

AFGHANISTAN

Country Coordination and Facilitation (CCF) for Human Resources for Health (HRH)

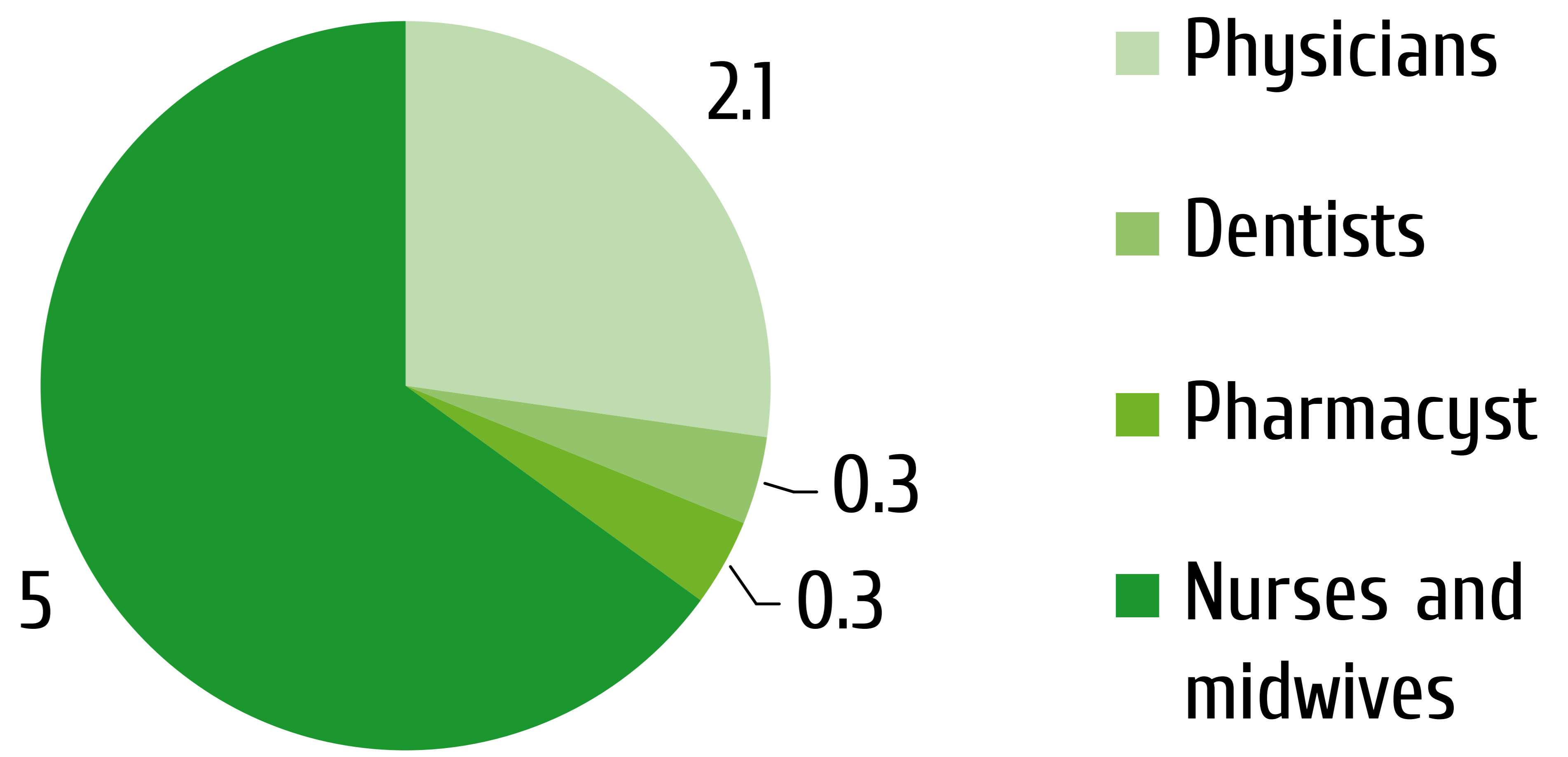
The CCF works well even in an unstable situation

HRH situation in Afghanistan

Workers

- There are 0.45 health workers per 1000 population in rural areas, compared with 3.2 in urban areas.
- There are 2.2 times more health professionals (1:1365) than management and support staff (1:3065).

(HR Observatory January 2010)



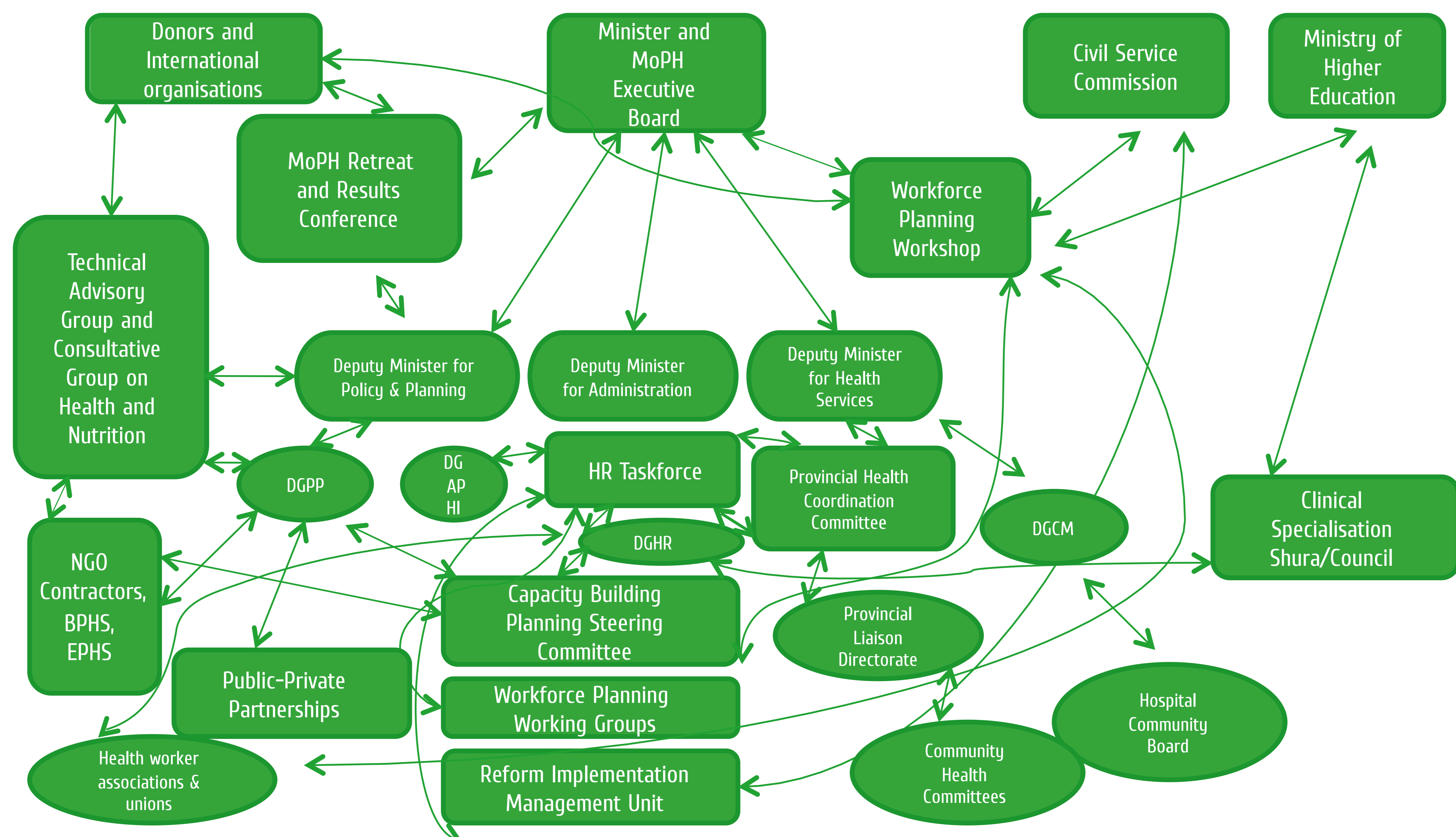
Ref: WHO EMRO website/country profiles

Per 10,000 population

Number of total health workers: **27,867**

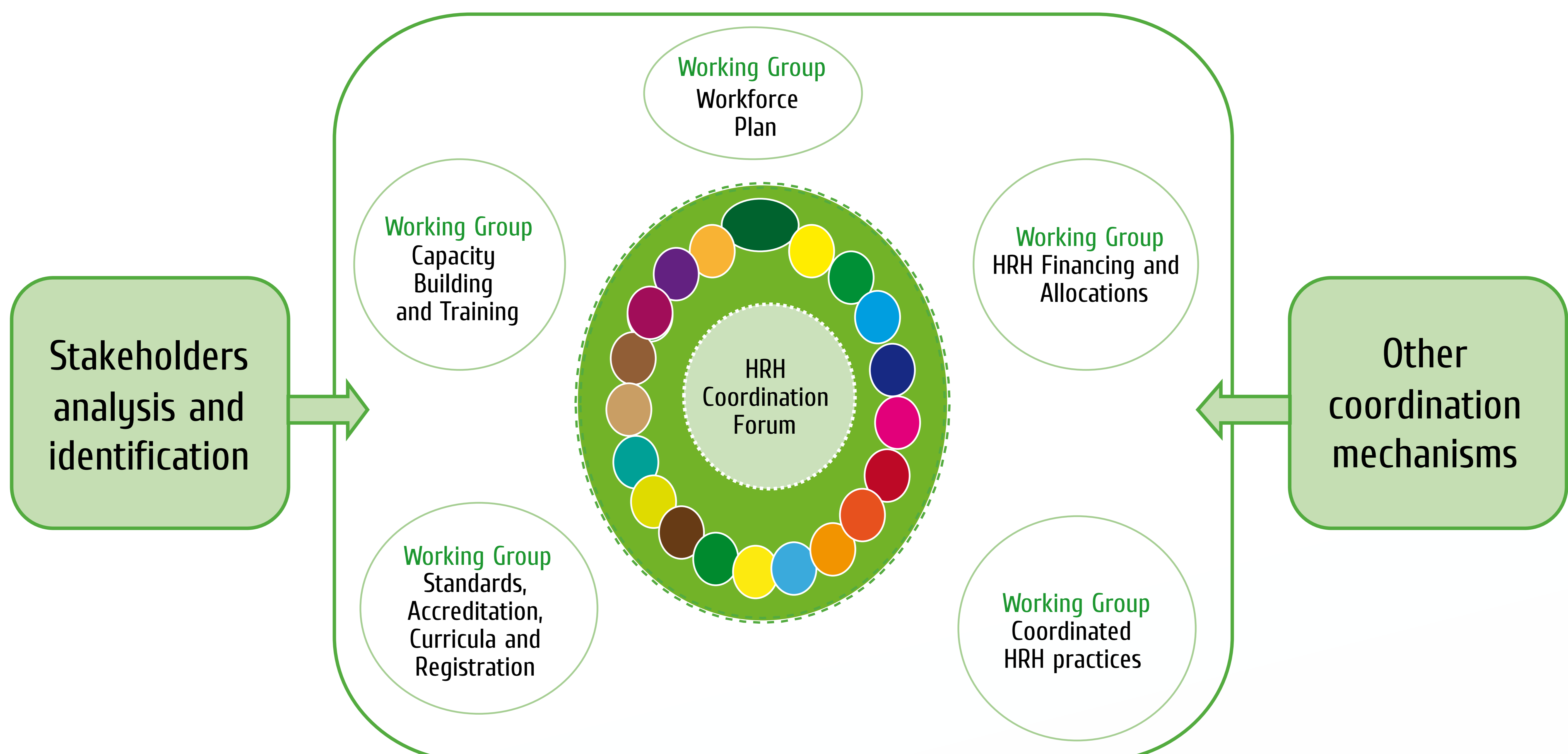
Moving towards well-organised stakeholder coordination through the CCF process

Coordination mechanisms previously used to develop HRH strategies



Coordination mechanisms were primarily focused on Public Health Ministry, and there was a need for sector-wide coordination process like the CCF.

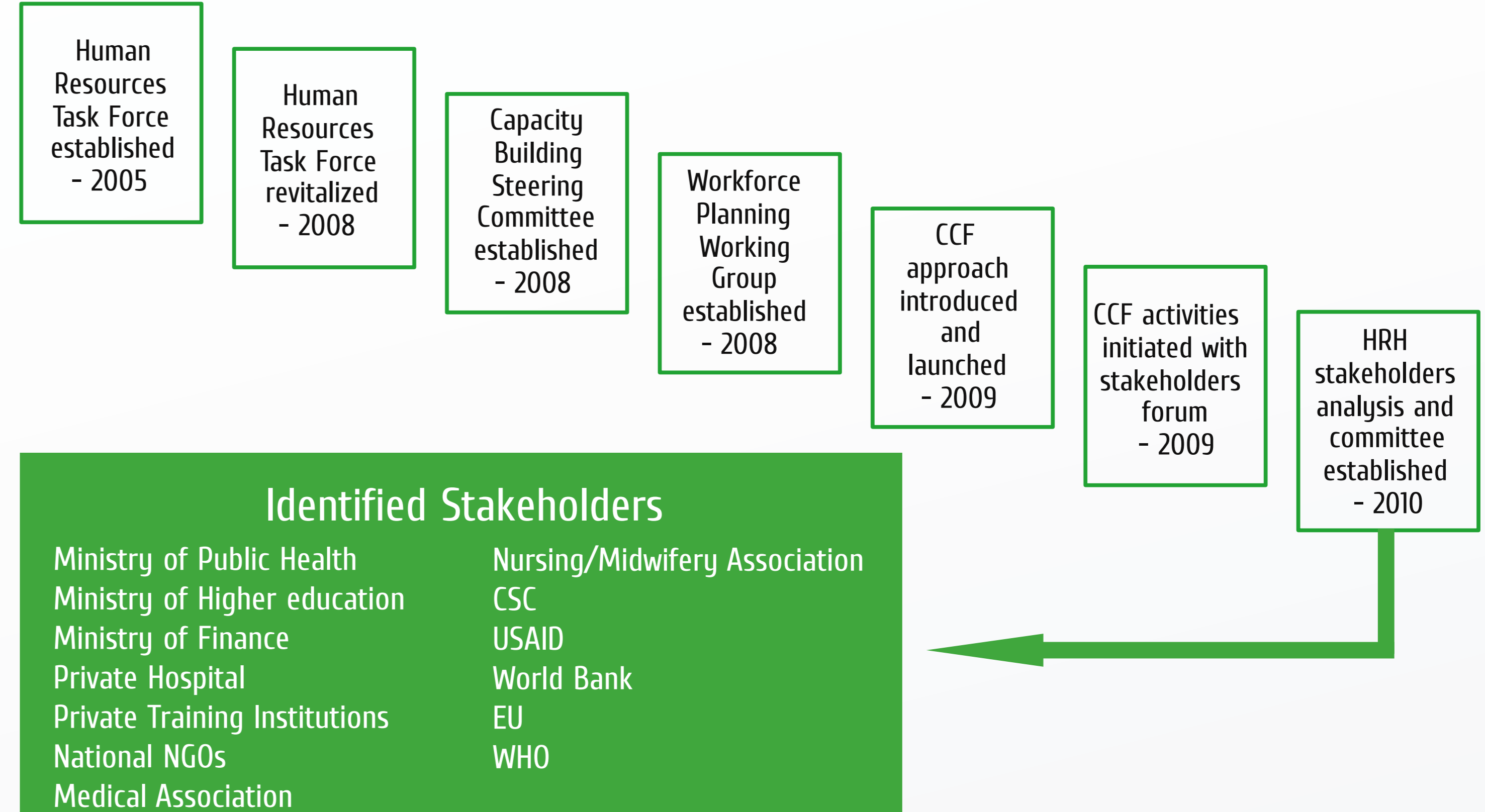
HRH coordination mechanism through the CCF process



Challenges

- Adverse security situation due to war and conflict;
- Multiple partners with complex relations;
- Sustained coordination and engagement of stakeholders;
- Conflicting interest of stakeholders;
- Competing priorities against limited resources;
- Weak institutional capacity;
- Sustainability of the CCF activities.

Moving towards the CCF process in Afghanistan



Lessons Learnt

- The CCF can be implemented even in fragile and unstable situations;
- Political commitment and national ownership is key for successful CCF implementation;
- The CCF brings diverse stakeholders on a common agenda;
- The CCF generates dialogue and facilitates policy decisions;
- The GHWA role is essential in initiating the CCF process.

Way Forward

- Improve skills of stakeholders on the CCF;
- Improve coordination among the stakeholders;
- Address gaps identified through stakeholder analysis;
- Bring all stakeholders around the broad HRH agenda through the HRH forum;
- Develop an evidence-based comprehensive and costed HRH plan.



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