National Action Plan for Health Security (2019-2023)

Islamic Republic of Afghanistan

Executive summary

A National Action Plan for Health Security (NAPHS) of the Islamic Republic of Afghanistan was drafted during a workshop that took place in Kabul, Afghanistan on 16 July 2017, finalized and technically cleared by the IHR multi-sectoral committee on 18-19 March 2019. This plan was based off the Joint External Evaluation (JEE) executed 4-7 December 2016 and the 19 areas in the JEE were used as a guideline to come up with indicators to bring Afghanistan national health system up to IHR standards. Under each of the 19 areas addressed by the JEE, specific activities were devised by the IHR multi-sectoral committee documenting the necessary steps to achieve these standards. Based on the NAPHS, the estimated cost of the overall implementation was also devised so that the country could properly plan for the next five years.

This report provides detail on the process and outcomes of the workshops and gives an analytical summary of the objective and activities defined by the group of experts under each technical capacity area.

Table of Contents

Abbreviations and acronyms

AMR	Antimicrobial resistance
ANDMA	Afghanistan National Disaster Management Authority
BPHS	Basic Package of Health Services
BSL	Biosafety level
CBRN	Chemical, Biological, Radiological, and Nuclear
CPHL	Central Public Health Laboratory
EHIS	Evaluation and Health Information System
EMT	Emergency Medical Teams
EOC	Emergency Operations Center
EPI	Expanded programme of immunization
EPR	Emergency preparedness and response
FAO	Food and Agriculture Organization of the United Nations
FETP	Field Epidemiology Training Program
GIS	Geographic Information System
GLASS	Global Antimicrobial Surveillance System
GoA	Government of Afghanistan
IAEA	International Atomic Energy Agency
IEC	Information, education, and communication
IHR	International Health Regulations (2005)
INFOSAN	International Food Safety Authorities Network
IPC	Infection Protection Control
ISO	International Standards Organization
JEE	Joint External Evaluation
MAIL	Ministry of Agriculture, Irrigation and Livestock
MoJ	Ministry of Justice
MOPH	Ministry of Public Health
NAPHS	National Action for Public Health Security
NFP	National Focal Point
NGO	Non-Governmental Organizations
NIP	National Immunization Program
OIE	World Organization for Animal Health
PHEIC	Public Health Emergency of International Concern
PoE	Points of Entry
PVS	Performance of Veterinary Services
SOP	Standard Operating Procedures
SSC	Ship Sanitation Certificates
ToRs	Terms of References
VDP	Vaccine preventable disease

I. INTRODUCTION

In 2015, the IHR Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation recommended in its report to the Sixty-eighth World Health Assembly[1] "to move from exclusive self-evaluation to approaches combining self-evaluation, peer review and voluntary external evaluation involving domestic and independent experts". A concept note[2] outlining a new IHR Monitoring and Evaluation Framework (IHR MEF) was subsequently developed to reflect the recommendations of the Review Committee, and a revised version was additionally noted by the Sixty-ninth World Health Assembly[3]. The Framework includes four components: one mandatory component on annual reporting, as well as three voluntary and complementary components on Joint External Evaluation (JEE), after action review, and simulation exercises.

The Sixty-third and Sixty-fourth sessions of the Regional Committee for the Eastern Mediterranean adopted resolutions (EM/RC63/R.1) and (EM/RC64/R.1), which noted the progress made in relation to regional strategic priorities, particularly, the progress made by Member States in undertaking evaluations for implementation of the IHR. The later resolution further urged Member States to undertake, if they had not yet done so, external evaluations as soon as possible and to develop national plans of action to implement the recommendations of the assessment[4][5]. The IHR Review Committee in its report on the Role of the IHR (2005) in the Ebola outbreak and response (A69/21, *in reference to Recommendation 2.1.5*) furthermore reiterated that "National Action Plans should be updated by States Parties within one year of the Joint External Evaluation (JEE), with support from WHO regional and country offices as appropriate[6].

Afghanistan completed its self-assessment and JEE in 2016. The JEE came up with concrete recommendations to be pursued, in order to strengthen the country's technical capacities in the 19 technical areas under the IHR 2005. The development of NAPHS came as the next step in the continuum of exercises to meet the IHR MEF requirements. Multi-sectoral participation was discussed and agreed between WHO-EMRO and the Afghanistan International Health Regulation National Focal Point on one side and MOPH Afghanistan and the IHR multi-sectoral committee contains all national IHR-bound authorities on the other side. Communication with all relevant sectors was conducted by the IHR-NFP and the participation of relevant technical experts from each sector was confirmed for the planned workshop. Invitations were also extended to partners ahead of time, to ensure consensus on the outcomes of the plan and a view ahead to improve national health security in Afghanistan. Participants made sure to address the inter-link between relevant technical areas and the issue of strengthening coordination, cooperation and communication among key stakeholders, and reflect that in the planned activities.

A repository of policy and planning background documents was created and made accessible to all experts and participants ahead of the workshop. All the discussions were informed by the data and reports made available took in consideration progress made in relation to the JEE recommendations in each technical area. The workshop embodied the existing plan as a take-off point and elaborated it to fit the standard NAPHS format used by WHO around the globe.

By the end of the four-day workshop (4-7 December 2016), a detailed, costed, multi-sectoral health security action plan had been developed and agreed among the diverse array of technical experts participating to the workshop. The next step is to allocate a portion of the national budget and raise funds from different sources for the implementation of the plan over the five-year period as of the date of endorsement. WHO will continue to provide

[1] Document WHA 68/22 Add.1 (http://apps.who.int/gb/ebwha/pdf_files/WHA68/A68_22Add1-en.pdf).
[2] Document WHA 69/20 (http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_20-en.pdf).
[3] World Health Organization. Joint External Evaluation Tool, Geneva, 2016. (http://apps.who.int/iris/bitstream/handle/10665/204368/9789241510172_eng.pdf;jsessionid=246C9B63C033B1C97CD90E0E7BA9A6D2?sequence=1).
[4] Resolution EM/RC63/R.1 (http://applications.emro.who.int/docs/RC63_Resolutions_2016_R1_19194_EN.pdf?ua=1).
[5] Resolution EM/RC64/R.1 (http://applications.emro.who.int/docs/RC64_Resolutions_2017_R1_20124_EN.pdf?ua=1).
[6] Document WHA A69/21 (http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_21-en.pdf).

technical support for the Government of Afghanistan to implement the plan in order to improve health security, nationally and in the sub-region, thereby contributing to an enhancement of the global health security agenda, under the domain of IHR (2005).

II. OBJECTIVES

The objectives of NAPHS workshop, stated by the Government of Afghanistan, in agreement with WHO were:

1. To bring together national stakeholders representing the 19 technical areas of the IHR framework along with partners and donors to discuss and agree on relevant activities based on JEE recommendations to enhance health security in Afghanistan;
2. To specify the timeline for implementation of each activity;
3. To carry out estimated costing of Afghanistan NAPHS;
4. To officially endorse the plan;
5. To have a consensus on next steps.

III. METHODOLOGY

a) Preparations for the national meeting

Preliminary preparations for the development of the NAPHS were initiated several weeks before the workshop. Documents including relevant policy and planning documents were shared to better inform the development of activies and avoid duplication with concurrent national-level activities. These preparatory documents, including previous assessments, exercises, other relavent strategic documents, and importantly JEE report were essential in facilitating informed discussions during the actual workshop.

During this period, appropriate national counterparts were mapped and identifed for their participation to discuss and complete the plan of action for each of the 19 technical areas. The WHO Regional Office, WHO Country Office and MoPH Afghanistan liased together to finalize key national experts across diverse sectors in Afghanistan, thus, ensuring a comprehensive representation of IHR relevant stakeholders.

b) Conducting the national meetings

After receiving the final JEE report from WHO/EMRO, the preliminary meeting was conducted on 16 July 2017 to discuss about future steps after the assessment. The IHR multi-sectoral committee members composed of different sectors related to 19 IHR technical areas including Ministry of Agriculture Irrigation Livestock, Ministry of borders, Ministry of Transport, Ministry of Interior, Ministry of Justice, Ministry of Defense, National Security Directorate, Atomic Energy High Commission, National Environmental Protection Agency, Afghanistan National Disaster Management Authority, Ministry of Commerce, Ministry of Foreign Affairs, MoPH technical related departments, donors and partners were invited for the workshop. An overview of the JEE scores and recommendations was presented by technical area to review national needs and capacities. Assistance from WHO EMRO was provided remotely for to effectively develop objectives and detail activities that respond to the gaps identified in the JEE recommendations.

During the workshop, participants were divided into diverse working groups based on technical expertise; these multisectoral groups discussed and operationalized the priority recommendations for a grouping of thematically similar JEE Technical Areas. Proposed activities were discussed in great detail, defining their implementation timeline, frequency, costing, availability and gaps of resources and key implementers.

The NAPHS development process considers existent strategic plans, national programmes, and progress already achieved while composing activities across the 19 Technical Areas.

After drafting the NAPHS, the IHR multi-sectoral committee members were asked to consult the draft plan with their related departments/sectors and share the final agreed one with IHR NFP by email during one-week deadline. All related areas' representatives shared their final work within mentioned deadline. The plan was later shared with WHO/EMRO experts for further comments and recommendations. Receiving the WHO/EMRO comments, the plan was revised with consultation and meetings with technical areas experts.

The recent workshop of IHR multi-sectoral committee members were conducted on 18-19 March 2019 to review the final NAPHS. The committee members reviewed the final NAPHS, revised the concerned areas which was technically cleared on the second day of the workshop 19 March 2019. The lessons learned of IHR implementation in Afghanistan shows that enforcing strong implementation of NAPHS is not only depending on endorsement of IHR multi-sectoral committee members but also needs endorsement of government high level officials. The final NAPHS is to be soon endorsed by H.E MOPH minister and also other sectors' high-level officials.

c. Strategic directions and current initiatives in Afghanistan

Afghanistan is a party to International Health Regulations 2005 (IHR). Several activities have been done to facilitate the implementation of the regulations in the country including:

- identification of a national official responsible for IHR
- coordination and collaboration with different ministries and organizations to implement the IHR with establishing IHR multi-sectoral committee
- training courses and workshops for health-care providers, including quarantine staff, to raise competence
- assessment of capacity and surveillance preparedness at different sites in order to comply the regulations.

IV. COSTING THE PLAN

Costing each individual activity is a crucial step to identify the portion of funding the government can allocate from domestic resources, as well as the differential to be mobilized from external resources.

A matrix of common costs was developed for Afghanistan with technical input and consensus from the IHR NFP and national stakeholders – this rubric of costs would be applied systematically across all developed activities when generating the costing for the overall NAPHS. Cost estimates for each activity were derived using a standardized profile of activities (for example, small, medium, and large trainings/workshops; national or international consultancy, etc.). The total cost of each activity relating to the JEE recommendations and set objectives took into consideration the frequency with which the activity is carried out throughout the five-year period of the plan. Based on nature and type of the activity the frequency of each activity was different e.g. for 'consultancy the periodicity is mostly months while for study abroad the periodicity is number of people attending abroad education/study so the costing approach was to add detailed comments for estimation of cost for activities.

The total cost of the plan is estimated at **USD $17,495,323.** The detailed list of activities and related costs by technical area are shown in Annex B of this report. A summary of costs by technical area by year of implementation is shown in Annex C. Some activities will vary in cost while others may have additional unforeseen expenses.

V. FINALIZATION AND ENDORSEMENT OF THE PLAN

At the conculsion of group work, the detailed activities across the 19 Techical Areas were compiled, reviewed, finalized, and costed. National counterparts presented the proposed activites by area to the group at large for final

consensus and ownership across sectors. The completed, multi-sectoral NAPHS Afghanistan will be presented to the national authorities and upon agreement, it will be endorsed.

VI. ANALYSIS OF THE PLAN

The NAPHS represents a prioritization exercise from the findings and reccomenations of the Joint External Evaluation, as well as other elements of the IHR Monitoring and Evaluation Framework.

The detailed list of acivities tailored for each area – along with the attached budget figure- is shown in Annex A. The following section highlights the direction and provides an analysis of the main planned activities of the plan, area by area.

- ***PREVENT***

1. National legislation, policy, and financing

With a view to having an adequate legal framework to support and enable the implementation of IHR (2005), the MoPH aims to establish a legislative advisors committee and, to convening the aforementioned committee to review national legislation and IHR legislation updates. The MoPH plans to produce the work of this Committee as a final report. The first IHR legislative committee meeting was conducted in February 2017 after JEE report and raised questions about the compliance of IHR with national legislations. The national legislations and IHR have been reviewed by legal advisors committee and recommendations were made to have legislative requirements IHR. Still, there is a need to draft new policies, rules, regulations, and legislations for institutionalizing IHR in Afghanistan and increase all related sectors' commitment for implementing the NAPHS activities.

Updating the national legislation based on IHR (2005), IHR legislation review report (2017) and endorsing new changes are among the actions as the follow-up of IHR legislative committee to enable compliance with the IHR (2005).

2. *IHR coordination, communication, and advocacy*

Ensuring availability of multi-sectoral coordination and communication mechanisms, a national IHR multi-sectoral committee is set up with representation from all 19 areas and the said committee will conduct semi-annual meetings to elaborate updates and progress of IHR and the NAPHS.

Exercises in the form of Table-Top Exercises (TTX) are planned for building the capacity of the National Focal Point and IHR Focal point for stakeholders.

3. Antimicrobial resistance

Although Afghanistan does not have the capabilities required to address AMR, planned national action plan to combat AMR, and adequate knowledge about the AMR Global Action Plan, it has the capacity in place to detect most of the priority pathogens at the Central Public Health Laboratory (such as Escherichia coli, Staphylococcus aureus, Salmonella spp., Shigella spp.), the Central Public Health & some provincial public health laboratories are actively participating in AMR surveillance, and most health facilities are involved in healthcare associated infections (HCAI) prevention and control programmes. However, surveillance and stewardship programmes are missing, and there is also no approved national action plan for HCAI.

In order to mitigate the impact of AMR pathogens, Afghanistan will take measures to address the gaps identified during the JEE and NAPHS workshops. To achieve this, a national AMR multi-sectoral committee is established

to steward the AMR activities in the country, national plan for the detection and reporting of AMR pathogens is developed; moreover the AMR surveillance system will be strengthened; a national plan for HCAI will be approved and implemented; and last but not least a national plan will be developed for antimicrobial stewardship.

4. Zoonotic diseases

Zoonotic disease committees in Afghanistan were established in 2009 at the central and provincial levels with a shared responsibility between the MoPH and MAIL. Passive surveillance for a list of prioritized dieases is well functioning while an active surveillance is still missed. Both the human and animal health laboratories within the country have the capacity to detect all the priority zoonotic diseases and a national zoonotic disease strategy is developed. Though Afghanistan has a capable veterinary workforce but zoonotic diseases training is highly recomeneded to be delivered.

Afghanistan is planning to develop an active surveillance system for zoonotic events including standardized data sharing mechanism between animal health and public health, provide epidemiology training courses for veterinarians, conduct IHR-PVS bridging workshop and organize periodical meetings between zoonotic disease committee members. The national zoonotic disease strategy has been finalized and endorsed and included a compensation plan to farmers. Strenthening cross border collaboration with neighbouring countries in response to zoonotic disease is planned under NAPHS as well.

5. Food safety

A Food Safety Law exists as well as an MoU between the MoPH and MAIL, covers most aspects of food safety and mandates the establishment of a Food Control Authority and a Food Control Board to be charged with various aspects of food safety including developing policies and SOPs. In addition, laboratory capacity exists in the MoPH and MAIL for the detection of microbiological contaminants and disease agents, as well as some capacity to test for non-biological agents at MAIL laboratories. Surveillance, multisectoral response, and information sharing for foodborne diseases need to be improved and rules and responsibilities have to be identified across sectors. Early detection of foodborne events should be revisited.

Under NAPHS, a list of activities developed in consultation with concerned national and international experts to establish functional mechanisms for detecting and responding to foodborne disease and food contamination in the country. It includes formulating food safety control committee with nominated focal points of relevant sectors with clear ToRs, carry out consultation meetings among concerned stakeholders, train laboratory staffs to detect pathogens and contaminants in food. In addition, strenthening outbreak investigation and response to food borne disease through developing needed SoPs & building RRTs capacity and in the meanwhile, conduct risk assessment of food safety nationwide.

6. Biosafety and biosecurity

A good collaboration exists between human health and animal health at national level with regards to biosafety/biosecurity and the country has the capacity to transport dangerous pathogens to reference laboratories. 43 laboratories' physical structure were renovated and laboratory staff had received a basic biosafety and biosecurity trainings, also SoPs and flow charts are developed. Risk assessment on biosafety and biosecurity has been conducted and waste management system is in place.

In order to establish a biosafety/biosecurity comprehensive system, Afghanistan has proposed to develop biosafety biosecurity guidelines/polices/SoPs followed by training laboratory staff on developed guidelines. Moreover, a biosafety biosecurity coordination forum will be formulated, both MoPH and MAIL laboratories assessment on biosafety and biosecurity measures will be carried out at national and regional level. Lastely, the biosafety protocol needs updating and inventory system for labs deal with dangerous pathogens and toxins to be developed.

7. Immunization

In Afghanistan, Expanded Programme on Immunization (EPI) services were initiated in 1978 under support from the UNICEF and was established within the MoPH structure in 2002. Data on immunization are collected and reported on monthly and quarterly basis using paper-based as well as electronic copies. Currently, nine vaccines are included in the national routine EPI - Bacillus Calmette-Guérin (BCG), diphtheria, Haemophilus influenzae type B (Hib), hepatitis B, measles, pertussis, polio, tetanus, and pneumococcal vaccine. Vaccines are distributed from national to facility level with the support of UNICEF which allows access to hard to reach areas. However, immunization service delivery is restricted due to ongoing conflict, cultural problems, and unequal geographic distribution of health facilities, tough and mountainous geographical terreain, transportation challenges, and minimal workforce motivation; improvement is needed in the quality of data collection, reporting & analysis and in the denominators used to estimate vaccine coverage. The country needs to develop a mechanism to ensure sustainable supply of vaccines to lower levels independent of international partners.

Afghanistan will work to improve the coverage of vaccination at national and provincial levels by implementing reaching every community/child strategy, including private health facilities in delivering routine immunization services, and establishing committee for determining the denominator of vaccine coverage. Furthermore, the country will train more vaccinators (mainly females) and upgrade some 300 health sub-centers to basic healthcare centers to become EPI fixed centers in order to ensure that all needy population will have access to routine immunization services.

- ***DETECT***

8. National laboratory system

Public health laboratories provide essential services including disease and outbreak detection, emergency response, environmental monitoring, and disease surveillance. Currently, in Afghanistan, coordination, or exchange programmes are poor among each level and the private sector. Microbiological laboratory functions, which are operated at the health unit level, mainly serve patient care and clinical management decisions. This is the case for both human and veterinary health laboratory services. Specimen referral chains become long and slow for most samples that are transported from rural areas, as they are far from major cities or hard to reach. Sample integrity is also an issue due to long transportation times.

A number of activities were done to improve the current capacities of the National Laboratory System. These activities fall under four objectives: strengthen the laboratory capacity to diagnose both human and animal health potential diseases at national and provincial level; standardize sample collection, chandelling and transportation; determine the sites in need for introduction of point of care; and establish national accreditation process scheme for public and private laboratories. The activities will be completed through SOP development, trainings, workshops, and monitoring and evaluation activities.

9. Real-time surveillance

Effective indicator- and event-based surveillance exists at national and subnational levels and data are shared with stakeholders on a regular basis. Staff were trained on epidemiology and surveillance. Surveillance guidelines, disease lists, case definitions, outbreak investigation line lists and surveillance monitoring check lists are regularly updated.

In order to maintain and scale up achieved progress, coordination mechanism with other sectors will be updated, training on emerging and re-emerging diseases will be delivered to strengthen the workforce capacity of the surveillance staff, along with boosting the laboratory surveillance system. An e-surveillance tool will be developed and used to support all aspects of the surveillance process including data collection, analysis and generating reports.

10. Reporting

The country has identified the IHR NFP; OIE delegates and World Animal Health Information System national focal points. It is in the process of developing and establishing SoPs, protocols, processes, regulations, and/or legislation governing reporting. A list of ministries and corresponding focal points that should participate in a response is available, and experts meet when a potential PHEIC is reported/detected. Responsibility for any outbreak, especially of zoonotic origin, is shared with ministry of animal, irrigation, and livestock (MAIL). Surveillance data and outbreak reports are shared regularly with the relevant stakeholders at national and subnational levels.

To ensure timely reporting or sharing of potential PHEIC among different sectors and international organizations (i.e. WHO, FAO, OIE, INFOSAN), the country will include IHR NFP roles and responsibilities in the NFP ToR; conduct training workshops for stakeholders on the use of Annex 2 of IHR 2005. It will enhance the in-country network for information exchange and reporting by developing and sharing tools for reporting of PHEIC among IHR NFP and related sectors, and conducting table top exercise on reporting mechanism of different sectors to IHR NFP.

11. Workforce development

The statistics in the workforce, except public health specialists, showed that the total number of staff has risen over the last decades. National Disease Surveillance and Response (NDSR) officers and District Health Coordinators in all provinces are trained to detect outbreaks and report to the MoPH. Afghanistan has a limited number of public health trained personnel to prevent, detect and respond to public health events, and gaps are observed in the field of microbiologists, virologists, laboratory technicians and epidemiologists. More than a dozen of epidemiologists has attended the FETP training in Tajikistan as part of measures to address the problem of workforce shortage and the country is looking for alternative options to train more staff like in-country trainings or agreement with other countries or developing basic programme facilities in Afghanistan. In 2014 the country developed a national strategy for human resources for health (HRH), and started training on needs assessments. It has incorporated the identification of public health expertise in its plan and has to work to address the low coverage of medical staff in rural areas and information on veterinary workforce has to be made available.

The country will develop strategies to address issues (regarding workforce) identified by JEE and NAPHS. Afghanistan will include public health specialists in the workforce planning as part of HRH; identify partners for extending the FETP training; establish Human and Animal Health Workforce Committee with composition of HR MoPH and MAIL; ensure the availability of multidisciplinary rapid response teams at the different administrative levels. Furthermore, the country will work to tackle staff shortage by developing a staff retention policy, addressing geographical and gender imbalances.

- ***RESPOND***

12. Preparedness

Afghanistan is a disaster-prone country with numerous recurrent natural disasters on different scales, as well as widespread and longstanding conflict, and disease outbreaks. Ongoing insecurity has negatively affected the health of the population, the level of country preparedness and coping capacity that, in turn, has increased the vulnerability of communities and affected their resilience. By necessity, capacity to deal with mass casualty incidents (MCI), and investigation and control of disease outbreaks, has increased. Emergency and disaster risk management have become a priority agenda for the GoA including the MoPH.

Based on the JEE recommendations and the work that has been done since the JEE, it has been planned to establish multidisciplinary rapid response teams (RRT) at national and provincial levels. This would be followed

by reviewing and updating the National Disaster Management Plan and the All Hazards National Health Emergency Response Plan according to results of Health Emergency Risk Assessment and Joint External Evaluation of IHR. Once updated, simulation exercises should be carried out to test the functionality of the plans. It is also imperative to establish a National Health Emergency Stockpile. In an effort to strengthen public health risk preparedness, it is planned to conduct national risk assessments every three years in collaboration with relevant stakeholders.

13. Emergency response operations

Due to the current situation, Afghanistan sets a high emphasis on Emergency Response, hence the implementation of a National Emergency Command and Control Centre. Though running smoothly, there are several areas that the CCC could improve on. It is important to integrate relevant IHR-related functions with CCC under EPR for coordinated risk assessment and response to all public health events as well as establish links between the national CCC and provincial surveillance units, with regional and provincial CCCs links to be considered in the longer term. The state should also develop contingency plans and case management guidelines for different IHR-related hazards.

In the planning process, it was decided to develop SoPs for linking the CCCs and Surveillance units at national and regional/provincial level as well as develop contingency plans for different IHR-related hazards. In order to ensure that the CCC is operational and fully coordinated with all sectors and Stakeholders, Afghanistan will develop multisectoral Surge Capacity Plan to be accessible by all relevant sectors at national, and provincial level and conduct After Action Review (AAR) for functionality of Emergency Operation Center (CCC) with the involved entities. It is also planned to build the national capacity for case management of IHR related hazards.

14. Linking public health and security authorities

The MoPH has involved the security agencies in many preparedness activities, including training courses at national level and pandemic preparedness exercises. However, this inclusiveness needs to be verified at provincial level. There has not been an occasion to request the security authorities to assist with quarantine of communities. Risk analysis associated with deliberate use of hazards posing a security threat is handled by the security authorities.

This guided the workshop to plan to establish a legal framework and functional coordination mechanism between MoPH and security authorities for effective and timely detection and response to biological event of suspected or confirmed deliberate origin. This will be achieved through the development of joint SOPs between MoPH and security authorities for joint investigations and response to major outbreaks as well as develop SoPs for joint immediate information sharing between MoPH and security authorities. In addition, they will identify designated security and health authorities at national and provincial level, as well as Identify a responsible focal point for toxins and biological suspected cases to be reported to within MoPH. The establishment/activation toxicology department of Laboratories and train them on detecting toxins has also been identified as a priority.

15. Medical countermeasures and personnel deployment

On several occasions over the last years, Afghanistan has been involved in personnel deployment, either sending or receiving staff, e.g. support to Pakistan in polio outbreak control activities. Also, medical countermeasures have been received through international agencies (e.g. UNICEF) present in the country. The need for arrangements regarding personnel deployment and medical countermeasures is addressed in the two national disaster emergency plans (National Disaster Management Plan and NERPH), although these have not yet been formalized or further implemented through SOPs.

Two main activities were identified based on the recommendations of the JEE. The first is to establish a national framework for transferring (sending and receiving) medical countermeasures among international partners during public health emergencies. And the second is to establish a national framework for transferring (sending and receiving) public health and medical personnel among international partners during public health emergencies. These are very similar activities, but they are both equally important in a setting such as Afghanistan.

16. Risk communication

As the JEE suggested, the Health Promotion Department of Health of the Ministry of Public Health (in coordination with the Public Relations Department) is the designated entity for leading and coordinating risk communication. Despite limited human and financial resources, the two department have made much progress in risk communication. Furthermore, the importance of risk communication and community engagement during public health emergencies are recognized and successful practices, mainly of awareness campaigns, media outreach and behavior change communication offer a good baseline for expanding the risk communication capacity to a more holistic and comprehensive tool.

A risk communication strategy for all hazards has not been developed yet; but the Ministry of Public Health plans develop a national strategic plan for multi-hazard risk communication. Along with the generic plan, the MoPH is committed to develop standard operating procedures for risk communications between the Ministry and different stakeholders.

Establishing a multi-sectoral and multi-disciplinary Strategy Technical Advisory and Coordination Group within the MoPH and conducting regular meetings is planned to provide technical guidance, oversight and coordination and leadership to advance the agenda for strengthening risk communication capacity. This will be reinforced by assigning dedicated teams for risk communication at national and provincial levels.

To increase awareness and engagement of community, the Ministry aims to regulate risk communication messages on certain issues like travel health at points of entry and public hygiene while developing SoPs for rumour tracking system between community and MoPH is considered a priority action in the NAPHS.

The MoPH plans the majority of these activities in collaboration with WHO and other involved institutions such as UN agencies and to implement the activities at both national and provincial levels when needed.

- ***OTHER IHR-RELATED HAZARDS AND POINTS OF ENTRY***

17. Points of entry

Afghanistan is lacking in core capacities at designated points of entry. Surveillance for public health events is not in place as arriving ill passengers usually seek health care inside the country and not at the PoE, hence, there are no records of ill passengers at the PoE. As well as food and water are provided at PoE but with no system to ensure it is safety. A vector surveillance and control programme is in place, although the PoE and facilities around them are not part of this programme. Plans and SOPs for response to public health events of different origins are also lacking, except for temporary measures during the Ebola outbreak to identify suspected cases and refer them to the designated health facilities.

In the NAPHS plan, two main objectives were identified. The first is to develop surveillance (including vector surveillance) to inform risk assessment for future monitoring plans. This will be done through assessments of IHR; the development of a public health contingency plan for all hazards at points of entry with the involvement of relevant stakeholders; the development of SOPs on the early detection, investigation and initial assessment of ill passengers detected at points of entry; and finally to conduct SimEx of the contingency plan at PoEs. Second, is to have an effective Multi-Hazard Public Health Emergency Plan established and adopted at Points of Entry to prepare and respond to health emergencies. This will be achieved through training of personnel at PoEs, develop

MOUs with neighboring country as well as conduct an assessment on effectiveness of implementing travel restriction.

18. Chemical events

In Afghanistan, there is limited capacity for testing of chemicals and toxins in food, drugs, water, and the environment. There is also limited national surveillance for chemical exposure as part of the national surveillance system. While this is of good quality with respect to infectious disease, there is little evidence that, in reality, significant reporting of chemical incidents occurs, despite the infrastructure in place. There is anecdotal concern with respect to pesticide use and air pollution levels in Kabul. Because of the security situation in Afghanistan it should be noted that no large chemical production infrastructure exists, and only limited heavy industry. Capability is limited to detect and respond to malicious deliberate release of chemicals.

Throughout the course of developing the NAPHS plan, two main objectives where identified. The first is to establish the surveillance and response capacity for chemical risks or events, with effective communication and collaboration among the sectors responsible for chemical safety, industries, transportation, and safe disposal. This will be achieved through the development of guiding documents, training of the surveillance staff, the designation of a hospital with the capacity to respond to chemical events, and to include chemical events in the all hazard risk assessment conducted annually. It is also important to establish the system for managing the chemical events. This will be achieved through the development of chemical testing capacity for common chemical threats.

19. Radiation Emergencies

Afghanistan is limited when it comes to the capacity to respond to radiation emergencies. There are no baseline public health assessments nor other assessments of radiation safety, no assessment performed on radiation events and risks, no health-care facilities for radiation emergences, no radiation emergency response plan, and has limited human and financial resources.

In order to increase the capacity, Afghanistan has proposed to establish surveillance and response capacity for radionuclear hazards/events/emergencies at country level through trainings and the development of an emergency response plan. It is also planned to establish a communication and coordination body of relevant sectors for radiation events.

VII. STEPS TO SUPPORT THE IMPLEMENTATION OF THE PLAN

1. Alignment with national health strategic planning and fiscal year

During the workshop, the participants aligned the activities adopted under each technical area with existing national strategies/plans. Efforts to synchronize these activities with the national planning cycle for the fiscal year is important to guarantee commitment and allocation of domestic resources needed for implementation.

2. WHO support

In order to fully implement the plan, additional budget and technical support will be needed. Afghanistan will take lead in implementing the plan, with WHO providing the necessary technical support

3. Partnership

The mobilization of external technical and financial resources is required to implement the Afghanistan NAPHS. Partners, donors, and domestic stakeholders were directly engaged in the country's planning process from the beginning through close coordination, with the aim of defining areas within the health system where support can best be provided. Existing and potential partners and donors may choose to support more than one technical capacity area or provide support for the entire country program related to health security, with no earmarking other than for the strategic national plan priority technical capacity areas.

4. Next Steps

Endorsement of NAPHS by the Government of NAPHS provides legitimacy and guarantees support to the plan across setors by the highest level of authorities in the country. The IHR multi-sectoral committee will continue to follow up with the various national bodies to allocate resources and engage in vigorous fund-raising for the implementation of the plan. Implementation of the planned activites will continue with increased momentum after the plan has been fully endorsed.

Annex A: List of JEE Indicators, Scores and Recommendations per Technical Area

Capacities	Indicators	Scores	Recommendations
National legislation, policy and financing	P.1.1 Legislation, laws, regulations, administrative requirements, policies, or other government instruments in place are sufficient for implementation of International Health Regulations (IHR) (2005)	1	• Establish a national committee of legal advisors and public health officers representing the different sectors relevant to IHR, including the IHR NFP, to review the national legislation, decrees, policies and administrative procedures to identify gaps and corrective measures to accelerate the implementation of IHR.
	P.1.2 The state can demonstrate that it has adjusted and aligned its domestic legislation, policies and administrative arrangements to enable compliance with IHR (2005)	1	
IHR coordination, communication and advocacy	P.2.1 A functional mechanism is established for the coordination and integration of relevant sectors in the implementation of IHR	1	• Establish an IHR multisectoral coordination committee with high-level representation and defined ToRs. • Continue ongoing, regular advocacy activities for all relevant stakeholders to promote awareness of IHR implementation. • Develop a national plan of action for IHR implementation based on the results of the JEE..
Antimicrobial resistance	P.3.1 Antimicrobial resistance detection	1	• Develop a national plan for the detection and reporting of AMR pathogens that includes both animal and human health. • Develop and ensure availability of an infection prevention and control policy, operational plan and SOPs at all health facilities. • Train health workers on health care-associated infection (HCAI) prevention and control programmes. • Strengthen the AMR surveillance system and ensure it is connected to the national surveillance system, and able to share data in real time.
	P.3.2 Surveillance of infections caused by resistant pathogens	1	
	P.3.3 Health care-associated infection prevention and control programs	1	
	P.3.4 Antimicrobial stewardship activities	1	

Zoonotic diseases	P.4.1 Surveillance systems are in place for priority zoonotic diseases/pathogens	4	• Finalize and ratify the National Zoonotic Disease Strategy, which should:
			  ○ sustain the current surveillance systems and evolve towards more active surveillance and electronic information sharing;
			  ○ improve the current joint response mechanism;
			  ○ improve multisectoral cooperation at the national level;
			  ○ devise a compensation plan to encourage reporting of disease from farmers.
			• Devise a plan to include zoonotic diseases in the veterinary workforce academic training, special workshops, and as part of the FETP.

	P.4.2 Veterinary or animal health workforce	4	
	P.4.3 Mechanisms for responding to zoonoses and potential zoonoses are established and functional	2	
Food safety	P.5.1 Mechanisms are established and functioning for detecting and responding to foodborne disease and food contamination	1	• Establish the food control authority as mandated by the Food Safety Law. The authority should include focal points from all relevant sectors including, but not limited to the MoPH (epidemiology, laboratory, environmental health); MAIL (epidemiology, laboratory); MoC; and municipalities, waterworks and sanitation. • Improve the current surveillance system to include foodborne illness as a notifiable disease. Surveillance should also include the ability to detect pathogens and contaminants in food.

Capacities	Indicators	Scores	Recommendations
		1	• Develop SOPs for the investigation and response to foodborne diseases and train involved personnel on implementing these SOPs.
Biosafety and biosecurity	P.6.1 Whole-of-government biosafety and biosecurity system is in place for human, animal and agriculture facilities	1	• Strengthen the biosafety/biosecurity comprehensive system to involve human, animal and agriculture sectors countrywide, not only at central level, but also at lower-level laboratories since these are Involved in sample collection and packaging. • Implement pathogen control measures including an updated record and inventory of pathogens within facilities that store or process dangerous pathogens and toxins. • Develop a national biosafety and biosecurity coordination/guiding document, including legislation/ regulations to guide countrywide biosafety/biosecurity issues, including monitoring of private laboratories.
	P.6.2 Biosafety and biosecurity training and practices	1	
Immunization	P.7.1 Vaccine coverage (measles) as part of national program	2	• Support microplanning through the Reaching Every District strategy using community health workers (CHW) and BASIC tools to improve immunization services and immunization data quality and use. • Improve immunization coverage and equitable access by upgrading health sub-centres to become EPI fixed centres and increasing the vaccinator workforce (200 new vaccinators to be trained). • Improve denominator estimation through surveys to consider the internal displaced population, nomads and returnees.
	P.7.2 National vaccine access and delivery	4	
National Laboratory Systems	D.1.1 Laboratory testing for detection of priority diseases	4	• Institute the requirement for immediate routine reporting of laboratory diagnostic results to the infectious disease surveillance department. • Finalize and endorse the national laboratory policy: develop annual national laboratory strategic and operational plans, which should be reviewed and updated at annual budget cycles. • Develop SOPs for immediate data exchange and joint analysis of zoonotic, food- and waterborne diseases between the MoPH and MAIL. • Strengthen capacities of regional/provincial laboratories.
	D.1.2 Specimen referral and transport system	2	
	D.1.3 Effective modern point-of-care and laboratory-based diagnostics	2	
	D.1.4 Laboratory quality system	1	
Real-time surveillance	D.2.1 Indicator- and event-based surveillance systems	4	• Strengthen capacity-building of the surveillance staff on emerging and re-emerging diseases. • Strengthen the laboratory surveillance system. • Strengthen the inter- and intrasectoral coordination mechanism through regular forums (MoPH and MAIL, Ministry of Security and other relevant stakeholders).
	D.2.2 Interoperable, interconnected, electronic real-time reporting system	3	
	D.2.3 Analysis of surveillance data	4	
	D.2.4 Syndromic surveillance systems	4	
Reporting	D.3.1 System for efficient reporting to WHO, FAO, and OIE	2	• Review the ToR of the IHR NFP and ensure that potential public health emergencies of international concern (PHEIC) are notified to WHO. • Identify focal points in the different sectors and develop SOPs for information sharing related to potential PHEIC among these and the IHR NFP. • Organize workshops involving the different stakeholders to train them on the use of the IHR Annex 2.
	D.3.2 Reporting network and protocols in country	2	
Workforce development	D.4.1 Human resources are available to implement IHR core capacity requirements	1	

Capacities	Indicators	Scores	Recommendations
	D.4.2 Field epidemiology training program or other applied epidemiology training	2	• Include public health specialists in the workforce planning and health workforce statistics as part of the HRH strategy. • Identify partners for extending the FETP, either in-country or abroad. • Include public health expertise in the current training needs assessments by the MoPH and MAIL. • Ensure the availability of multidisciplinary rapid response teams at the different administrative levels.
	D.4.3 Workforce strategy	2	
Preparedness	R.1.1 Multi-hazard national public health emergency preparedness and response plan is developed and implemented	2	• Review and update the national disaster management plan and national health emergency response plan according to results of the health emergency risk assessment and the IHR JEE. • Test the updated national health emergency response plan to ensure its functionality with a focus on outbreaks within a multi-hazard framework. • Enhance cooperation of all MoPH departments concerned with IHR, including EPR, communicable disease management, EHIS including disease surveillance, and the Afghanistan National Public Health Institute. • Review and update the national risk assessment on an annual basis in collaboration with the different stakeholders. • Establish a national health emergency stockpile.
	R.1.2 Priority public health risks and resources are mapped and utilized	2	
Emergency response operations	R.2.1 Capacity to activate emergency operations	2	• Integrate relevant IHR-related functions with CCC under EPR for coordinated risk assessment and response to all public health events. • Establish linkages between the polio emergency operations centre and the national CCC. • Establish links between the national CCC and provincial surveillance units, with regional and provincial CCCs links to be considered in the longer term. • Develop contingency plans and case management guidelines for different IHR-related hazards.
	R.2.2 Emergency operations center operating procedures and plans	2	
	R.2.3 Emergency operations program	2	
	R.2.4 Case management procedures are implemented for IHR-relevant hazards	2	
Linking public health and security authorities	R.3.1 Public health and security authorities (e.g. law enforcement, border control, customs) are linked during a suspect or confirmed biological event	4	• Develop joint SOPs between public health and security authorities (e.g. joint investigation of outbreaks, requests for assistance, identification of responsible focal points). • Increase participation of the security authorities in training courses and other public health emergency preparedness activities (e.g. exercises), particularly at provincial levels.
Medical countermeasures and personnel deployment	R.4.1 System is in place for sending and receiving medical countermeasures during a public health emergency	2	• Review and update the existing disaster management law, pandemic influenza plan and other relevant documents in relation to sending and receiving medical countermeasures and personnel deployment to respond to public health emergencies. • Develop SOPs to operationalize the sending and receiving of medical countermeasures and personnel deployment. • Consider establishing formal agreements (multisectoral) with international organizations and networks to facilitate the response to public health emergencies.
	R.4.2 System is in place for sending and receiving health personnel during a public health emergency	2	
Risk communication	R.5.1 Risk communication systems (plans, mechanisms, etc.)	2	• Develop a national strategic framework and plan for multi-hazard risk communication. • Establish a dedicated core team for risk communication at national and provincial levels. • Develop SOPs for communications coordination between sectors and partners.
	R.5.2 Internal and partner communication and coordination	2	
	R.5.3 Public communication	2	

Capacities	Indicators	Scores	Recommendations
	R.5.4 Communication engagement with affected communities	1	• Organize cross-sector training activities on multi-hazard risk communication and ensure the involvement of spokespersons from all key ministries and agencies. • Formalize the rumor tracking system.
	R.5.5 Dynamic listening and rumor management	3	
Points of entry	PoE.1 Routine capacities are established at points of entry	1	• Develop a public health contingency plan for all hazards at PoE with the involvement of relevant stakeholders. • Develop SOPs on the early detection, investigation and initial assessment of ill passengers detected at PoE, and train personnel on their implementation. • Involve PoE and facilities around them in the national vector surveillance and control programme. • Consider establishing cross-border agreements for the early detection and rapid response to public health events.
	PoE.2 Effective public health response at points of entry	1	
Chemical events	CE.1 Mechanisms are established and functioning for detecting and responding to chemical events or emergencies	1	• Embed an understanding and awareness of chemical event surveillance within the overall surveillance system, and further develop the response capability of chemical events. • Develop further chemical testing capacity for common chemical threats either in country or by agreement with neighboring countries. • Develop a clearer cross-sector understanding and system for assessing chemical threats. • Update the National Environmental Pesticides strategy for 2017–2020
	CE.2 Enabling environment is in place for management of chemical events	1	
Radiation emergencies	RE.1 Mechanisms are established and functioning for detecting and responding to radiological and nuclear emergencies	1	• Provide training on radiation safety for those who could be exposed. • Build radiation awareness and the capacity of first-line staff to respond to radiation incidents. • Develop an emergency radiological response plan and establish a coordination body with relevant sectors. • Develop capacity for radiological monitoring and initial source identification.
	RE.2 Enabling environment is in place for management of radiation emergencies	1	

Annex B: Annual Estimated Cost per Activity Per Technical Area

Technical Area	Activity Number	Summary of planned activities	Timeline					Total Estimated Cost	
			2019	2020	2021	2022	2023	Dollar	Afghani
National Legislation	P.1.1.1	Establish legislative advisors committee to review the national legislations based on IHR	$ -	$ -	$ -	$ -		$ -	AFN -
	P.1.1.2	Convene annual meetings of IHR legislation committee for reviewing the National Legislations and IHR legislation updates and write the final report	$ 291	$ 291	$ 291	$ 291	$ 291	$ 1,453	AFN 116,250
	P.1.2.1	Update the national legislations based on IHR Legislation review report and endorse new changes	$ 26,227	$ -	$ -	$ 26,227		$ 52,453	AFN 4,196,250
	P.1.2.2	Develop national policy for influenza vaccination		$ 17,484	$ -	$ -		$ 17,484	AFN 1,398,750
			$ 26,517	$ 17,775	$ 291	$ 26,517	$ 291	$ 71,391	AFN 5,711,250
IHR Coordination	P.2.1.1	Formulate National IHR multi-sectoral Committee with membership of all 19 areas related stakeholders and endorsed ToR	$ -	$ -	$ -	$ -		$ -	AFN -

	P.2.1.2	Conduct semi-annual meeting of IHR multi-sectoral committee for updates on different areas of IHR and progress of NAPHS	$ 6,413	$ 6,413	$ 6,413	$ 6,413	$ 6,413	$ 32,063	AFN 2,565,000
	P.2.2.1	Conduct table top exercise (TTX) for IHR NFP coordination with related stakeholder to strengthen reporting, preparedness and response to PHEICs	$ -	$ 875	$ 875	$ -		$ 1,750	AFN 140,000
	P.2.2.2	Conduct TTX for assessing the knowledge of IHR multi-sectoral committee on Annex 2 of IHR	$ -	$ 875	$ -	$ -		$ 875	AFN 70,000
			$ 6,413	$ 8,163	$ 7,288	$ 6,413	$ 6,413	$ 34,688	AFN 2,775,000
AMR	P.3.1.1	Implementation of AMR National Action Plan for detecting and reporting MAR pathogens which will include both human health and animal health	$ 200,000	$ 200,000	$ 200,000	$ 200,000	$ 200,000	$ 1,000,000	AFN 80,000,000
	P.3.1.2	Report the detected AMR pathogens regularly to IHR NFP	$ -	$ -	$ -	$ -		$ -	AFN -
	P.3.1.3	Conduct AMR awareness workshop for health workers in 5 provinces	$ 79,875	$ 79,875	$ 79,875	$ 79,875	$ 79,875	$ 399,375	AFN 31,950,000
	P.3.2.1	Develop multilevel Surveillance guideline with collaboration of both human health and animal health sector	$ 17,484	$ -	$ -	$ -		$ 17,484	AFN 1,398,750
	P.3.2.2	Train the Surveillance staffs in 3 sentinel sites for	$ 11,981	$ 11,981	$ 11,981	$ 11,981	$ 11,981	$ 59,906	AFN 4,792,500

		initiating the AMR Surveillance							
	P.3.2.3	Electronic Submission of AMR data to GLASS IT platform	$ -	$ -	$ -	$ -		$ -	AFN -
	P.3.3.1	Revise the current IPC guideline for hospitals available in the country and Pandemic influenza	$ 7,988	$ -	$ -	$ -		$ 7,988	AFN 639,000
	P.3.3.2	Conduct regular trainings of health workers on health care-associated infection prevention and control based on revised IPC guideline	$ 11,981	$ 11,981	$ 11,981	$ 11,981	$ 11,981	$ 59,906	AFN 4,792,500
	P.3.4.1	Establish national AMR multi-sectoral committee to steward the AMR activities in the country	$ -	$ -	$ -	$ -		$ -	AFN -
	P.3.4.2	Meetings on stewarding AMR activities in the country	$ 581	$ 581	$ 581	$ 581	$ 581	$ 2,906	AFN 232,500
			$ 329,891	$ 304,419	$ 304,419	$ 304,419	$ 304,419	$ 1,547,566	AFN 123,805,250
Zoonotic Disease	P.4.1.1	Establish active Surveillance system of zoonotic disease in animal health sector	$ -	$ 100,000	$ -	$ -		$ 100,000	AFN 8,000,000
	P.4.1.2	Develop SoP for immediate data exchange and joint analysis of zoonotic, food and waterborne disease between animal and human health sector	$ 17,484	$ -	$ -	$ -		$ 17,484	AFN 1,398,750
	P.4.2.1	Conduct Epidemiology training for veterinary workforce	$ -	$ 34,688	$ 34,688	$ 34,688	$ 34,688	$ 138,750	AFN 11,100,000

	P.4.2.2	Conduct IHR-PVS bridging workshop at national and provincial level	$ 19,894	$ 19,894	$ 19,894	$ 19,894	$ 19,894	$ 99,469	AFN 7,957,500
	P.4.3.1	Conduct the regular zoonotic disease committee meetings at national	$ -	$ -	$ -	$ -		$ -	AFN -
	P.4.3.2	Finalize the endorsement of National Zoonotic Disease Strategy	$ -	$ -	$ -	$ -		$ -	AFN -
	P.4.3.3	Develop compensation plan to strenghten the reporting of zoonotic disease from farmers	$ -	$ 17,484	$ -	$ -		$ 17,484	AFN 1,398,750
	P.4.3.4	Implement the compensation plan to encourage the reporting from farmers at national and provincial level	$ 60,000	$ 60,000	$ 60,000	$ 60,000	$ 60,000	$ 300,000	AFN 24,000,000
	P.4.3.5	Sign collaborative agreement with neighboring countries in response to zoonotic disease	$ -	$ 230,500	$ -	$ -		$ 230,500	AFN 18,440,000
	P.4.3.6	Piloting the e-surveillance (from paper based to electronic) in animal health	$ -	$ 42,469	$ -	$ -		$ 42,469	AFN 3,397,500
	P.4.3.7	Implementation of CCHF response plan	$ 200,000	$ 200,000	$ 200,000	$ 200,000	$ 200,000	$ 1,000,000	AFN 80,000,000
	P.4.3.8	Inventory of ED pathogen in Lab of Afghanistan	$ -	$ 109,800	$ -	$ -		$ 109,800	AFN 8,784,000
	P.4.3.9	Development of One Health Policy	$ -	$ 109,800	$ -	$ -		$ 109,800	AFN 8,784,000
			$ 297,378	$ 924,634	$ 314,581	$ 314,581	$ 314,581	$ 2,165,756	AFN 173,260,500

Food Safety	P.5.1.1	Establish food safety control board committee with nominated focal points and defined ToR of relevant sectors	$ -	$ -	$ -	$ -		$ -	AFN -
	P.5.1.2	Conduct regular meetings of food safety control	$ -	$ -	$ -	$ -		$ -	AFN -
	P.5.1.3	Conduct trainings for central and regional laboratory staffs to detect pathogens and contaminants in food	$ -	$ 126,917	$ 126,917	$ 126,917		$ 380,750	AFN 30,460,000
	P.5.1.4	Develop SoPs on outbreak investigation and response to food borne disease outbreaks	$ -	$ -	$ -	$ -		$ -	AFN -
	P.5.1.5	Include a session for food borne disease outbreak investigation and response in RRTs trainings	$ -	$ -	$ -	$ -		$ -	AFN -
	P.5.1.6	Conduct risk assessment of food safety at national and provincial level	$ -	$ 34,969	$ -	$ -		$ 34,969	AFN 2,797,500
			$ -	$ 161,885	$ 126,917	$ 126,917	$ -	$ 415,719	AFN 33,257,500
Biosafety and Biosecurity	P.6.1.1	Develop biosafety biosecurity coordination forum at national level	$ -	$ 2,325	$ -	$ -		$ 2,325	AFN 186,000
	P.6.1.2	Conduct assessment of national and regional laboratories on biosafety and biosecurity measures	$ -	$ -	$ -	$ -		$ -	AFN -
	P.6.1.3	Develop biosafety biosecurity guideline including operating procedures for human and animal health in public and private laboratories	$ -	$ -	$ -	$ -		$ -	AFN -

	P.6.1.4	Biosecurity upgrades	$ 300,000	$ -	$ -	$ -		$ 300,000	AFN 24,000,000
	P.6.1.5	Update the biosafety protocol with incorporation of pandemic disease requirements	$ -	$ 17,484	$ -	$ -		$ 17,484	AFN 1,398,750
	P.6.2.1	Develop inventory system for lab products, store and process dangerous pathogens and toxins	$ -	$ 17,484	$ -	$ -		$ 17,484	AFN 1,398,750
	P.6.2.2	Train laboratory staff on biosafety and biosecurity guideline	$ -	$ 221,725	$ -	$ -		$ 221,725	AFN 17,738,000
	P.6.2.3	Upgrading regional reference Lab biosafety and biosecurity (6 RRL)	$ -	$ -	$ 500,000	$ -		$ 500,000	AFN 40,000,000
			$ 300,000	$ 259,019	$ 500,000	$ -	$ -	$ 1,059,019	AFN 84,721,500
Immunization	P.7.1.1	Implement reaching every community/child strategy (REC) using community health workers	$ -	$ 250,000	$ 250,000	$ 250,000	$ 250,000	$ 1,000,000	AFN 80,000,000
	P.7.1.2	Include private health facilities in delivering routine immunization services	$ 200,000	$ -	$ -	$ -		$ 200,000	AFN 16,000,000
	P.7.1.3	Establish committee for determining the denominator of vaccine coverage	$ -	$ -	$ -	$ -		$ -	AFN -
	P.7.2.1	Train 400 new vaccinators mainly female to meet the need of routine immunization delivery in rural areas	$ 132,600	$ 132,600	$ 132,600	$ 132,600	$ 132,600	$ 663,000	AFN 53,040,000
	P.7.2.2	Upgrade 300 health sub centers (HSCs) to BHC	$ 645,986	$ 645,986	$ 645,986	$ 645,986	$ 645,986	$ 3,229,929	AFN 258,394,320

		with inclusion of routine immunization services							
	P.7.2.3	Urban Immunization (in 9 province)	$ 542,224	$ -	$ -	$ -		$ 542,224	AFN 43,377,920
	P.7.2.4	Activation of mobile health teams for white areas (in 22 province)	$ 3,140,020	$ -	$ -	$ -		$ 3,140,020	AFN 251,201,600
			$ 4,660,830	$ 1,028,586	$ 1,028,586	$ 1,028,586	$ 1,028,586	$ 8,775,173	AFN 702,013,840
National Laboratory System	D.8.1.1	Develop SoP on timely reporting of laboratory diagnostic results to hospitals, surveillance department and other relevant parties		$ 5,828	$ -	$ -		$ 5,828	AFN 466,250
	D.8.1.2	Conduct workshop for the endorsement of national laboratory policy and strategy	$ 6,631	$ -	$ -	$ -		$ 6,631	AFN 530,500
	D.8.1.3	Taskforce meetings for developing annual operation plan for the national laboratory strategy	$ 16,031	$ -	$ -	$ -		$ 16,031	AFN 1,282,500
	D.8.1.4	Develop annual operational plan of laboratory based on NLS	$ 465	$ 465	$ 465	$ 465	$ 465	$ 2,325	AFN 186,000
	D.8.1.5	Conduct training need assessment of laboratory staff	$ 17,484	$ -	$ -	$ -		$ 17,484	AFN 1,398,750
	D.8.2.1	Develop SoP for specimen collection, packaging and transportation	$ 17,484	$ -	$ -	$ -		$ 17,484	AFN 1,398,750
	D.8.2.2	Endorsement workshop of the SoP for specimen collection, packaging and transportation	$ 3,206	$ -	$ -	$ -		$ 3,206	AFN 256,500

	D.8.2.3	Conduct training of Surveillance officers and lab staff on specimen collection and shipment SoP	$ -	$ 11,981	$ -	$ -		$ 11,981	AFN 958,500
	D.8.2.4	Monitoring visits to see the implementation of specimen collection and shipment SoP	$ -	$ 12,500	$ 12,500	$ 12,500	$ 12,500	$ 50,000	AFN 4,000,000
	D.8.3.1	Develop training curriculum for laboratory based diagnostic	$ -	$ 5,828	$ -	$ -		$ 5,828	AFN 466,250
	D.8.3.2	Conduct training of point of care laboratories of priority disease	$ -	$ 26,525	$ -	$ -		$ 26,525	AFN 2,122,000
	D.8.3.3	Develop guideline for laboratory based diagnostic for both public and private hospitals	$ -	$ -	$ 17,484	$ -		$ 17,484	AFN 1,398,750
	D.8.3.4	Monitor performance of laboratory based diagnostic at public and private hospitals	$ -	$ -	$ 25,000	$ 25,000		$ 50,000	AFN 4,000,000
	D.8.3.1	Develop national standard guidelines for quality standards	$ -	$ 17,484	$ -	$ -		$ 17,484	AFN 1,398,750
	D.8.3.2	Conduct external visit of CPHL and CVDRL by reference lab for certification and accreditation purpose	$ -	$ -	$ 54,900	$ -		$ 54,900	AFN 4,392,000
	D.8.3.3	Identify and collect certification and accreditation required documents	$ -	$ -	$ -	$ -		$ -	AFN -

	D.8.3.4	Conduct supervision of private and public laboratories to ensure the quality of laboratory services.	$ -	$ 16,667	$ 16,667	$ 16,667		$ 50,000	AFN 4,000,000
	D.8.3.5	Build research capacity for (how many individual)	$ -	$ -	$ 97,125	$ -		$ 97,125	AFN 7,770,000
			$ 61,303	$ 97,279	$ 224,141	$ 54,632	$ 12,965	$ 450,319	AFN 36,025,500
Real Time Surveillance	D.9.1.1	Train surveillance staff on infectious diseases epidemiology, research, biostatistics and emerging and re-emerging diseases and outbreak investigation	$ 75,000	$ 75,000	$ -	$ -		$ 150,000	AFN 12,000,000
	D.9.1.2	Develop SoP for event based Surveillance	$ 11,656		$ -	$ -		$ 11,656	AFN 932,500
	D.9.1.3	Conduct after action review (AAR) for CCHF or any other major outbreaks improve event risk assessment/investigation and response	$ 3,195	$ 3,195	$ 3,195	$ 3,195	$ 3,195	$ 15,975	AFN 1,278,000
	D.9.1.4	Involve regional and provincial labs in detecting and diagnosing Surveillance priority disease	$ -	$ -	$ -	$ -		$ -	AFN -
	D.9.2.1	Develop e-surveillance tools at national, intermediate and local levels of the surveillance system to support all aspects of the surveillance process: data and information collection, reporting, analysis and	$ -	$ -	$ -	$ -		$ -	AFN -

		production of periodical epidemiological reports							
	D.9.2.2	Revise the Surveillance reporting formats	$ -	$ -	$ -	$ -		$ -	AFN -
	D.9.3.1	Integrate Surveillance data in DHIS2 for facilitating information sharing among different sectors	$ -	$ -	$ -	$ -		$ -	AFN -
	D.9.3.2	Add at least 10 private sentinel sites of Surveillance on annual basis	$ -	$ -	$ -	$ -		$ -	AFN -
			$ 89,851	$ 78,195	$ 3,195	$ 3,195	$ 3,195	$ 177,631	AFN 14,210,500
Reporting	D.10.1.1	Include IHR NFP roles and responsibilities according to IHR (2005) in the NFP ToR and ensure notification to WHO	$ -	$ -	$ -	$ -		$ -	AFN -
	D.10.1.2	Conduct training workshops for stakeholders on the use of Annex 2 of IHR 2005	$ -	$ -	$ -	$ -		$ -	AFN -
	D.10.2.1	Develop and share tool for reporting of PHEIC among IHR NFP and related sectors	$ -	$ -	$ -	$ -		$ -	AFN -
	D.10.2.2	Conduct TTX for functioning reporting mechanism of different sectors to IHR NFP	$ 6,631	$ -	$ -	$ -		$ 6,631	AFN 530,500
			$ 6,631	$ -	$ -	$ -	$ -	$ 6,631	AFN 530,500

Workforce Development	D.11.1.1	Establish Human and Animal Health Workforce Committee with composition of HR MoPH and MAIL	$ -	$ -	$ -	$ -		$ -	AFN -
	D.11.1.2	Conduct HR Capacity Need Assessment for the available gaps and strengths of workforce for implementing IHR (2005)	$ 12,500	$ -	$ -	$ -		$ 12,500	AFN 1,000,000
	D.11.2.1	Extend FETP program, jointly with another country or in-country training	$ -	$ -	$ -	$ -		$ -	AFN -
	D.11.3.1	Develop multi-sectoral workforce development strategy/strategic plan for implementation of IHR based on the need assessment report	$ -	$ 17,484	$ -	$ -		$ 17,484	AFN 1,398,750
	D.11.3.2	Include public health specialists, epidemiologists, virologists, microbiologists, etc. in MoPH HRH plan	$ -	$ -	$ -	$ -		$ -	AFN -
			$ 12,500	$ 17,484	$ -	$ -	$ -	$ 29,984	AFN 2,398,750
Preparedness	R.12.1.1	Establish multidisciplinary rapid response teams (RRT)at national and provincial level	$ -	$ -	$ -	$ -		$ -	AFN -
	R.12.1.2	Train RRTs on the prevention and control of emerging and re-emerging diseases	$ -	$ 274,775	$ -	$ 274,775		$ 549,550	AFN 43,964,000

	R.12.1.3	Review and update the "national disaster management plan" according to results of "health emergency risk assessment" and "joint external evaluation of IHR	$ 2,325	$ -	$ -	$ -		$ 2,325	AFN 186,000
	R.12.1.4	Review and update "all hazards national health emergency response plan" according to results of "health emergency risk assessment" and "joint external evaluation of IHR	$ 2,325	$ -	$ -	$ -		$ 2,325	AFN 186,000
	R.12.1.5	Conduct SimEx for the functionality of the updated "national health emergency response plan" with a focus on priority hazards	$ -	$ 875	$ -	$ -		$ 875	AFN 70,000
	R.12.1.6	Establish a national health emergency stockpile	$ 62,500		$ -	$ -		$ 62,500	AFN 5,000,000
	R.12.1.7	Revise National Pandemic Influenza Plan as part of Multi-Hazard Public Health Emergency Plan with engagement of Private Health Sector	$ 2,034	$ -	$ -	$ -		$ 2,034	AFN 162,750
	R.12.2.1	Conduct the national risk assessment within every 3 years in collaboration with the different stakeholders	$ -	$ 425,000	$ -	$ -		$ 425,000	AFN 34,000,000
	R.12.2.2	Develop provincial and district health emergency risk profile based on HERA results	$ -	$ -	$ -	$ -		$ -	AFN -

			$ 69,184	$ 700,650	$ -	$ 274,775	$ -	$ 1,044,609	AFN 83,568,750
Emergency Response Operation	R.13.1.1	Develop SoP for linking the CCCs and Surveillance units (at national and regional/provincial level)	$ -	$ 17,484	$ -	$ -		$ 17,484	AFN 1,398,750
	R.13.2.1	Develop contingency plans for different IHR-related hazards	$ 17,484	$ -	$ -	$ -		$ 17,484	AFN 1,398,750
	R.13.2.2	Update CCC-IMS	$ -	$ -	$ -	$ -		$ -	AFN -
	R.13.3.1	Develop multi-sectoral Surge Capacity Plan to be accessible by all relevant sectors at national, and provincial level	$ -	$ 34,969	$ -	$ -		$ 34,969	AFN 2,797,500
	R.13.3.2	Conduct After Action Review (AAR) for functionality of Emergency Operation Center (CCC) with involved Entities	$ 6,631	$ -	$ -	$ -		$ 6,631	AFN 530,500
	R.13.3.3	Establish EC (Emergency Committee) and to be functional	$ -	$ -	$ -	$ -		$ -	AFN -
	R.13.4.1	Develop case management guidelines for different IHR-related hazards (avian Influenza, etc.)	$ -	$ 11,656	$ -	$ -		$ 11,656	AFN 932,500
	R.13.4.2	Develop clinical management guideline at national level to be distributed clinical sites (HFs and clinics)	$ -	$ 11,656	$ -	$ -		$ 11,656	AFN 932,500

			$ 24,116	$ 75,766	$ -	$ -	$ -	$ 99,881	AFN 7,990,500
Linking Public Health with Security Authorities	R.14.1.1	Develop joint MoU between MoPH and security authorities for joint investigations and response to major outbreaks	$ -	$ 17,484	$ -	$ -		$ 17,484	AFN 1,398,750
	R.14.1.2	Identification of designated security and health authorities at national and provincial level	$ -	$ -	$ -	$ -		$ -	AFN -
	R.14.1.3	Identify a responsible focal point for toxins and biological suspected cases to be reported to MoPH	$ -	$ -	$ -	$ -		$ -	AFN -
	R.14.1.4	Establish/activate toxicology department of Laboratories	$ 62,500	$ -	$ -	$ -		$ 62,500	AFN 5,000,000
	R.14.1.5	Train toxicology labrants on detecting toxins	$ -	$ -	$ 34,688	$ -		$ 34,688	AFN 2,775,000
	R.14.1.6	Develop SoP for joint immediate information sharing between MoPH and security authorities	$ -	$ 5,828	$ -	$ -		$ 5,828	AFN 466,250
	R.14.1.7	Include representatives of security authorities in public health emergency preparedness activities (e.g. planning, SimEx), particularly at provincial levels	$ 698	$ 698	$ 698	$ 698	$ 698	$ 3,488	AFN 279,000
			$ 63,198	$ 24,010	$ 35,385	$ 698	$ 698	$ 123,988	AFN 9,919,000

Medical Countermeasures	R.15.1.1	Establish formal agreements (multi-sectoral) with international organizations and neighboring countries networks to facilitate the response to public health emergencies	$ -	$ 4,359	$ -	$ -		$ 4,359	AFN 348,750
	R.15.1.2	Develop workflow diagram for operationalizing the sending and receiving of medical countermeasures during emergencies in the country	$ -	$ 17,484	$ -	$ -		$ 17,484	AFN 1,398,750
	R.15.1.3	Revise the existing disaster management law	$ -	$ 9,609	$ -	$ -		$ 9,609	AFN 768,750
	R.15.2.1	Develop SOPs for operationalizing the sending and receiving personnel deployment during emergencies in the country	$ 5,828	$ -	$ -	$ -		$ 5,828	AFN 466,250
			$ 5,828	$ 31,453	$ -	$ -	$ -	$ 37,281	AFN 2,982,500
Risk Communications	R.16.1.1	Develop a national strategy for multi-hazard risk communication	$ 17,484	$ -	$ -	$ -		$ 17,484	AFN 1,398,750
	R.16.1.2	Develop standard operating procedures for risk communications between MoPH and different stakeholders	$ 17,484	$ -	$ -	$ -		$ 17,484	AFN 1,398,750

	R.16.1.3	Develop a national strategy to promote routine environmental cleaning of frequently touched surfaces in home, childcare facilities, schools, workplace, public settings and etc.	$ -	$ 34,969	$ -	$ -		$ 34,969	AFN 2,797,500
	R.16.2.1	Establish a multidisciplinary Strategic Technical Advisory and Coordination Group within the MoPH to provide technical guidance, oversight, coordinate, and lead for strengthening risk communication as a core capacity	$ -	$ -	$ -	$ -		$ -	AFN -
	R.16.2.2	Conduct regular meetings of multi-sectoral risk communication advisory and coordination group	$ -	$ -	$ -	$ -		$ -	AFN -
	R.16.2.3	Establish/assign core team for risk communication at national and provincial level	$ -	$ -	$ -	$ -		$ -	AFN -
	R.16.3.1	Establish a qualified pool of multi-hazard risk communication master trainers	$ -	$ 34,688	$ 34,688	$ 34,688	$ 34,688	$ 138,750	AFN 11,100,000
	R.16.3.2	Organize cross-sector training activities on multi-hazard risk communication and ensure involvement of official spokespersons form all key ministries of and agencies	$ -	$ 171,050	$ 171,050	$ 171,050	$ 171,050	$ 684,200	AFN 54,736,000

	R.16.3.3	Develop/update risk communication messages for travelers, staff and crews of international points of entry	$ -	$ -	$ -	$ -		$ -	AFN -
	R.16.4.1	Establish SoP for rumour tracking system between community and MoPH	$ -	$ 5,828	$ -	$ -		$ 5,828	AFN 466,250
			$ 34,969	$ 246,534	$ 205,738	$ 205,738	$ 205,738	$ 898,716	AFN 71,897,250
Points of Entry	PoE.1.1	Conduct PoEs assessment to evaluate responding to IHR requirements	$ 17,484	$ -	$ -	$ -		$ 17,484	AFN 1,398,750
	PoE.1.2	Develop public health contingency plan for all hazards at points of entry with the involvement of relevant stakeholders	$ -	$ 17,484	$ -	$ -		$ 17,484	AFN 1,398,750
	PoE.1.3	Develop SOPs on the early detection, investigation and initial assessment of ill passengers detected at points of entry	$ -	$ 17,484	$ -	$ -		$ 17,484	AFN 1,398,750
	PoE.1.4	Conduct SimEx of contingency plan at PoEs	$ -	$ 2,906	$ -	$ -		$ 2,906	AFN 232,500
	PoE.2.1	Train the health personnel at points of entry on initial assessment and response to detected ill passengers at PoEs	$ -	$ 11,981	$ -	$ -		$ 11,981	AFN 958,500

	PoE.2.2	Involve points of entry and health facilities around them in the national vector surveillance and control program	$ 1,453	$ -	$ -	$ -		$ 1,453	AFN 116,250
	PoE.2.3	MoU with neighboring countries for controlling emerging and re-emerging diseases in PoEs	$ -	$ 100,000	$ -	$ -		$ 100,000	AFN 8,000,000
	PoE.2.4	Conduct assessment on effectiveness of implementing travel restriction including the social and economic impact aspects of the travel restrictions and timely communication to WHO	$ -	$ -	$ 12,500	$ -		$ 12,500	AFN 1,000,000
			$ 18,938	$ 149,856	$ 12,500	$ -	$ -	$ 181,294	AFN 14,503,500
Chemical Events	CE.1.1	Include chemical events in all hazard risk assessment conducted annually	$ -	$ 4,359	$ -	$ -		$ 4,359	AFN 348,750
	CE.1.2	Train Surveillance staff on developed chemical events guideline, SoP and case definitions to detect and respond to chemical events	$ -	$ 11,981	$ -	$ -		$ 11,981	AFN 958,500
	CE.1.3	Develop SoPs, guidelines and clear case definitions for inclusion of chemical events in event based Surveillance	$ -	$ 17,484	$ -	$ -		$ 17,484	AFN 1,398,750

	CE.1.4	Designate hospital with developed capacity to respond to chemical events	$ -	$ 62,500	$ -	$ -		$ 62,500	AFN 5,000,000
	CE.2.1	Develop chemical testing capacity and equipment for common chemical threats either in country or by agreement with neighboring countries	$ -		$ 100,000	$ -		$ 100,000	AFN 8,000,000
	CE.2.2	Update the National Environmental Pesticides Strategy	$ -	$ 9,609	$ -	$ -		$ 9,609	AFN 768,750
			$ -	$ 105,934	$ 100,000	$ -	$ -	$ 205,934	AFN 16,474,750
Radiation Events	RE.1.1	Include radiation events in all hazard risk assessment conducted annually	$ -	$ 4,359	$ -	$ -		$ 4,359	AFN 348,750
	RE.1.2	Develop SoP an emergency response plan for radiological events	$ -	$ 17,484	$ -	$ -		$ 17,484	AFN 1,398,750
	RE.1.3	Conduct trainings on radiation awareness, safety and the required capacity of first-line staff to respond to radiation incidents	$ -	$ 19,894	$ 19,894	$ 19,894	$ 19,894	$ 79,575	AFN 6,366,000
	RE.1.4	Include responding to radiation emergencies in RRT team trainings	$ -	$ -	$ -	$ -		$ -	AFN -
	RE.1.5	Conduct SimEx of RRT team on responding to radiation emergencies	$ -	$ 1,167	$ 1,167	$ 1,167		$ 3,500	AFN 280,000
	RE.1.6	Designate hospital with developed capacity to respond to radiation emergencies	$ -	$ 62,500	$ -	$ -		$ 62,500	AFN 5,000,000

	RE.2.1	Establish a communication and coordination body of relevant sectors for radiation events	$ 465	$ 465	$ 465	$ 465	$ 465	$ 2,325	AFN 186,000
			$ 465	$ 105,869	$ 21,525	$ 21,525	$ 20,359	$ 169,744	AFN 13,579,500
		Total	$ 6,008,010	$ 4,337,511	$ 2,884,565	$ 2,367,994	$ 1,897,243	$ 17,495,323	$ 1,399,625,840

Annex C: Annual Estimated Cost per Technical Area

Technical Area	2019	2020	2021	2022	2023	Dollar	Afghani
Prevent							
National Legislation	$ 26,517	$ 17,775	$ 291	$ 26,517	$ 291	$ 71,391	AFN 5,711,250
IHR Coordination	$ 6,413	$ 8,163	$ 7,288	$ 6,413	$ 6,413	$ 34,688	AFN 2,775,000
AMR	$ 329,891	$ 304,419	$ 304,419	$ 304,419	$ 304,419	$ 1,547,566	AFN 123,805,250
Zoonotic Disease	$ 297,378	$ 924,634	$ 314,581	$ 314,581	$ 314,581	$ 2,165,756	AFN 173,260,500
Food Safety	$ -	$ 161,885	$ 126,917	$ 126,917	$ -	$ 415,719	AFN 33,257,500
Biosafety and Biosecurity	$ 300,000	$ 259,019	$ 500,000	$ -	$ -	$ 1,059,019	AFN 84,721,500
Immunization	$ 4,660,830	$ 1,028,586	$ 1,028,586	$ 1,028,586	$ 1,028,586	$ 8,775,173	AFN 702,013,840
Detect							
National Laboratory System	$ 61,303	$ 97,279	$ 224,141	$ 54,632	$ 12,965	$ 450,319	AFN 36,025,500
Real Time Surveillance	$ 89,851	$ 78,195	$ 3,195	$ 3,195	$ 3,195	$ 177,631	AFN 14,210,500
Reporting	$ 6,631	$ -	$ -	$ -	$ -	$ 6,631	AFN 530,500
Workforce Development	$ 12,500	$ 17,484	$ -	$ -	$ -	$ 29,984	AFN 2,398,750
Respond							
Preparedness	$ 69,184	$ 700,650	$ -	$ 274,775	$ -	$ 1,044,609	AFN 83,568,750
Emergency Response Operation	$ 24,116	$ 75,766	$ -	$ -	$ -	$ 99,881	AFN 7,990,500
Linking Public Health with Security Authorities	$ 63,198	$ 24,010	$ 35,385	$ 698	$ 698	$ 123,988	AFN 9,919,000
Medical Countermeasures	$ 5,828	$ 31,453	$ -	$ -	$ -	$ 37,281	AFN 2,982,500
Risk communication	$ 34,969	$ 246,534	$ 205,738	$ 205,738	$ 205,738	$ 898,716	AFN 71,897,250
OTHER IHR RELATED HAZARDS AND POE							
Points of Entry	$ 18,938	$ 149,856	$ 12,500	$ -	$ -	$ 181,294	AFN 14,503,500
Chemical Events	$ -	$ 105,934	$ 100,000	$ -	$ -	$ 205,934	AFN 16,474,750
Radiation Events	$ 465	$ 105,869	$ 21,525	$ 21,525	$ 20,359	$ 169,744	AFN 13,579,500
	$ 6,008,010	$ 4,337,511	$ 2,884,565	$ 2,367,994	$ 1,897,243	$ 17,495,323	$ 1,399,625,840

Annex D: Monitoring and Evaluation Plan

Activity Number	Summary of planned activities	Responsible Authority	Output Indicators
National Legislation, Policy and Finance			
P.1.1.1	Establish legislative advisors committee to review the national legislations based on IHR	IHR NFP, MoPH Legal Advisor	TOR, Nominations, Meetings convened
P.1.1.2	Convene annual meetings of IHR legislation committee for reviewing the National Legislations and IHR legislation updates and write the final report	IHR NFP, MoPH Legal Advisor	Meetings convened, legislation review report
P.1.2.1	Update the national legislations based on IHR Legislation review report and endorse new changes	Ministry of Justice	Number of laws and regulations amended based on IHR
P.1.2.2	Develop national policy for influenza vaccination	Surveillance/EPI	national policy for influenza vaccination is in place
IHR Coordination, Communication and Advocacy			
P.2.1.1	Formulate National IHR multi-sectoral Committee with membership of all 19 areas related stakeholders and endorsed ToR	IHR NFP	Committee is established and functions/IHR multi-sectoral committee ToR is endorsed
P.2.1.2	Conduct semi-annual meeting of IHR multi-sectoral committee for updates on different areas of IHR and progress of NAPHS	IHR NFP	Number of meetings conducted on annual basis
P.2.2.1	Conduct table top exercise (TTX) for IHR NFP coordination with related stakeholder to strengthen reporting, preparedness and response to PHEICs	IHR NFP	Availability of TTX report
P.2.2.2	Conduct TTX for assessing the knowledge of IHR multi-sectoral committee on Annex 2 of IHR	IHR NFP	Availability of TTX report
AMR			
P.3.1.1	Implementation of AMR National Action Plan for detecting and reporting MAR pathogens which will include both human health and animal health	AMR focal point of MoPH and MAIL	Action plan in place
P.3.1.2	Report the detected AMR pathogens regularly to IHR NFP	AMR focal point of MoPH and MAIL	Number of reported AMR pathogens to IHR NFP
P.3.1.3	Conduct AMR awareness workshop for health workers in 5 provinces	AMR focal point of MoPH and MAIL	Number of awareness workshops conducted
P.3.2.1	Develop multilevel Surveillance guideline with collaboration of both human health and animal health sector	MoPH/Surveillance & MAIL	Availability of Surveillance guideline for human and animal health

P.3.2.2	Train the Surveillance staffs in 3 sentinel sites for initiating the AMR Surveillance	MoPH & MAIL	System is established/Data from three sentinel sites is coordinated and shared between both sectors
P.3.2.3	Electronic Submission of AMR data to GLASS IT platform	MoPH/Surveillance	AMR data is sent to GLASS IT platform
P.3.3.1	Revise the current IPC guideline for hospitals available in the country and Pandemic influenza	MoPH AMR focal point & MAIL	Revised IPC guideline is in place
P.3.3.2	Conduct regular trainings of health workers on health care-associated infection prevention and control based on revised IPC guideline	MoPH AMR focal point & MAIL	Number of health workers trained/revised IPC guideline available in the health facilities
P.3.4.1	Establish national AMR multi-sectoral committee to steward the AMR activities in the country	MoPH AMR focal point & MAIL	National AMR Steering com. established Stewardship programs Activated at all levels/No of committee meetings are conducted
P.3.4.2	Meetings on stewarding AMR activities in the country	MoPH AMR focal point & MAIL	No of committee meetings are conducted
Zoonotic Disease			
P.4.1.1	Establish active Surveillance system of zoonotic disease in animal health sector	MAIL, MoPH	Active surveillance system for animal health is established
P.4.1.2	Develop SoP for immediate data exchange and joint analysis of zoonotic, food and waterborne disease between animal and human health sector	MAIL, MoPH	Information sharing structure is finalized
P.4.2.1	Conduct Epidemiology training for veterinary workforce	MoPH and MAIL	Number of veterinary workforce trained on Epidemiology
P.4.2.2	Conduct IHR-PVS bridging workshop at national and provincial level	MoPH and MAIL	Number of people trained on IHR-PVS bridging workshop
P.4.3.1	Conduct the regular zoonotic disease committee meetings at national	MoPH and MAIL	Number of meetings conducted on annual basis
P.4.3.2	Finalize the endorsement of National Zoonotic Disease Strategy	MoPH and MAIL	Availability of endorsed zoonotic disease strategy
P.4.3.3	Develop compensation plan to strengthen the reporting of zoonotic disease from farmers	MoPH and MAIL	Availability of compensation plan
P.4.3.4	Implement the compensation plan to encourage the reporting from farmers at national and provincial level	MoPH and MAIL	Number of farmers received compensation against culling
P.4.3.5	Sign collaborative agreement with neighboring countries in response to zoonotic disease	MoPH and MAIL	Availability of cross-border agreements
P.4.3.6	Piloting the e-surveillance (from paper based to electronic) in animal health	MoPH and MAIL	Functional e-surveillance

P.4.3.7	Implementation of CCHF response plan	AMR focal point of MoPH and MAIL	Action plan in place
P.4.3.8	Inventory of ED pathogen in Lab of Afghanistan	MoPH and MAIL	Availability of zoonotic pathogen inventory
P.4.3.9	Development of One Health Policy	MoPH NEPA and MAIL	Availability of one health policy
Food Safety			
P.5.1.1	Establish food safety control board committee with nominated focal points and defined ToR of relevant sectors	MoPH/MAIL	Established food safety control committee
P.5.1.2	Conduct regular meetings of food safety control	MoPH/MAIL	Number of meetings conducted on annual basis
P.5.1.3	Conduct trainings for central and regional laboratory staffs to detect pathogens and contaminants in food	MoPH/MAIL	Number of laboratory staffs trained on detecting pathogens and contaminants in food
P.5.1.4	Develop SoPs on outbreak investigation and response to food borne disease outbreaks	MoPH/Surveillance, Environmental Health & MAIL	Availability of endorsed SoP
P.5.1.5	Include a session for food borne disease outbreak investigation and response in RRTs trainings	MoPH/Surveillance	Number of RRT members trained on food borne disease outbreak investigation and response
P.5.1.6	Conduct risk assessment of food safety at national and provincial level	MoPH/Environmental Health and Nutrition	Availability of risk assessment report
Biosafety and Biosecurity			
P.6.1.1	Develop biosafety biosecurity coordination forum at national level	CPHL & CVDRL	Availability of coordination forum/Number of meetings conducted on annual basis
P.6.1.2	Conduct assessment of national and regional laboratories on biosafety and biosecurity measures	CPHL & CVDRL	Existence of assessment report
P.6.1.3	Develop biosafety biosecurity guideline including operating procedures for human and animal health in public and private laboratories	CPHL & CVDRL	Availability of biosafety and biosecurity guideline
P.6.1.4	Biosecurity upgrades	CPHL & CVDRL	Availability of biosecurity upgrades
P.6.1.5	Update the biosafety protocol with incorporation of pandemic disease requirements	CPHL & CVDRL	Availability of revised biosafety protocol
P.6.2.1	Develop inventory system for lab products, store and process dangerous pathogens and toxins	CPHL & CVDRL	Existence of inventory system
P.6.2.2	Train laboratory staff on biosafety and biosecurity guideline	CPHL & CVDRL	Number of staff trained on biosafety and biosecurity guideline
P.6.2.3	Upgrading regional reference Lab biosafety and biosecurity (6 RRL)	CPHL & CVDRL	Availability of biosecurity upgrades
Immunization			

P.7.1.1	Implement reaching every community/child strategy (REC) using community health workers	MoPH/(NEPI/BPHS)	Number of community health workers delivering vaccine facility micro plan, specification of white areas, fix/outreach/mobile
P.7.1.2	Include private health facilities in delivering routine immunization services	NEPI/MoPH	Number of private health facilities delivering routine immunization services
P.7.1.3	Establish committee for determining the denominator of vaccine coverage	NEPI/MoPH	Determined denominator for vaccine coverage
P.7.2.1	Train 400 new vaccinators mainly female to meet the need of routine immunization delivery in rural areas	NEPI/MoPH	Number of new vaccinators trained on annual basis
P.7.2.2	Upgrade 300 health sub centers (HSCs) to BHC with inclusion of routine immunization services	NEPI/HSS/MoPH	Number of HSCs providing routine immunization services
P.7.2.3	Urban Immunization (in 9 province)	NEPI/HSS/MoPH	Number of new vaccination centers established in 9 provinces
P.7.2.4	Activation of mobile health teams for white areas (in 22 province)	NEPI/MoPH, BPHS	establish new mobile vaccination teams in 22 provinces
National Laboratory System			
D.8.1.1	Develop SoP on timely reporting of laboratory diagnostic results to hospitals, surveillance department and other relevant parties	CPHL, CVDRL & Surveillance	Developed SoP, Implemented
D.8.1.2	Conduct workshop for the endorsement of national laboratory policy and strategy	CPHL, CVDRL & Surveillance	Endorsed national laboratory policy
D.8.1.3	Taskforce meetings for developing annual operation plan for the national laboratory strategy	CPHL, CVDRL & Surveillance	Developed Operational Plan Based on National Laboratory Strategy
D.8.1.4	Develop annual operational plan of laboratory based on NLS	CPHL, CVDRL	Developed Operation Plan
D.8.1.5	Conduct training need assessment of laboratory staff	CPHL, CVDRL, and regional laboratories	Availability of training need assessment report
D.8.2.1	Develop SoP for specimen collection, packaging and transportation	CPHL, CVDRL	Availability of SoPs for shipment
D.8.2.2	Endorsement workshop of the SoP for specimen collection, packaging and transportation	CPHL, CVDRL	Availability of endorsed SoPs for shipment
D.8.2.3	Conduct training of Surveillance officers and lab staff on specimen collection and shipment SoP	CPHL, CVDRL	Availability of training report
D.8.2.4	Monitoring visits to see the implementation of specimen collection and shipment SoP	CPHL, CVDRL	Number of monitoring visits

D.8.3.1	Develop training curriculum for laboratory based diagnostic	CPHL, CVDRL	Availability of training curriculum
D.8.3.2	Conduct training of point of care laboratories of priority disease	CPHL, CVDRL	# of trainings conducted
D.8.3.3	Develop guideline for laboratory based diagnostic for both public and private hospitals	CPHL, CVDRL	Availability of guideline
D.8.3.4	Monitor performance of laboratory based diagnostic at public and private hospitals	CPHL, CVDRL	Availability of monitoring report
D.8.3.1	Develop national standard guidelines for quality standards	CPHL, CVDRL	Guidelines developed
D.8.3.2	Conduct external visit of CPHL and CVDRL by reference lab for certification and accreditation purpose	CPHL, CVDRL	Availability of reference lab visit report
D.8.3.3	Identify and collect certification and accreditation required documents	CPHL, CVDRL	Availability of collection of documents for certification process
D.8.3.4	Conduct supervision of private and public laboratories to ensure the quality of laboratory services.	CPHL, CVDRL	Number of monitoring visits
D.8.3.5	Build research capacity for (how many individual)	CPHL, CVDRL	Availability of research reports
Real Time Surveillance			
D.9.1.1	Train surveillance staff on infectious diseases epidemiology, research, biostatistics and emerging and re-emerging diseases and outbreak investigation	MoPH	Training workshops Conducted
D.9.1.2	Develop SoP for event based Surveillance	MoPH/Surveillance department	SoP developed
D.9.1.3	Conduct after action review (AAR) for CCHF or any other major outbreaks improve event risk assessment/investigation and response	MoPH/Surveillance department	AAR conducted
D.9.1.4	Involve regional and provincial labs in detecting and diagnosing Surveillance priority disease	MoPH/Surveillance department	Number of regional laboratories detecting Surveillance priority disease
D.9.2.1	Develop e-surveillance tools at national, intermediate and local levels of the surveillance system to support all aspects of the surveillance process: data and information collection, reporting, analysis and production of periodical epidemiological reports	MoPH/Surveillance	Availability of e-surveillance tools
D.9.2.2	Revise the Surveillance reporting formats	MoPH/Surveillance	Revised reporting formats
D.9.3.1	Integrate Surveillance data in DHIS2 for facilitating information sharing among different sectors	MoPH	Availability of Surveillance dashboard in DHIS2
D.9.3.2	Add at least 10 private sentinel sites of Surveillance on annual basis	MoPH	Number of private sentinel sites included

Reporting			
D.10.1.1	Include IHR NFP roles and responsibilities according to IHR (2005) in the NFP ToR and ensure notification to WHO	IHR NFP	Revised ToR
D.10.1.2	Conduct training workshops for stakeholders on the use of Annex 2 of IHR 2005	IHR NFP	Number of training/workshop conducted
D.10.2.1	Develop and share tool for reporting of PHEIC among IHR NFP and related sectors	IHR NFP	Number of PHEICs reported to IHR NFP based on SoP
D.10.2.2	Conduct TTX for functioning reporting mechanism of different sectors to IHR NFP	IHR NFP	Availability of TTX report
Workforce Development			
D.11.1.1	Establish Human and Animal Health Workforce Committee with composition of HR MoPH and MAIL	MoPH, MAIL & MOHE	Committee is established
D.11.1.2	Conduct HR Capacity Need Assessment for the available gaps and strengths of workforce for implementing IHR (2005)	MoPH, MAIL & MOHE	Capacity need assessment report
D.11.2.1	Extend FETP program, jointly with another country or in-country training	MoPH/ANPHI & EHIS	Number of FETP trainings conducted
D.11.3.1	Develop multi-sectoral workforce development strategy/strategic plan for implementation of IHR based on the need assessment report	Human and Animal Health Workforce Committee members (MoPH-HR, MAIL, MoHE)	Availability of multi-sectoral workforce development strategy
D.11.3.2	Include public health specialists, epidemiologists, virologists, microbiologists, etc. in MoPH HRH plan	MoPH/HR	Number of Public health specialists included in HRH plan/ Number of Epidemiologists included in HRH plan / Availability of Microbiologist position included in the HRH plan
Preparedness			
R.12.1.1	Establish multidisciplinary rapid response teams (RRT)at national and provincial level	EPR/MoPH	Availability of multidisciplinary rapid response teams at national and provincial level
R.12.1.2	Train RRTs on the prevention and control of emerging and re-emerging diseases	EPR/MoPH	Number of provinces with trained RRTs
R.12.1.3	Review and update the “national disaster management plan” according to results of “health emergency risk assessment” and “joint external evaluation of IHR	EPR/MoPH & ANDMA	Availability of revised national disaster management plan
R.12.1.4	Review and update “all hazards national health emergency response plan” according to results of “health	EPR/MoPH	Availability of revised national health emergency response plan

	emergency risk assessment" and "joint external evaluation of IHR		
R.12.1.5	Conduct SimEx for the functionality of the updated "national health emergency response plan" with a focus on priority hazards	EPR/MoPH	Number of simulation exercise conducted on functionality of national health emergency response plan/Existence of updated national health emergency response plan
R.12.1.6	Establish a national health emergency stockpile	EPR/MoPH & ANDMA	Existence of national health emergency stockpile
R.12.1.7	Revise National Pandemic Influenza Plan as part of Multi-Hazard Public Health Emergency Plan with engagement of Private Health Sector	Surveillance, PPP & ,EPR/MoPH & ANDMA	Revised National Pandemic Influenza Plan
R.12.2.1	Conduct the national risk assessment within every 3 years in collaboration with the different stakeholders	EPR, M&EHIS/MoPH &ANDMA	Availability of national risk assessment report annually Number of coordination meetings conducted with Different stakeholders for HERA
R.12.2.2	Develop provincial and district health emergency risk profile based on HERA results	EPR/MoPH &ANDMA	Availability of updated risk profile based on HERA
Emergency Response Operation			
R.13.1.1	Develop SoP for linking the CCCs and Surveillance units (at national and regional/provincial level)	EPR/MoPH	Number of meetings conducted between regional emergency CCC and provincial surveillance unit/Availability of SoP for coordination of CCC and Surveillance unit
R.13.2.1	Develop contingency plans for different IHR-related hazards	EPR/MoPH	Contingency plan developed
R.13.2.2	Update CCC-IMS	MoPH/CC,EPR	CCC-IMS is developed and updated
R.13.3.1	Develop multi-sectoral Surge Capacity Plan to be accessible by all relevant sectors at national, and provincial level	MoPH/EPR	Surge capacity plan developed
R.13.3.2	Conduct After Action Review (AAR) for functionality of Emergency Operation Center (CCC) with involved Entities	MoPH/EPR	AAR report
R.13.3.3	Establish EC (Emergency Committee) and to be functional	EPR/MoPH	Committee is established and functional for emergency events
R.13.4.1	Develop case management guidelines for different IHR-related hazards (avian Influenza, etc.)	MoPH/Surveillance/EPR	Case management guideline developed
R.13.4.2	Develop clinical management guideline at national level to be distributed clinical sites (HFs and clinics)	MoPH/GDCM and surveillance	Clinical management guideline developed at national level

Linking Public Health with Security Authorities			
R.14.1.1	Develop joint MoU between MoPH and security authorities for joint investigations and response to major outbreaks	MoPH/EPR, CCC, Surveillance, HPD and GDPP	Availability of SoPs for joint outbreak investigation between public health and security authorities
R.14.1.2	Identification of designated security and health authorities at national and provincial level	MoPH/EPR, CCC, & IHR NFP and GDPP	Availability of designated focal points list at national and provincial level
R.14.1.3	Identify a responsible focal point for toxins and biological suspected cases to be reported to MoPH	IHR NFP, GDCM, CPHL, CVDRL, Surveillance and EPR/MoPH	Availability of identified focal point for toxin and biological suspected cases/Number of toxin and biological suspected cases are referred
R.14.1.4	Establish/activate toxicology department of Laboratories	MoPH/GDCM	Existence of toxicology department of laboratories/Number of people trained on detecting toxins
R.14.1.5	Train toxicology labrants on detecting toxins	MoPH/GDCM	Number of trained labrants on detecting toxins
R.14.1.6	Develop SoP for joint immediate information sharing between MoPH and security authorities	Surveillance, EPR, MoE, MoD, National Security Directorate and HPD	Availability of SoP for information sharing between security authorities and MoPH
R.14.1.7	Include representatives of security authorities in public health emergency preparedness activities (e.g. planning, SimEx), particularly at provincial levels	Surveillance, EPR, MoE, MoD, National Security Directorate	Number of security authorities participated in EPR meetings at national and provincial level
Medical Countermeasures			
R.15.1.1	Establish formal agreements (multi-sectoral) with international organizations and neighboring countries networks to facilitate the response to public health emergencies	IHR NFP & EPR	Availability of formal agreement
R.15.1.2	Develop workflow diagram for operationalizing the sending and receiving of medical countermeasures during emergencies in the country	IHR NFP & NMHRA	Availability of SoP
R.15.1.3	Revise the existing disaster management law	ANDMA, GDPP & MoPH/EPR	Revised disaster management law
R.15.2.1	Develop SOPs for operationalizing the sending and receiving personnel deployment during emergencies in the country	IHR NFP, GDPP, GDCM and HPD	Availability of SoP
Risk communication			
R.16.1.1	Develop a national strategy for multi-hazard risk communication	MoPH/EPR, Health Promotion and GDPP	Availability of national multi-hazard risk communication plan

R.16.1.2	Develop standard operating procedures for risk communications between MoPH and different stakeholders	MoPH/EPR/CCC and Health Promotion	Availability of risk communication SoP
R.16.1.3	Develop a national strategy to promote routine environmental cleaning of frequently touched surfaces in home, childcare facilities, schools, workplace, public settings and etc.	MoPH/EPR/CCC, Health Promotion and GDPP	Availability of national strategy to promote routine environmental cleaning
R.16.2.1	Establish a multidisciplinary Strategic Technical Advisory and Coordination Group within the MoPH to provide technical guidance, oversight, coordinate, and lead for strengthening risk communication as a core capacity	MOPH/EPR focal point	Availability of multi-sectoral strategic technical advisory and coordination group for risk communication
R.16.2.2	Conduct regular meetings of multi-sectoral risk communication advisory and coordination group	MoPH/EPR	Number of meetings conducted on annual basis
R.16.2.3	Establish/assign core team for risk communication at national and provincial level	MoPH/EPR	Number of people assigned working on risk communication
R.16.3.1	Establish a qualified pool of multi-hazard risk communication master trainers	MoPH/EPR and Health Promotion	Number of trained multi-hazard risk communication master trainers
R.16.3.2	Organize cross-sector training activities on multi-hazard risk communication and ensure involvement of official spokespersons form all key ministries of and agencies	MoPH/EPR and Health Promotion	Number of trainings conducted on multi-hazard risk communication/ Number of people from relevant ministries received training on multi-hazard risk communication
R.16.3.3	Develop/update risk communication messages for travelers, staff and crews of international points of entry	MoPH/EPR and Health Promotion	Risk communication messages developed/updated
R.16.4.1	Establish SoP for rumour tracking system between community and MoPH	MoPH/EPR, Health Promotion and GDPP	Availability of rumor tracking system at national level/Availability of rumor tracking system at provincial level
Points of Entry			
PoE.1.1	Conduct PoEs assessment to evaluate responding to IHR requirements	MoPH/IHR NFP	Availability of PoEs Assessment Report
PoE.1.2	Develop public health contingency plan for all hazards at points of entry with the involvement of relevant stakeholders	MoPH	Availability of public health contingency plan for all hazard at points of entry
PoE.1.3	Develop SOPs on the early detection, investigation and initial assessment of ill passengers detected at points of entry	MoPH	Availability of SoPs for early detection, investigation and assessment of ill passengers at points of entry
PoE.1.4	Conduct SimEx of contingency plan at PoEs	MoPH/IHR NFP/HKIA	Number of SimEx conducted for functionality of Contingency Plans at PoEs

PoE.2.1	Train the health personnel at points of entry on initial assessment and response to detected ill passengers at PoEs	MoPH	Number of health personnel trained in PoEs on initial assessment and response to detected ill passengers
PoE.2.2	Involve points of entry and health facilities around them in the national vector surveillance and control program	MoPH	Number of points of entry 's facilities involved in the national vector surveillance control program
PoE.2.3	MoU with neighboring countries for controlling emerging and re-emerging diseases in PoEs	IHR NFP of other countries, MoFA and MoPH/IRD	Availability of MoU with neighboring countries for controlling emerging and re-emerging disease
PoE.2.4	Conduct assessment on effectiveness of implementing travel restriction including the social and economic impact aspects of the travel restrictions and timely communication to WHO	MoPH/WHO	Availability of assessment report
Chemical Events			
CE.1.1	Include chemical events in all hazard risk assessment conducted annually	WHO/MoPH and AAEHC	Availability of calculated risk of chemical event at country level
CE.1.2	Train Surveillance staff on developed chemical events guideline, SoP and case definitions to detect and respond to chemical events	MoPH/AAEHC	Number of Surveillance staff trained on chemical events
CE.1.3	Develop SoPs, guidelines and clear case definitions for inclusion of chemical events in event based Surveillance	AAEHC	Chemical events SoP developed/guideline available/case definitions for detecting chemical events are defined/number of chemical events reported to Surveillance s
CE.1.4	Designate hospital with developed capacity to respond to chemical events	MoPH	Availability of designated hospital for responding to chemical events
CE.2.1	Develop chemical testing capacity and equipment for common chemical threats either in country or by agreement with neighboring countries	AAEHC/MoPH	Number of chemical events detected
CE.2.2	Update the National Environmental Pesticides Strategy	MAIL	Availability of updated strategy
Radiation Events			
RE.1.1	Include radiation events in all hazard risk assessment conducted annually	WHO/MoPH and AAEHC	Availability of calculated risk of radiation event at country level
RE.1.2	Develop SoP an emergency response plan for radiological events	MoPH/AAEHC	Availability of emergency response plan for radiological events
RE.1.3	Conduct trainings on radiation awareness, safety and the required capacity of first-line staff to respond to radiation incidents	AAEHC	Number of trainings conducted on radiation emergency

RE.1.4	Include responding to radiation emergencies in RRT team trainings	AAEHC	Number of trainings conducted to RRT on responding to radiation emergencies
RE.1.5	Conduct SimEx of RRT team on responding to radiation emergencies	AAEHC/MoPH	Number of SimEx conducted to RRT on responding to radiation emergencies
RE.1.6	Designate hospital with developed capacity to respond to radiation emergencies	MoPH / AAEHC	Availability of designated hospital
RE.2.1	Establish a communication and coordination body of relevant sectors for radiation events	AAEHC/MoPH	Availability of a communication & coordination body for radiation events in Afghanistan/ Number of coordination meetings conducted