



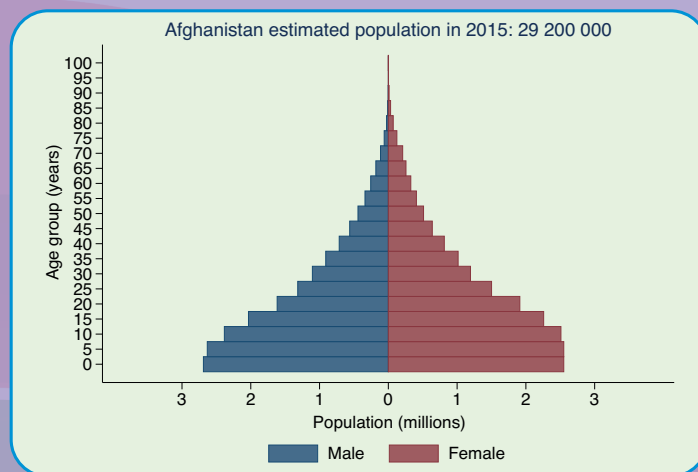
Universal health coverage

UHC service coverage index (2017)	37
Primary health care facilities per 10 000 population (2017)	0.8
Hospital beds per 10 000 population (2017)	3.9
Demand for family planning satisfied with modern methods (%) (2017)	44.9
Antenatal care visits (4+ visits) (2018)	20.9
Measles immunization coverage among 1-year olds (%) (2018)	82
Tuberculosis treatment success rate and relapse TB cases notified (%) (2017)	91
DTP3-containing vaccine / Pentavalent coverage among 1-year olds (%) (2018)	87
Out-of-pocket expenditure (OOPS) as percentage of current health expenditure (CHE) (2016)	77.4
Domestic General Government Health Expenditure (GGHE-D) as % of General Government Expenditure (GGE) (2016)	2.0

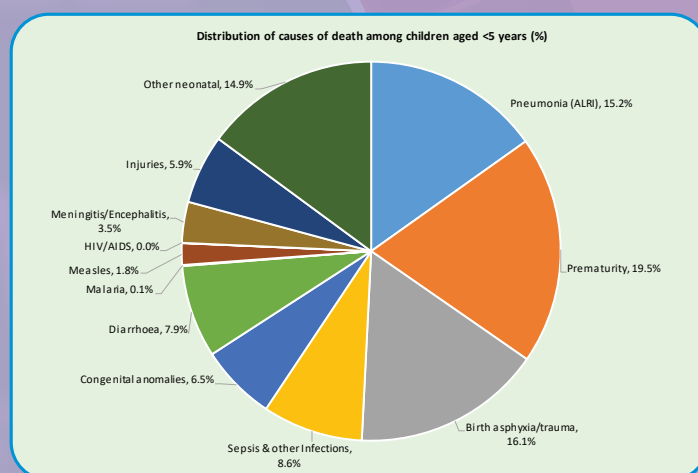
Selected determinants of health

Population living in urban areas (%) (2018)	24
Annual GDP growth (%) (2018)	1.0
Population growth rate (%) (2017)	3.3
Children aged < 5 years with pneumonia symptoms taken to a healthcare provider (%) (2015)	61.5

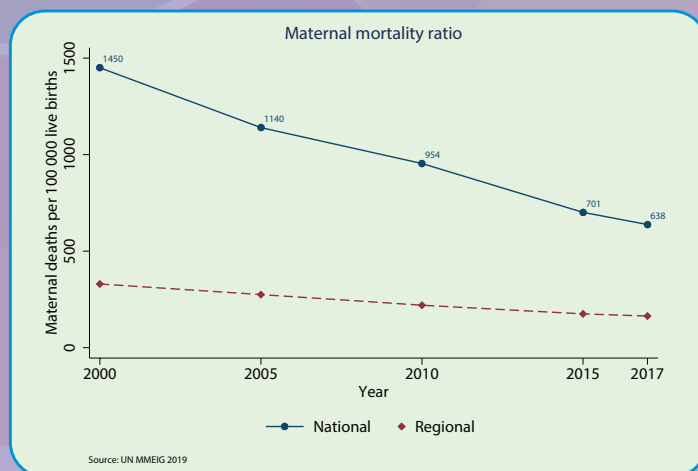
Estimated population in 2018



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



Trends in estimates of maternal mortality ratio



Selected SDGs health-related indicators*

1 NO POVERTY

Population below the international poverty line % ...

Proportion of employed population below the international poverty line (ILO estimate, 2019)	Male %	35.3
	Female %	39.0

2 ZERO HUNGER

Children under 5 who are (2018)		
stunted	%	36.6
wasted	%	9.5
overweight	%	5.4

4 QUALITY EDUCATION

Literacy rate (15-24 years) (2017)	Total %	54
	Male %	68
	Female %	39

Net primary school enrolment ratio per 100 school-age children (2017)	Total ratio	56
	Male ratio	66
	Female ratio	46

7 AFFORDABLE AND CLEAN ENERGY

Population with primary reliance on clean fuels and technologies at the household level (Global Health Observatory, 2017)	%	33
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6 CLEAN WATER AND SANITATION

Access to improved drinking water (World Health Statistics, 2017)	%	62
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Access to improved sanitation facilities (World Health Statistics, 2017)	%	32
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8 DECENT WORK AND ECONOMIC GROWTH

Unemployment rate (15+ years) (ILO estimate, 2019)	Total %	1.5
	Male %	1.0
	Female %	2.4

11 SUSTAINABLE CITIES AND COMMUNITIES

Concentrations of fine particulate matter (PM2.5) (µg/m³) (WHO/CEHA, 2016)	Total	53.2
	Urban	...

16 PEACE, JUSTICE AND STRONG INSTITUTIONS

Estimated direct deaths from major conflicts (per 100 000 population) (WHO Global Health Observatory, 2011–2015)	37.3
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*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 (2018)	61.0	64.5	62.7
Maternal mortality ratio (deaths per 100 000 live births) (UN-MMEIG 2017 estimate)	—	—	638
Neonatal mortality rate (deaths per 1000 live births) (UN-IGME 2017 estimate)	39
Infant mortality rate (deaths per 1000 live births) (UN-IGME 2017 estimate)	52
Under-five mortality rate (deaths per 1000 live births) (UN-IGME 2015 estimate)	68
Tobacco use among persons 15+ years (%)
Overweight (18+ years) (%) (2016)	23.0
Obesity (18+ years) (%) (2016)	5.5
Raised blood pressure among persons 18+ years (%) (2014)	11.9
Raised blood glucose among persons 18+ years (%) (2015)	30.6
Raised cholesterol among persons 18+ years (%) (year)
Probability of dying between age 30 and exact age 70 from any of cardiovascular disease, cancer, diabetes, chronic respiratory diseases, (%) 2016	29.8
Cancer incidence per 100 000 (2018)	100.2

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

Health and SDGs at a glance in Afghanistan



Voluntary National Review, include year(s) and link(s)

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

National Focal Point for 2030 Agenda

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

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1. What efforts have been made to agree on national targets for SDG3+?

The agreement on national targets for all SDGs including the SDG3+ started through a process called nationalization of global SDG to Afghanistan SDG (A-SDG) in 2016. Through an inclusive and consultative process, the Ministry of the Economy carried out the nationalization process by conducting training, meetings, seminars with relevant government ministries private sector, civil societies, academia and nongovernmental organizations (NGOs), development partners and UN agencies. At the end of the lengthy exercise the nationalization process of global SDG to national (A-SDG) was completed and agreed.

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

The National Health Strategy (NHS) 2016-2020 was formulated based on the Afghanistan National Peace and Development Framework (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 Ministry of Public Health 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. As one of the last two polio endemic countries, Afghanistan aims to achieve polio eradication within the first one to two years of strategy implementation.

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

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 for advancing the health-related SDGs?

One major partnership for advancing health in Afghanistan is the System Enhancement for Health Action in Transition project now called Sehatmandi. It includes financing the implementation of the Basic Package of Health Services and Essential Package of Hospital Services as well as enhancing the stewardship function of the Ministry of Public Health with the support of the European Union, USAID, World Bank, Afghanistan Reconstruction Trust Fund, and a number of national and international NGOs as implementing partners. In addition to this partnership, 6 technical committees within the Ministry of Public Health support reaching the SDG targets: Medical council, National Health Innovation Committee, Accreditation Steering Committee, Strategic Health Coordination Committee, Health Sector Strengthening Coordination and the Country Coordination Mechanism. Several meetings, workshops and conferences on the issue of health and SDGs were conducted by the Ministry of Public Health and supported by UN agencies and other partners. Major donors, NGOs, professional associations, private sector and all technical agencies are part of these forums and support the Ministry of Public Health in achieving its national health targets.

5. Describe a success story or an example of efforts to accelerate action on the health-related SDGs.

Since the beginning of 2016, the Ministry of Economy has worked closely with line ministries and departments to nationalize the SDG targets and indicators. In mid-2017, the SDGs Executive Committee was formed under the leadership of the Chief Executive Office of the Islamic Republic of Afghanistan to ensure the highest political commitment and coordinate the nationalization and implementation of SDGs across the various sectors. The SDGs Executive Committee has four technical working groups to address:

Security and
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Governance; Agriculture and Rural Development; Health, Education, Environment and Social Protection; and Infrastructure and Economy. The SDG Executive Committee and technical working groups held regular meetings, workshops and advisory conferences on the nationalization of the SDG targets and indicators to finalize the national targets and indicators. These targets and indicators, along with the SDG alignment framework, were presented and endorsed by the Council of Ministers on 17 September 2018. The mechanism for alignment of the A-SDGs covers all aspects of implementation, such as setting targets, indicators, roles and responsibilities of stakeholders, planning activities and budgeting for programmes and projects.

Good planning and political commitment at the highest level were the keys for success. The planning process ensures that programmes, projects and activities under national priority programs are aligned with A-SDG and the political commitment ensured that all key stakeholders actively participated in the process.

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