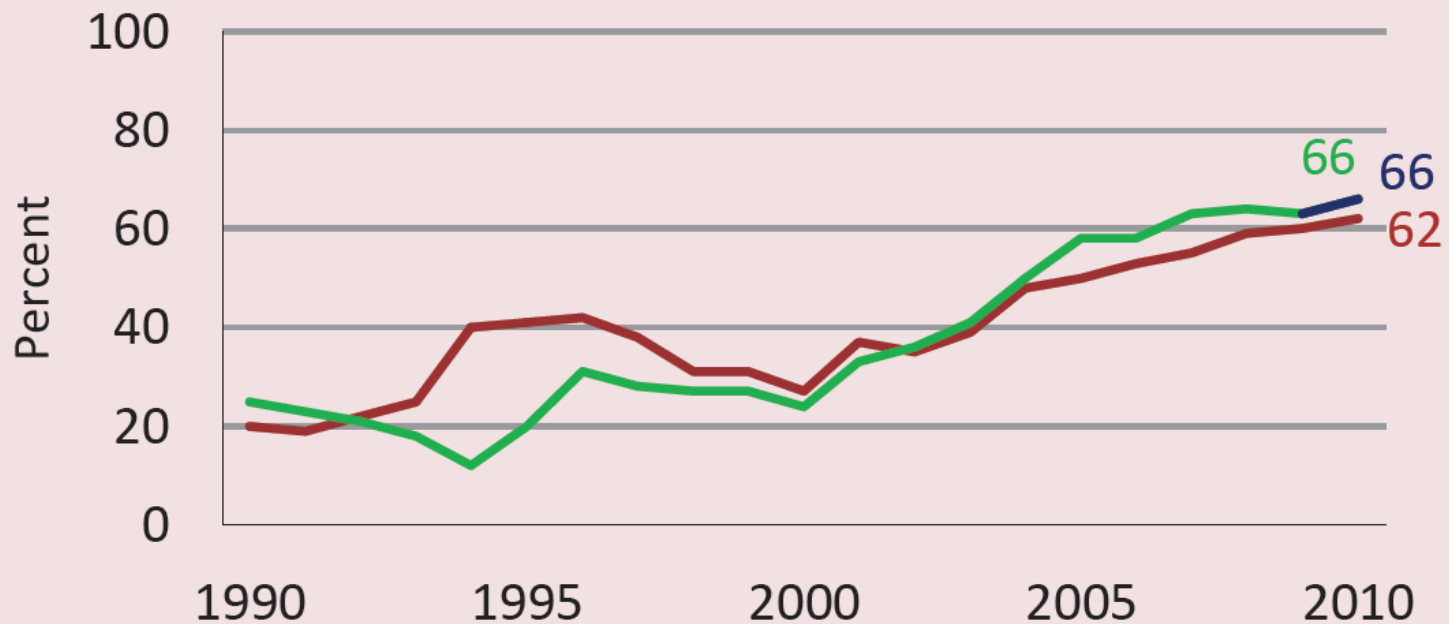
**?? Information  
Missing**

# Child health

## Immunization

- Percent of children immunized against measles
- Percent of children immunized with 3 doses DTP
- Percent of children immunized with 3 doses Hib

??  
**PENTA**



Source: WHO/UNICEF

# Child health

## Pneumonia treatment

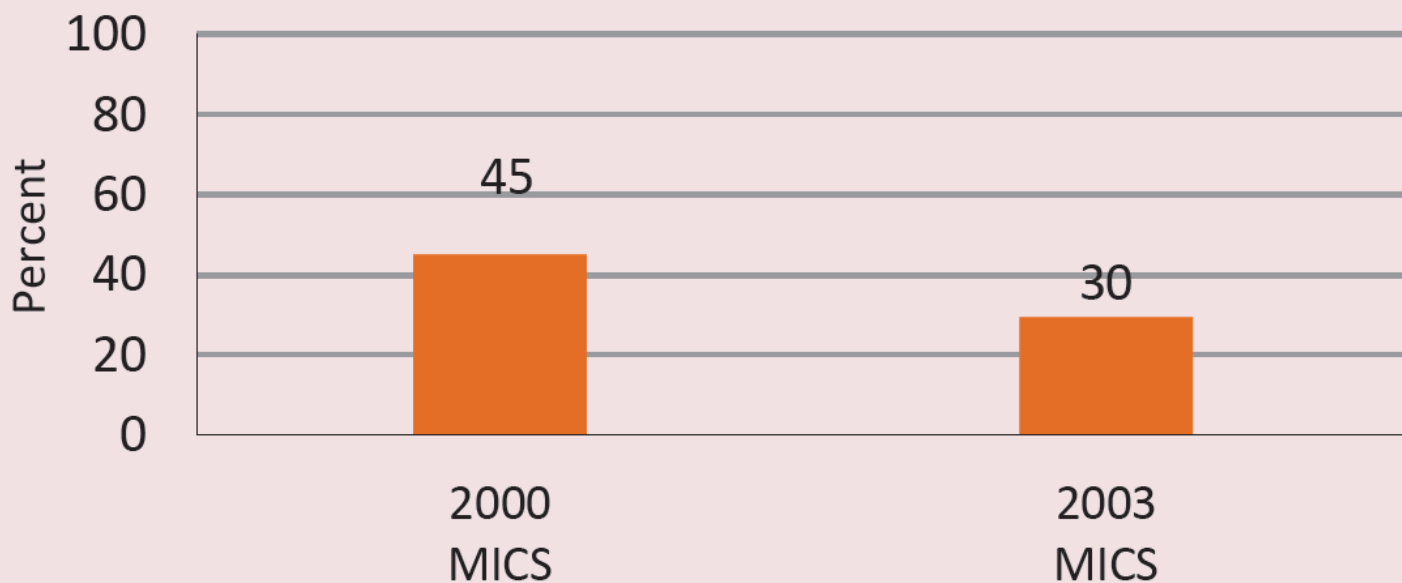
- Percent children <5 years with suspected pneumonia taken to appropriate health provider
- Percent children <5 years with suspected pneumonia receiving antibiotics

No Data

# Child health

## Diarrhoeal disease treatment

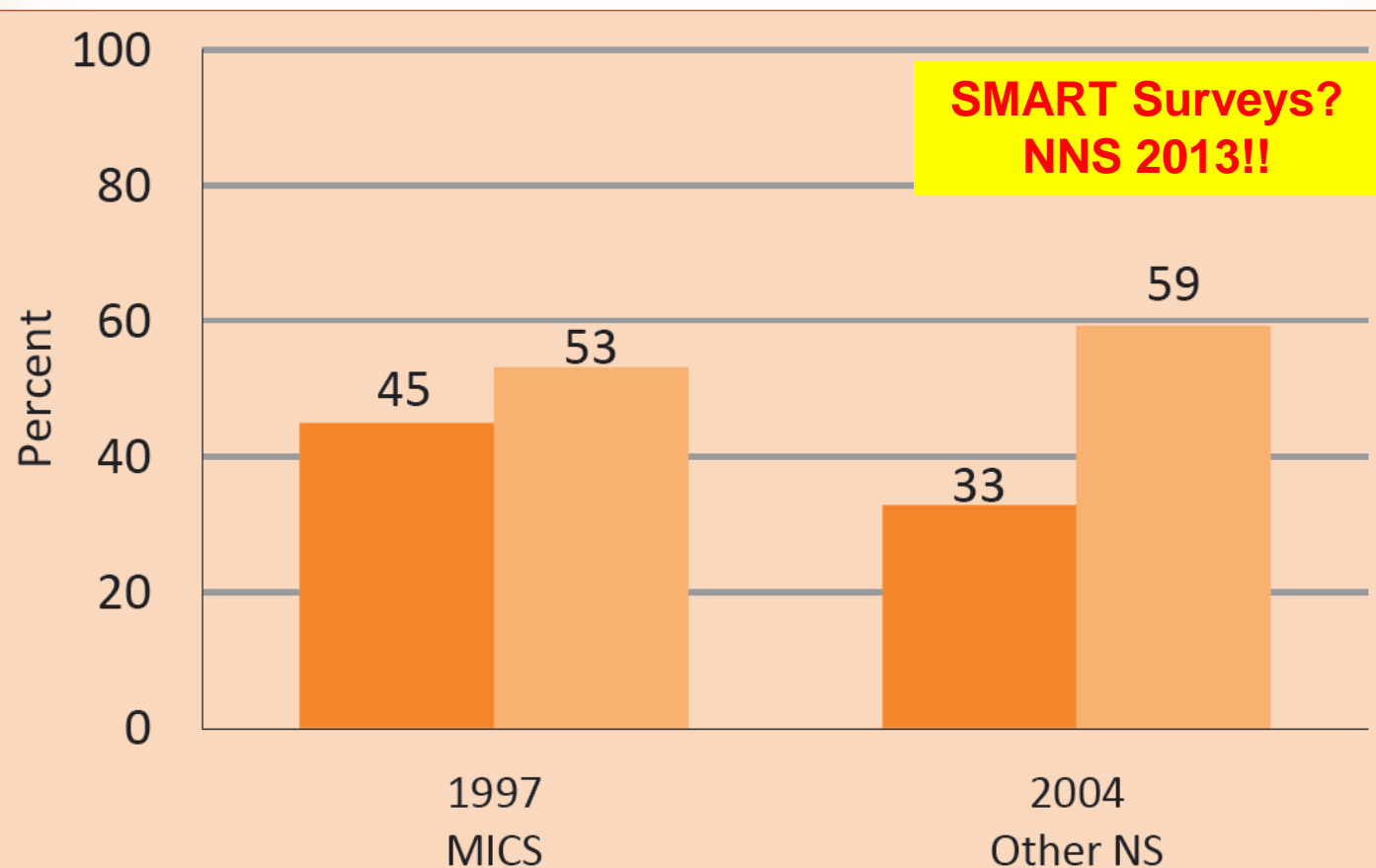
- Percent of children <5 years with diarrhoea receiving oral rehydration therapy/increased fluids with continued feeding
- Children <5 years with diarrhoea treated with ORS



# Child health

## Underweight and stunting prevalence

- Percent children <5 years who are underweight
- Percent children <5 years who are stunted



Note: Based on 2006 WHO reference population

# Child health

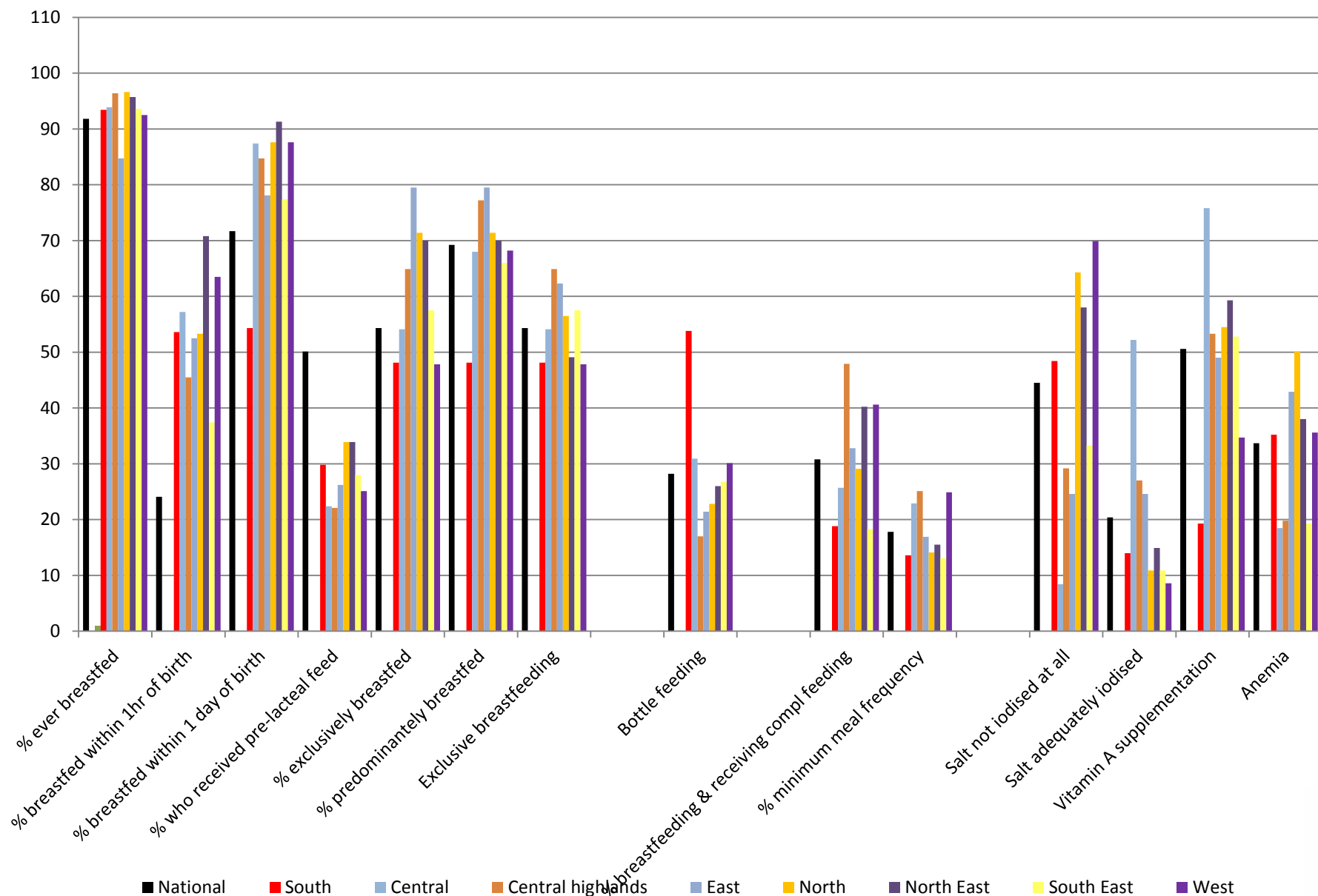
## Exclusive breastfeeding

Percent infants <6 months exclusively breastfed

No Data

**WE HAVE THE DATA NOW**

# IYCF and micronutrient indicators

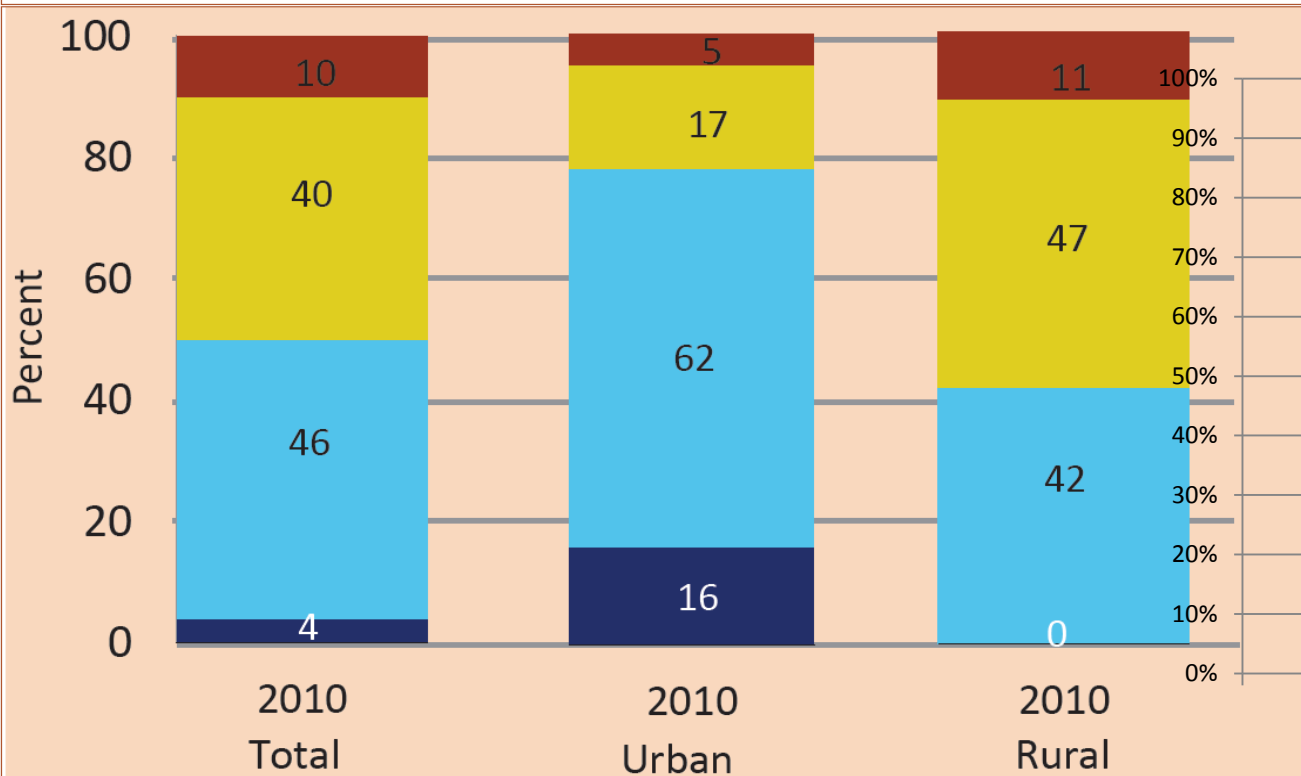


# Water and sanitation

## Improved drinking water coverage

Percent of population by type of drinking water source, 2010\*

- Piped on premises
- Unimproved
- Other improved
- Surface water

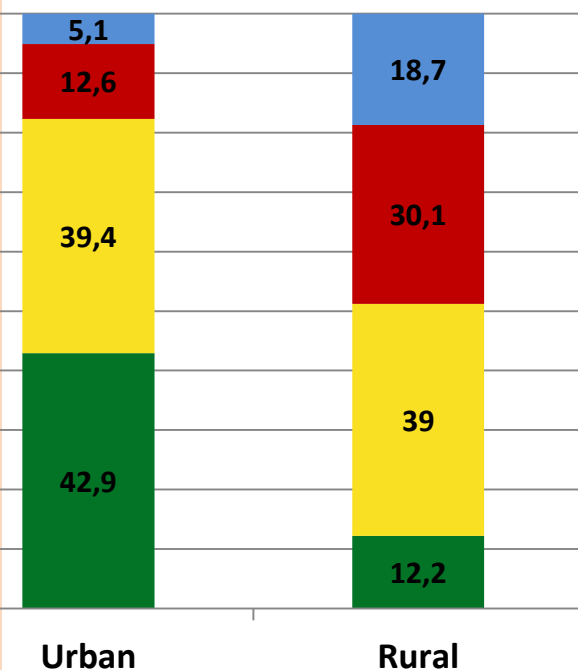


Source: WHO/UNICEF JMP 2012.

\*Insufficient data for generating a trend graph.

- Surface water
- Unimproved
- Other improved
- Piped on premises

**MICS  
2011**



# MNCH policies

- **NO** - Maternity protection in accordance with Convention 183
- **NO** - Specific notifications of maternal deaths
- **YES** - Midwifery personnel authorized to administer core set of life saving interventions
- **YES** - International Code of Marketing of Breast-milk Substitutes
- \* - Postnatal home visits in first week of life
- **YES** - Community treatment of pneumonia with antibiotics
- **YES** - Low osmolarity ORS and zinc for diarrhoea management
- \* - Rotavirus vaccine
- \* - Pneumococcal vaccine

\* Policy information not available

# Systems and financing for MNCH

- Costed **(?? Budgeted)** national implementation plans for MNCH: **Yes (Do we agree?)**
- Density of doctors, nurses and midwives (per 10,000 population): **7.1** (2009)
- National availability of EmOC services: **--** (% of recommended minimum)
- Per capita total expenditure on health (Int\$): **\$44** (2010)
- Government spending on health: **2%** (2010) (as % of total govt spending)
- Out-of-pocket spending on health: **83%** (2010) (as % of total health spending)
- Official development assistance to child health per child (US\$): **\$28** (2009)
- Official development assistance to maternal and newborn health per live birth (US\$): **\$63** (2009)

## Socioeconomic inequities in coverage

Household wealth quintile: ● Poorest 20% ● Richest 20%

Demand for family planning satisfied

Antenatal care  
1+ visit

Antenatal care  
4+ visits

Skilled birth attendant

Early initiation of breastfeeding

ITN use among children <5 yrs

DTP3

Measles

Vitamin A  
(past 6 months)

ORT & continued feeding

Careseeking for pneumonia

No Data

## Equity

There is no equity information available for Afghanistan.

**Not True.....**

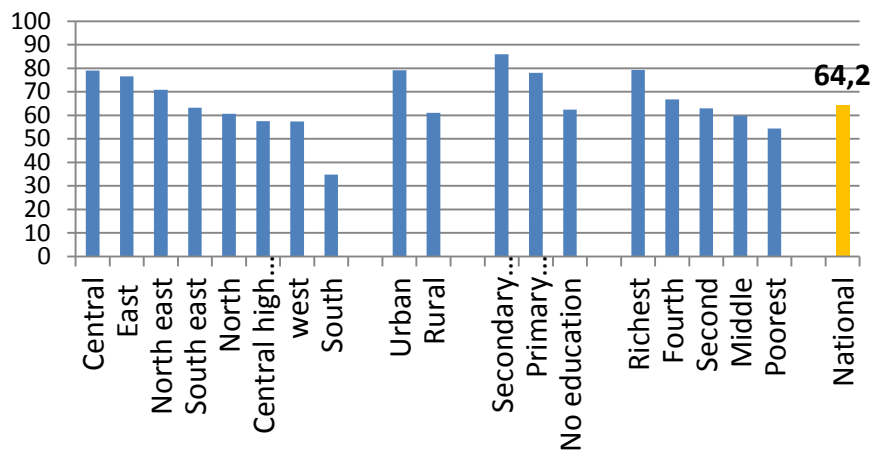
**We Have Some Data now..**

Coverage levels are shown for the poorest 20% (red circles) and the richest 20% (orange circles). The longer the line between the two groups, the greater the inequality. These estimates may differ from other charts due to differences in data sources.

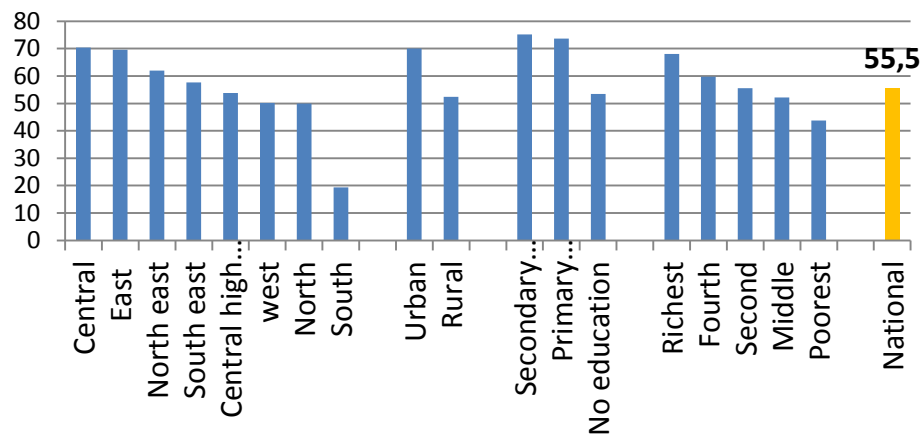
# Inequity in Immunization Coverage

Maternal, Newborn & Child Survival

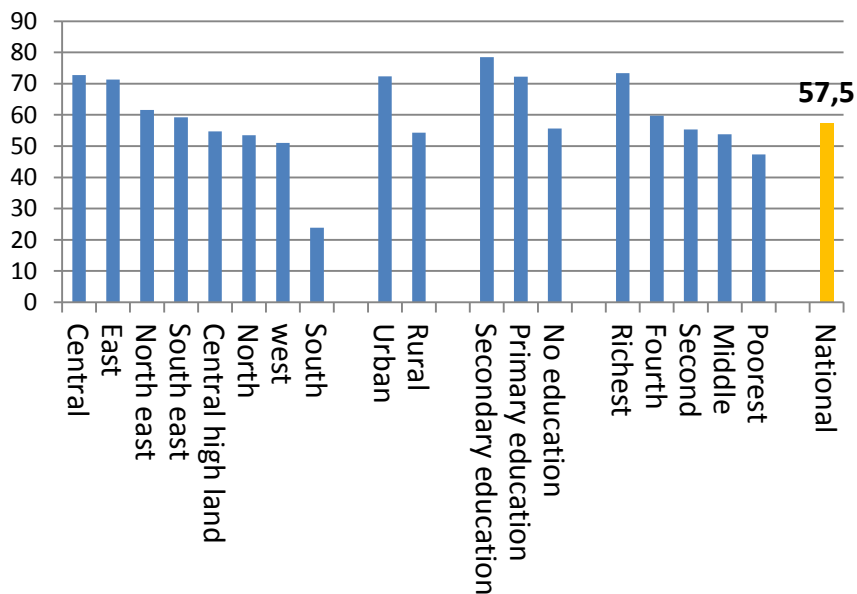
## BCG



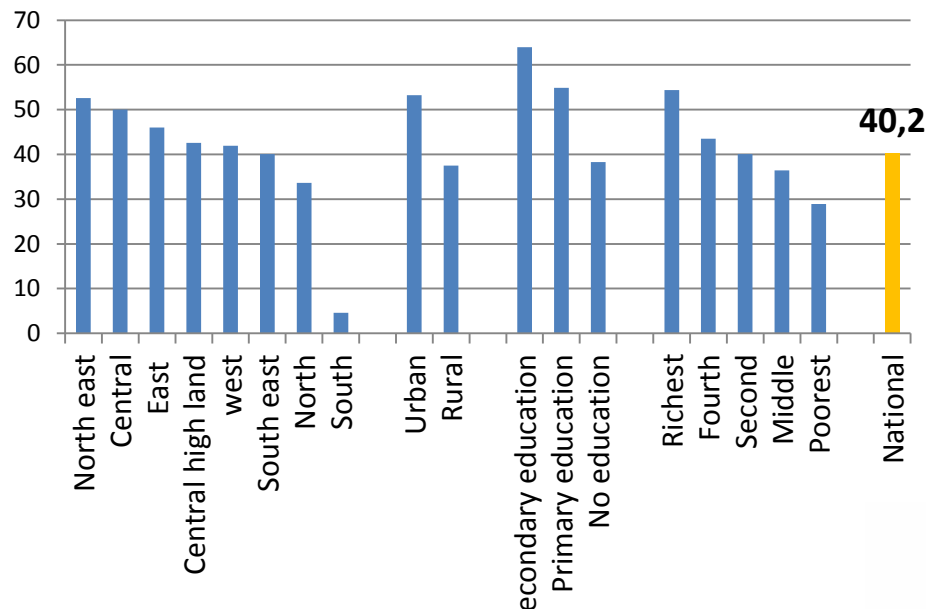
## Measles



## Penta 1

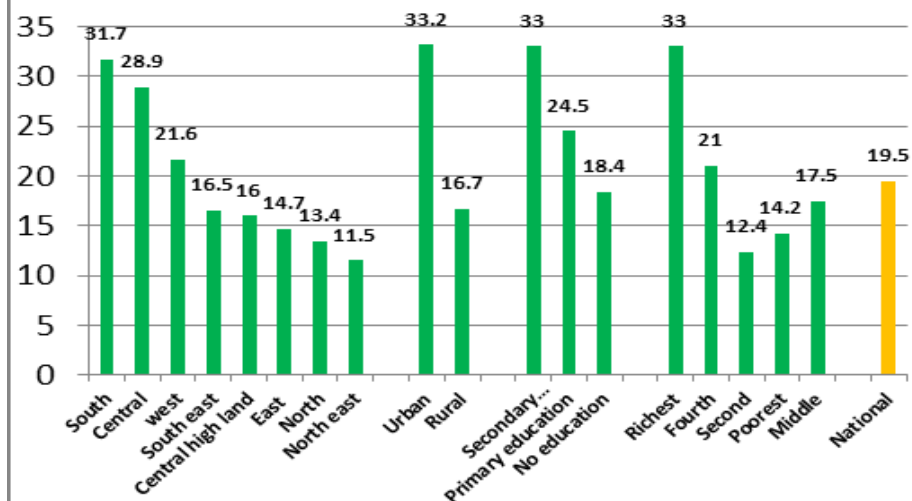


## Penta3

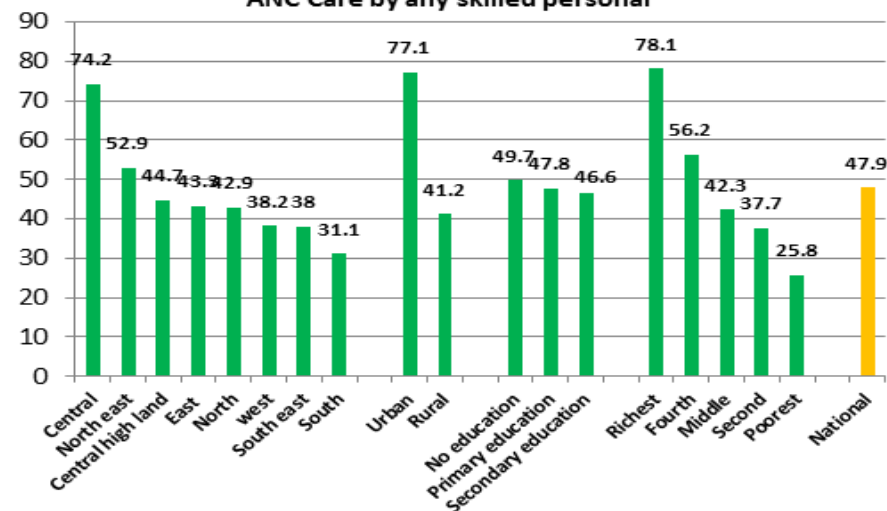


# Disparities in other indicators

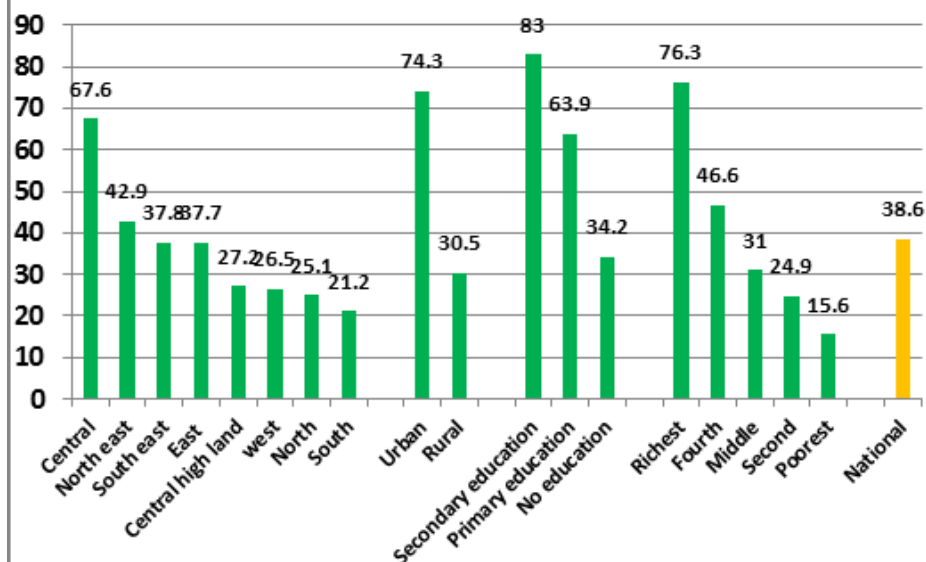
Modern method of family planning



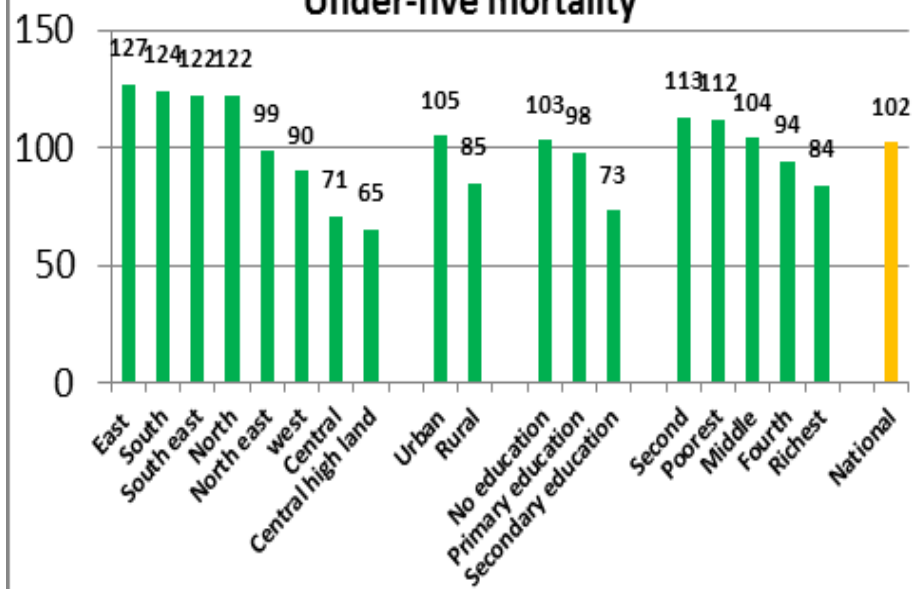
ANC Care by any skilled personal



Delivery by Any skilled personal

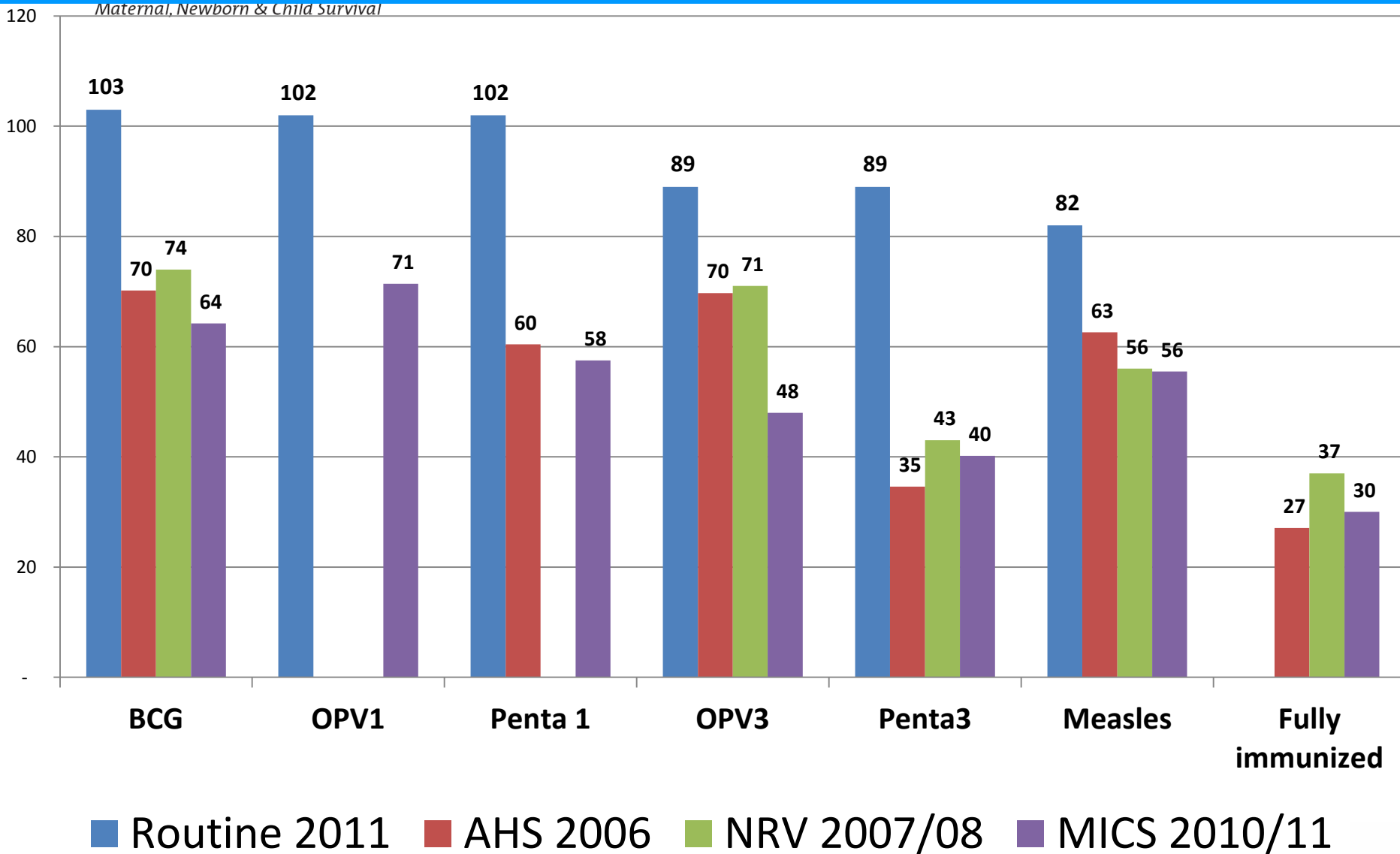


Under-five mortality



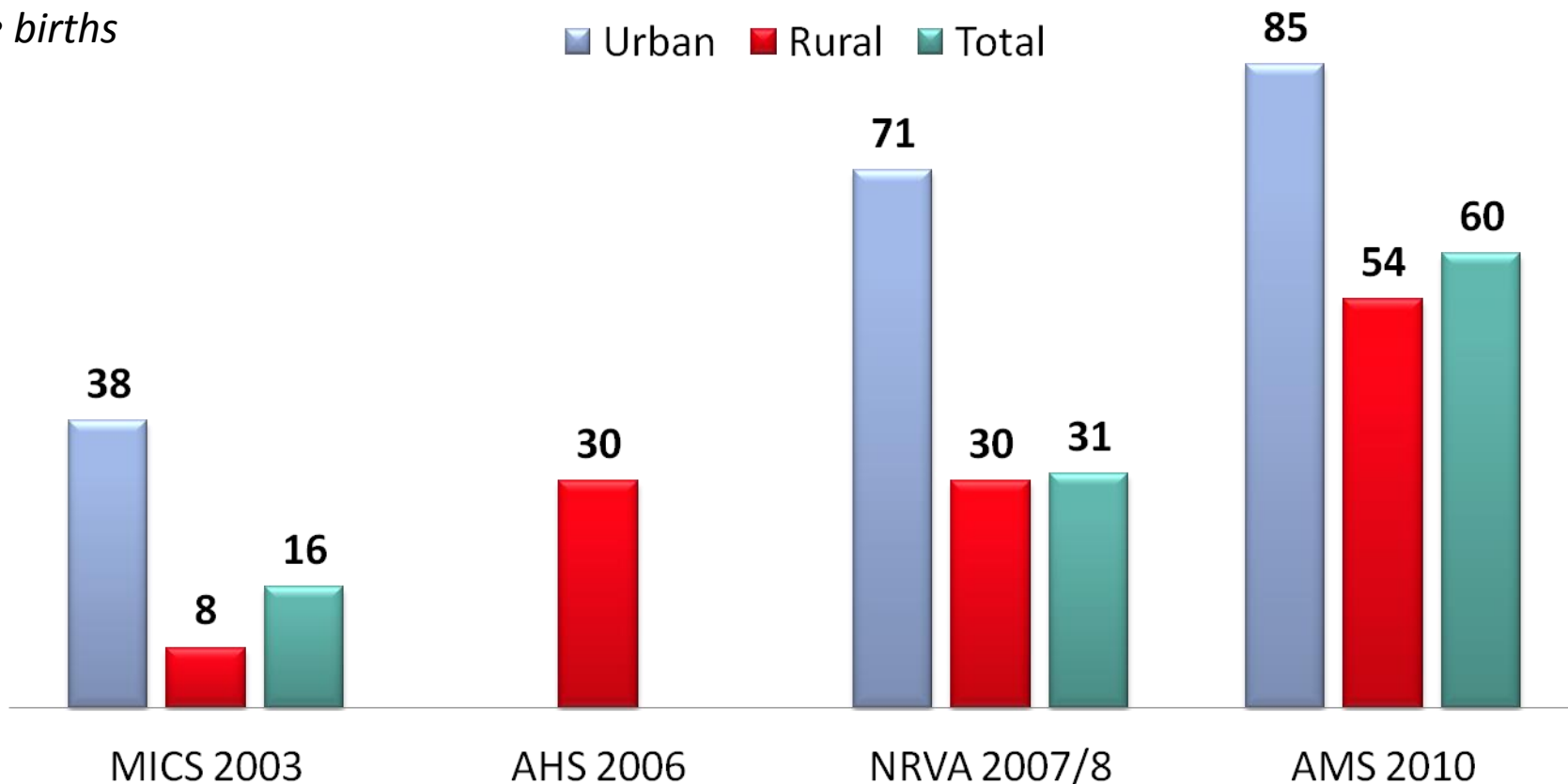
# EPI Coverage Estimates from Routine NRV, MICS

Maternal, Newborn & Child Survival



# Trends in Antenatal Care from a Medically Skilled Provider

*Percent of last live births*



# Nature of Collaboration

## National Working Group Led by MoPH

- Central Statistical Organization (CSO),
- Afghanistan National Public Health Institute (ANPHI),
- Dept. of HFD and Policy Planning (MoPH)

## In collaboration with

- Global Count Down Group and AKU (Co-chaired by Prof. Z A Bhutta/Mickey Chopra) with support from JHSPH, CHERG, Imperial College London, UNU

Secretariat- PPDM Office / UNICEF ACO

# Major Events and Process

- **Activity 1:** Coordinate the convening of a Child Survival Countdown Working Group (CSCDWG) to bring together key stakeholders (**CSO, ANPHI & MoPH, UN agencies**)
- **Activity 2:** Undertake an in-depth review of national and regional /provincial commitments to improve reproductive, maternal, newborn, and child health and nutrition activities in Afghanistan and trends over the last decade
- **Activity 3:** Produce a detailed, customized Afghanistan Country Profile and detailed situation analysis at sub-national level, using data from the national surveys
- **Activity 4:** Share the preliminary findings from Data Analysis from the data sets and get endorsement of the working group and consult with wider group to understand how and why things happened or do not happen.
- **Activity 5:** Garner resources and support for a high level national Countdown meeting in fall 2013 with full participation from provincial governments, national academia, civic society organizations, multilateral and bilateral agencies and political parties

# Composition of National Working Group

- **Dr. Ahmed Jaan Nayeem**, PPDM, MoPH- (Chairman)
- Mr. Ghaffoori, President General, CSO
- Dr. Abdul Qadeer, DG Policy Planning, MoPH
- Dr. Noormal, DG ANPHI, MoPH
- Dr. Mashal Mohammed Taufiq, DG PM, MoPH
- Dr. Ahmed Salehi, Director HeFD, MoPH
- Dr. Sadia F Ayubi, Director Reproductive Health
- Dr. Sarwar Hemati, Director, GCMU
- Representatives from Professional Bodies (Paeds Society / Gyn/Obs Soc)
- Representatives from Civil Society / NGOs (Save the Children)
- UN Representative, (UNICEF / WHO / UNFPA)
- Donor Representatives (USAID/ DFID/ CIDA/ EU/ WB)
- Dr. SM Moazzem Hossain, Chief of Health & Nutrition, UNICEF ACO  
(Member Secretary)
- **Prof. Zulfiqar Bhutta**, AKU and Co-Chair, Global Count Down Group)

# Data Sources that will be considered:

- MICS data from 2000, 2003 and 2010,
- NRVA data from 2007/8, 2012
- National Nutrition Survey 2004 & 2013 (planned),
- Afghan Mortality Survey 2010,
- Afghan Health Survey done in 2006, 2010
- Reproductive Age Mortality Survey done in 2006 and 2012,
- SMART surveys done in 2011 & 12,
- EPI CES 2013 (Planned)
- Nutrition Surveys (SMART) in Emergency Situation
- HMIS data (as back date possible)

# Time Line

- **Initiation of work and planning : February – March 2013**
- **Obtain the data sets- April – May 2013**
- **Establish trends and determinants analysis: May – July 2013**
- **National and Regional Consultations : July - Aug 2013**
- **Drafting Report / Finalizing and Printing : Sept – Oct 2013**
- **Planned National Countdown Meeting: Nov 2013 /Feb 2014**

# Thank you!

