



Building on
Current Successes

The French Medical Institute for Children (FMIC) was founded in 2006 in a unique public-private partnership between the Governments of Afghanistan and France, a French NGO – La Chaîne de L’Espoir/Enfants Afghans and the Aga Khan Development Network through the Aga Khan University. The Institute has risen to the challenge of charting a course towards sustainable health solutions for Afghanistan. Advances have been made in both immediate service delivery and long-term policy planning.

VISION FOR FMIC:

“FMIC will develop into a sustainable institute of excellence providing exemplary and safe care, teaching and research, which positively impacts the health indicators of Afghanistan and surrounding regions”.

MISSION STATEMENT:

- To provide exemplary quality and safe care to the patients
- To ensure accessibility of services, both physical and financial, such that needy patients are cared for with respect and dignity
- To develop new services in response to public needs and expectations as resources permit on an economically viable and sustainable basis

- To develop the institution into an academic centre that develops local and regional health human resources as leaders and leads to human resource sustainability
- To carry out programs and assigned missions in a manner that would enhance the ability of the Institute to move towards sustainability



Picture shows the mother and child picture at FMIC entrance. The painting has become a symbol of hope for the people of Afghanistan.

BACKGROUND

FMIC was formally inaugurated in 2006, when it opened its doors to offer health care of the highest standard in the country and at par with the best medical institutions in the region. Starting with pediatric surgical care including general and orthopedic surgery,

FMIC was soon providing services in pediatric medicine, cardiology, neurosurgery, cardiac surgery, pediatric plastic surgery and anesthesia.

It is now an 85 bed hospital which also includes 15 intensive care beds. The hospital is equipped with state-of-the art CT scanning facilities, MRI, general radiology and ultrasound. It houses a pharmacy, a well-equipped laboratory and four operating theatres. FMIC also has tele-medicine links with the Aga Khan University in Karachi, Bamyan and

Faizabad Provincial Hospital in Afghanistan and Khorog General Oblast Hospital in Tajikistan.

KEY FMIC THEMES

1. Improve Quality, Patient Care and Safety
2. Ensure that the Philanthropic Mission of FMIC and its Partners are being met
3. Ensure greater Accessibility to FMIC
4. Develop Human Resources
5. Improve Financial Sustainability and further strengthening internal Controls
6. Expansion of Services
7. Implement Capital Projects
8. Strengthen and expanding Academic programs
9. Expand eHealth Initiatives

Picture below shows the existing structure and construction place for phase II (Women's Wing)



SIGNIFICANT MILESTONES

- FMIC is the first hospital in Afghanistan which has achieved the ISO 9001:2008 certification.
- FMIC is the first hospital in Afghanistan to perform both open and closed heart surgeries by a local cardiac surgeon without the help of a foreign surgeon. From inception, we have done over 1,200 cardiac surgeries.
- For the first time in Afghanistan, surgery for '*esophageal atresia*' (a disorder of the digestive system in which the esophagus does not develop properly) was performed.

The case was presented at the Annual Congress of the French Society of Pediatrics held in Nantes in June 2008 and subsequently published in the *Archives de Pediatrie*.

- Independent diagnosis and treatment of '*sequential co-existence of esophageal atresia and hypertrophic pyloric stenosis*' – a rare medical condition, the occurrence of which is only reported in medical literature in a handful of instances.
- Performing for the first time in Afghanistan a radiological reduction of '*intussusception*' (where a small part of the small intestine retreats into another section of the intestine) avoiding the need for complicated surgery.
- Independently treating '*congenital lobar emphysema*' (a respiratory disease that occurs in infants where air enters the lungs but cannot leave easily)
- Introduction of neonatal surgeries.
- Establish FMIC's name as a quality health care brand in Afghanistan

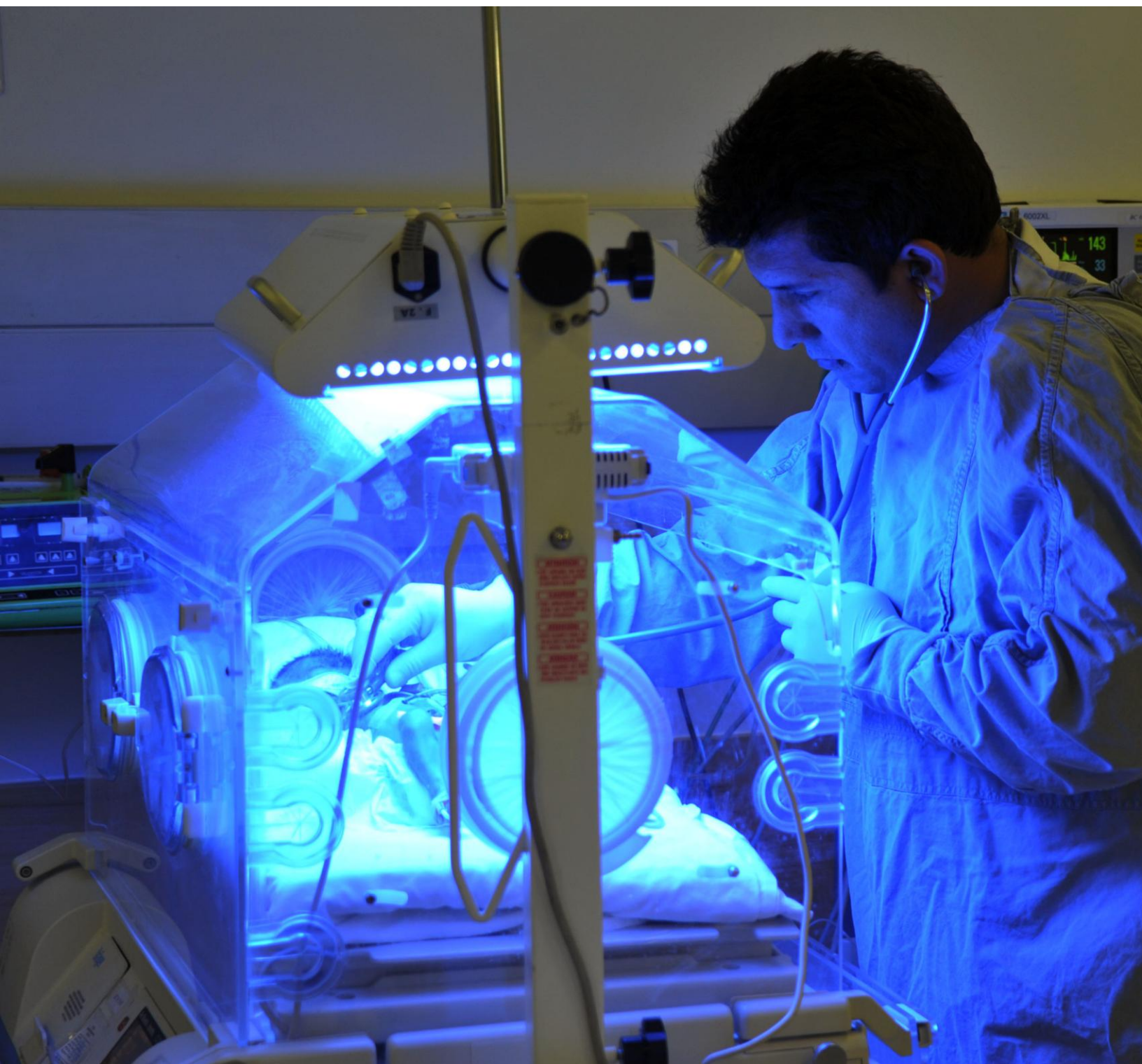
- Establishment of first state of the art intensive care services (ICU) in Afghanistan.
- Successfully running a Post Graduate Medical Education (PGME) program.
- Successful system migration of Hospital and Financial Information Systems.
- Significant improvement in programmatic and financial sustainability.
- State of the Art imaging services - CT, MRI, fluoroscopy etc.
- Successful capacity building planning and its implementation.



FMIC under its wings has highly trained healthcare team.
FMIC cardiologist examines a child below.



FMIC has a team of highly trained Afghan cardiac surgeons. All open heart surgeries are performed by Afghan doctors



The First Neonatal intensive care services (ICU) in Afghanistan, providing a much needed service to Afghanistan

GOVERNANCE AND MANAGEMENT

Governance in an organization is accountable to ensure quality of its services safeguarding high standards of care and ensuring financial sustainability. FMIC's 4 party partnership is indeed a professional model of Public-Private collaboration in Afghanistan. Its governance is dealt by the Provisional Operating Committee (POC). The governance has clear roles and defined responsibilities to ensure and evaluate the performance of the hospital in line with their set missions. This has been achieved over the last 6 years and is ready for replication in other programs as well. The POC has created a vibrant vision and developed a road map for sustained programmatic achievement.

The management is responsible in ensuring that the vision is carried further. The management has developed models to manage the hospital with evidence based best practices of other international hospitals. The management is also aligning individuals, sections, departments, divisions and hospital's overall objectives with the vision of the institution. Further, there are clear defined boundaries between governance and management, so both can perform their

roles adequately. Since 2006 when the POC was established, all partners have fulfilled their responsibilities which has built a trust and understanding among themselves where the partners feel respect for each other and are able to drive the vision forward.

LESSONS LEARNED

- How to run public private partnerships along with their dynamics and principles
- Ensuring governance in partnerships
- How to work with multi partners and achieve objectives
- How to choose partners and work on fulfilling their agreed contributions
- Developing good relations with government and ensuring commitments are met
- Working successfully with different government bodies
- Ensuring good hospital management
- Making tangible contributions in improving health systems
- FMIC experience can be and replicated for success elsewhere

Figure shows Chairman and Members of the Provisional Operating Committee

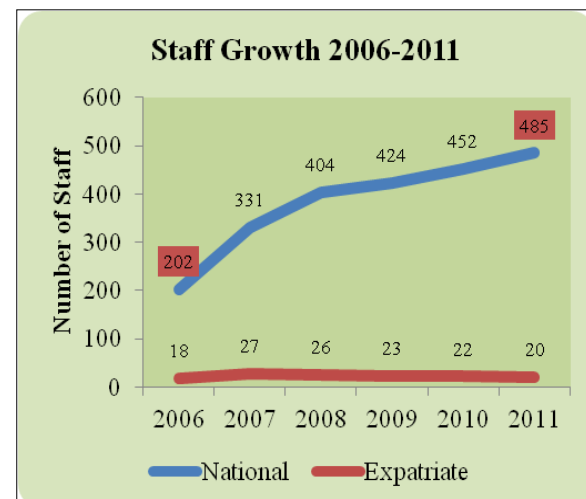
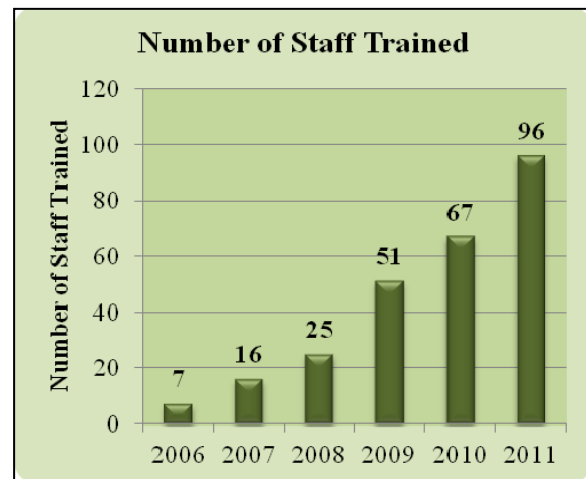


BUILDING LOCAL CAPACITY

FMIC's over-arching human resources mission is to develop national staff thereby ensuring a pool of qualified health professionals in all areas of health care delivery, leadership and administration to carry out the operations of FMIC. This is being done with a medium to long term vision of requiring minimal support from long-term expatriate staff. Through the help of Agence Française de Développement (AFD) and Aga Khan Development Network (AKDN) funding, a capacity building plan is currently being implemented.

In a short period of time, FMIC has conducted a remarkable amount of training. Most training takes place onsite and is complemented by long and short-term missions to France and Pakistan. Since 2006, 262 national staff received overseas training including for pediatric and cardiac surgery in France (at Necker Hospital), anesthesiology in India, ICU care in Germany and training in nursing and quality improvement in Pakistan (Aga Khan University Hospital, Karachi). Offsite training in Kabul has also taken place through partnerships with the Institute for Health Sciences, Roshan and NGOs Focus Humanitarian Assistance and Handicap International. Onsite training in cardiac, orthopedic, general and plastic surgery has taken place through various short-term missions from 2006 to 2011.

In 2012, more than 139 (as per Budgeted Training Plan 2012) national staff (nurses, laboratory technicians, radiology technicians, pharmacists, bio-medical engineers and doctors) will go for training.



“FMIC have made some commendable achievements over the period of this project in regards to human resource development. The expansion of services, increased leadership of Afghan staff and its established reputation as a leader in care and quality, are a few of the highlighted achievements. In a short period of time, FMIC has raised its profile and reputation in the sector, becoming a popular choice for training of health professionals.”

From Report of third party evaluation of FMIC's Human Resource Capacity Building Program

CONTINUING MEDICAL EDUCATION

Along with clinical development, Continuing Medical Education (CME) is also provided at FMIC to enable physicians and nurses working elsewhere in Kabul to update skills in their area of specialization. Most CME is conducted by FMIC's local physicians and is complemented with some training from expatriate missions. Areas of training include lab diagnosis of infections, orthopedics, radiology, medicine, plastic surgery, cardiology and cardiac surgery. The following Table 1 below presents the historical data of CME since 2007.

DEVELOPING NURSING CAPACITY

Nursing Division at FMIC was initiated with 20 nurses in 2005 trained by mission staff from France. The division expanded along with services and patients at FMIC and today 111 nurses are working in this Division. In 2008, the Division initiated Nursing Education Services (NES) to conduct on job training and nursing credentialing at FMIC. From 2008 date, NES has conducted 650 sessions on different nursing care related subjects. Besides, nurses have been going to AKUH Karachi for clinical attachment in different pediatric wards to gain the experience of nursing care of international standards and have hands-on practice for skills under supervision. Today 97% nurses at FMIC are certified on international standards for Intravenous Cannulation, 100% nurses for Basic Life Support (BLS), and 90% nurses for Medication. In addition, nurses are now approaching towards advanced and specialized care provision to the patients. Most of the ICU

nurses are certified for critical care courses and designated as Critical Care Nurses (CCN) and the Division has initiated to get nurses certified for Pediatric Advanced Life Support (PALS); both these initiatives are setting the standard of intensive nursing care in Afghanistan. Since 2009, Afghan nurses have developed to become instructors of NES and running the department effectively. NES instructors are certified as instructors of Basic Life Support and PALS according to American Heart Association's standards and certifying nurses and physicians of FMIC.

On the completion of sixth year of FMIC, nurses are on the way in training towards leadership roles such as shift supervisors, assistant head nurses, head nurses and nursing instructors. Besides, the Division has prepared two nurses for leadership roles in nursing from Central Asia (Tajikistan) and they are ready to take up the lead in different fields of nursing. Standards of care has been maintained through continuous development, implementation and monitoring of nursing policies; the first policy was developed in 2006 and today the Division owns 70 Policies and maintains a quality index of 95% for its compliance. Infection Control program for hospital is another area the Nursing Division has initiated in 2008 and expanded over the last three years. International Infection Control (IC) nurse was inducted in 2008 and was responsible for implementing universal guidelines of Centre for Disease Control (CDC); today FMIC has a trained national IC nurse who is responsible for surveillance of infectious diseases at the hospital.

Particulars	2007	2008	2009	2010	2011	Total
Number of CMEs	6	12	6	14	14	32
Number of Physicians attended	145	287	165	515	589	1,701
FMIC Physicians	20	71	53	198	418	760
Non-FMIC Physicians	125	216	112	317	171	941

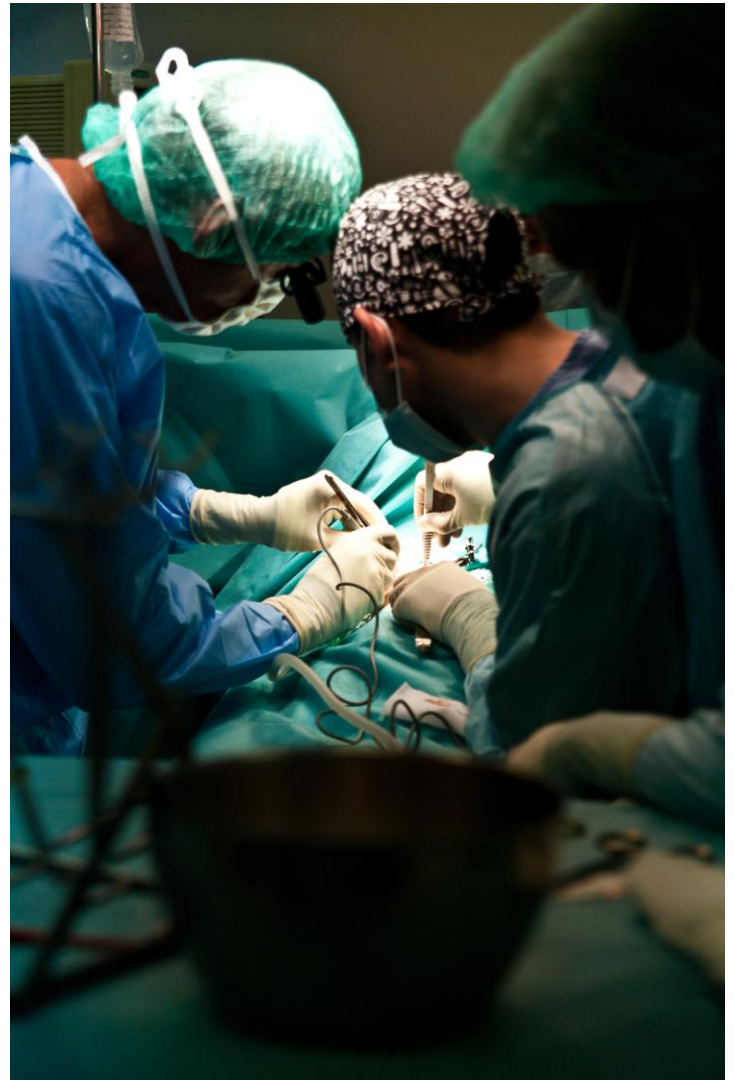
Table – 1 Continuous Medical Education

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Moreover, Nursing Division collaborates with neighbor institutions and provides training support to the Ghazanfer Institute for Health Sciences and Kabul Medical University in providing clinical placement and mentorship for nurses graduating from their program. From 2010, the Division provides training sessions through tele link to the sister institutions such as Bamyan provincial hospital and Faizabad hospital which is making FMIC's training resources accessible for health care providers to the community at large.

POST GRADUATE MEDICAL EDUCATION

In March 2012, FMIC achieved another milestone and implemented the Post Graduate Medical Education Program (PGME) in Pediatric Medicine and Pediatric Surgery. Currently three residents are enrolled in each discipline and will be extended to nine disciplines and 80 residents at cruising level in the next five years. The PGME program will be in line with Afghan Ministries of Public Health and Higher Education. Canadian International Development Agency (CIDA) has provided financial assistance to run this program for the next three years. Management is exploring different partners in order to continue this program on the long-term basis. The PGME programme at FMIC is in line with Ministry of Public Health's requirements, and has the potential to be expanded to created greater impact after its establishment phase, a far more sustainable solution to sending staff abroad for the total period of post graduate training.



FMIC plans to expand the PGME program to nine disciplines in five year. About 80 residents in different specialties will graduate in next five years. This effort will make massive contribution to capacity building of Afghanistan health human resource.

Testimonials

"It is imperative that students complete their practical, and FMIC provides an attachment that is hard to compare with others – technology, attitudes of staff in teaching, experience, and exposure" **Ghazanfar Institute of Health Sciences, Head of Physiotherapy**

"The quality of training provided by FMIC is superior, for what is available here in Afghanistan, which cannot be compared with any other institution. Especially lab trainings are high quality". **Dean, Faculty of Pharmacy, Kabul University**



FMIC offers high quality services with state of art medical equipments

QUALITY ASSURANCE

With determination and effective contribution of the FMIC staff, the institute was able to receive ISO 9001: 2008 certification for Quality Management System (QMS) for patient care support services in March 2009. FMIC became the first health care organization in Afghanistan to receive this certificate.

Each passing year has raised the bar and expectation of the quality standards for FMIC with the vision of becoming a Center of Excellence in Central Asia. After putting Quality Management Systems in place, FMIC has begun its journey towards improving the clinical quality standards. Quality Assurance department of FMIC is taking steps to introduce

standards of Joint Commission International (JCI) in order to continue improving towards patient safety and clinical effectiveness. JCIA Gap audit of FMIC Kabul was conducted by a team of three surveyors from AKUH, Karachi from June 4 to 6, 2011 and achieved a 53.4% compliance with JCIA standards in its base line survey. A formal road map, task force, core team and multifunction teams have been formalized as the way forward. JCI accreditation will provide FMIC with the stamp of quality and patient safety and will be recognition of the abidance to standards of care and environment standards that the Institution adheres to.



Tele-consultation with Faizabad Hospital

eHEALTH

The eHealth project launched in 2007 has been successfully expanding its linkages with other Aga Khan Health Service, Afghanistan (AKHS,A) and Aga Khan Health Services, Tajikistan (AKHS,T) facilities. Since the physical access to quality medical services is a major challenge in other provinces, mainly due to poverty, poor infrastructure and lack of information about the availability of services the facility is used for tele-consultations, tele-radiology, tele-pathology and eLearning sessions. More than 3500 patients has been benefited from the facility since its inception.



eLearnings sessions with Bamyán and Faizabad Provincial Hospitals

Table -2 eHealth Utilization since 2007

Particulars	2007	2008	2009	2010	2011	Total
Tele-Radiology	99	166	365	641	1,031	2,302
Tele-Consultations	-	-	-	40	1,206	1,246
Tele-Pathology	-	-	-	9	173	182
Total	99	166	365	690	2,410	3,730

HOSPITAL PERFORMANCE

Since the beginning, FMIC has continued to experience sustained growth in almost all inpatient and outpatient activities of the hospital, as volumes meet their budgeted targets in almost all areas.

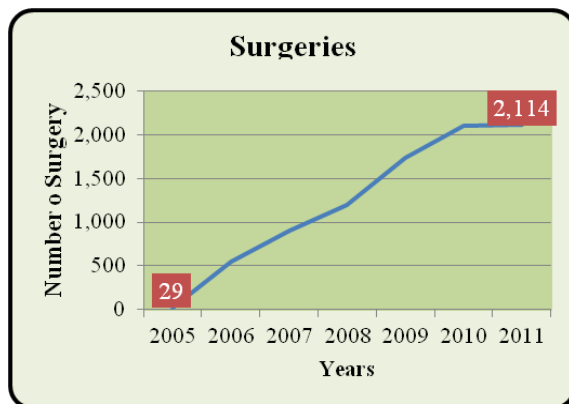
Table -3 below describes the volumes and activities trend from 2005 to 2011.

Description	2005*	2006	2007	2008	2009	2010	2011	Total
Admissions	36	1,280	2,237	2,936	4,009	4,596	4,534	19,628
Clinic visits	224	23,440	35,264	55,684	64,375	76,850	80,248	336,085
Surgical procedures								
a) - General surgeries	29	345	456	612	805	956	961	4,164
b) - Orthopaedic	-	110	252	351	505	634	703	2,555
c) - Plastic surgeries	-	-	30	27	98	118	69	342
d) - Cardiac surgeries	-	97	155	162	207	285	195	1,101
e) - Neuro surgeries			5	7	19	22	41	94
f) - ENT surgeries			-	38	101	89	145	373
Total surgeries	29	552	898	1,197	1,735	2,104	2,114	8,629
Radiology	658	19,511	29,816	37,365	45,678	55,842	50,824	239,694
Laboratory	207	62,711	154,976	203,863	273,174	293,918	283,175	1,272,024

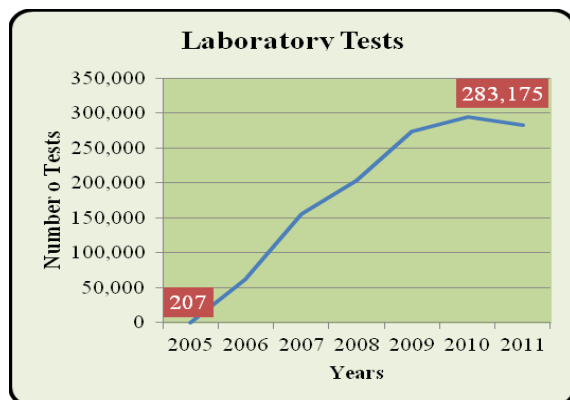
**Hospital operations started in November 2005.*

FMIC offers 24/7 medical services with highly trained, compassionate and committed staff

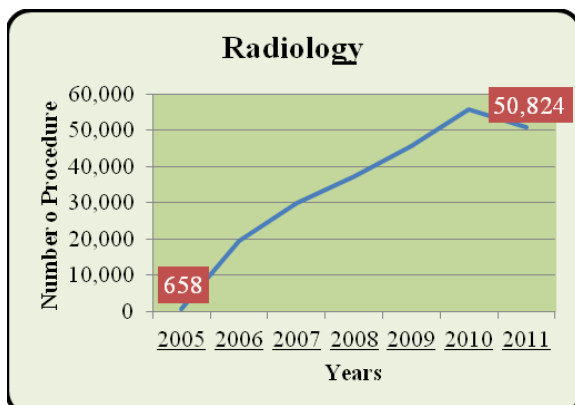




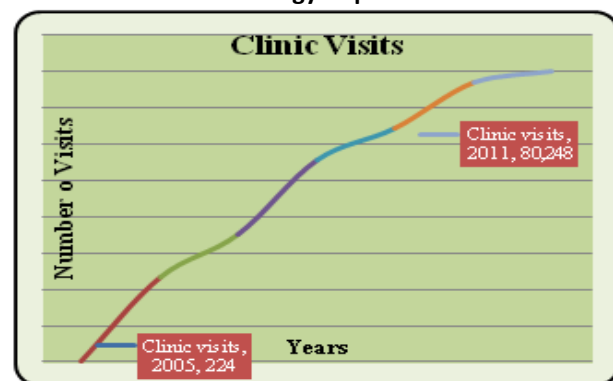
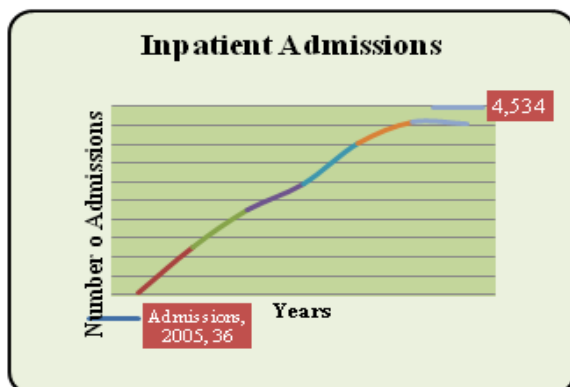
Surgery in process



Laboratory Department



Radiology Department



PATIENT WELFARE SERVICES

One of the core missions of FMIC is to provide accessible quality health care to the local population without any discrimination. Various public and private entities contribute to the Patient Welfare Program including Roshan Telecommunication, Government of France and Government of Afghanistan. Tables -4 and 5 describe the details of Patient Welfare Program at FMIC since inception.

In 2011 \$3.6M was spent on the Patient Welfare Program. Out of this \$2.5M was spent in assisting 4,306 admissions (93% of total admissions) through FMIC welfare program including 714 surgeries through LaChaine de l'Espoir's Kate Project. Additionally, outpatient welfare of \$1.05M was provided to 44,094 outpatient visits/diagnostic procedures.

Patient Welfare spending represents 41% of overall gross revenue of the hospital, whereas inpatient patient welfare represents 67% of inpatient gross revenues and outpatient patient welfare represents 21% of outpatient gross revenues. During the year the hospital received patients from all 34 provinces of Afghanistan.

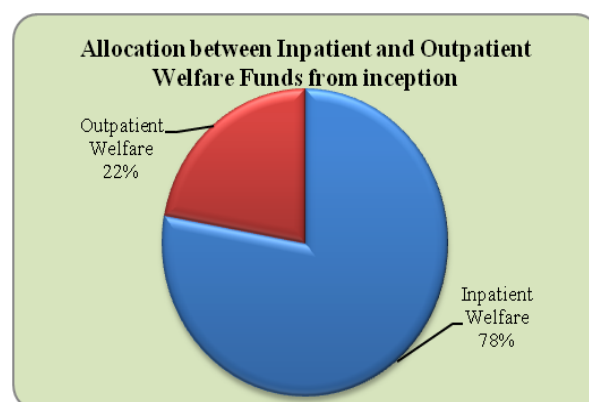
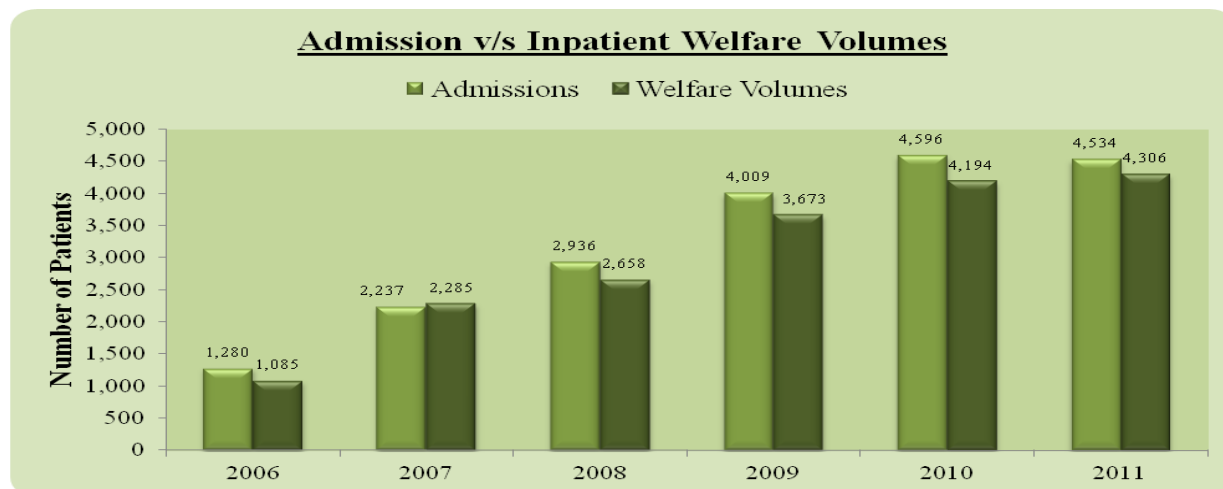


Table 4: Patient Welfare Statistics

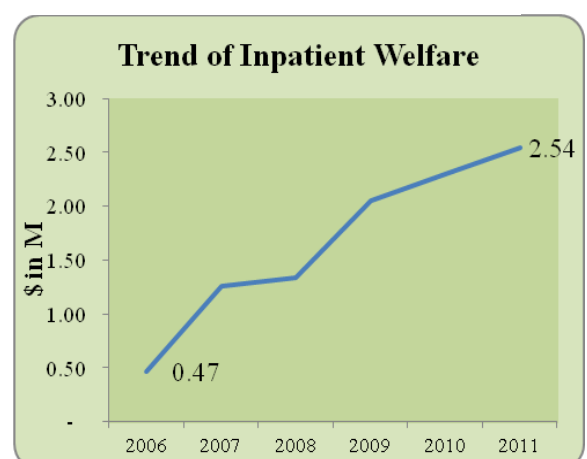
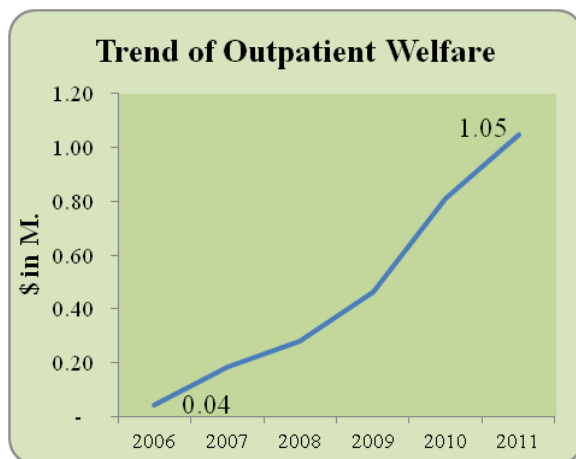
S#	Description	2006	2007	2008	2009	2010	2011	Total
1	Inpatient Welfare Volumes							
1.1	FMIC	1,085	2,285	2,658	3,283	3,708	3,539	16,558
1.2	Kate Project	-	-	-	305	401	714	1,420
1.3	ARCS	-	-	-	85	85	53	223
1.4	Total Inpatient Welfare Volumes	1,085	2,285	2,658	3,673	4,194	4,306	18,201
2	Outpatient Welfare Volumes							
2.1	Laboratory	742	5,177	7,680	14,449	18,377	19,713	66,138
2.2	Radiology	2,578	5,565	9,483	15,710	22,121	21,683	77,140
2.3	Consulting Clinics and Other	163	609	693	1,025	1,022	2,698	6,210
2.4	Total Outpatient Welfare Volumes	3,483	11,351	17,856	31,184	41,520	44,094	149,488
3	Grand Total	4,568	13,636	20,514	34,857	45,714	48,400	167,689

Table 5: Patient Welfare Spending (US\$ in M)

S#	Description	2006	2007	2008	2009	2010	2011	Total
1	Inpatient Welfare	0.47	1.26	1.33	2.06	2.30	2.54	9.95
2	Outpatient Welfare	0.04	0.18	0.28	0.46	0.81	1.05	2.83
	Total	0.51	1.44	1.61	2.52	3.11	3.59	12.78



Children's play room at FMIC



LA CHAINE ENFANTS AFGHANS (KATE'S PROJECT)

Initiated in March 2008 and operated by La Chaîne de L'Espoir, Enfants Afghans (Kate's Project), this project's aim is to access and ensure free treatment as well as appropriate specialized surgical care to the most vulnerable and poor children at FMIC. These children are provided with accommodation and receive a 20% discount on cost of their care (excluding pharmacy and consulting clinic charges). Moreover, they facilitate access from the provinces by referrals from Ministry of Public Health (MoPH) or registered and well established organizations such as the International Committee of the Red Cross (ICRC) or others. So far 1,420 patients have availed

admission facilities and over 5,700 outpatient visits.



FUTURE EXPANSIONS – SHORT TERM- PHASE II

The FMIC was originally envisioned as a mother and child hospital to be built in two phases. The first phase, the children's hospital, was inaugurated in 2006 and has been operating very successfully. Planning for the expansion of the children's hospital was already ongoing when French Foreign Minister Bernard Kouchner visited Kabul in April 2008 and expressed the French Government's interest in supporting the expansion. The subsequent Afghanistan Donor's Conference in Paris solidified funding of a € 9 million loan from the

French Government through AFD that will be matched with an additional € 9 million from His Highness the Aga Khan. The €18 M will partly finance the expansion to include the maternal facility and the balance to be made available for Phase 3.

The maternal facility is envisaged to provide superior obstetric and gynecological care, and also contribute to the training and qualification of health care professionals. It would function as part of an integrated health delivery system interconnected with health services within Afghanistan and the region. In line with national priorities, the hospital would contribute to health promotion and disease prevention and play a leadership role in developing women's health services in the region.

**Figure shows FMIC Phase II, (Women's Wing).
The construction will be completed in 24 months.**



- Horizontal bands of the existing Phase I buildings have been used for the façade solution of the new extension.
- The horizontal element will be used as a service box by running of plumbing and heating pipes.
- Locally available brick is proposed to introduce color and texture ; it is also suggested that for full integration of the old and the new, that the metal balustrades railing of the existing building be replaced with brick parapet wall.

JUMHORIAT HOSPITAL

Jumhoriat Hospital is a public sector hospital facility that has been operating in Kabul for more than three decades. In 2009, the construction of new buildings, consisting of a 10-storey structure and two blocks of three and four storeys, was completed by the Government of the People's Republic of China and handed over to the Afghan Government as a gift. The expectation of the MoPH is that the old buildings of the Jumhoriat Hospital as well as an adjacent Infectious Diseases Hospital will be integrated with the new buildings to form one tertiary facility.

The new facility, however, has not yet been put into service by the GoA because of its limited skill and capacity to do so. Therefore, based on the discussion between President of GoA and the AKDN leadership, AKDN has been requested by the MoPH to manage and operate the entire complex as a public-private partnership (PPP)

between AKDN and the GoA. Other public and private partners will be sought by AKDN to participate in the endeavour.

PROPOSED PROGRAMME

A comprehensive assessment of Jumhoriat Hospital (JH) has been undertaken. The report examined, whether the hospital would fit into the GoA's national health and education vision as well as the AKDN vision for an integrated health system in Afghanistan, its suitability as a tertiary academic and medical services facility that would train health professionals and provide services to all of Afghanistan's population, and its scope for financial sustainability with the possibility of other partners joining hands with AKDN in agreed upon, pre-defined roles.

The assessment concluded that the Hospital could function as a 216-bed adult medical surgical facility providing tertiary care services. It will train doctors in multiple specialties,



Jumhoriat Hospital

provide specialized nurse training as well as training of allied health workers.

A range of tertiary healthcare services will be provided at the hospital along with a strong referral system with other public and private hospitals in the Kabul and across Afghanistan. In order to sustain and continuously upgrade the services of the hospital, all services will be charged to the patients, however to provide access to the indigent, a patient welfare program will be introduced similar to FMIC and other AKDN health care institutions. Continuity of care would be arranged through the development of care pathways that interlink the tertiary health care facility with secondary and primary health care facilities throughout the country. Health service providers would also benefit from the academic and training services provided.

eHealth will play a vital role for service provision and learning as physical access to quality healthcare is a major challenge across Afghanistan and Central Asia due to unaffordable transportation costs, poor infrastructure, security concerns, cultural constraints to women's mobility, and a lack of information about service availability. JH will be connected to the already established e-Health network connecting the provincial hospitals in Bamyan and Faizabad with FMIC in Kabul and AKUH in Karachi.

The following scope of services and academic programmes proposed for JH take into account the current and projected demographics, socio-economic status, and disease burden in the region:

(a) **Medical Services** – Jumhoriyat Hospital will provide medical and surgical facilities for

outpatient and inpatient care and cover the following disciplines:

- **Medicine** - internal medicine, pulmonology, cardiology, nephrology, infectious diseases, neurology, gastroenterology and oncology;
- **Surgery** - general surgery, urology, cardiac surgery, ENT, orthopedics, neurosurgery, dental surgery and ophthalmology;
- **Ambulatory care and diagnostics** including laboratory, radiological, neurophysiological and cardiopulmonary investigations;
- **Rehabilitation** - physiotherapy and rehabilitation, and dialysis services; and
- **Emergency services**

(b) **Education and Research** –JH will be a teaching centre and the following programmes will be offered: i) post-graduate medical education (residency and fellowship programmes; ii) post RN BScN and in-service nursing training programmes; and iii) allied health training programmes in radiology, laboratory, OT tech, nursing assistant, etc. Research will also be a core component of the hospital's academic programme and research activities will be conducted in clinical and operational areas. This will help to develop evidence-based practices as well as a deeper understanding of the disease burden in Afghanistan, which is knowledge that can then be shared with others.

IN THE MEDIUM AND LONG-TERM

Plans are already underway to create an expanded health complex with an academic health sciences centre on additional land which has been committed by the Government of Afghanistan. This centre would be a tertiary medical center of excellence and provide both health services and education. This is part of a

vision for an integrated health delivery system which would entail the Aga Khan Development Network's participation and support of provincial population-based community, primary and secondary care. In this context, the Kabul-based entity would serve as an intellectual and tertiary service hub of an integrated system in Afghanistan and potentially other parts of the region.

The foundation for a strong partnership with the Government of Afghanistan in health sciences and health sector development is already in place.

THE EXPANDED HEALTH COMPLEX WOULD:

- Provide complete medico-surgical services and a multi-purpose diagnosis centre;
- Aspire to achieve the highest level of economic sustainability while providing high quality and accessible healthcare;
- Play an important role in training and qualification of health sector professionals who will lead and work in the reconstruction of the country's health system;
- Be a real player in the evolution of the Afghan health system by providing leadership, capacity building and research;
- Contribute to re-establishing links between its provinces and neighboring States;
- Offer care in selected specialties and sub-specialties with potential expanded partners in the form of *Institutes* (following the model of the French Medical Institute for Children).

THE HEALTH SERVICES ENVISIONED

1. Inpatient and outpatient specialty care in medicine, surgery, obstetrics, gynecology, pediatrics and psychiatry - as well as selected sub-specialties; offering minimal and micro-invasive surgery and potentially interventional

radiology and capable of serving as a regional referral centre;

2. 24 hour emergency services

3. Comprehensive diagnostic services including a referral laboratory, state of the art imaging (standard and specialized radiology, ultrasound, mammography, CT scan, MRI, nuclear medicine), neurophysiology, cardiopulmonary, physiotherapy and rehabilitation facilities and a pharmacy capable of in-house compounding

4. Resources to provide other selected technical and support services to provincial hospitals operated by AKDN (including through telemedicine)

5. A professional and Continuing Education School utilizing e-learning technologies is being explored

6. Conduct relevant research in community and population based research.

VISION FOR AN INTEGRATED HEALTH DELIVERY NETWORK FOR CENTRAL ASIA

The principal Aga Khan Development Network institutions concerned with health - through AKHS and the AKU - have been moving toward integrated health delivery systems to meet their strategic priorities, national and regional interests recognizing that an integrated system can offer easier access to quality and appropriate services that optimize efficiency. A shared vision is emerging that calls for:

1. Strengthening linkages with the Aga Khan institutions, and Governmental and Non-Governmental partners for health care delivery, operational research, and public advocacy;
2. Developing a model health care system of coordinated primary and secondary care with centralized tertiary referral;

3. Developing capacity for health information and knowledge dissemination;
4. Increasing access to healthcare to vulnerable groups in society particularly child-bearing women and children; and
5. Building and retaining health human resource capacity that promotes integrated health delivery systems.

An Integrated Health Delivery Network could be defined as a health care system of coordinated community-based, primary and secondary care with a centralized intellectual and tertiary referral hub. This delivery network would be underpinned by processes of governance and quality assurance, risk management and standard operating procedures. Cross-cutting facilitative elements would include: capacity for health information dissemination, technical assistance, education and training and common standards for quality in human resources and service provision. Collaborations would take place for research and teaching.

Health system development with varying levels of integration is ongoing in Afghanistan, Pakistan, Tajikistan and Kyrgyzstan. Afghanistan has a very clearly articulated Health and Nutrition Sector Strategy which emphasizes coordinated and integrated community health prioritizing mothers and children. Kyrgyzstan and Tajikistan share a legacy of a robust integrated health delivery system inherited from the Soviet system comprising a network of health facilities focused on providing in-patient care. However, this system has deteriorated considerably and there are significant challenges regarding management, technical capacity and access. Since the 1980's AKDN has been very active creating a unique community-based model in Pakistan and are the national forerunners in the development of secondary and tertiary care.

ATTRIBUTES OF THE INTEGRATED HEALTH NETWORK

- Improved access to appropriate health services (tertiary, secondary, primary) and cross-sectoral and shared care through a robust referral system;
- Optimization of technical infrastructure and common standard operating process and procedures;
- Addresses the needs of the populations concerned;
- Maximization of expertise across the network;
- Efficiency in quality, cost and communication;
- Joint articulation and systematic planning towards agreed strategic objectives;
- Shared protocols for health delivery;
- Shared standards in health care delivery including for human resources, clinical practice, education and training.

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