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A Healthy Future From the Ashes of Uncertainty

Analyzing the Islamic Republic of Afghanistan's Strategic Plan for Health

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ABSTRACT

Afghanistan is a country that has been ravaged by war. In the modern era where age longevity from birth is approaching or has surpassed eighty years, an average Afghan lives barely half that long. The socioeconomic status of the country is reflected in the fact that the average wage earner earns less than $2 per day. To improve the socioeconomic status of the country, its citizens must have access to – and use – healthcare services. From prevention to nutrition, from diagnosis to treatment, from education to training, from equality to access – the road map must be clearly marked and kept up to date. This is happening and the turmoil of the past is being forged into a more healthy future.

The foundation for Afghanistan's healthy future is reflected in a series of strategic planning documents developed by the country's Minister of Public Health (MoPH). This article focuses on the Mission statement, followed by a ten-year health Vision and the Values and National Priorities that guide health decisions from 2005 to 2009. Much progress has been made. Much remains to be accomplished.

Gender inequality is in the process of being reversed. New health facilities have been built. The maternal and infant death rate has been substantially reduced. Communicable diseases are at last being managed with vaccinations for the vulnerable population.

A massive infusion of foreign aid has been committed to Afghanistan, and much more is needed. Private and public funds are needed to provide more health facilities, training, vaccines, medications, staff and community education.

Source: http://media.maps.com/magellan/Images/AFGHAN-W1.gif

Afghanistan is a country ravaged by war. Seldom in the last quarter of a century have the people of this nation of nearly 26 million inhabitants been able to lead quiet and peaceful lives. In 2001, the country's infrastructure was in shambles. Poverty was widespread. Gender equality was non-existent. Environmental conditions were hazardous with poor water supplies and poor sanitation. Health services were fragmented with life expectancy at birth a mere 42 years. Educational opportunities were lacking with only 10% of the female population literate. It is interesting to note that Afghanistan is bordered by countries such as Iran, China, Pakistan and India – all of whom have more robust economies.

In the early months of 2008, we dwell not on the past but on a future filled with increasing brightness but still clouded by uncertainty. The path of progress is always rooted in the will of the people. With a new Constitution and a disciplined and visionary strategic plan for health there is hope that Afghanistan's social capital will forge a lifeline of recovery for this proud nation.

To set the stage for the current state of health care in Afghanistan, we turn the clock back to the waning months of 2002 when the Country's Deputy Minister of Public Health, Dr. Ferouzudeen Ferouz, through an interpreter spoke at the Foreign Press Center in Washington, D.C. during a briefing hosted by the US Department of State:

As you know, the healthcare needs of the Afghan families are very great. The rate of mothers dying in childbirth is the highest of any country in the world: 1,600 deaths for every 100,000 live births. Only 7% of deliveries are assisted by a skilled birth attendant. More than 25% of children die before their fifth birthday. Sixty percent of child deaths are due to vaccine preventable disease and diarrhea and acute respiratory infections.[i]

In a country where women want to be attended by a female physician, forty percent of the clinics and hospitals do not have a single woman on their staff.[ii] Part of this dearth of female health practitioners can be traced to the limitation by the Taliban on women working.[iii] This led health professionals to leave Afghanistan during the Taliban regime. It is not only a lack of women in the healthcare workforce, but a lack health care workers at all levels that impacts adversely on the country's health.

Against this backdrop Afghanistan's current Minister of Public Health (MoPH), Dr. Sayed Mohammed Amin Fatimie, set about to develop a strategic plan for his Country's healthcare system. This article summarizes the plan and analyzes progress made to date. Dr. Fatimie's task has been helped by a new Constitution but the challenges of funding, both from the nation's national budget and international NGO's (Non-Government Organizations), will ultimately determine whether ambitious goals can be reached.

As authors have pointed out, strategic management is more than just planning. Strategic management has three elements: strategic thinking, strategic planning and strategic momentum.[iv] Buildings built on strong foundations endure and the same can be said of business organizations and countries that build their foundation with the reinforcing bars of strategic management – mission, vision and value statements. Without these documents and the goals they shape, thinking, planning and momentum are like a boat without a rudder on a choppy sea. With the help of his government, NGO's (Non Government Organizations) and a new Constitution, the MoPH of Afghanistan has put a finely honed rudder in place. To arrive safely in port, however, the climate of change must cooperate. Here we use the word "climate" as an analogy of the fragility to Afghanistan's economy but real weather can impact recovery efforts as much as the strife of war. As an example 17 people died when a snowstorm on January 8, 2008 hit Herat and Ghor provinces in western and west central Afghanistan requiring the country's 30,000 health workers to be placed on a vigilant around the clock alert.[v]

For the last several years, the architect of Afghanistan's health policy has been Dr. Sayed Mohammed Amin Fatimie who serves as Minister of Public Health (MoPH). Under Dr. Fatiimie's leadership, the Republic has adopted a National Health Strategy for 2005 - 2006 and a National Health Policy for 2005 – 2009 together with a policy and strategy to accelerate implementation.[vi] Within these documents, we find the seeds of growth, a new beginning if you will. Certainly Afghanistan's budget, prepared under the auspices of the Minister of Finance, is important. What we find tucked away in the goals of the Minister of Public Health, however, is a matrix that drives positive change. It is a hand that reaches out and touches every household, every family, and every individual. The hand touches food and water, housing and sanitation, literacy and education, access and transportation, health and welfare and life and death. It looks the latter in the eye and seems to say "not on my watch." All of this starts with those important strategic documents – the solid foundation of which we spoke earlier.

There is a saying that hope springs eternal. It's hard to place Mission, Vision and Value statements in the same context but perhaps the comparison is fitting if the place is Afghanistan and the future is built on hope. Here, then, are the documents of hope:

MISSION

The Mission of the Ministry of Public Health, Islamic Republic of Afghanistan, is commitment to ensuring the accelerated implementation of quality health care for all people of Afghanistan, through targeting resources especially to women and children and to underserved areas of the country and through working effectively with communities and other development partners.[vii]

VISION

In 10 years better health will contribute to economic and social development.[viii]

VALUES

Values and principles embody the essential ideals of the Ministry of Public Health and offer a moral and ethical code that guides decision making to achieve success.

Values are also useful in communicating the reasoning behind decision making. The following values are believed in by the Ministry of Public Health, all of which are equally important:

- Right to a healthy life
- Compassion
- Honesty and competence
- Equality
- Pro-rural[ix]

MISSION POSSIBLE

Six words stand out in the MoPH's Mission statement. In order of appearance they include:

- Accelerated
- Quality
- Women
- Children
- Underserved
- Partners

If need defines urgency then certainly the socio-economic structure of Afghanistan compels an accelerated plan for recovery and eventual prosperity. Entwined in this structure is the health of the Republic. In 2004, the country's per capita expenditure on health was only $13.50 at the average U.S. dollar exchange rate. Health care expenditures are typified by the following data from the World Health Organization (WHO):[x xi]

KEY HEALTH EXPENDITURE INDICATORS – AFGHANISTAN AND THE UNITED STATES

	Afg. 2004	U.S. 2004
Total expenditure on health as percentage of gross domestic product	4.4	15.4
General government expenditure on health as percentage of total expenditure on health	16.9	44.7
Private expenditure on health as percentage of total expenditure on health	83.1	55.3
General government expenditure on health as percentage of total government expenditure	2.3	18.9
External resources for health as percentage of total expenditure on health	6.1	0
Social security expenditure on health as percentage of general government expenditure on health	0.0	28.0
Out-of-pocket expenditure as percentage of private expenditure on health	97.70	23.80
Private prepaid plans as percentage of private expenditure on health	0.0	66.4
Per capita total expenditure on health at average exchange rate (US$)	13.5	6096.2
Per capita total expenditure on health at international dollar rate	18.9	6096.2
Per capita government expenditure on health at average exchange rate (US$)	2.3	2724.7
Per capita government expenditure on health at international dollar rate	3.2	2724.7

The need for rapid change is evident. The population of Afghanistan, already poor, must pay, out-of-pocket for nearly 98% of their health care needs. Moreover, no social security system pays for health care for the elderly. Acceleration may be a strange word in most mission statements as the very essence of a mission statement is to reflect the purpose of an organization – or governmental department – and the purpose is rarely motivated by speed. Purpose is distinctiveness. Yet here in this time and place purpose can only be accomplished by moving quickly to assure the very essence of life continues.

One of the aftermaths of accelerated change can be a lowering of quality standards. To assure this doesn't happen the Mission Statement refers to quality health care. Later in this article we'll examine 18 national health policy priorities for 2005 – 2009. Three of these eighteen priorities directly reference quality. The priorities call for improving the quality of maternal and reproductive health care; improve the quality of child health initiatives and establish quality assurance. A set of Working Principles includes a provision for making evidence-based decisions that will certainly affect quality. The same principles reference the provision of quality, basic health service.[xii]

In the United States, there are dozens of state and federal governmental organizations and voluntary organizations that consistently monitor the quality of health care services rendered by providers. At the national level, voluntary organizations such as the Joint Commission on Accreditation of Health Care Organizations (JCACHO) and the Institute of Medicine (IOM) continually adopt more stringent quality standards. Add to this the Center for Medicare and Medicaid Services (CMS) and the Center for Disease Control (CDC) and quality is Job 1, not only at the Ford Motor Company, but throughout the U.S. healthcare system. Afghanistan lacks a governmental or voluntary regulatory framework, so the improvement of, and assurance of, quality health care should logically reside within the Ministry of Health.

The next sets of key words in the Mission Statement are women and children. Perhaps the bleakest landscape in Afghanistan's social environment is the plight of women and children. As noted previously 1,600 mothers die during childbirth for every 100,000 live births – a rate higher than most of the countries of the world. Only 7% of deliveries are assisted by a skilled birth attendant. Twenty-five percent of children die before their fifth birthday. [xiii] Under the Taliban, males were not allowed to treat women, and some men believed it was better to have their wives die than have a male doctor treat them.[xiv] In 2005, the maternal mortality rate in four Afghan provinces ranked 130 times higher than in the United States, with a reported 50 to 70 mothers dying every day from complications of birth.[xv] One woman dies in Afghanistan every 27 minutes from pregnancy related complications, 25,000 every year.[xvi] Twenty percent of children have a low birth weight and 85,000 children under five die each year from diarrhea.[xvii] Moreover, women in Afghanistan are for the most part unschooled and being forced into early marriage is the rule rather than the exception. Add to this malnutrition and both the mind and body are at risk. Leadership must overcome cultural and religious impediments to raise expectations of a healthy and happy tomorrow.

If Afghanistan's Mission Statement can be considered a road map (and in a sense, it is), the next step of their journey would take them to the underserved population that besides women and children, live primarily in rural areas. In 2005, the country's population was estimated at 22,100,000 with seventy-eight percent of its citizens living in rural areas.[xviii] The terrain is mountainous with harsh climatic conditions. Earthquakes and draughts are part of the environmental landscape. Snow and blizzards can cause complete isolation. Travel is difficult and time consuming although some progress is being made. A newly paved highway from Kabul to Jalalabad is 85 miles long. A trip that use to take five hours, now takes only two hours.[xix]

What modern healthcare is available is centralized in urban areas such as Kabul, the Republic's Capital. Although the figures are dated, it was estimated in 1998 that only 2.5 % of the rural population had access to health services.[xx] Essentially Afghanistan's health system is broken down into four types of health facilities – Health Post; Basic Health Center (BHC); Comprehensive Health Center (CHC) and District Hospital. At the most basic level is the Health Post and this is where the rural and poor population receives most of their basic health care. A Health Post is usually staffed by a physician and a pharmacist. Ideally, there is also a trained female health worker. Often a guard is present. To those in the United States a Health Post would be much like a well-equipped physician's office. It has been difficult to ascertain the number of Health Post's in Afghanistan as outside aid agencies have poured millions of dollars into establishing these health care facilities at the grass root levels during recent years. During a presentation before the Afghanistan Development Forum, Dr. Fatimie, MoPH reviewed impressive progress during the year 1385 (2006/2007 in conversion of the Persian to the Georgian calendar):[xxi]

- The number of health facilities providing BPHS (Basic Package of Health Services) increased from 846 to 979.
- The number of active Community Health Workers CHW) increased from 12,000 to 15,000 – and half were female.
- The number of health facilities providing Comprehensive Emergency Obstetric care increased from 79 to 89.
- 12 additional mobile health facilities were established.
- 2400 midwives were trained and graduated from midwifery schools.
- 233 health facilities were renovated or constructed. Out of this number 100 BHC's, 20 CHC's and one maternity hospital was constructed, and 50 BHC's, 43 CHC's, 18 hospitals and one health directorate office were renovated.
- 9000 health care workers were trained in various health fields by national and international trainers.
- Two 20 bed hospitals were established in support of narcotic treatment efforts.

Almost weekly, newspapers herald the opening of a new Health Post in this mainly rural country. An example is Abdullah Omar Health Post in Wardak Province, which was opened on June 3, 2007. Noting that villagers in this area had no access to health care, a volunteer organization, Afghans4Tomorrow (A4T) stepped in, built a facility and recruited staff. Now 40-50 patients per day are receiving basic health services.[xxii]

Last in our key word abstracts from Afghanistan's Mission Statement is the word "partners". Volunteer organizations and NGO's hold the key to the future health of men, women and children and to the ultimate success of the Mission statement and the documents for recovery that it has spawned. The world community has responded generously to Afghanistan's need. The World Bank provided $60 million in 2003 to build 100 new health facilities and train thousands of health care workers. The Bank followed this with a $30 million grant in February 2005 to extend and expand basic health services.[xxiii] In January 2008, the Organization of Islamic Countries announced a $4,350,000 grant to build 15 BHC's and 2 new 70-bed hospitals.[xxiv] The Organization had previously donated $1.8 million to construct 20 BHC's. USAID (U.S. Agency for International Development) provided $309 million to Afghanistan for health services, facilities and training from FY 02 to FY 06 and budgeted $72 million in aid for 2007. The Agency has provided funds to construct or refurbish over 670 clinics, supports the operations of 360 clinics and has built 3,000 Health Posts.[xxv] Yet, the need is far from being met. The MoPH estimates an additional 500 CHC's and hospitals are needed to bring a Basic Package of Health Services to the entire population.

The answers to Afghanistan's health issues are not high tech. Rather, the answers lie in adequate clinics, health work force, medicines, childbirth facilities and education. As is usually the case, money is needed. This is a case where the haves must help those less fortunate. A single large donor could bring Afghanistan's health care into the 21st century. That said, however, the country has made remarkable progress in the last five years.

THE VISION

In planning strategy, developing a vision is like creating a portrait of the future as you would like it to be. The MoPH's vision for health care in Afghanistan is simple –"In 10 years better health will contribute to economic and social development". CEO's ,heads of state, and managers from all walks of life will struggle with vision statements, but perhaps none will forge a statement with a more lasting impact than this one. Consider the consequences of failure. When life expectancy drops into the low 40's the economic and social environment is nearing collapse. Certainly war takes its toll, but the lack of basic health for women and children is far more devastating than the lives lost on the battlefield. A simple truism in the century we live in is that good health is necessary for an economy to grow, compete and expand. We are shaped by our environment so we must conquer those impediments that lead to early, tragic and unnecessary deaths.

Teamwork will be required to achieve the vision. Andrew Carnegie once said, *"Teamwork is the ability to work together toward a common vision"*.[xxvi] Afghanistan's ten-year plan will require the contributions of multiple players working together toward a common goal. In discussing the vision, the National Health Plan provides that the Ministry of Health will be a strong steward of both public and private health sectors while creating transparency, good governance and providing for evidence based policies and procedures.[xxvii]

Both the internal and external environments present challenges to be overcome in successful pursuit of Afghanistan's health care vision. Externally NGO's and other countries must continue to provide the financial resources the government does not have at the present time. Internally, culture and religious beliefs must incorporate modern health practices into their teachings and custom. Internally, landmines still dot the Afghan landscape. During an average month sixty people are killed or injured by

these instruments of war, nearly half of them children. In the last two decades, 70,000 Afghans have been killed by landmines. [xxviii] Warring factions continue to foster a lack of security in both urban and rural settings. Peace must come to this troubled land. Finally, infrastructure advancements including education, roads, water, sanitation, and housing must fit into this portrait of the re-birth of a nation.

NATIONAL HEALTH PRIORITIES

As this article is being written, the United States is a few months away from electing a new President. Presumably, whoever occupies the White House in 2009 and thereafter will place health care as a major, if not the top national priority. In the U.S., major health priorities can be narrowly focused. The uninsured population exceeds 45,000,000 or fifteen percent of the population. Coverage for this population might be considered priority No. 1. Then there is the cost of health care – consuming nearly sixteen percent of the Nation's GDP and growing at least one percent every two years. As coverage increases the cost issues become even more acute so priority No. 2 melds rather easily into No. 1 creating an indelible 1-2 action item.

Health priorities in Afghanistan are much more far reaching and complex. While eight-five percent of Americans are covered by at least some type of health insurance, virtually no Afghan citizen has this luxury. Moreover, while U.S. health costs exceeded $7,000 in 2007[xxix] and the government paid approximately twenty-seven percent of these costs, the Afghan government contributed only 2.3% of its income to health in 2004 when its national health priorities were developed.

Afghanistan's National Health Policy incorporates eighteen health priorities into three main categories – implementing health services, reducing morbidity and mortality, and institutional development. Within each category three top priorities have been identified. Nine of the important parameters that will shape the Republic's health care future are reflected in the following table. [xxx]

Nine of Eighteen Top Health Priorities

Category	Top Priorities
Implementing Health Services	Implement the basic package of health services (BPHS)
	Implement the essential package of hospital services (EPHS)
	Establish prevention and promotion programs
Reducing Morbidity and Mortality	Improve the quality of maternal and reproductive health
	Improve the quality of child initiatives
	Strengthen the delivery of cost effective integrated communicable disease control programs
Institutional Development	Promote institutional and management development
	Strengthen human resource development, especially of female staff
	Strengthen health planning, monitoring and evaluation

Most of the progress and measureable outcomes are incorporated into two packages – Basic Health Services and Essential Hospital Services. It is within these priorities that health care will be delivered; prevention and promotion marketed; child initiatives improved; the quality of maternal and reproductive health enhanced and communicable diseases conquered and eradicated. Institutional development will provide the managers, training and people power necessary to move each priority forward. The Afghanistan Ministry of Public Health (MOPH) in 2005 published a document entitled A Basic Package of Health Services for Afghanistan, 2005. These services are set forth in the Table below.[xxxi]

The Seven Elements of the Basic Package of Health Services and Their Components

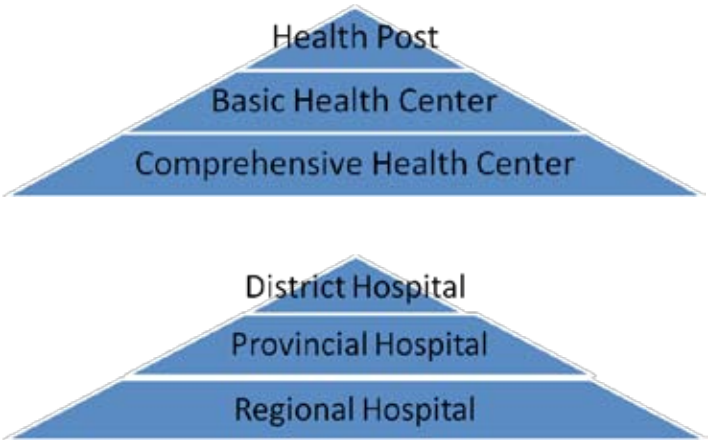
1. Maternal and Newborn Health	• Antenatal care, delivery care • Postpartum care • Family planning • Care of the newborn
2. Child Health and Immunization	• Expanded Program on Immunization (EPI) services • Integrated management of childhood illnesses
3. Public Nutrition	• Prevention of malnutrition • Assessment of malnutrition • Treatment of malnutrition
4. Communicable Disease Treatment and Control	• Control of tuberculosis • Control of malaria • Control of HIV
5. Mental Health	• Mental health education and awareness • Case detection • Identification and treatment of mental illness
6. Disability Services	• Disability awareness, prevention, and education • Assessment • Referrals
7. Regular Supply of Essential Drugs	• Listing of all essential drugs needed

The BPHS has two primary objectives. One is to standardize the package of basic services in primary care facilities. The second is to provide equitable access, especially in underserved areas.[xxxii] Clearly the MoPH and his Ministry have made significant progress in broadening access to basic health services. In 2003, only 9% of the Afghan population was covered by the basic package of health services. Today 82% of the population is covered.[xxxiii]

An Essential Package of Hospital Service (EPHS) reflects standardized services in three types of hospitals. At the basic level is the District Hospital, a 30-75 bed institution that provides the services one might find in a similar sized hospital in the United States. At the intermediate level is the Provincial Hospital, a

100-200 bed institution with the services of the District Hospital plus rehabilitation and infectious disease control. At the top of the hospital food chain is the Regional Hospital with 200-400 beds with all of the services of a Provincial Hospital plus, ENT, urology, neurology, orthopedics, plastic surgery and medical specialties including cardiology, endocrinology, dermatology, lung and chest, oncology and forensic medicine.[xxxiv]

As noted previously, the hospital infrastructure is complimented by Health Posts, Basic Health Centers (BHC) and Comprehensive Health Centers (CHC). Compare the Afghan health care system to two triangles. Consider the following diagrams:



Within the context of the National Health Priorities is a series of projected outcomes from 2005 – 2009. Maternal mortality is projected to be reduced by half, from 1,600 to 800 per 100,000 live births. The infant mortality rate is projected to drop 25% from 139 to 105. The under-five mortality rate also reflects a 25% decrease from 257 to 190. The prevalence of acute malnutrition among children under five years of age is lowered to less than 5% (in 2003 more than half of Afghan children suffered from chronic malnutrition).[xxxv] The good news is 2.1 million children were screened for malnutrition in the early part of 2006.

Communicable disease has taken a tragic toll on Afghans and often the victims are young children. Nevertheless, impressive progress has been made. At a meeting of the International Development Association in Kabul in June, 2007 Dr. Fatimi, MoPH shared the following statistics, which reflect both hope and progress:[xxxvi]

- In the last year tuberculosis deaths have decreased from 23,000 to 12,000.
- In the year 2006, only 18.2% of health facilities were equipped to deliver lab services. Today 80% of facilities are equipped with labs.
- Infant mortality has dropped from 165 per 1,000 live births in the last three years to 135 per 1,000 live births today. 40,000 to 50,000 live to contribute to socioeconomic development.

In Afghanistan, less than 50 percent of the population receives the measles vaccine. As a result, the WHO estimates that 1 in 10 Afghan children who contract measles will die.[xxxvii] It is estimated that there are 30,000 to 35,000 deaths per year attributable to measles. Again, progress is being made. Recent reports indicate 77% and 68% of children have received DPT (Diphtheria, Pertussis, and Tetanus) and Measles vaccine respectively. In 2006, 260,000 cases of Malaria were reported in Afghanistan and 30% of Afghan children suffer from anemia for which malaria is a major contributing factor.[xxxviii] Recently the number of reported malaria cases has dropped 9%, partially due to the distribution of more than 40,000 insecticide bed nets. While most countries of the world have completely eradicated polio, Afghanistan is still not a polio free country but again the future is promising, as no new cases have been reported since 2006.[xxxix]

In the last analysis, The Islamic Republic of Afghanistan has used the elements of strategic planning to improve immeasurably the health of its citizens. While much remains to be done, much has been accomplished. Not content to evaluate its own progress internally, the MoPH has received technical assistance from John Hopkins University (in the United States) and the Indian Institute of Health Management Research (in India) to develop a Balanced Scorecard (BSC) which is used to measure and evaluate the performance of facilities providing the Basic Package of Health Service (BPHS). The median scores in 25 of 29 indicators increased between 2004 and 2006.[xl] Over 600 facilities including BHC's, CHC's and District hospitals were evaluated – a process similar to a Joint Commission inspection in the United States.

Strategic planning is a powerful tool. It starts with the foundation or the Mission Statement. We have seen how the MoPH has used the tools of strategic planning to build A Healthy Future from the Ashes of Uncertainty. The tools were not necessarily steel and concrete but rather the elements summarized in the following diagram.

The Strategic Planning Cycle
Ministry of Public Health – The Islamic Republic of Afghanistan

If we can use the analogy of Afghanistan as a city leveled by an earthquake we would have a fair picture of the work that needs to be done to rebuild. In a disaster people tend to work together, men and women, all as equals. Our hypothetical city here happens to be a country – one torn by war, and compounded by religious and cultural differences (leading to gender discrimination) – where the internal environment has been destroyed by both external and internal forces. Fifty percent of the population is under fifteen years of age. In Afghanistan there is no such thing as a "Baby Boomer" generation – men and women, on the average, die before age 45. Only four other countries in the world have a higher maternal death rate. One in four newborns will not live to enjoy their fifth birthday. Terror still prevails although to a much less degree. Landmines still take a daily toll leading to death or disability. The basic necessities of life are still in short supply – adequate food, clean water and modern sanitation. Travel is difficult and climatic conditions are harsh. Memories like the Russian invasion and the Taliban still linger in the minds of those old enough – and healthy enough – to remember.

There is an old saying that happy are those who help themselves. True happiness may not yet be seen in the smiles of the Afghan citizen, but if the strides made in the health care sector are any indication, a smile is not far away. To improve the socioeconomic status of the country, its citizens must have access to – and use – healthcare services. From prevention to nutrition, from diagnosis to treatment, from education to training, from equality to access – the road map must be clearly marked and kept up to date. This is happening and the turmoil of the past is being forged into a healthy future.

A massive infusion of foreign aid has poured into Afghanistan, and much more is needed. Private and public funds are needed to provide more health facilities, training, vaccines, medications, staff and community education. It is interesting to note that what we spend to build one 150-bed hospital in the United States (about $125 million) would solve most of Afghanistan's health needs.

Health insurance and social security are not available in Afghanistan. Only when an Afghan citizen is healthy enough to work will funds be available, and wages improved so that an Afghan can have lingering security and old age will take on a new (and hopefully lengthier) meaning. We must hope that "brain drain" does not emaciate Afghanistan's knowledge base. It's brightest must be encouraged to stay – or return to their homeland. So much rests on the shoulders of good health! Let us hope that the health sector can be the Atlas to shoulder the burden.

i Address by Dr. Ferouzudeen Ferouz, Foreign Press Center, U.S. Department of State Briefing, Washington, D.C., December 9, 2002 (hereinafter cited as Ferouz)

ii id

iii http://www.wcl.american.edu/hrbrief/v6i2/taliban.htm

iv L. Swayne, W. Duncan, P. Ginter, Strategic Management of Health Care Organizations (5th . ed. 2006), p. 18

v http://www.irinnews.org/Report.aspx?ReportId=76137

vi See generally, http://www.ands.gov.af/admin/ands/goa/upload/UploadFolder/MOPH%20National%20Policy%20and%20Strategy%20%20-%20June18-05.pdf, pgs. 1-54, hereinafter referred to as Policy and Strategy

vii http://www.moph.gov.af/

viii Supra, Policy and Strategy at 47

ix http://www.moph.gov.af/

x http://www.who.int/countries/afg/en

xi http://www.who.int/whosis/database/core/core_select_process.cfm?country=usa&indicators=nha

xii http://moph.gov.af/Info/WorkingPrinciples.asp

xiii Supra at Ferouz

xiv http://www.pbs.org/indepenentlens/motherandafghanistan/health.html

xv id

xvi http://www.who.int/hac/crises/afg/en

xvii id

xviii id

xix http://www.imcworldwide.org/content/article/detail/830

xx UNAIDS/WHO Epidemiological Fact Sheet – 2004 update

xxi http://www.adf.gov.af/src/speeches/Health%20Sector%20Presentation.pdf (hereinafter cited as Speeches)

xxii http://www.afghans4tomorrow.com/default.asp?contentID=67

xxiii http://www.worldbank.org.af/WBSITE/EXTERNAL/COUNTRIES/SOUTHASIAEXT/AFGHANISTANEXTN/0,,contentMDK:20837141~menuPK:64282137~pagePK:41367~piPK:279616~theSitePK:305985,00.html

xxiv http://www.xsystand.com/moph/index.php

xxv http://www.usaid.gov/locations/asia_near_east/countries/afghanistan/

xxvi Price, Shannon, Assignment Week Five, MBA 719, The University of Findlay, January 31, 2008

xxvii Supra, Policy and Strategy at 47

xxviii http://www.irinnews.org/Report.aspx?ReportId=75310

xxix The Toledo Blade, Jan. 8, 2008, Sec. A at 3

xxx Policy and Strategy at 17

xxxi Islamic Republic of Afghanistan, Ministry of Health, A Basic Package of Health Services for Afghanistan, 2005/1384. P.10

xxxii Policy and Strategy at 19

xxxiii http://www.web.worldbank.org/WBSITE/EXTERNAL/EXTABOUTUS/IDA/0,,contentMDK:21... ,(hereinafter cited as World Bank)

xxxiv id at 20

xxxv Id at 33

xxxvi Supra at World Bank

xxxvii http://findarticles.com/p/articles/mi_m1590/is_8_58/ai_82554140

xxxviii http://www.alertnet.org/thenews/newsdesk/IRIN/f4cdd964e0884f371af4f1ccb06bc056.htm

xxxix Supra, Speeches at 3

xl http://www.jhsph.edu/refugee/response_service/afghanistan/Afghanistan_Balanced_Scorecard.pdf