



**Islamic Transitional Government of
Afghanistan
Ministry of Health**

Policy Statement

**Hospital Policy for
Afghanistan's Health
System**

February 2004

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HOSPITAL POLICY FOR AFGHANISTAN'S HEALTH SYSTEM

Approved by the MOH Executive Board, February 2004

The Basic Package of Health Services (BPHS) is being expanded throughout Afghanistan. The BPHS is an important element in the redevelopment of the health system because it deals with the priority health problems of the country. Hospitals have an important role in this PHC-focused strategy because district, provincial, and regional hospitals are required to form an integrated referral system providing a range of needed services: from health promotion to disease prevention to basic treatment to disability care to specialised inpatient care. This policy establishes the guidelines for the redevelopment of hospitals as a key element of the Afghan health system.

Issues: The Need for a Hospital Policy

The major problems facing Afghanistan's hospitals which must be addressed to ensure that hospitals are part of an integrated health system and providing quality patient care are:

- *The lack of standards for clinical patient care and management of hospitals.* The consequence is poor quality of care for patients.
- *The lack of equitable access to hospital services throughout the country.* People in many parts of the country have no access to a hospital and its services, while other areas, such as Kabul, have a disproportionate number of hospital beds relative to the population. The problem of the skewing of hospital beds and services toward certain areas is often compounded by donors.
- *The concentration of financial resources and health workers at hospitals.* The result is the potential for hospitals to be allocated a disproportionate share of new health workers and financial resources which will reduce the ability of the health system to address basic health problems.
- *The lack of hospital management skills for the operation of hospitals.* As a result, the hospitals are inefficient.
- *The lack of necessary staff, equipment, supplies and pharmaceuticals in many hospitals.* The result is the hospital is often ineffective in the treatment it provides.
- *The referral system does not work.* The hospital system is fragmented and uncoordinated.

As a consequence, there is a need to address the role of hospitals in the health system, the organization and management of hospitals, standards for hospitals and the financial and human resources allocated to hospitals so the Afghan health system is properly planned to address the health problems of the country for the long-term. That is the purpose of this policy.

MOH Hospital Policies

The hospitals of Afghanistan will provide a comprehensive referral network of secondary and tertiary health facilities. The policies guiding the hospital sector are:

1. Hospitals, as part of a unified national health system, will provide necessary curative and emergency services, which complement the Basic Package of Health Services, that includes disability care, offered at basic and comprehensive health centers.
2. Hospitals must be rationally distributed so their services are accessible on an equitable basis for the entire population.
3. The MOH will carefully plan the number of hospitals, their location, hospital beds, and types of hospital beds to ensure that the resources committed to hospitals result in the maximum impact on the population's health status. Because Afghanistan does not have unlimited resources to finance hospitals, so health planning, resource allocation and financial management of hospitals will be undertaken by MOH for the entire hospital sector as a means for maximizing the impact and effectiveness of hospitals on the country's health status.
4. Provision of hospital care must be based on need for hospital care and not on ability to pay.
5. Hospitals must be managed in an efficient manner that adheres to basic clinical and managerial standards that ensure the provision of quality care to all patients, including patients with disabilities.
6. The proportion of the government's annual operational budget for hospitals will not exceed 40% of the total health budget.
7. To ensure budgetary accountability and transparency, the MOH will develop the appropriate financial systems and develop proper mechanisms, such as empowering financial management of hospitals to their board of directors.
8. Equitable cost-sharing strategies which are appropriate for Afghanistan, will be developed to help make the operation of hospitals more financially sustainable.
9. Hospitals also have a role within the health system to provide supervision of lower level health facilities, a place for professional training of physicians, nurses, midwives and other health providers as well as supporting necessary national medical and health systems research.
10. Private hospitals are permitted and are part of the health system and must comply with all standards for providing good quality care, be accredited and adhere to all MOH policies.

Standards for Hospitals

Standards are required to improve the clinical and managerial performance to attain an acceptable level of operations for hospitals. Standards establish what is expected of hospitals and their staff at all levels of operation. It is the establishment of such reasonable standards which permits the monitoring of hospital operations against which hospital performance can be measured. This is required to improve the standard of care and management of hospitals in Afghanistan. The following provide the framework of the basic standards. Specific details, elements and components of each standard must be developed and specified in greater detail by the MOH. The following provides a structure and direction for development of detailed standards for hospitals, which will be used for accreditation, ultimately.

1. Responsibilities to the Community:
 - 1.1. The hospital is responsive to the community's needs
 - 1.2. Hospital services will be accessible to the community.
 - 1.3. Hospitals will have a proper disaster preparedness plan so it can properly respond in the event of natural or man-made disasters.
2. Patient Care
 - 2.1. Patients will be treated with dignity and have a right to be treated in a respectful manner.
 - 2.2. Quality of clinical care to the patient that the hospital serves is high and appropriate for Afghanistan, including the proper staffing, equipment and supplies.
 - 2.3. Quality of care will be monitored and measured by agreed indicators (e.g. wound infections, length of hospital stay, operations per patient, mortality rates etc).
 - 2.4. Women and children will receive the basic package of health services at hospitals, including immunization, outpatient care for conditions, such as pneumonia and diarrhea, as well as appropriate assistance at the time of delivery.
 - 2.5. Hospitals will be "mother and baby friendly" and encourage "rooming-in" and immediate, exclusive breast feeding.
 - 2.6. Care delivery is monitored by the hospital's health care team to ensure that care meets the needs of patients and to assist in the improvement of care.
 - 2.7. Medical records are maintained for each patient and are kept confidential and secure.
3. Leadership and Management
 - 3.1. The hospital is effectively and efficiently governed, organized, supervised and managed to ensure the highest quality of care possible for patients.
 - 3.2. To ensure the responsiveness of hospitals to the community, a hospital board of directors or board of management will be established at each hospital to govern and oversee the proper operation and management of the hospital.
4. Human Resource Management
 - 4.1. Staff planning ensures the hospital is staffed with properly trained staff and the appropriate number of staff.
 - 4.2. Staff are appointed through a recruitment, selection and appointment procedure that is consistent with human resources policy of MOH.
 - 4.3. Staff will adhere to high ethical standards and code of conduct in performance of their duties.
 - 4.4. A comprehensive program of staff development and in-service training meets individual and hospital needs.
 - 4.5. Effective workplace relations are developed through use of teams
5. Management Systems
 - 5.1. Financial management policies and procedures are developed and adhered to in order to ensure accountability of the hospital's finances from all sources.
 - 5.2. Management information systems meet the hospital's internal and external needs
 - 5.3. Patient care, management of services, education and research are facilitated by the timely collection and analysis of data
 - 5.4. Information technology enhances the hospital's ability to gather, store and analyze information and to communicate.
 - 5.5. Appropriate logistics and purchasing systems are maintained to ensure clinicians have the proper equipment, supplies and pharmaceuticals to provide patient care.
 - 5.6. Buildings and grounds are maintained to ensure proper management.

6. Hospital Environment

- 6.1. Infection is effectively controlled throughout the hospital
- 6.2. The physical environment of the hospital and its equipment are properly maintained to ensure patient and staff safety and that there are no physical barriers for those with disabilities.
- 6.3. The hospital is accessible to all patients with including those with physical disabilities.
- 6.4. Buildings, grounds, plant and equipment are regularly maintained to ensure a safe environment for all persons in the hospital.
- 6.5. Waste from the hospital is handled, contained and disposed of safely and efficiently
- 6.6. Occupational health measures are adopted to ensure the safety of staff, especially those dealing with direct patient care.
- 6.7. Clean water of sufficient quantity and quality is available for patients and staff and for proper hospital functioning.
- 6.8. Toilets in the hospital are kept clean for use by patients, staff, and visitors.

Levels of Hospitals

There are three levels of hospitals: district (as a part of the BPHS), provincial, and regional, including specialized hospitals. Differentiation of hospital levels is based on the patient services offered. Five core clinical functions will exist in each level of hospital: medicine, surgery, pediatrics, obstetrics and gynecology, and mental health. An escalating level of sophistication will exist from district to urban hospitals. The health post, basic health center and comprehensive health center will offer basic curative and preventative services.

Hospitals in conjunction with the Provincial Coordination Committees (PCC) will ensure the enforcement of a well-functioning referral system. A two-way referral mechanism will be established maintaining a functional link between hospitals and primary health care facilities. First line referrals will stem from health centers to district hospital outpatient departments from where consultation will define whether patients need to be further referred to higher levels or treated at that level. Similarly patients are referred back to primary health care facilities for follow-up. The following general specification of services for various hospital levels will be supplemented by the Basic Package of Hospital Services, to be developed by MOH, will identify, in detail, the clinical services provided at each level, the equipment and supplies required and the minimum staffing required.

District Hospital

Each district hospital will have from 30 to 75 beds and serve a population of 100,000 to 300,000, covering from one to four districts. The basic services offered at a district hospital are:

- Surgery,
- Medicine,
- Pediatrics;
- Obstetrics and gynecology;
- Mental health;
- Dental services;

The district hospital will also have nutrition, physical therapy, laboratory, radiology, blood bank, and pharmacy services.

Provincial Hospital

A provincial hospital serves a province and will have from 100 to 200 beds. In addition to the services offered at a district hospital, the provincial hospital has:

- Physical therapy and rehabilitation services
- Nutrition services
- Infectious disease medicine;

Regional Hospital

A regional hospital serves several provinces and will have from 200 to 400 beds. In addition to the services offered at a provincial hospital, the regional hospital has:

- Surgery with ENT, urology, neurosurgery, orthopedics, plastic surgery and physiotherapy
- Medicine with cardiovascular, pulmonary, endocrinology, and dermatology
- Oncology
- Forensic medicine

Diagnostic services include:

- a) Laboratory: haematology, parasitology, bacteriology, virology, allergy and immunology, biochemistry, toxicology, cytology, and pathology.
- b) Blood Bank/Transfusion Services: Provides for the taking, preserving, and distributing blood to patients and the diagnosis of blood related diseases (haemophilia, thalassemia, leukemia, and viral diseases—hepatitis, HIV/AIDS).
- c) Imaging: routine and specialized radiography, ultrasonography.

Rationalization of Hospital Services

There will be rationalization of services, such as polyclinics, where specialized diagnostic and curative services are provided on an outpatient basis. These facilities will be linked to regional and specialized hospitals for referral of complicated cases requiring inpatient care in order to reduce the burden on these hospitals and to give quality services at an outpatient level. They will not have beds as this duplicates what exists in hospitals and is expensive for the health system.

While there may be a need for some additional specialized diagnostic services for the country, these services are too expensive and for too few patients to be available at every regional hospital. Further rationalization of services will occur at the urban level where specialized clinical and diagnostic services and equipment will be centralized. These include: pathology and forensic medicine, histology, bio-technical support, centralized statistics center, and research. Equipment and services such as CT-scan and radiotherapy will be located at only one hospital in the country to provide the services for the entire the country rather than being provided at each regional hospital.

Specialized hospitals will be combined into regional hospitals with multiple specialties, as much as possible. As current specialized hospitals are rehabilitated and new facilities planned, the MOH will seek to combine them with other major hospitals in order to rationalize the number and type of hospitals. The current specialized hospitals include eye, mental health, disabilities, tuberculosis, chest, oncology, orthopedic and prosthesis, maternity, pediatrics, and emergency hospitals.