Policy Research Institutions and Health Sustainable Development Goals: Building Momentum in South Asia

Said Ahmad Maisam Najafizada

Country Report: Afghanistan
August 2017

Author:

Said Ahmad Maisam Najafizada
Assistant Professor of Public Health Policy
Memorial University of Newfoundland, Canada
Email: maisam.najafizada@med.mun.ca
Twitter: @mayysam

Said Ahmad Maisam Najafizada, MA MD PhD, is an Assistant Professor of Public/Population Health and Health Policy with Community Health and Humanities Division, Faculty of Medicine, Memorial University of Newfoundland. His research interests are in primary health care programs, health systems strengthening, and knowledge translation.

Research Assistants:
Mahboob Omari, IT Officer
Mansour Mahmoudi, Communications Intern

Acknowledgement:

This country report is prepared under a regional research project including Afghanistan, Bangladesh, Bhutan, India, Nepal, Pakistan, and Sri Lanka. Thanks to regional researchers namely Saadiya Razzaq, Dr. Sanghmitra Acharya, Dr. Mahbub Elahi of , Dr. Rajendra Kumar, Yolanthika Ellepola, Tenzen Ugyen, and Pelgen Lekphell for sharing SDG implementation process in their respective countries. Thanks to Sunisha Neupane of IDRC for the editorial support.

Afghanistan Research and Evaluation Unit (AREU) in Kabul led the Afghan team, with support from Sustainable Development Policy Institute (SDPI), Islamabad and International Development Research Center (IDRC), Canada.

Table of Contents

Acronyms

BHC	Basic Health Center
BPHS	Basic Package of Health Services
CHC	Comprehensive Health Center
CHW	Community Health Worker
CSO	Central Statistics Office
DH	Disrict Hospital
EPHS	Essential Package of Hospital Services
EU	European Union
HMIS	Health Management Information System
HP	Health Post
HSCs	Health Sub-Center
MAIL	Ministry of Agriculture, Irrigation, and Livestock
MDGs	Millennium Development Goals
MHT	Mobile Health Team
MoE	Ministry of Education
MoEC	Ministry of Economy
MoF	Ministry of Finance
MoHE	Ministry of Higher Education
MoLSA	Ministry of Labour and Social Affairs
MoPH	Ministry of Public Health
MoWA	Ministry of Women's Affairs
MRRD	Ministry of Rural Rehabilitation and Development
NEPA	National Environment Protection Agency
PH	Provincial Hospital
RH	Regional Hospital
SDGs	Sustainable Development Goals
SIDA	Swedish International Development Agency
UHC	Universal Health Coverage
UNDP	United Nations Development Programme
UNFPA	Untied Nations Population Fund
UNICEF	United Nations Children Fund
UNODC	United Nations Organisation for Drugs and Crime
USAID	United States Agency for International Development
WB	World Bank
WFP	World Food Programme
WHO	World Health Organisation

1. Executive Summary

As Afghanistan begins the process of adopting Sustainable Development Goals (SDGs), it is a key time to learn and share knowledge on modes of implementation and roles of various stakeholders in the process. Each country involved in the SDG programme will adopt SDGs according to their contexts, their needs, and their resources. Despite these differences, countries can learn from one another to improve their own implementation models. This research aims to briefly describe Afghanistan's implementation, with a focus on mapping stakeholders and institutional arrangements for health related SDGs. The objective of this paper is threefold:

- Mapping countrywide institutional arrangements for SDG implementation with a focus on health related SDGs;
- Understanding the roles of involved institutions and stakeholders, with a focus on policy and research institutions;
- Identifying challenges and knowledge gaps to improve the process of implementation.

A qualitative research method was used in this study. Data was collected through literature review, documentary analysis, environmental scanning, and interview. Thematic and constant comparison methods were used for data analysis.

Afghanistan has initiated a three-phase process to implement SDGs:

1. Nationalisation. Nationalization entails contextualising targets and indicators based on the national settings, establishing country baselines, and setting annual targets for the indicators.
2. Alignment. The process of alignment aims to make sure national strategies, policies and plans reflect and achieve the national targets and indicators. This is expected to be finished by the end of 2017.
3. Implementation. The implementation phase, commencing in 2018, will be mainly about the initiation of the national programmes, projects, and interventions to achieve the targets and indicators. Monitoring, evaluation, and reporting of the Afghanistan SDGs is planned to be assessed and revised every three years until 2030.

With strong political commitment from the national government, Afghanistan's SDGs have started well, although state ownership of the programme has advantages and disadvantages. The government can play the role of steward to bring all stakeholders together and direct public investments to achieve Afghanistan's SDGs, however the involvement of non-state institutions and actors, civil societies, policy and research organisations, academia, and the public appears to be symbolic. Health related targets and indicators are modified to fit the national context but participants have noted a lack of capacity and resources, poor baseline data, a focus on data management rather than programmatic change and transformative governance, and a failure to recognise the role of the private sector, are some of the challenges for SDG implementation.

Research and policy institutions as well as other non-state actors can play a solutions oriented role in Afghanistan's SDGs, helping implementing agencies with knowledge on best practices and designing evidence-based interventions.

2. Introduction

Hailed as a milestone in the history of the United Nations, the Sustainable Development Goals (SDGs) will be truly ground breaking in the recent history of the world, if they are achieved by 2030. The progress towards the SDGs depends on country implementation and how each country aligns their institutions, policies and programmes with global goals. At this early stage of SDG implementation, what we know is that each country will adopt the SDGs according to their contexts, their needs, and their resources. Thus, it is expected to witness various models of SDG country implementation. Yet despite the differences, countries can learn from one another to improve their own implementation models.

Afghanistan has an estimated 35 million people[1] and is located in the heart of Asia, although the World Health Organization places Afghanistan under its Eastern Mediterranean Regional Office.[2]

Poverty has increased from 36% in 2011/12 to 39% in 2013/14, plunging approximately 13.5 million people into a daily struggle for survival. Rural poverty is increasing while urban poverty remains at the same level as 2011/12. School enrollment has increased significantly since 2001 with 8.7 million students with a girl population of 39% and teacher numbers at more than 185,000 in 2016.[3] An estimated 310,000 students (30% female) were in public and private higher education institutions in 2016 starting from a low of 10,000 at the end of 2001. Despite the progress, half of the registered schools operate in informal and often very rudimentary conditions, and the quality of education remains relatively low.[4] Afghan health indicators have improved significantly from an extremely low level at the beginning of the century. The under five mortality rate dropped from 179 per 1,000 in the year 2000 to 97 per 1,000 live births in 2013,[5] and infant mortality from 55 to 45 between 2003 and 2015.[6] The number of functioning health facilities have increased from 496 in 2002 to more than 2,400 in 2016, and immunisation coverage for PENTA3 more than doubled from 29% to 72% among children aged 12 to 23 months in the lowest income quintile. The improvements in Afghan health indicators were from extremely low levels and thus the current indicators remain below average for

[1] World Bank, "Afghanistan at a Glance," (2017), http://www.worldbank.org/en/country/afghanistan/overview. (accessed 10 July 2017).

[2] World Health Organization, "Afghanistan Country Profile," (2017) http://www.who.int/gho/countries/afg.pdf (accessed 10 July 2017).

[3] Islamic Republic of Afghanistan, "Voluntary National Review."

[4] World Bank, "Afghanistan at a Glance."

[5] World Health Organization, "Afghanistan Country Profile."

[6] World Bank, "Afghanistan at a Glance."

low income countries. Access to electricity remains one of the lowest in the world. Per capita consumption averages 176 kWh per year compared to an average of 707 kWh in South Asia and a worldwide average of 3,144 kWh.[7] In general, Afghanistan has made progress in all aspects of development from extremely low levels in 2002, yet the country has a lot more work to do to catch up with the progress in the rest of South Asia.

Afghanistan joined the Millennium Development Goals (MDGs) race later in 2004, partly because the country was under the control of the Taliban until late 2001, and partly because it took an interim and a transitional government to establish the Republic Islamic of Afghanistan. When signing the declaration in 2004, Afghanistan pledged to attain the goals by 2020. Afghanistan's 10-year MDG progress report produced in 2015 showed modest improvement in the indicators relative to the initial baseline set in 2005.[8] According to Afghanistan's 10-Year Millennium Development Goals' report, of all MDG indicators, Afghanistan achieved nine of them, 15 on track, two achievable within 0-2 years, two difficult to achieve, 23 off-track and 24 were either not a target or did not have available data (Table 1).

Improvement was made in primary education enrollment, a few health indicators, and some global partnership ones. Progress was significantly lagging in the areas of eradicating extreme poverty and hunger, improvement in women's political participation and women's literacy rate, sustainable access to safe drinking water and sanitation, slum dwelling, and resource allocation to MDGs.[9]

[7] World Bank, "Afghanistan at a Glance."

[8] Ministry of Economy, "Afghanistan Millennium Development Goals Report 2012," (2013), http://www.af.undp.org/content/dam/afghanistan/docs/MDGs/Afghanistan%20MDGs%2012%20Report.pdf (accessed 10, July 2017).

[9] Islamic Republic of Afghanistan, "A decade of opportunities: Afghanistan Mellennium Development Goals 10 Years Report (2005-2015)," (2016), http://moec.gov.af/Content/files/MDG%20Final%20Report%20v6-2(1).pdf (accessed 29 July, 2017).

Table 1 Afghanistan MDG progress[10]

Goals	Description	Achieved	On Track	Achievable	Difficult to Achieve	Off Track	No Target, No Data, or Data being revised
1	Eradicate Extreme Poverty and Hunger			✓	✓✓	✓✓✓	
2	Achieve Universal Primary Education	✓	✓			✓✓	✓
3	Promote Gender Equality and Empower Women	✓	✓			✓✓✓✓✓✓✓	✓✓
4	Reduce Child Mortality		✓✓✓				
5	Improve Maternal health	✓	✓✓✓			✓	✓✓
6	Combat HIV/AIDS, Malaria and other diseases	✓✓	✓✓			✓✓	✓✓✓✓
7	Ensure Environmental Sustainability	✓✓				✓✓	✓✓
8	Global Partnership for development	✓✓	✓	✓		✓✓✓	✓✓✓
9	Security		✓✓✓✓			✓✓✓	✓✓✓✓✓✓✓✓✓
		9	15	2	2	23	24

The limitations to achieving MDGs included a lack of data and information, poor technical capacity, inadequate resources, and insecure conditions. In fact, MDGs were viewed as a number of targets to have been met by a date rather than a framework for development.

With Afghanistan's SDG implementation, the country aims to achieve MDGs by 2020 as it marches towards sustainable development in 2030. One of the ways to foster integration of health related SDGs nationally is to understand national institutions that have taken on the task of coordinating global goals for health and identifying resource and capacity gaps to improve the process.

This research aims to briefly describe Afghanistan's country implementation of SDGs, with a focus on mapping stakeholders and institutional arrangements for health related SDGs. It will assess existing and potential future roles of health policy and research institutions in promoting the achievement of SDGs in the country.

The objective of this paper is threefold:

- Mapping country-wide institutional arrangements for SDG implementation with a focus on health-related SDGs;

[10] Islamic Republic of Afghanistan, "A decade of opportunities."

- Understanding the roles of involved institutions and stakeholders with a focus on policy and research institutions;
- Identifying challenges and knowledge gaps to improve the process of SDG implementation at the national level.

3. Method

Assessing the process of countrywide adoption of SDGs in Afghanistan, hereafter called Afghanistan-SDG, was undertaken using a qualitative research method including literature review, documentary analysis, environmental scanning, and interview.

The process started with a rapid literature review of country implementation of SDGs, followed by an initial documentary analysis of Afghanistan's SDG implementation. The literature review and the documentary review helped guide the environmental scan of institutional arrangement around Afghanistan-SDG. In the first phase of scanning, two research assistants went through an exhaustive list of organisations, contacting them through email and telephone to find out whether they had any project or programme explicitly linked to SDGs. As the data was recorded in an excel data extraction tool, institutions that worked on health related SDGs were contacted for a second time for further details on their projects and their engagement with the SDGs. At the same time, any research and policy institution that responded was also included in a complementary interview.

An interview guide was developed, tested, and revised before full interviews were conducted. Purposeful sampling was undertaken to recruit interview participants. The inclusion criteria were types of organisations, knowledge of SDGs, and the availability of participants within the research time frame. Interviews were conducted in person at a time and location comfortable for the participants. A total of 10 interviews were conducted with government, non-government, UN, civil society, and policy and research institutions (Table 2).

Three interviews were fully transcribed and translated from local languages into English for analysis by research assistants. The lead researcher who was fluent in all the local languages analysed the interviews directly and translated excerpts from the interviews as deemed necessary for the analysis. The data was analysed using thematic and constant comparison methods.

Table 2 List of research participants

No	Org. Name	Types of Org	Gender
1	United Nations Development Programme	UN	M
2	Ministry of Public Health	Government	M
3	Afghanistan Public Policy Research Organisation	Policy and Research Institute	F
4	Afghan Health & Development Services (AHDS)	NGO	M
5	Norwegian Afghanistan Committee	iNGO	M
6	Norwegian Afghanistan Committee	iNGO	F
7	Afghan NGOs Coordination Bureau	NGO	M
8	Generation Positive	CSO	M
9	Youth Thinker's Society	CSO	M
10	Ministry of Economy	Government	M

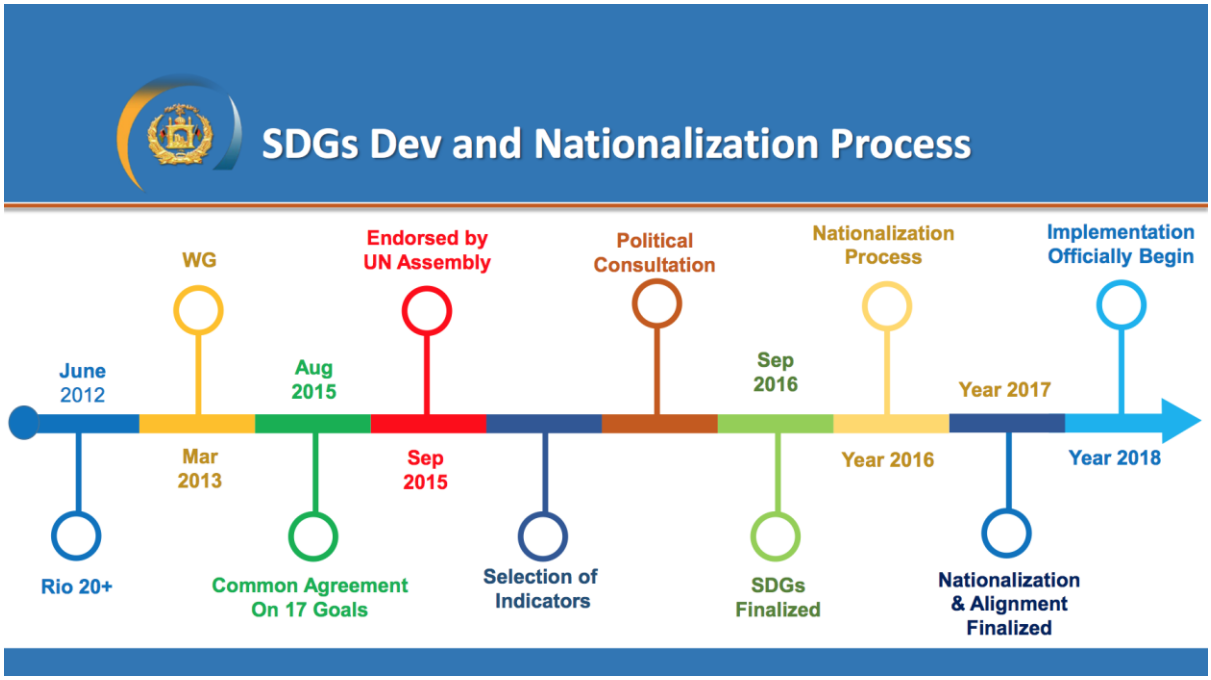
Ethical issues of safety, privacy, and confidentiality were taken into account throughout the data collection and analysis processes.

4. Findings

4.1 Sustainable Development Goals – National Scenario

As a signatory to the SDGs, Afghanistan has initiated a three phase process to implement SDGs: nationalization, alignment, and implementation (Figure 1). Nationalization entails contextualizing targets and indicators based on the national situations, establishing country baselines for nationalized indicators, and setting annual targets for the indicators.

Figure 1 SDG development and naturalization process[11]



At the heart of institutional structure for Afghanistan's SDGs is the Government of Afghanistan. As the government's national planning and budgeting is based on eight sectors (Security, Education, Health, Social Protection, Infrastructure, Agriculture, governance, and Economic sectors as in Figure 2), the Afghanistan Sustainable Development Goals and targets are also categorized under these eight sectors to avoid duplication and creation of parallel systems.[12]

Under the broader eight sectors, there are 28 budgetary units that are made responsible to ensure interventions and programmes achieve SDGs. Each unit is expected to submit an SDG account in their budget proposals to be funded for the necessary activities to achieve the assigned SDG targets and indicators. Each unit covering one or more SDGs and several targets has a number of supporting government and international organisations. For example, the Ministry of Public Health as the lead for health-related indicators is supporting by the Central Statistics Office, Ministry of Women's Affairs, Ministry of Labour and Social Affairs, Ministry of Finance, National Environment Protection Agency, Ministry of Economy, Ministry of Education, Ministry of Higher Education, Ministry of Rural Rehabilitation and Development, and Ministry of Agriculture, Irrigation and Livestock. A number of international development and UN agencies, for example WFP, UNICEF, WHO, USAID, SIDA, CIDA, EU, UNDP, UNFPA, WB, and UNODC, are also identified to support the Ministry of Public Health in achieving the assigned targets.

[11] Islamic Republic of Afghanistan, "Voluntary National Review."

[12] Islamic Republic of Afghanistan, "Voluntary National Review."

Each budgetary unit is also responsible to report on their progress related to SDGs annually to the Ministry of Economy, who will then compile the annual reports into a summative report every two years to be presented to the United Nations. A guideline or a format to report SDGs within the government or to the United Nations is yet to be developed.

Figure 2 Categorizing SDG into national sectors

National Sectors	National Targets	National Indicators
Security Sector	11 Targets	13 indicators
Education Sector	14 Targets	30 indicators
Health Sector	12 Targets	21 indicators
Governance Sector	2 Targets	5 indicators
Infrastructure Sector	29 Targets	34 indicators
Social Protection Sector	18 Targets	29 indicators
Agriculture and Rural Dev. Sector	20 Targets	20 indicators
Economic Sector	28 Targets	37 indicators

The Afghan Ministry of Economy leads all government budgetary units (ministries and independent organisations). As part of the nationalisation process, each leading unit has undertaken consultations with government and non-government organisations to interpret the targets and indicators to the national context and eventually add and remove indicators to Afghanistan's SDGs. The Ministry of Economy claims to have conducted more than 40 consultative meetings with governmental and non-governmental institutions on SDGs. Though consultations have taken place during the nationalisation phase, explicit roles and tasks for NGOs, civil society organisations, policy and research institutions, and academic organisations are not identified in the Afghanistan-SDG. Outside the Afghanistan-SDG process, activities of non-government institutions related to SDGs have so far focused on raising awareness.

In the nationalisation phase, one indicator that is added to Afghanistan's SDGs is mortality due to land mines, and several indicators are removed due to a lack of data and a scarcity of resources to establish, gather, and follow-up those indicators. Compared with 169 global targets and 217 indicators, Afghanistan-SDG has identified 134 targets and 189 indicators.

With the approval of the nationalised targets and indicators, the process of alignment starts to make sure national strategies, policies and plans reflect and achieve the national targets and indicators. Continuing until the end of 2017 the process of alignment is expected to entail thorough consultation with non-governmental organizations, civil society, policy and research institutions, the media, and the public at both national and provincial levels. It is expected that the process will not

only integrate the targets and indicators into policies and strategies, but also lead to the development of tools and guidelines to monitor, evaluate, and report the targets and indicators.

The implementation of Afghanistan-SDG, expected to commence in the beginning of 2018, will be mainly about the national programs, projects, and interventions that will achieve the targets and indicators. Monitoring, evaluation, and reporting of the Afghanistan SDG is planned to be assessed and revised every three years until 2030.

At the outset of the Afghanistan-SDG implementation is an enthusiasm among policy actors for the SDGs, which has contributed to a smooth nationalisation phase. Mainly a technical process, nationalisation did not require much resources or capacity. SDG targets were assigned to sectors, indicators are nationalised to the Afghan context, and the stage is set to include them into national programs and policies.

Our findings indicate that the challenges to SDG country adoption will come to surface during the alignment phase and may turn into barriers as the implementation phase begins in 2018. Participants have already warned about major challenges to SDG country implementation, including a lack of capacity and resources in the leading agencies, an absence of baseline data for some indicators, a failure to recognise the role of the private sector, and a focus on data management rather than on programmatic change.

According to the Afghan Ministry of Economy only around 40 SDG indicators, out of 190, are currently included in the surveys conducted by the Central Statistics Office. Integration of almost 150 new indicators in national surveys requires a rethink of the way these surveys are conducted. The financial commitment of an extensive change in survey formats and implementation can be burdensome to the Afghan government, which has limited resourses.

The first thing that Afghanistan's SDGs will inherit from MDGs is a lack of quality data. Setting a baseline data for maternal mortality ratio, neonatal mortality, and under-five mortality rates was delayed due to problems with current data. Technological progress in data management has progressed significantly yet Afghanistan continues to face problems keeping up with this progress in order to gather and manage national data on SDG indicators.

Afghanistan's SDG efforts have so far focused on the technicalities of organising and reporting indicators, forgetting the substantive discussion on the processes such as transformative governance, intersecotral actions, and local as well global partnership that will lead to achieving the SDGs. Of the 169 targets, 42 of them and the whole of Goal 17 are focused on "means of implementation" that includes changes in financing, trades, technology, capacity, policies, data management, and partnerships. On health, targets 3a, 3b, 3c, and 3d are about changes in policies, financing, technology, capacity, and trade with the goal of improving health. In the national voluntary report, the Afghan government has named a number of national programmes that would achieve the SDGs, but the Afghanistan National Peace and Development Framework 2017-2021 has no mention of alignment or means of implementation of SDGs.

Listing national programmes and policies as a means of implementation is one thing, and localising the policies into programs and interventions is another. Comments and suggestions from participants of a provincial informative and consultative workshop on SDGs can be summarised as follows:

> Availability of data by provinces, delineating the roles and responsibilities of provincial departments, improving coordination between provincial and capital agencies, increasing capacity of provincial departments, and enhancing financial capabilities of provinces to meet their unique challenges.

Centralised governance and policy-making is often viewed as a major challenge in Afghanistan. The disadvantage of generic policies and programmes is that the contextual differences within the country are ignored and often marginalised populations remain underserved. The rugged terrain of Badakshan and Bamyan will present a different set of problems to the flat hot deserts of the south. Transformative governance is one of the many things that SDGs promote as a means of implementation.

4.2 Nationalisation of health-related SDGs

Afghanistan's Ministry of Public Health stewards a mixed public and private healthcare system. At the core of the public health care system is a health service package known as the Basic Package of Health Services (BPHS).[13] As a primary health service package, the BPHS has a hierarchal structure with health posts (two Community Health Workers housed in a room in a village) at the very bottom, followed by a Basic Health Centre (BHC) or a Health Sub-Centre (HSC) depending on the population of the coverage area. A higher structure in the BPHS is a Comprehensive Health Centre (CHC), which is then linked to a District Hospital (DH). The BPHS specifies the services, the staff, equipment, diagnostic technology, and medications that each type of health facility should provide. The BPHS is complemented with the Essential Package of Hospital Services (EPHS), a policy for public hospital services, which is mainly administered by the Ministry of Public Health. The BPHS and the EPHS are the standard policies for the public health care system in Afghanistan.[14]

The funding for BPHS mainly comes from international donors, mainly USAID, the World Bank, and the European Commission. Other international donors and the Government of Afghanistan contribute a small portion of the funds for the BPHS. To administer the services, the BPHS in 31 provinces of Afghanistan are contracted out to national and international NGOs for

[13] Ministry of Public Health, "A Basic Package of Health Services for Afghanistan 2010," (Kabul, 2010), http://saluteinternazionale.info/wp-content/uploads/2011/01/Basic_Pack_Afghan_2010.pdf.

[14] Ministry of Public Health, "Basic Package of Health Services."

implementation.[15] In the three provinces of Parwan, Kapisa and Panjsher, the package is contracted to the provincial departments of health for implementation. The contract in this model also known as 'Strengthening Mechanism' was initially aimed at enhancing the capacity of provincial departments of health and their ability to administer health services.[16]

The private health care system is larger in terms of national health expenditure, generally concentrated in urban and semi urban areas, and although recognized by the government, it remains unregulated. Most physicians in urban areas have a private practice outside of the public health care system, where they are allowed to operate after official hours (typically afternoon and early evening). Besides private practices, pharmaceuticals constitute the second largest component of private healthcare.[17] Although the ministry has a comprehensive Health Management Information System (HMIS) gathering data from the public structures (the BPHS and the EPHS), the private hospital, clinics, and pharmacies remain outside the national data management system of the ministry.

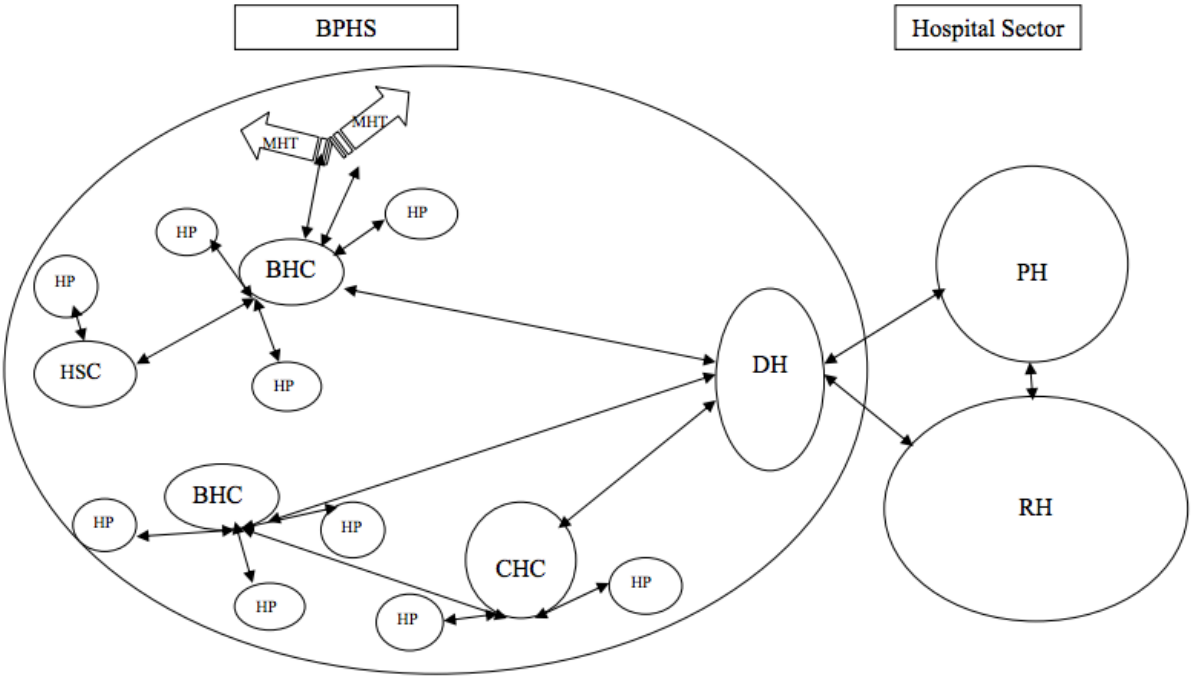
[15] W. Newbrander, P. Ickx, F. Feroz and H. Stanekzai, "Afghanistan's Basic Package of Health Services : Its development and effects on rebuilding the health system," *Global Public Health* 0(0), (2014): 6–28, http://doi.org/10.1080/17441692.2014.916735.

[16] S.A.M. Najafizada, R. Labonté, I.L. Bourgeault, "Community health workers of Afghanistan: a qualitative study of a national program," *Conflict and Health* 8(26) (2014): 1-26, http://www.conflictandhealth.com/content/8/1/26.

[17] Ministry of Public Health, "Afghanistan National Health Accounts with Subaccounts for Reproductive Health 2011–2012," (Kabul, 2013), http://www.healthpolicyproject.com/pubs/262_AfghanistanNHAReportFINAL.pdf.

Figure 3 BPHS structure and its linkage with EPHS

Figure 1. The Link between the BPHS and Hospital Sector



BPHS		Hospitals	
HP	Health Post	DH	District Hospital
HSC	Health Sub Center	PH=	Provincial Hospital
MHT	Mobile Health Team	RH=	Regional Hospital
BHC	Basic Health Center		
CHC	Comprehensive Health Center		
DH	District Hospital		

Health related targets are assigned to the Afghan Ministry of Public Health. As part of the nationalisation process, out of 31 health-related SDG indicators, the ministry has not developed Afghanistan-SDG indicators for 10 and not yet set a baseline for three (Table 2). Most Afghanistan-SDG targets and indicators have remained the same as in the general SDG document. Interestingly, the ministry had not yet set a baseline for maternal mortality ratio, neonatal mortality rate, and under-five mortality rate by the end of the data collection on July 29, 2017. The reason is claimed to be a lack of accurate and credible statistics.[18]

[18] The World Health Organization has Afghanistan's MMR around 400 maternal deaths per 100,000 live births. A recent household survey has suggested that Afghanistan MMR was 1200 [One participant has pointed to a misunderstanding that female mortality during reproductive age was wrongly presented as MMR in the survey]

Table 3 Health-related SDR-indicators not included in Afghanistan-SDG

3.3.1 Number of new HIV infections per 1,000 uninfected population, by gender, age and key populations
3.3.5 Number of people requiring interventions against neglected tropical diseases
3.4.2 Suicide mortality rate
3.5.1 Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders
3.6.1 Death rate due to road traffic injuries
3.9.1 Mortality rate attributed to household and ambient air pollution
3.9.3 Mortality rate attributed to unintentional poisoning
3.b.1 Proportion of the population with access to affordable medicines and vaccines on a sustainable basis
3.b.2 Total net official development assistance to medical research and basic health sectors
3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness

In the process of nationalisation, a few indicators and baselines are set in a way that makes it difficult to link back to the target or appear too good to be true. For example, the SDG indicator 3.9.2 “Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services)” is nationalised as “the percentage of access to improved drinking water sources in Afghanistan,” which is set at 65%. The former focuses on the outcome and the latter on the service. The indicator has an implicit assumption that accessibility actually translates to outcome, which can sometimes be hard to prove in the cases of Low and Middle Income Countries (LMICs). Additionally, SDG indicator 3.8.1 “Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population)” is nationalised in the Afghan-SDG as “increase quality and fair access to essential health services within a distance of 2 hours walk (10 KM)”, for which the baseline is set at 88%. There is some consensus that around 60% of the Afghan population have access to basic health services. No independent study has yet claimed the extent of the coverage of access to quality and equitable essential health services. That could be partly because the quality of essential health services is poor and partly because the services may be highly inequitable based on income, area of residence, social status, and gender.

In terms of health related SDGs, Universal Health Coverage (UHC) is identified as a distinct target. Yet, UHC is a means, not an end in itself. The ultimate goal of UHC is improving quality of and equity in health services and financial protection from catastrophic healthcare related expenses.

4.3 Policy and research institutions – potential roles

Our environmental scanning has identified 19 policy and research institutions that, based on their websites updates, were active in Afghanistan (Table 4). None, however, had any project that had explicit linkage with SDGs in Afghanistan. A research participant indicated that policy and research institutions in Afghanistan viewed SDGs as an agenda to be followed by the government, while the institutions assessed implementing organisations progress towards SDGs. In other words, policy and research institutions are waiting until the Afghanistan-SDG implementation phase begins.

Table 4 List of research and policy institutions in Afghanistan

No.	Organisation Name	Websites
1	Afghanistan Research and Evaluation Unit	https://areu.org.af/
2	Afghanistan Analysts Network	https://www.afghanistan-analysts.org/
3	Afghanistan Public Policy Research Organisation	http://appro.org.af/
4	American Institute of Afghanistan Studies	https://afghan-institute.org/
5	Centre for Conflict and Peace Studies	http://www.caps.af/
6	Human Rights Research and Advocacy Consortium	http://www.afghanadvocacy.org.af/
7	Organisation for Research & Community Development	http://www.orcd.org.af/
8	Organisation for Sustainable Development and Research	http://www.osdr.org.af/
9	Peace Training and Research Organisation	http://www.ptro.org.af/
10	ORCA-Opinion Research Center of Afghanistan	http://www.orca.com.af/
11	ARC-Afghan Research Center	http://www.arc.org.af/
12	Heinrich Böll Stiftung - Afghanistan	https://af.boell.org/
13	Afghan Institute of Strategic Studies	http://www.aiss.af/
14	Ibne Sina University	http://ibnesina.edu.af/
15	DURAN Research and Analysis	http://duran.af/
16	Organisation for Policy Research and Development Studies	http://www.dropsafghanistan.org/
17	Porsesh Research and Studies Organisation	http://www.porseshresearch.org/
18	National Centre for Policy Research	http://www.ncpr.af/
19	Afghan Center for Socio-economic and Opinion Research	http://acsor-surveys.com/

The rapid literature review indicated that policy and research institutions can play a number of significant roles to foster implementation of SDGs. Whereas analysing and assessing progress towards goals and targets can be one of them, policy and research institutions can act as knowledge brokers between sectors to enable 'whole-system' interventions as government sectors are still functioning without open communication and a reluctance to share information. Policy and research institutions as well as other non-state actors have great potential to contribute to improved state accountability and pluralistic debate in society.[19]

The current configuration of the Afghanistan-SDG, with the state as the custodian of the SDGs, has advantages and disadvantages. On a positive note, government can play the role of a steward and public resources could be directed to achieving SDGs. However, a prominent disadvantage is that

[19] I. Kickbusch and J. Hanefeld, "Role for academic institutions and think tanks in speeding progress on sustainable development goals," *The British Medical Journal*, *358(j35)* (2017): 1-4, http://doi.org/10.1136/bmj.j3519.

states can often be complicit in the creation of policies that run counter to sustainable development.[20] State ownership may marginalise non-state and private sector stakeholders, including policy and research institutions, civil society, non-governmental organisations, academia, the media and the public. That marginalisation may further suppress democratic accountability processes. The national voluntary report led by the Afghan government did not have any explicit advisory or solution-oriented role for policy and research institutions. Moreover, our findings indicate that roles such as helping implementing organisations design better interventions to achieve SDGs, communicating best practices to policy actors, and advocating to integrate independent evaluation into Afghanistan-SDG, were missing from the national discussions on Afghanistan-SDG.

Our observations also show that there is a gap between policy research institutions and policy governance actors. A poor capacity of policy and research institutions to establish their own salience and credibility may be one of the multiple factors contributing to the gap. On the other hand, a lack of understanding, and a lack of value for evidence-based decision-making among policy actors may also contribute to the gap. Moreover, there have been extremely limited discussions on means of implementation such as an intersectoral approach to interventions, public-private partnership, and joint learning and knowledge sharing. The lack of discussion regarding means of implementation has been concomitant to a limited involvement of policy and research institutions in the Afghanistan-SDG.

5. Conclusion

SDG implementation in Afghanistan appears to have a good start, yet lacks in-depth engagement of non-state actors. Policy actors at the highest government levels have expressed commitment and the government has committed to implementing a three-phase Afghanistan-SDG process, namely nationalisation, alignment, and implementation. As the nationalisation phase comes to an end, signs of state ownership of the Afghanistan-SDGs becomes more prominent, which has both advantages and disadvantages. Government sectors are assigned to align national programmes and policies with SDG targets and indicators, and lead interventions to meet the goals. The Afghan Central Statistics Office is left with the task of restructuring its national surveys in a way to record national SDG indicators. It is said that government budgets will be allocated to the related agencies on the condition that they address SDG targets in their policies and programs.

The involvement of non-state institutions and actors, civil society, policy and research organisations, academia, and the public appears to be symbolic. Consultative workshops and seminars with NGOs aimed at engaging them with in the process of nationalisation has little effect other than raising awareness. Afghan policy and research institutions have shown little engagement in the nationalisation phase of Afghanistan-SDG partly due to their lack of in-depth understanding of the

[20] A. El-Zein, J. DeJong, P. Fargues, N. Salti, A. Hanieh and H. Lackner, "Who's been left behind? Why sustainable development goals fail the Arab world," *The Lancet* 388(10040) (2017): 207–210, http://doi.org/10.1016/S0140-6736(15)01312-4.

new global goals. There is little on SDGs in the Afghan media. It appears that trivial knowledge of SDGs and symbolic engagement go hand in hand.

Health related targets and indicators are modified to fit the national context. Participants have noted a lack of capacity and resources, poor baseline data, a focus on data management rather than programmatic change and transformative governance, and a failure to recognise the role of the private sector as some of the challenges for SDG implementation. Research and policy institutions as well as other non-state actors could play a solutions-oriented role in the Afghanistan-SDG, helping implementing agencies with knowledge on best practices and designing evidence-based interventions.

Our study had a number of limitations. The time frame and the resources for the study were limited. Instead of a systematic scoping review of SDG country implementation, we conducted a rapid literature review. We were not able to conduct a thorough search for policy and research institutions across all regions of Afghanistan. Instead we focused on national institutions with online websites and offices in the capital, Kabul.

We recommend the following:

- The Government of Afghanistan should:
    - Make Afghanistan-SDGs a framework to include all stakeholders including government and non-government organizations, civil society, policy and research institutions, academia, the media, and the public in all phases of country implementation, by setting up inclusive Afghanistan-SDG committees
    - Revise the framework to move beyond the idea of reporting indicators to focusing on 'means of implementation' (i.e. universal health coverage for the health sector) and building systems to achieve those indicators in a sustainable manner.
    - Define explicit roles for policy and research institutions, including provision of knowledge on best practices, engagement in policymaking processes, assessing progress towards SDGs, and holding implementing organisations accountable
- International donors should:
    - Provide sufficient technical and financial resources specifically for the Afghanistan-SDG program
    - Support capacity building for policy and research institutions
    - Advocate for inclusion of policy and research institutions, and civil society and other stakeholders in Afghanistan-SDG committees
- Policy and research institutions should:
    - Build capacity to establish their salience and credibility among policy actors by providing contextual knowledge on best practices, and developing tools to monitor and evaluation progress towards SDGs

6. References:

A. El-Zein, J. DeJong, P. Fargues, N. Salti, A. Hanieh and H. Lackner, "Who's been left behind? Why sustainable development goals fail the Arab world," *The Lancet* 388(10040) (2017): 207–210, http://doi.org/10.1016/S0140-6736(15)01312-4.

I. Kickbusch and J. Hanefeld, "Role for academic institutions and think tanks in speeding progress on sustainable development goals," *The British Medical Journal, 358(j35)* (2017): 1-4, http://doi.org/10.1136/bmj.j3519.

Islamic Republic of Afghanistan, "Voluntary National Review at the High Political Forum: SDGs' Progress Report – Afghanistan," (2017).

Islamic Republic of Afghanistan, "A decade of opportunities: Afghanistan Mellennium Development Goals 10 Years Report (2005-2015)," (2016), http://moec.gov.af/Content/files/MDG%20Final%20Report%20v6-2(1).pdf (accessed 29 July, 2017).

Ministry of Economy, "Afghanistan Millennium Development Goals Report 2012," (2013), http://www.af.undp.org/content/dam/afghanistan/docs/MDGs/Afghanistan%20MDGs%202012%20Report.pdf (accessed 10, July 2017).

Ministry of Public Health, "A Basic Package of Health Services for Afghanistan 2010," (Kabul, 2010), http://saluteinternazionale.info/wp-content/uploads/2011/01/Basic_Pack_Afghan_2010.pdf.

Ministry of Public Health, "Afghanistan National Health Accounts with Subaccounts for Reproductive Health 2011–2012," (Kabul, 2013), http://www.healthpolicyproject.com/pubs/262_AfghanistanNHAReportFINAL.pdf.

S.A.M. Najafizada, R. Labonté, I.L. Bourgeault, "Community health workers of Afghanistan: a qualitative study of a national program," *Conflict and Health* 8(26) (2014): 1-26, http://www.conflictandhealth.com/content/8/1/26.

W. Newbrander, P. Ickx, F. Feroz and H. Stanekzai, "Afghanistan's Basic Package of Health Services: Its development and effects on rebuilding the health system," *Global Public Health* 0(0), (2014): 6–28, http://doi.org/10.1080/17441692.2014.916735.

World Bank, "Afghanistan at a Glance," (2017), http://www.worldbank.org/en/country/afghanistan/overview. (accessed 10 July 2017).

World Health Organization, "Afghanistan Country Profile," (2017) http://www.who.int/gho/countries/afg.pdf (accessed 10 July 2017).

7. Appendix

Appendix 1. Afghanistan Sustainable Development Goals -- Targets and Indicators of Health Sector

Appendix 1. Afghanistan Sustainable Development Goals -- Targets and Indicators of Health Sector							
SDGs Targets	**A-SDGs Targets**	**SDGs Indicators**	**A-SDGs Indicators**	**Leading Unit**	**Supporting Unit**	**Development Agencies**	**Baseline**
2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5-years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons	2.2 By 2030, decrease all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5-years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons	2.2.1 Prevalence of stunting (height for age <-2 standard deviation from the median of the World Health Organisation (WHO) Child Growth Standards) among children under 5-years of age	2.2.1 Prevalence of malnutrition (stunting) among children under 5-years of age (height for age <-2 standard deviation from the median of the World Health Organisation (WHO) Child Growth Standards)	Ministry of Public Health	1. CSO 2. MAIL	WFP, UNICEF, WHO, USAID, SIDA, CIDA	40.9

		2.2.2 Prevalence of malnutrition (weight for height >+2 or <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5-years of age, by type (wasting and overweight)	2.2.2 Prevalence of malnutrition among children under 5-years of age, (weight for height <-2 standard deviation from the median of the WHO Child Growth Standards) by type	Ministry of Public Health	1. CSO 2. MAIL	WFP	9.5
3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	3.1.1 Maternal mortality ratio	1	Ministry of Public Health	MoWA	WHO, WB, UNICEF, USAID, UNDP, UNFPA, EU	
		3.1.2 Proportion of births attended by skilled health personnel	3.1.2 Proportion of births attended by skilled health personnel	Ministry of Public Health	MoLSAMD	UNICEF, WHO, UNFPA	51%
3.2 By 2030, end preventable deaths of newborns and children under 5-years of age, with all countries	3.2 By 2030, end preventable deaths of newborns and children under 5-years of age in	3.2.1 Under-five mortality rate	3.2.1 Under-five mortality rate in Afghanistan (Mortality per	Ministry of Public Health	MoF	WHO, WB, UNICEF, UNDP, UNFPA, USAID, EU	

aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	Afghanistan that aiming to reduce neonatal mortality to at least as low as 15 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births		1,000 live births)				
		3.2.2 Neonatal mortality rate	3.2.2 Neonatal mortality rate in Afghanistan (mortality per 1,000 live birth)	Ministry of Public Health	MoF	WHO, WB, UNICEF, UNDP, UNFPA, USAID, EU	
3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases	3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases in Afghanistan.	3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations			MoF		
		3.3.2 Tuberculosis incidence per 1,000 population	3.3.2 Tuberculosis new incidence per 100,000 population in a year that identified and reported.	Ministry of Public Health	MoF	WHO, UNDP, UNICEF	143
		3.3.3 Malaria incidence per 1,000 population	3.3.3 Malaria incidence per 1,000 population in a	Ministry of Public Health	MoF	WHO, UNDP, UNICEF	11

			year.				
		3.3.4 Hepatitis B incidence per 100,000 population	3.3.4 Hepatitis B incidence per 100,000 population per year in Afganistan / percentage of HB+ incidence in VCT centers.	Ministry of Public Health	MoF	WHO, UNICEF	4.50%
		3.3.5 Number of people requiring interventions against neglected tropical diseases			MoF		
3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being	3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being	**3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease**		Ministry of Public Health	National Environmental Protection Agency	WHO, WB, UNICEF, UNDP	35%
		3.4.2 Suicide mortality rate					

3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol		**3.5.1 Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders**					
	3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol in Afghanistan.	3.5.2 Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15-years and older) within a calendar year in litres of pure alcohol	3.5.2 Number of drug users that benefited from drug addiction treatment services.	Ministry of Public Health	1. MoF 2. MoEc 3. MoCN	INL, UNODC, CP	2.70%
3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents		3.6.1 Death rate due to road traffic injuries					

3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes	3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes	3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods	3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods	Ministry of Public Health	1. MoIC2. MoHIA	UNFPA, UNICEF, WHO	20%
		3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group	3.7.2 Number of adolescent birth rate (aged 13-19 years)	Ministry of Public Health	1. MoIC 2. MoHIA	UNIP, WHO	12.10%

3.8 Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	3.8.1 Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population)	3.8.1 Increase quality and fair access to essential health services in distance of 2 hours walk (10 KM)	Ministry of Public Health	MoFa	WHO, WB, UNICEF, EU, USAID UNDP, UNEP	88%
		3.8.2 Number of people covered by health insurance or a public health system per 1,000 population		Ministry of Public Health	MoFa	WHO, WB, UNICEF, EU, USAID UNDP, UNEP	75%
3.9 By 2030, substantially reduce the number of deaths and illnesses from	3.9 By 2030, substantially reduce the number of deaths and illnesses from	3.9.1 Mortality rate attributed to household and ambient air pollution					

hazardous chemicals and air, water and soil pollution and contamination	hazardous chemicals and air, water and soil pollution and contamination	3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services)	3.9.2 The percentage of access to improved drinking water sources in Afghanistan	Ministry of Public Health	NEPA	WHO, WB, UNICEF, UNDP, UNEP	65%
		3.9.3 Mortality rate attributed to unintentional poisoning					
3.a Strengthen the implementation of the World Health Organisation Framework Convention on Tobacco Control in all countries, as appropriate	3.a Strengthen the implementation of the World Health Organisation Framework Convention on Tobacco Control in all countries, as appropriate	3.a.1 Age standardised prevalence of current tobacco use among persons aged 15-years and older	3.a.1 Prevalence of tobacco use (in active form) among persons aged 15-years and older in Afghanistan	Ministry of Public Health	1. MoCN 2. MoHIA 3. MoIA 4. MoIC 5. MoE	UNICEF, UNEP, UNODC	M 48% F6%
3.b Support the research and development of vaccines and medicines for the communicable and non-communicable		3.b.1 Proportion of the population with access to affordable medicines and vaccines on a sustainable basis					

diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all		3.b.2 Total net official development assistance to medical research and basic health sectors					
3.c Substantially increase health financing and the recruitment, development, training and retention of the	3.c Substantially increase health financing and the recruitment, development, training and	3.c.1 Health worker density and distribution.	3.c.1 Percentage of Budget allocation for health sector by the	Ministry of Public Health	1. MoF 2. MoEc	WHO, WB, UNICEF, EU, USAID UNDP, UNEP	4.2%

health workforce in developing countries, especially in least developed countries and small island developing States	retention of the health workforce in Afghanistan		government.				
			3.c.2 Health worker density and distribution.	Ministry of Public Health	1. Mif 2. MoLSAMD 3. MoHE	ILO, UNDP, WHO, UNFPA	24413
3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks		3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness					
6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations	6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations	6.2.1 Proportion of population using safely managed sanitation services, including a hand washing facility with soap and water	6.2.1 Percentage of people using a hand washing facility with soap and water	Ministry of Public Health	MRRD	WHO, UNEP, UNHABITAT, UNICEF	36%
			6.2.1	Ministry of Public Health	MRRD	WHO, UNEP, UNHABITAT, UNICEF,	13%