**Non-Communicable Diseases (NCDs)** \(^1\) in Afghanistan

This policy brief is based on the World Bank’s recent publication: Capitalizing on the Demographic Transition: Tackling Non-communicable Diseases in South Asia (2011). It assesses the NCD burden and develops policy options at both country and regional level.

- **Afghanistan is in the early stages of the demographic transition.** However, the transition will become more evident by 2025 (Figure 1). The proportion of the population 65 years and older will increase from 2.1 percent, in 2000, to 2.9 percent, in 2025. Older populations are more likely to be affected by NCDs. Thus, the health burden from NCDs will rise in parallel with aging.

  Figure 1: Population structure in Afghanistan in 2000 and 2025

![Population structure in Afghanistan](image)

- **Afghanistan is already experiencing a double burden of disease.** In 2004, NCDs (inclusive of injuries) accounted for 46 percent in terms of the number of lives lost due to ill-health, disability, and early death (DALYs), with the remainder from communicable diseases and maternal and child health issues (Figure 2, left bar). The burden of NCDs will proportionally rise further in the future, in part, due to further aging of the population.

  Figure 2: Pattern of overall DALYs (age standardized) and NCD related DALYs in Afghanistan, 2004

![Pattern of overall DALYs](image)

- **The major NCDs are cardiovascular diseases (CVD), injuries, mental health, cancer, and respiratory diseases (Figure 2, right bar).**
  - **CVD** is the leading cause of DALYs lost, with most being due to ischemic heart diseases.
  - **Injuries**, particularly road traffic injuries, come as the second ranked cause of total foregone DALYs.
  - **Mental health (neuropsychiatric conditions)**, in part, due to the prolonged war, has particularly been an issue. A nationally representative survey found that half of the population aged 15 or older suffers from mental disorders (depression, anxiety, or post-traumatic stress disorder). Women tend to have worse mental health status than men.
  - **Cancer:** The leading cause of cancer deaths among women is breast cancer while among men it is mouth and oropharynx cancer.
  - **Respiratory diseases,** including chronic obstructive pulmonary diseases (COPD) and asthma, are due to tobacco smoking, exposure to second hand tobacco smoke, and to indoor air pollution from burning solid biomass fuel for cooking or outside dust.

- **Data on adult smoking is not available.** The prevalence of smoking among youth is similar to that found in other South Asian countries (boys 13 percent, girls 3 percent).
AFGHANISTAN’S RESPONSE TO NCDs

LEADERSHIP AND COORDINATION

Despite its high burden, NCDs have ranked very low among government and donor priorities. There is no national NCD policy, strategy, targets, or coordinating body for NCDs. The agenda for new health projects is guided by Millennium Development Goals, which do not include NCDs as a development issue. Maternal and child health, family planning, and communicable diseases have been higher priority areas. Except for the European Commission, none of the donor partners have prioritized NCD-related preventive or curative services in their programs. The World Bank has completed a review of Mental Health and is exploring options for implementing mental health interventions.

HEALTH SERVICE DELIVERY

NCD-related health service delivery is limited by the state of the country’s health system. The Ministry of Public Health has very limited capacity to provide health services as the public health system was completely disrupted during the conflict years – NGOs have mostly filled this gap. The public sector lacks institutions with technical expertise for major NCDs, such as hypertension, diabetes, cancer, mental health, injury, or tobacco control.

In this context, the private sector is the prominent source of outpatient services. The private sector covers both not-for-profit NGOs and for-profit providers and contractors. These services are either contracted through the Ministry of Public Health or with Development Partners. The for-profit sector provides mainly curative care. Treatment of hypertension and respiratory conditions are included at the district hospital level. However, symptomatic care of ischemic heart disease and diabetes are only provided at the provincial level.

HUMAN RESOURCES

The severe shortage of medical specialists is problematic for all NCDs but particularly acute for psychiatry. Many qualified professionals left the country during the conflict years. Currently, the approximately 3,000–4,000 physicians in the country areas are mostly located in urban areas, leaving rural areas underserved. Training institutions were weakened and some collapsed during the conflict. However, neighboring countries are providing some assistance.

PROGRAMS

Mental health services, currently a component of the Basic Health Package Services (BHPS), are comparatively well developed. They include awareness, education, and case detection at the primary health post for depression, psychosis, anxiety disorder, and substance abuse, along with appropriate referrals and rehabilitation plans. Several capacity-building projects for mental health services have been initiated. The Primary Mental Health Project (PMHP) focuses on training and increasing awareness of mental health issues. The Aga Khan University Mental Health Project focuses on building mental health capacity and on training health workers. The Psycho Social and Health Project aims at providing psycho-social support to women traumatized by violence by using case supervision, monitoring, and referrals. Finally, Medica Mondiale (Afghanistan) supports women and girls through psycho-social support, legal assistance, advocacy, trauma training, and development of psycho-therapeutic treatment standards. Other NCDs are not currently covered in the BHPS.

There has been little progress on the tobacco and illicit drug agenda, since the signing of the Framework Convention on Tobacco Control (FCTC) in 2004. A cigarette tax has been implemented, but its rate (8 percent) makes it the lowest in the region. Cigarette smuggling is likely to be an issue, but there is little evidence as to its extent. Narcotic and illicit drug production is well documented. In 2003, the National Security Alliance developed a National Drug Control Strategy to counter drug
trafficking. Less appreciated is the fact that in-country narcotics and illicit drug use is also a major health issue.

**SURVEILLANCE**

In the conflict context, NCD surveillance has been very limited. Behavior risk factor data are not available except for tobacco use among youth and for mental health. Many NGOs collect health information and most participate in quality assessment evaluations in order to gain or maintain contract extensions/renewals for health services delivery. However, none of the elements is particularly focused on NCDs.

**FINANCING**

Heavy reliance on external funding will pose a significant threat to the sustainability of the country’s health system. Afghanistan’s health system is mainly financed by private out-of-pocket expenditure and development partners.

In 2008, the estimated total expenditure on health was US$48 per capita, of which 79 percent is from private and external sources (out of pocket, development assistance, and NGOs). Public spending per capita was only about US$10. With a high proportion of care financed out of pocket, simple, inexpensive and highly effective treatments may be forgone by some.

**ESSENTIAL DRUGS**

The essential drug list in BHPS lacks medications for prevention and treatment of several NCD conditions. For example, the list does not include hypoglycemic agent for diabetes or statins for high cholesterol. Also, the range of cardiovascular drugs is limited. Such drugs are not necessarily stocked at basic health units and can only be dispensed by a physician. As a result, access to NCD-related drugs is an issue even for people using public health care infrastructure.

The World Bank’s recent publication: Capitalizing on the Demographic Transition: Tackling Non-communicable Diseases in South Asia (2010) introduces a policy framework for identifying NCD-related policy options. The options below follow this framework.

**CONVENE STAKEHOLDERS AND CONSIDER STRATEGIC NCD PLAN**

While many other issues will likely outrank NCDs among country priorities, there is a good case for addressing pressing issues and laying down the bases for progress in a small number of key areas.

**IDENTIFY A CENTRAL NODE TO COORDINATE NCD EFFORTS**

Much mental health activity is underway. Strategic assessment, policy development, and implementation can be led/coordinated from this unit.

**STRENGTHEN SERVICE DELIVERY FOR NCDs**

Improving health human resources’ skills for NCD diagnosis and treatment and improving the infrastructure for basic NCD management is a priority area for NCDs. In parallel, mental health need special attention.

NCD-related medications need to be included in the essential drug list in BHPS. Finally, MoPH should consider phased in inclusion of NCD care in the BPHS and EPHS - keeping national priorities in mind.

**STRENGTHEN TOBACCO CONTROL POLICIES**

Harmonizing tobacco taxation with other countries could increase impact of the policy.

**DEVELOP PLAN TO ASSESS SURVEILLANCE CAPACITY**

A stock-taking exercise of public, private institutions and NGOs that are services providers would be a useful step to broader NCD surveillance. Better tracking of morbidity and mortality appears is a priority.
MOVE TOWARDS INTEGRATED SURVEILLANCE WHICH INCLUDES COMMUNICABLE DISEASES AND THEN PHASE IN BEHAVIORAL NCD SURVEILLANCE THAT INCLUDES TOBACCO AND MENTAL HEALTH
Efforts to collect basic data would focus policy and prevention efforts in key areas. Particularly, mental health, despite being a major issue, is not well characterized. Also, patterns of adult tobacco use would need to be characterized, as small studies suggest its use is high as among youth.

DEVELOP FINANCING STRATEGIES TO ASSURE ACCESS AND PROTECT THE POOR
Many efforts will be necessary to develop sustainable health systems that do not include inefficient amounts of out-of-pocket expenditures.

PARTICIPATING IN REGIONAL COLLABORATION
Regional collaboration can be very effective for preventing and controlling NCDs. Several promising areas for regional cooperation have been identified. Participating in regional collaborations for NCDs prevention and control may synergize with country-level efforts. Possible activities include:

- Expanding and harmonizing tobacco advertising band to reduce demand
- Increasing and harmonizing tobacco taxation to reduce consumption
- Harmonizing tobacco taxes and strengthening anti-smuggling measures
- Standardizing and mandating food labeling policy to improve knowledge and awareness of food composition
- Collaborating on group purchasing of essential medications to increase their access and affordability
- Establishing a regional health technology assessment institution to improve the comparative effectiveness of interventions for NCDs and other conditions
- Using regional education and training capacity to complement the national needs for human resources in order to improve both staffing and skill levels
- Establishing a regional network of surveillance and burden assessment to improve national capacity through knowledge sharing and experience exchange

Notes

1. Non-communicable Diseases (NCDs) are defined by World Health Organization to include chronic diseases, principally cardiovascular disease, diabetes, cancer, and asthma/chronic pulmonary disease (COPD), in addition to injuries and mental illness.

2. Disability Adjusted Life Years (DALYs) are defined by World Health Organization as “the sum of years of potential life lost due to premature mortality and the years of productive life lost due to disability.”