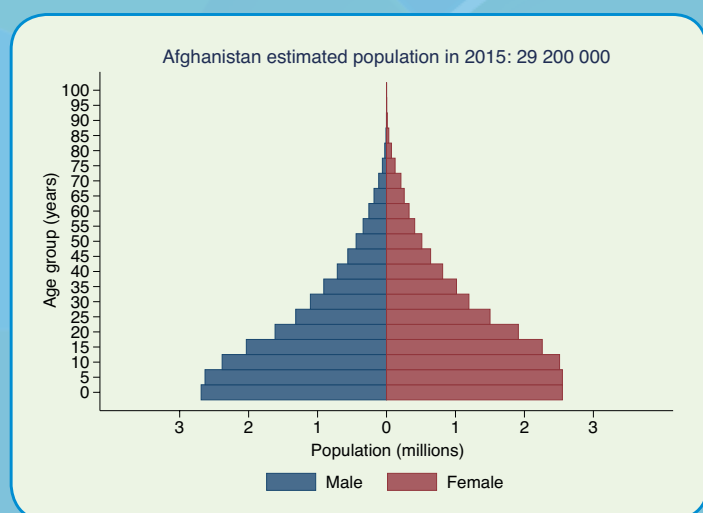




Universal health coverage

Primary health care facilities per 10 000 population (2014)	0.4
Hospital beds per 10 000 population (2014)	5.0
Modern contraceptive prevalence rate (2015)	24
Antenatal care visits (4+ visits) (2015)	18.0
Measles immunization coverage among 1-year olds (%) (2016)	75
Tuberculosis treatment success rate of new bacteriologically confirmed cases (%) (2015)	88
DTP3-containing vaccine / Pentavalent coverage among 1-year olds (%) (2016)	81
General government expenditure on health as % of GDP (2014)	2.9
General government expenditure on health as % of total government expenditure (2014)	12.0

Estimated population in 2015



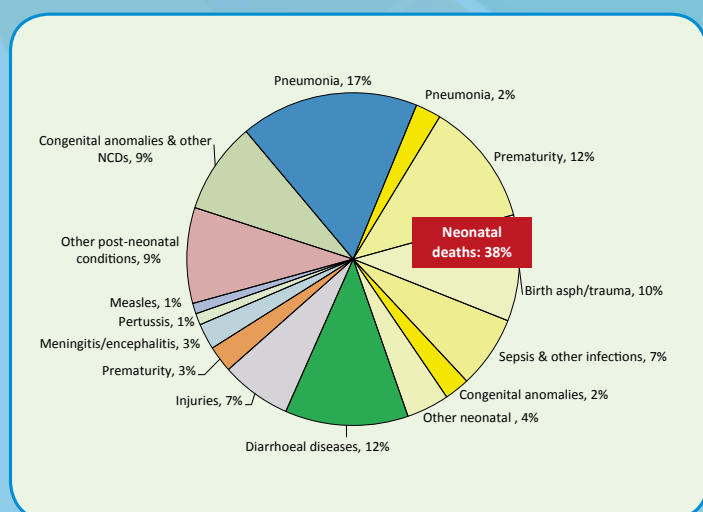
Selected determinants of health

Population living in urban areas (%) (2016)	24
Annual GDP growth (%) (2016)	2.2
Number of refugees ^a (2016)	59 770
Number of internally displaced persons ^b (2016)	1 797 551

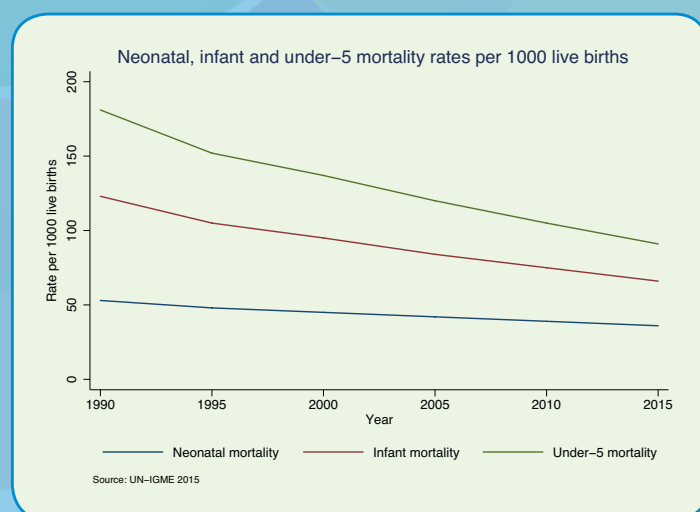
^a Including persons forcibly displaced from their country of origin due to persecution, war, or violence, as recognized and reported by UNHCR.

^b Including persons forcibly displaced due to conflict, remaining in their own country, recognized and reported by UNHCR.

Distribution of causes of death among children aged <5 years (%)



Neonatal, infant and under-5 mortality rates per 1000 live births



Selected SDGs health-related indicators*

1 NO POVERTY

Population below the international poverty line (2011) % 35.8

Proportion of employed population below the international poverty line (ILO estimate, 2016)

Male %	82.0
Female %	87.2

2 ZERO HUNGER

Children under 5 who are (2013)

stunted	%	40.9
wasted	%	9.5
overweight	%	5.4

4 QUALITY EDUCATION

Literacy rate (15-24 years) (2012)

Total %	31
Male %	45
Female %	17

Net primary school enrolment ratio per 100 school-age children (2012)

Total ratio	57
Male ratio	64
Female ratio	48

5 GENDER EQUALITY

Demand for family planning satisfied with modern methods (UN Population Division estimate, 2015) % 51.8

6 CLEAN WATER AND SANITATION

Access to improved drinking water (World Health Statistics, 2015) % 55

Access to improved sanitation facilities (World Health Statistics, 2015) % 32

8 DECENT WORK AND ECONOMIC GROWTH

Unemployment rate (15+ years) (ILO estimate, 2015)

Total %	...
Male %	...
Female %	...

11 SUSTAINABLE CITIES AND COMMUNITIES

Concentrations of fine particulate matter (PM2.5) (WHO/CEHA, 2014)

Total	46.0
Urban	63.4

16 PEACE, JUSTICE AND STRONG INSTITUTIONS

Estimated direct deaths from major conflicts (per 100 000 population) (WHO Global Health Observatory, 2011-2015) 40.9

*Because of the scarcity of data, the above presentation is limited. Where available, information is obtained from the Regional Core Indicators Programme

Key health indicators

Indicator	Male	Female	Total
Life expectancy at birth in years (2015)	59.3	61.9	60.5
Maternal mortality ratio (deaths per 100 000 live births) (UN-MMEIG 2015 estimate)	—	—	396
Neonatal mortality rate (deaths per 1000 live births) (UN-IGME 2015 estimate)	36
Infant mortality rate (deaths per 1000 live births) (UN-IGME 2015 estimate)	66
Under-five mortality rate (deaths per 1000 live births) (UN-IGME 2015 estimate)	91
Tobacco use among persons 15+ years (%)
Overweight (18+ years) (%) (2014)	16.2
Obesity (18+ years) (%) (2014)	2.9
Raised blood pressure among persons 18+ years (%) (2014)	21.7
Raised blood glucose among persons 18+ years (%) (2014)	9.6
Raised cholesterol among persons 18+ years (%) (year)
Mortality between ages 30 and 70 from cardiovascular disease, cancer, diabetes, chronic respiratory disease per 10 000 (2015)	31
Cancer incidence per 100 000 (2012)	115.2

Universal health coverage (UHC) means provision of quality services to everybody without discrimination of any kind and without exposing people to financial hardship. UHC is one of the targets of Sustainable Development Goal 3, and attaining UHC will also contribute directly or indirectly to achieving the other SDGs. Achieving UHC means ensuring healthy lives and promoting well-being for all at all ages with explicit affirmative action for vulnerable populations including refugees and migrants. Thus, disaggregated data will be necessary to assess and address inequities in health. UHC requires inter-sectoral action. All countries can and must advance towards UHC by year 2030, if not earlier.

3 GOOD HEALTH AND WELL-BEING



ENSURE HEALTHY LIVES
AND PROMOTE WELL-BEING
FOR ALL AT ALL AGES

Voluntary National Review

Completed in 2017: <https://sustainabledevelopment.un.org/content/documents/16277Afghanistan.pdf>

National Focal Point for 2030 Agenda

Mr Mohammad Nabi Sroosh, Director General of Policy & RBM, Ministry of Economy

National Focal Point in Ministry of Health for health-related SDGs

N/A

1. How is Afghanistan incorporating the 2030 Agenda into its development policy and planning?

Overall, the Afghanistan National Peace and Development Framework (AFNPDF) 2017-21 guides the country's development agenda and move towards achieving the SDGs. The AFNPDF has a clear focus on sustainable development in the context of Afghanistan, and its leadership has expressed commitment to integrate the 2030 Agenda with national policies and strategies. As noted in the Voluntary National Review, the SDGs have been nationalized in Afghanistan through a consultative process of seminars, conferences, meetings and workshops together with different stakeholders. Following this process, the global targets and indicators were reshaped into 125 national targets and 190 national indicators, taking the national context and circumstances into account.

The National Peace and Development Framework 2017-21 is available here: <http://extwprlegs1.fao.org/docs/pdf/afg148215.pdf>

2. How is Afghanistan incorporating SDG 3 targets in health policy, strategy, and planning?

The National Health Strategy (NHS) 2016-2020 was formulated in consideration of the AFNPDF, the SDGs and other related international initiatives as well as the National Health Policy (NHP) 2015-2020. The High Council of Ministers oversees and supervises the nationalization, alignment and implementation process of the SDGs. In addition, the MoPH is fully committed to align, adopt, and comply with other key global initiatives such as the Global Strategy for Women's, Children's and Adolescents' Health 2016-2030, and Family Planning 2020. Also, as one of the last two polio endemic countries, Afghanistan has set a target to achieve polio eradication within the first one to two years of strategy implementation.

The NHS is available here: http://moph.gov.af/Content/Media/Documents/MoPHStrategy2016-2020_Final09September2016111201614508950553325325.pdf

3. Are there any major partnerships in Afghanistan for advancing the 2030 Agenda?

To reach the SDGs targets by 2030, Afghanistan will need financial and technical support from donors, UN agencies and the international community. As noted in its Voluntary National Review, the government of Afghanistan is working in close coordination with development partners, private sector, civil society organizations, international communities, academia, media and all relevant stakeholders to advance the 2030 Agenda. An Executive Committee on the SDGs has been established. Among other functions, it will provide a "high-level platform for direct and sustained engagement between the various government stakeholders, the private sector, civil society organizations and the international community", as noted in the Voluntary National Review.

4. Are there any major partnerships in Afghanistan for advancing the health-related SDGs?

One major partnership for advancing health in Afghanistan is the System Enhancement for Health Action in Transition (SEHAT) project. SEHAT includes financing and implementation of the Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS) as well as enhancing the stewardship function of the MoPH with the support of the EU, USAID, World Bank and the Afghanistan Reconstruction Trust Fund, and a number of national and international NGOs as implementing partners. In addition to this partnership, the following technical committees are established within the MoPH to support reaching the SDG targets: 1) Medical council, 2) National Health Innovation Committee, 3) Accreditation Steering Committee, 4) Strategic Health Coordination Committee (SHCC) and 5) Health Sector Strengthening Coordination (HSSC). There has been several meetings, workshops and conferences on the issue of health and SDG, conducted by MoPH and supported by UN agencies and other partners. Major donors and all technical agencies are part of these forums and supporting the MoPH in achieving its national health targets.

5. Has Afghanistan reoriented its National Health Policies, Strategies, and Plans to incorporate Universal Health Coverage?

The current national health policy and strategy focus on achieving Universal Health Coverage (UHC) and work in ongoing in several areas to attain this goal. This includes improving access to, and the sustainability of, quality primary health care and public health, particularly for mothers, infants, children and adolescents, as well as improving the quality of clinical care and availability of specialist tertiary care, in partnership with the private sector. While working to increase access to health care in rural areas, the MoPH is also working to ensuring the provision of quality, specialist care. Cardio-thoracic syndromes and cancer are the priority non-communicable diseases. For the latter, an essential package of affordable, cost-effective cancer will be implemented. Specialist care services will be provided on a fee basis and a mechanism will be developed over the next few years to enable the poor to benefit from specialist care.