
Health Research Policy & Strategy for Afghanistan

**Afghanistan National
Public Health Institute
(ANPHI)**

Ministry of Public Health,

I. R. of Afghanistan

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List of Abbreviations

AMS	Afghanistan Mortality Survey
ANDS	Afghanistan National Development Strategy
ANPHI	Afghanistan National Public Health Institute
BPHS	Basic Package of Health Services
CGHN	Consultative Group for Health and Nutrition
EB	Executive Board
EMRO	Eastern Mediterranean Regional Office of WHO
EPHS	Essential Package of Hospital Services
HDI	Human Development Index
HIS	Health Information system
IMR	Infant Mortality Rate
IRB	Institutional Review Board
MCH	Maternal and Child Health
MDGs	Millennium Development Goals
MoPH	Ministry of Public Health
NHRC	National Health Research Committee
TAG	Technical Advisory Group
WHO	World Health Organization

Preface

Afghanistan has emerged from long internal conflict. The elected government developed strategies and plans for developing infrastructure in order to place system of governance and re-building the nation. Developing health infrastructure and an effective health system was accorded a top priority by the government. The development partners have significantly contributed to development of health systems in the last 10 years. This has provided us with a platform to take the health sector to the next level and need to be commended.

The Ministry of Public Health (MoPH) accorded priority to setting up systems and policies so that the health sector could function in accordance with nationally identified priorities and standard procedures. The development of health research policy and strategy is an important step in this direction. Public health research is considered critical for further development of evidence based health care and services. This is evident from the initiatives taken by MoPH in strengthening Public Health Research department in particular and Afghanistan National Public Health Institute (ANPHI) in general.

The Health Research Policy & Strategy is an important document and it will give direction to public health research in the country in the future. The MoPH remains committed to implementation of the health research policy& strategy in the country. The necessary guidelines are being issued to concerned department to develop implementation plans based on the strategies identified in this document. We look forward to continued cooperation from the international development partners in implementation of the Health Research Policy & strategy.

We are grateful to World Health Organization HQ and WR office in Kabul for financial and Indian Institute of Health Management Research for their technical support and highly appreciate the leading role of Afghanistan National Public Health Institute (ANPHI) in the process of development of health research policy & Strategy. We look forward to cooperation of one and all in making the policy a reality in the years to come.

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Executive Summary

1. Purpose and Scope of the Policy & Strategy

In the recent years, there has been an increased momentum to better coordinate health research efforts in Afghanistan and fill information gaps through evidence based research in a scientific and systematic manner. This health research policy & strategy provides a framework for establishing effective governance structure for health research as well as building capacity for health research in Afghanistan.

2. National Health Research Policy

The Ministry of Public Health of Islamic Republic of Afghanistan decided to formulate a health research policy based on the health priorities and thrust areas; research needs and priorities; issue of access and equity especially for poor and vulnerable population and overall development of the country. The process of policy formulation was led on behalf of Ministry of Public Health by the Afghanistan National Public Health Institute (ANPHI) and coordinated by its Public Health Research Department.

2.1 Vision

The Health Research Policy would lead Afghanistan to evidence-based decision making, health systems development and improvement of health of the Afghan people.

2.2 Mission

To create an environment of evidence-based policies, strategies and programs for the health sector that will help improve health, nutrition and quality of life of the people of Afghanistan.

2.3 Goals and Objectives

The overall goal of the health research policy & strategy is to create an enabling environment and build capacity for health research for developing evidence-based policies, strategies and health program planning and management of health services in Afghanistan.

The objectives of health research policy are:

1. Promote health research based on needs and priorities of health and development.
2. Improve coordination for planning, implementation and use of research information.
3. Build the national capacity through institutional capacity development for health research, strengthening research resources and skills development.
4. Assist and advice all national and international researchers to follow the national standards, principles and priorities.
5. Develop a guide for research department of MoPH to coordinate and manage multi-sectorial approach to research for health at the national and sub-national levels.
6. Develop human resources and their capacity building in planning, designing, conducting and reporting health research.
7. Enhance and promoting utilization of research for evidence based policy formulation and analysis, improved decision making, and action.
8. Establish health research information management and dissemination.
9. Develop network of health research organizations and institutions at the national and international levels.

10. Foster coordination and linkages between research resources, external and internal funding and donor coordination.
11. Establish committee for Ethics on Research on Human Subjects

3. Key Strategies for Strengthening Health Research System

1. National Health research policy is assisting the establishment and improvement of a national functional research system in order to expand and manage health researches. National health research policy is ensuring the planning, organizing, coordination and monitoring of health related researches in country.
2. A National Health Research Committee (NHRC) comprising of stakeholders from within MoPH, line ministries and participation of development partners and non- government organization to be constituted. This committee will be responsible for operationalization the health research system by identifying and prioritizing the health research needs and gaps.
3. The capacity of institution as well as human resources within MoPH to be enhanced to undertake quality research. The competence and skills of potential research will be developing in research methods, data management and report writing.
4. A system for health research management will be established and a national database will be developed. Research information management system will collect research studies, collate, disseminate and make it available for use to anusus? in electronic and other forms.

5. An exercise will be undertaken to map resources that produces and uses research related information. This network will meet regularly to asses needs review efforts undertaken and identify efforts need to optimizes to utilization of research product as well as production of the documents needed for evidence based decision making.
6. Budgetary provision will be made in the budget of MoPH for activities identified by national health research committee. The donors will be encouraged to allocate dedicated funds for health research in their budgets.
7. It's crucial to establish a coordination mechanism for donor support for synergy, avoid overlap and duplication of efforts. The donor coordination mechanism would enable need based research and policies.
8. A monitoring system will be developed for research projects and studies to review the study designs, sampling and selection of the human subjects, measures for confidentiality and privacy of information, and protections of the rights of the people. There has already been sufficient progress on this front. Institutional Review Board in ANPHI has been formed in 2005 and is working effectively safeguarding ethics in biomedical research. The existing IRB will be revamped to meet the new emerging needs.
9. The regulatory framework and ethics code will be revised for monitoring of the research projects and studies. The mandate of the IRB will be visited every five years in wake of newer technologies and knowledge.
10. The private sector and nongovernmental organizations can play an important role in health research planning and implementation.

11. Potential for participation of the private sector and nongovernmental organizations in health research will be explored and promoted. However, special precautions must be observed with regards to conflict of interest both perceived and actual.

1. Introduction

1.1 Introduction

1.1.1 Health of the people is essential for sustainable development of any country and is truly so for Afghanistan, a country which has gone through a politically and economically unstable phase during the over past more than two decades. Since 2003, the Government of Islamic Republic of Afghanistan has been engaged in restructuring the health system weakened by decades of unrest and conflict. The Government of Afghanistan has recognized the global call for evidence based national health policy formulation and decision making at all levels of management. The efforts of Ministry of Public Health (MoPH) in this direction is significantly paid to strengthening and consequently sustaining an evident data generation and production of the balanced scorecards over the last many years which has been the basis of taking decisions in performance monitoring and resource allocation in the MoPH ever since 2004.

1.1.2 As a next step to strengthening the MoPH's evidence based planning and decision making, the leadership of the Ministry aptly decided to develop and strengthen the research environment in the country. This is necessitated as the MoPH has been engaged in strengthening and expansion of the public health services and health system in the country. The MoPH has already established a public health research department that has been expanded over the years and now has considerably strengthened in health research management and oversight within Afghanistan National Public Health Institute (ANPHI).

- 1.1.3 As per World Health Organization (WHO)¹, EMRO, Afghanistan has the lowest Human Development Index (HDI) among the countries whose information is available for the region. The country is characterized by high burden of disease, weak health systems, low public investments in health and severe lack of skilled staff, coupled with weak health institution.
- 1.1.4 Towards the end of 2009, the MoPH leadership felt the need for developing the Health Research Policy for the country in order to systematically develop research in health care with an understanding to encourage evidence based policies, strategies and decision making. WHO provided assistance to the MoPH in this important policy development initiative.

1.2. Background

- 1.2.1 Afghanistan is a developing country located in Central Asia with a rich cultural heritage and history that goes back over 5,000 years. It has the area of 652,000 sq. km and an estimated population of 26 million². The terrain is mostly mountainous, and the country is land-locked. The population density is low, with approximately 40 persons per sq. km. The population of Afghanistan is heterogeneous in which there are four major ethnic groups. Majority of Afghans (99%) belong to the Islamic faith, however, there are Sikhs, Hindus and even some Jews in small proportions. The means of transportation and livelihood are limited and travelling to various parts of the country is difficult and rigid. The

¹ World Health Organization Regional Office for the Eastern Mediterranean 2011: Technical Paper on Strategic directions for scaling up research for health in East Mediterranean Region

²World Health Statistics 2008, WHO

economy is based on agriculture as almost 75 percent ³ of the countrymen are engaged in agriculture.

- 1.2.2 The post conflict Afghanistan has come a long way as far as health sector initiatives are concerned. The health services were inadequate, inaccessible and inequitably distributed. The gap between rural and urban areas of the country was huge and differences in the health status and reach of health services between the provinces were strikingly variable. The health systems were weak and dysfunctional; there were severe resource constraints; the human resources for health were inadequate and did not have desired competencies and skills to provide health care; there was a lack of leadership at the MoPH and the provincial levels; the system had a poor management capacity thereby adversely affecting efficiency and effectiveness of the health services. Lack of information and limited capacity in monitoring and evaluation have been other paralyzing factors affecting good planning and implementation of health services.
- 1.2.3 Health status of the people is relatively poor. The Life Expectancy at birth was estimated to be around 42-43years. The Infant Mortality Rate (IMR) was very high, about 165 per thousand live births. With Under-five mortality rate standing high at 257 per thousand live births, meaning that more than one-fourth of children were dying before their fifth birthday. Almost 70% of these deaths were due to diarrheal diseases, respiratory infections, measles and malnutrition (acute malnutrition and micronutrient deficiency malnutrition) which can be prevented and treated at low costs.
- 1.2.4 An estimated 60 % young children suffer from malnutrition and anemia, which are associated with high morbidity and mortality

³ World Bank estimates

among them. The Maternal Mortality Ratio was reported to be 1,600 per 100,000 live implying poor of women, especially during pregnancy and childbirth. These mothers die due to complications during pregnancy or labor, hemorrhage, obstructed labor, sepsis, toxemia, and severe anemia. Moreover, this was due to Lack of access and availability of antenatal and safe delivery services were the other main factors for high MMR in Afghanistan⁴.

1.2.5 The health of the people of Afghanistan has undergone considerable improvement as reported in the recently concluded Afghanistan Mortality Survey⁵ (AMS), 2010. The AMS reported that the under -5 mortality rate for Afghanistan was 97 per 1000 live births and the infant mortality rates was 77 per 1000 live births. The AMS also estimated that the life expectancy in Afghanistan has gone up to 61-62 years both for females and males in Afghanistan, a nearly 20 years addition in longevity as compared to earlier estimates. The most significant finding of the AMS 2010 was reduction in maternal mortality. As per AMS 2010, the Maternal Mortality Ratio for Afghanistan was 327 per 100,000 live births. This is a significant achievement keeping in view the earlier estimates of 1,600 per 100,000 live births. This has also necessitated adjusting ANDS and MGDs for Afghanistan.

⁴Bartlett LA, Mawji S, Whitehead S, Crouse C, Dalil S, Ionete D et al. Where giving birth is a forecast of death: maternal mortality in four districts of Afghanistan, 1999-2002. *Lancet* 2005;365:864-70

⁵ Afghan Public Health Institute, Ministry of Public Health (APHI/MoPH) [Afghanistan], Central Statistics Organization (CSO) [Afghanistan], ICF Macro, Indian Institute of Health Management Research (IIHMR) [India], and World Health Organization Regional Office for the Eastern Mediterranean (WHO/EMRO) [Egypt]. 2011. *Afghanistan Mortality Survey 2010*. Calverton, Maryland, USA: APHI/MoPH, CSO, ICF Macro, IIHMR and WHO/EMRO

- 1.2.6 The prevalence of communicable diseases like tuberculosis, malaria, hepatitis and gastro intestinal disorders continues to be high. Tuberculosis alone claims 11,000 lives / year ⁶ in the country, out of which 70 percent are women. Leishmaniasis and malaria are other major public health problems that have remained largely unattended.
- 1.2.7 The disease burden due to non-communicable diseases is on the rise due to increasing prevalence of diabetes, cardiovascular disorders and cerebro-vascular accidents.

1.3. Post Conflict Health Care

- 1.3.1 Afghanistan has come a long way from a situation with practically no functional health facilities and untrained health workforce since 2003. The donor community pledged to allocate considerable amount of funds in order to rebuild the health sector in Afghanistan. Organizational structure of the health services at the national, provincial and district levels was established, and the requisite public health workforce at the managerial and administrative level was deployed with the assistance from the development partners. Afghanistan National Public Health Institute (ANPHI) has been revived and re-invigorated. The re-establishment of ANPHI brought back focus on public health and research. Institutional capacity development has been a high priority of the MoPH, especially, managerial and technical capacity of the health administrators and managers.
- 1.3.2 The MoPH embarked upon building health care systems and infrastructure in Afghanistan to provide essential health care to the people. The Basic Package of Health Services (BPHS) and

⁶ Afghanistan Tuberculosis Profile 2009, WHO

Essential Package of Hospital Services (EPHS) were developed for optimal health services and high and quick impact interventions. The BPHS and EPHS would guide delivery of health services in the country. The Balanced Scorecard for Afghanistan, one of the innovations for monitoring performance at the national and provincial levels, showed that a good progress has been made in health sector over the last seven years. The Independent evaluation reports by the Johns Hopkins University and Indian Institute of Health Management Research showed that between 2004-2008⁷, tremendous progress has been made both in hospital sector as well as primary healthcare. All the domains of the Balanced Scorecard have shown improvements during these years signifying important achievement in health sector. Largest average increase has been shown by the Capacity for Service Provision from 2004 to 2008.

1.3.3 There are 127 hospitals, 379 Comprehensive Health Centre, 811 Basic Health Centers, 472 Sub-Health Centers and 82 Mobile Health team at the end of 2011. Besides there is quantum jump in the number of personnel working at these institutions and as of end 2010, there were 2,839 doctors, 7,741 female health providers and 13,836 other health staff working across the public health system in the country⁸. The change in the health of the people has been corroborated with the recently conducted Afghanistan Mortality Survey, 2010. It is not only the health infrastructure and human resources for health that have been strengthened, the critical health indicators, namely; Maternal Mortality Rate, Infant Mortality Rate, U5 Mortality Rate and Life

⁷Johns Hopkins University/Indian Institute of Health Management, Monitoring and Evaluation Unit. Afghanistan health sector balanced scorecard report 2008. Kabul: Ministry of Public Health

⁸ HMIS Data: MOPH last quarter of 2012

Expectancy have shown a phenomenal improvement over the past few years.

1.4. National Health Research Systems

1.4.1 It is critical that a country like Afghanistan, which is in the process of resetting its health system, continues to be part of the international movement that promotes Research for Health. This entails the engagement of various sectors such as education, agriculture, economics, and science and technology to produce evidence that could be used to improve health and support broader development goals. Different types of research (e.g. anthropological, behavioral, bio medical, clinical, economic, epidemiological, meta-analytical, operational, sociological) contribute to the evidence base used for health decision making.

1.4.2 Global experience suggests that a well-functioning national health research system is critical to maximizing the contributions of or research to efforts aimed at improving health. A national health research system is defined as a “system for planning, coordinating, monitoring and managing health research resources and activities; and for promoting research for effective and equitable national health sector development” (WHO, 2001).The system is not limited solely to researchers; it includes “the people and institutions that govern, manage, demand, generate, communicate, or use research evidence to promote, restore, improve, or maintain the state of health and development of the population” (International Conference on Health (Research for Development, Bangkok, Thailand, 2000).

The WHO (2004) has identified four core functions of an effective health research system:

1. Stewardship

1. Define and articulate a vision for a national health research system,
2. Identify appropriate health research priorities and coordinate adherence to them,
3. Set and monitor ethical standards for health research and research partnerships,
4. Monitor and evaluate the health research system.

2. Financing

- Secure research funds and allocate them accountably.

3. Creating and Sustaining Resources

- Build, strengthen and sustain the human and physical capacity to conduct and absorb health research.

4. Producing and Using Research

- Produce scientifically validated research outputs,
- Translate and communicate research to inform health policy, health practice, and public opinion,
- Promote the use of research to develop drugs, vaccines, devices and other applications to improve health.

1.5 Key Issues in the Health Sector

1.5.1 A phenomenal progress has been made in health infrastructure development, human resource development and delivery of health care in Afghanistan. There has been a significant resource mobilization to strengthen health systems. However, there is still a long way to go. With high infant and maternal mortality, Afghanistan continues to be central among the health priorities

of the world and among the development partners. Some of the key health sector issues are:

1. Poor access and availability to health care services,
2. Sub-optimal utilization of public health care facilities by the people,
3. Inequitable distribution of health services, especially in difficult and remote areas,
4. Inadequate quality of health services,
5. Shortage of trained human resource for health. There is inadequate institutional capacity for training and capacity development of the health workforce,
6. Relatively weak organizational structure and Institutional mechanisms,
7. Health management information system is weak and of relatively poor quality. There was a lack of data on critical health indicators and monitoring and supervision was very weak,
8. Severe resource crunch, especially financial resources, and over dependence on donor funds,
9. Poor efficiency and effectiveness of health systems,
10. Research in health care is relatively limited, which is an added issue to young local researchers not having easy and regular access to peer review journals. Meanwhile, the linkage in between research, policies and strategies is poor. As part of this, the research activities are driven by the donors' support.

1.6. Current Scenario: Health Research

- 1.6.1 In the recent times, there has been an increasing focus on health research in Afghanistan, though it is mainly driven by the external funding. There has been a low priority of research in the health sector. The policy and decision makers, planners and program managers are the main users of research information, however, role of research is not considered important. There is relatively poor interface between the researchers and policy makers and program managers. Whatever research is undertaken is not communicated to them in simple and systematic manner. As a result available research is sub-optimally utilized in development of policy analysis, decision making and strategies; and improving health program implementation.
- 1.6.2 Development of health research has a crucial role in playing in the achievement of overall national development goal, and to improve the efficiency and effectiveness of primary health care and strengthening of health system. Research inputs are necessary for improving primary health care programs, evaluating the effectiveness, and efficient use of resources. The role of research has become further more important while we enter into the twenty-first century and the new challenges faced by the health systems. The five foremost challenges are, namely; closing the gaps and in-equities in health; creating conditions which promote health and self-reliance; ensuring basic health care services to all especially for the poor, women and other vulnerable groups; upholding and enforcing health ethics and placing health at the center of development. To meet these challenges, there is a need for defining/refining national health research agenda; enhance health research capacity; enhance

strengthening health research information and its management; and increasing the capacity for health research management.

1.7 Process Adopted For Development of Health Research Policy

- 1.7.1 The ANPHI, mandated by the MoPH leadership, hired two consultants from the Indian Institute of Health Management Research. These consultants had a series of meetings with the Leadership of the MoPH including the then Technical Deputy Minister, Ministry of Public Health, Director General of Afghanistan National Public Health Institute and Director of the Public Health Research Department.
- 1.7.2 This was followed by formation of the checklist for interviewing important stakeholders. A series of interviews between consultants and various stakeholders were conducted and a total of 35 respondents were interviewed in the process.
- 1.7.3 The findings of the stakeholder analysis were analyzed and presented to the selected stakeholders in a consultative workshop (Annex 1, Annex 2 and Annex 3). The inputs of the workshop were instrumental in drafting the policy.
- 1.7.4 The draft policy was presented to the leadership, followed by Consultative Group of Health and Nutrition (CGHN) and Technical Advisory Group (TAG). After incorporating their suggestions, the final draft of the policy was presented to the Executive Board (EB) for final approval.

2. National Health Research Policy

Realizing the need for health research, the Ministry of Public Health, Government of Afghanistan decided to formulate a comprehensive health research policy of the country based on the health priorities and thrust areas; research needs and priorities; and the larger issue of access and equity, especially for poor, vulnerable population such as women and children; and development needs of the country. This development was led by the ANPHI and coordinated by the Public Health Research Department.

2.1 . Purpose and Scope of the Policy

2.1.1 In the recent years, there has been an increasing momentum to better coordinate health research efforts in Afghanistan and more systematically fill information gaps that can be addressed through research. The present document provide a framework for establishing an effective governance structure for health research, as well as addressing capacity gaps related to health research in Afghanistan. Issues related to the financing of health research and the uptakes of the findings are also addressed.

2.2 . Guiding Principles

The strategic direction as per the WHO/ EMRO⁹ for research in health are grounded in five principles, which will guide achievements of the goals as follows:

⁹ World Health Organization Regional Office for the Eastern Mediterranean 2011: Technical Paper on Strategic directions for scaling up research for health in East Mediterranean Region

- 2.2.1 Impact:** giving priority to research and innovation that have the greatest potential to improve health security, enhance health-related development, reduce health inequities and contribute to achieving the Millennium Development Goals (MDGs) in the Region.
- 2.2.2 Inclusiveness:** working in partnership with all stakeholders (Regional Office, governments, researchers, academia, policy-makers, civil society, youth, community representatives and the private sector), thereby encouraging a flexible multi-sectoral approach which encompasses all stakeholders.
- 2.2.3 Quality:** committing to support, promote, generate and utilize high quality research that is accessible to all, effective and ethical, and reviewed, evaluated and monitored by relevant stakeholders.
- 2.2.4 Ethical action:** promoting research for health that is based on the values of equity, fairness and integrity, and promoting the utilization of scientific evidence and respect for gender and human rights.
- 2.2.5 Accountability:** committing to effectively disseminate and communicate research results to those involved, responsible and interested in a timely manner, and translate results into action.

2.3 . Vision

- 2.3.1 The Health Research Policy would lead Afghanistan to evidence based decision-making, health systems development and improvements of health of Afghan people.

2.4 . Mission

- 2.4.1 To create an environment of evidence based policies, strategies and programs for the health sector that will help improve health, nutrition and quality of life of the people of Afghanistan.

2.5 . Goals and Objectives

2.5.1 The overall goal of the health research policy is to create an enabling environment and build capacity for health research for developing evidence based policies, strategies and health program planning and management of health services in Afghanistan.

The objectives of health research policy are:

1. Promote health research based on needs and priorities of health, nutrition and development.
2. Improve coordination for planning, implementation and use of research information.
3. Build the national capacity through institutional capacity development for health research, strengthening research resources and skills development.
4. Assist and advice all national and international researchers to follow the national standards, principles and priorities.
5. Develop a guide for research department of MoPH to coordinate and manage multi-sectorial approach to research for health at the national and sub-national levels.
6. Develop human resources and their capacity building in planning, designing, conducting and reporting health research.
7. Enhance and promote utilization of research for evidence based policy formulation and analysis, improved decision making, and action.
8. Establish health research information management and dissemination.
9. Develop network of health research organizations and institutions at the national and international levels.

10. Foster coordination and linkages between research resources, external and internal funding and donor coordination.
11. Establish committee for Ethics on Research on Human Subjects.

2.6 . Research Priority Areas

2.6.1 A wide ranging core areas for health research emerged during the wide ranging consultative process with stakeholders, health policy makers and planners. The priority areas are (but not limited) relate to health system, its management and operationalization, primary health care, nutrition, road traffic accidents, mental health, MCH and increasing burden of non-communicable diseases and its risk factors. The research need to focus on operational research and ways to find cost effective interventions. Most of them relate to the Millennium Development Goals (MDGs), Afghanistan National Development Strategy (ANDS) and strategic plans 2011-2015 of MoPH.

The priorities also included better coordination management and dissemination related to health care research information available in the county and elsewhere about Afghanistan and the region.

2.7 . Policy Ethos

2.7.1 The following principles will guide the execution of Policy:

1. Covering the aspects of equity in the policy will aim to improve health of all the citizen of the country irrespective of their sex, ethnic affiliation and geographic location.

2. Relevance means that the research to be conducted in the country will be relevant to its most pertinent needs and will be need based.
3. Ethics will take the highest pedestal while writing, approving, executing and dissemination. The policy will uphold protection of human subjects in all research activities and programs. Anything that is compromised on any of the above aspects will not be acceptable.
4. Transparency to be ensured while conducting research between various stakeholders including research managers, research staff and the ministerial staff
5. Inclusiveness implies multiple stakeholder involvement at all levels of research execution.
6. Evaluation means timely and periodic assessment/examination of the Health Policy for relevance, effectiveness and implementation.
7. Sustainability of the initiatives taken over a period of time for implementing health research policy and systematizing those initiatives over period of time.

2.8. Structure and Functions for Health Research Systems

2.8.1 All the health research in Afghanistan to be guided by the proposed National Health Research Committee (NHRC). This Committee will be headed by the Deputy Minister of Technical Affairs; the Director General of Afghanistan National Public Health Institute will be its co-chair and the Research department will be the member secretary. The committee will strategize,

lead, approve and oversee all health research related matters in Afghanistan and will meet biannually.

1. No health research will be considered valid and approved unless the NHRC has approved it.
2. The NHRC will introduce and implement a mechanism to ensure involvement of various stakeholders in the research management process. The involvement should ideally involve researchers, decision, makers, development partners and civil society.
3. The Institutional Review Board (IRB) will become an arm of the National Health Research committee and will operate under the tutelage of the NHRC.
4. The NHRC will develop a national health research agenda and this will be done in consultation with all stakeholders both internal and external to the Ministry of Public Health. The agenda will also have timelines for each of the anticipated line items along with support required both from with the MoPH and outside it.
5. The NHRC will coordinate the technical and financial support required to undertake quality research.
6. The NHRC will identify both the sources of local generation of knowledge and the potential users of the information. The NHRC will work as a liaison and bridge between these communities and by facilitating the process of information exchange. Some of the stakeholders that need to be involved include but not limited to :
 - a. The Parliament
 - b. The Office of the President and Vice Presidents
 - c. The Ministry of Public Health Management Team

- d. The staff at the MoPH
 - e. Researchers
 - f. Civil Society organizations
 - g. The community
 - h. The private sector stakeholders who have interest in research
 - i. Technical partners of the MoPH
 - j. The development partners, both national as well as international
7. The office of the member Secretary will also act as a repository of all the information. This can be done by expanding scope of the existing Health Resource Centre.
 8. A national archive of all the information related to health systems research will be maintained both in physical and electronic form by the Resource Centre. This will also serve as clearance house for health related information.

2.9. Health Research Policy Elements

The Twenty-first century marks the beginning of the new era of health and human development. Afghanistan is facing the challenge of the unfinished agenda of communicable diseases and poor health of women and children; new challenges have emerged from epidemiological and population transition, emerging and re-emerging health problems, development of new technology and advances in the medical science, and globalization. Health research would be critical in bridging the gaps and meet the future challenges.

In view of the national health priorities and emerging health scenario, a clear health research policy with effective strategies

need to be evolved for promoting and strengthening health research in the country; and systematic health research information management for effective utilization of research, and sharing areas of research, methodologies and approaches to address the technological as well as health systems issues and problems.

3. Key Strategies for Strengthening Health Systems Research

The Health Research Policy would have the following important elements and prescription:

3.1. National Health Research Committee

- 3.1.1. A National Health Research Committee will be established in the MoPH. The Committee will be located in the MoPH under the guidance of Technical Deputy Minister.
- 3.1.2. The Committee will create and operationalize health research system that will be responsible for identifying and prioritizing health research needs and gaps; planning, coordinating, monitoring and managing health research resources and activities; and for promoting research for effective and equitable national health development.
- 3.1.3. It will also coordinate the objectives and strategies of health research policy, research institutions and organizations, stakeholders, processes, and create enabling environment for health research.
- 3.1.4. Political commitment on promotion of health research and research environment is essential for the success of the Research Policy. Therefore, the decision makers should use evidence based information built on well designed and scientific research results for policy debates and advocacy.
- 3.1.5. NRHC will facilitate the execution of priority research projects at the local as well as national level.
- 3.1.6. The NHRC will provide guidance to the secretariat in the development and implementation of strategies to address its objectives of Health Research Policy

- 3.1.7. The NHRC will adopt a systematic way to promote the translation of research results into health policy and practice.
- 3.1.8. The NHRC will promote and facilitate the collaboration between health , medical researchers and universities at the national as well as international levels
- 3.1.9. The committee will also promote and maintain a culture of research as an integral segment in the health care delivery.
- 3.1.10. The NHRC try to find opportunities for health and medical researchers to attract research funding from government , international and private funding sources
- 3.1.11. Initiatives will be taken to enhance community awareness in understanding the contribution of research to health, economic, social and environmental development in the country
- 3.1.12. The committee will review preliminary and final research reports and give advice on policy implications of completed research projects.
- 3.1.13. The committee will Intervene if the researchers studies are not adhering to the research standards and ethical principles

3.2. Institutional Capacity Building

- 3.2.1. The Health Research Policy aims at strengthening and mobilizing national level research organizations and universities to promote health research; formulate research priorities and strategies, design and undertake health research, building competence and capacity of faculty and research staff; and dissemination of health research.
- 3.2.2. Capacity building of these institutions in planning and undertaking research is necessary to promote and strengthen high quality and relevant health research.
- 3.2.3. These institutions must clearly identify their thrust areas of research, develop competence and skills within the

organizations and provide necessary support for developing physical infrastructure, technical support, explore opportunities for funding research.

- 3.2.4. The NHRC would identify gaps and develop institutional capacity plans, develop and implement training programs for health research, and grant writing skills. The education system will be involved in promoting research at the graduate and postgraduate levels. This requires wider consultation within MoPH and line ministries.
- 3.2.5. The NHRC will be responsible for identifying resources for funding health research and managing them. It's also responsible for planning, overseeing execution, ensuring quality standards, collating and dissemination of research findings.

3.3. Building Human Resources for Health Research

- 3.3.1. Developing human resources for health research will be a high priority strategy. There is a need for promoting individual scientists and researchers and encourage them to undertake research relevant to health care development. There is also need to tap and optimally use large number of competent resource available within MoPH and within Afghanistan.
- 3.3.2. The competencies and skills of potential researchers will be developed in research methods in the areas of health systems, maternal and child health, adolescent health, nutrition, health behavior and practices, community participation, and other thrust areas relevant of public health.
- 3.3.3. A detailed Training Needs Assessment exercise will be undertaken to identify the gaps and areas of priority for capacity

building of the human resources. A system of rewards to researchers will be developed to motivate them to engage in scientifically designed health research for sound health policy and program strategies. This will also map the current competences which need to be tap as indicated in 3.1.3.1.

3.4. Health Research Information Management

- 3.4.1. An effective health research information system is crucial for planning and coordinating research, and its use by the end users. This should start from compiling of all the information that Public Health Research Department has and thereafter it can be built further.
- 3.4.2. A system for health research management will be established and a national database will be developed. Research information management system will collect research studies, collate, disseminate and make it available for use by the end users, especially the health policy makers and planners.
- 3.4.3. Dissemination of research will be an important activity for sharing information and promoting its utilization. Modern information technology will be used for storage of information and dissemination.
- 3.4.4. The NHRC will establish a website for the comprehensive availability of the research results and their fast retrieval as well as national health system resource center for physical availability of these documents both in hard copies as well as in electronic form including microfilming. The NHRC will also ensure that researches' findings are easily available for utilization and encourage them to publish their studies in local as well as open access journals.

- 3.4.5. ANPHI will be encouraged and supported to introduce its public health local journal which later on can be upgraded to a peer review journal.

3.5. Strengthening of Health Information System

- 3.5.1. In order to plan and conduct high quality research in the health sector, it is critical to strengthen and streamline HIS to capture accurate and consistent data related health system infrastructure and resources including finance and human resources; performance of various health programs and services; and management related information. The following issues need to be addressed on priority based on the Afghanistan Comprehensive Health Information System Strategic Plan 2009-2013.
- 3.5.2. Build capacity of human resources responsible for data management and analysis.
- 3.5.3. Create and maintain an inventory of ongoing and planned surveys including timeline of important survey schedules and report due dates through Introducing Health Research Information Management .
- 3.5.4. Coordinating surveys and health researchers at the national level possibly through NHRC.
- 3.5.5. NHRC will ensure that all policies, strategies and programs main documents related to health sector use proper, consistence and valid references.

3.6. Networking

- 3.6.1. An exercise will be taken to map resources that produce and use research related information.

- 3.6.2. Emphasis will be given on networking between the research organizations, universities, nongovernmental organizations, and various ministries in addition to health, to share and disseminate information, promote use of research in planning and management of health care, and policies and program strategies.
- 3.6.3. This network will meet regularly and periodically to assess the needs of the group, efforts undertaken and further efforts needed to optimize the utilization of research products as well as production of the documents needed for evidence based decision making.

3.7. Resource Mobilization

- 3.7.1. Funding for health research is limited and there is a need to increase the financial resources for health research.
- 3.7.2. Budgetary provisions will be made in the budget of the MoPH. The donors will be encouraged to earmark dedicated funds for health research in their programs/projects to be implemented in the country, especially for operations research, testing alternative approaches, quality management interventions, strengthening health systems and cost effectiveness. Alternatively the MoPH can allocate a certain percentage of funds available to it for health research purposes.

3.8. Donor Coordination

- 3.8.1. In the post-conflict Afghanistan, the international organizations and donor agencies have played a crucial role in rebuilding the nation, including health systems and services, and health research in high priority areas.

- 3.8.2. It is crucial to establish a coordination mechanism for donor support for synergy, avoid overlap and duplication of efforts.
- 3.8.3. The donor agencies should address the needs of the health systems and health needs of the people. Donor coordination mechanism would enable need based research and policies.

3.9. Ethics in Health Research

- 3.9.1. The MoPH will develop a framework for Ethics of Health Research on Human Subjects. The starting point for this will be the existing framework and it needs review to make it more relevant to the current priorities of the MoPH.
- 3.9.2. A monitoring system will be developed for research projects and studies to review the study designs, sampling and selection of the human subjects¹⁰, measures for confidentiality and privacy of information, and protections of the rights of the people. There has already been sufficient progress on this front. Institutional Review Board in ANPHI has been formed in 2005 and it's working very effectively safeguarding ethics in biomedical research. The existing IRB will be revamped to meet the new emerging needs.
- 3.9.3. The regulatory framework and ethics code will be revised for monitoring of the research projects and studies. The mandate of the IRB will be visited every five years in wake of newer technologies and knowledge.

¹⁰The DHHS defined the human subject in research as “*Human subject* means a living individual about whom an investigator (whether professional or student) conducting research obtains

- 1. data through intervention or interaction with the individual, or
- 2. identifiable private information

- 3.9.4 The IRB will become an arm of the NHRC and work under it. The Director General of ANPHI will be the chair of the IRB and the Director of Public Health Research its member secretary.

3.10. Public Private Partnership in Health Research

- 3.10.1. The private sector and nongovernmental organization can play an important role in health research planning and implementation.
- 3.10.2. Potential for participation of the private sector and nongovernmental organizations in health research will be explored and promoted. However, special precautions must be observed with regards to conflict of interest.

4. Implementing and Monitoring of the Health Research Policy

- 4.1 The MoPH will constitute a Task Force under the leadership of ANPHI Director General to implement the health research strategy as envisioned in the policy in the country. The Task Force will be responsible for developing action plan for implementation of the policy. They will undertake necessary advocacy and lobbying for putting together the required resources. The Task Force will be chaired by the Director of Research Department and meet on monthly basis to monitor the progress of the implementation of the research programs and activities, fund utilization and opportunities for dissemination and utilization of research. The Task Force will be responsible monitoring the progress of the Health Research Policy and will conduct a periodic review of the same in collaboration with the NHRC.
- 4.2 The Task Force in consultation with the MoPH will develop indicators to monitor and evaluate the performance of Health Research Policy implementation. A time bound important milestones with estimated cost and time taken to complete the process will be developed.
- 4.3 An independent review group, constituted by the leadership of the MoPH, will review the Health Research Policy every 5 years. The Review Group will evaluate the relevance and performance of policy implementation, and make recommendations for further strengthening/restructuring in line with the emerging situations and needs of the health systems in Afghanistan.