

## Celebrating Milestones, Looking to the Future

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The public health community in Afghanistan has achieved a substantial milestone with this second edition of the *Afghanistan Journal of Public Health* (AFJPH).

In the 2012 inaugural issue of the AFJPH, authors addressed the need for a strong national health system, covering issues ranging from service delivery and quality of care (1-3) to a robust health workforce (3-6). This focus was timely as new data on coverage achieved with the Basic Package of Health Services (BPHS) was released (7), a formal performance assessment using a balanced scorecard system was published (8), and the National Strategy for Improving Quality in Health Care was produced (9).

From a broader perspective, this focus was timely as well; strengthening national health systems has emerged as a priority on the global stage, gaining steady momentum over the last decade. While perspectives differ on the ideal conceptual framework, functional taxonomy, and performance measures, there is reasonable consensus on the general goals of a health system: 1) achieve better health for the entire population; 2) protect families from financial consequences of disease, in particular those who are poor or otherwise vulnerable; and 3) be responsive to people's expectations (10).

In the context of rising rates of non-communicable disease and widening health inequities, an increasing number of countries aspire to achieve universal coverage; given the superimposed pace and scale of demographic changes, from population growth and aging to migration and rapid urbanization, the challenge to achieve this will be formidable. When coupled with the need for health systems to be context-specific, requiring local implementation and capacity for both research and innovation (11), there is little doubt the attention to this topic was well warranted in 2012, and will continue to be in the future.

The contents of this second issue of the AFJPH are also of distinct contemporary relevance. They reflect cutting edge concerns accompanying the complexities of

globalization, from the global transfer of risks to cross-border health challenges, to a pervasive epidemic of corruption and weak governance. These issues are emblematic of 21<sup>st</sup> century global health challenges confronting virtually all nation states, with causes and consequences traveling in both directions.

Consider tobacco-related disease and control, chosen to be highlighted in this issue of the AFJPH. In the very same month, halfway across the globe, the *Journal of the American Medical Association*, and substantial space in several other prominent journals, was devoted to the same topic, marking the 50th anniversary of the U.S. Surgeon General Report (12-15). One would be hard pressed to come up with a more poignant illustration of the reality of shared problems (and necessity for shared solutions) than the prioritization of the same public health challenge in one of the most widely circulated journals in the North (published in one of the wealthiest countries in the world), with one of the newest fledgling journals just beginning in the South (published in one of the poorest countries in the world).

In this issue, Mohmand et al. report the results of a study conducted in Kabul to assess tobacco risk in males age 15 and older. While one in three participants identified themselves as current smokers, approximately half reported exposure to secondhand smoke (16). Rahman et al. draw attention to the increasing practice of hookah smoking, particularly in young people, compiling published information on its prevalence, determinants, and adverse health effects. Acknowledging the limitations of data availability and quality, the authors pose important questions about public health messaging, social perception, and the role of tobacco regulation with respect to hookah use (17). While both articles represent examples of knowledge production, this issue also illustrates efforts to disseminate knowledge in order to influence practice and education. In addition to a policy brief developed by ANPHA, the annual report describes a media campaign designed to educate the public about the risks of tobacco, and efforts by the President, Dr. Alim Atarud, to advocate for tobacco control and regulation

(18, 19). Most recently, in Kabul on the 15th of December 2013, ANPHA and the Organization of Afghan Alumni (OAA), in cooperation with the Afghan Ministry of Public Health (MoPH), launched a campaign to promote awareness about the negative effects of secondhand smoke.

Two events in 2013 represent good examples of the local and global reach of tobacco-related issues. The first was an international gathering in February 2013 which included diverse stakeholders from more than 40 nations entitled “*Governance of Tobacco in the 21st Century: Strengthening National and International Policy for Global Health and Development*” (20). The second was the release of a report in December 2013 entitled “*Global Health 2035: A World Converging within a Generation*” from *The Lancet* Commission on Investing in Health (CIH) (21), marking the 20th anniversary of the 1993 World Development Report (22). What do these two events have to do with Afghanistan and how do they relate to this issue of the AFJPH?

In the case of the first, the AFJPH's Editor-in-Chief, Dr. Abdul Tawab Saljuqi, represented the journal at the two-day conference at Harvard University's Radcliffe Institute for Advanced Study (20). The conference opened with Dr. Margaret Chan, Director-General of the World Health Organization describing the increase in tobacco use being observed in lower- and middle-income countries, even as a simultaneous decline is observed in wealthier nations (20). While country experiences were shared as a prominent component of the meeting, there was an emphasis on what actions should be taken by the global community to both engage key stakeholders outside the health sector, and to support national efforts (see **Box**). Dr. Saljuqi brought Afghanistan's perspectives to the floor, providing an important contribution to the collective conversation and the motivation to use the second issue of the AFJPH to direct attention to the public health threat of tobacco.

In the case of the second, the engagement of the Harvard Global Health Institute with *The Lancet* CIH provided an opportunity to discuss with our AFJPH partners how the health investment framework put for-

ward in “*Global Health 2035*” could be adapted to country-specific circumstances. Given the proximity of the report to the planned publication of the journal, including a summary of the key findings seemed an obvious vehicle to catalyze a discussion about relevancy and contextualization to Afghanistan (23). It is worth noting that tobacco taxation was identified as “*the single most important policy tool*” to reduce the burden of tobacco-related non-communicable disease (21). Is this recommendation even relevant to Afghanistan? Remarkably, it is. It was just days ago that the lower house of parliament adopted a landmark draft law banning smoking in public places and increasing the import duty on tobacco products by 50% (24).

Just a little over a month ago, World Bank Group President Jim Yong Kim declared corruption to be “*public enemy number one*” and described a prevention strategy with three key elements (25). “*First, we need to improve the way we share and apply knowledge about building institutions with greater integrity; second, we need to empower citizens with information and tools to make their governments more effective and accountable; and third, we need to build a global movement to prevail over corruption.*” In a provocative and forward-looking perspective, Salehi et al. discuss the attempts to increase transparency and integrity in the MoPH in Afghanistan from 2008 to 2011 (26). Consistent with the declaration by the President of the World Bank Group, Salehi et al. emphasize the roles of both the government and the international community. The authors review several proposed strategies constructed through a collective process, including a formal working group in the MoPH to ensure transparency of anti-corruption procedures, an initiative to assess the ministry’s vulnerability to corruption, and an independent Health Complaints Office. The authors’ insistence on the critical need to confront corruption and promote good governance, in individuals and institutions, will not only be a prerequisite for improving health, but also for building a strong society. We know from the historical trajectory of other fragile states that sustained growth and development will be nearly impossible without effective governance, institutional credibility and public trust (27).

Finally, also in this issue, Walraven

et al. conducted a qualitative study of a cross-border health program in Gorno-Badakhshan Autonomous Oblast (Tajikistan) and Badakhshan (Afghanistan) (28). The

### Box. Meeting Recommendations: Governance of Tobacco in the 21st Century [20]

1. Make tobacco control part of the agendas of the United Nations and other development agencies worldwide.
2. Assure officials from every sector of a nation including health, trade and finance work collectively to protect not only health, but also the harm tobacco places on their economy by passing laws to reduce use.
3. Place health as the centerpiece of any decision on a trade treaty that includes tobacco.
4. Diligently work toward a goal of reducing the prevalence rate of smoking to less than five percent world-wide by 2048.

description of the context alone provides insight into a broad spectrum of situational challenges—physical barriers to access, widespread poverty and illiteracy, lack of public services, and inadequate infrastructure and human resources. The authors conducted focus group discussions involving close to 200 health workers, community leaders, and patients to better understand Tajik and Afghan perspectives on the acceptability, benefits, and challenges of the program. They found participants on both sides of the border perceived the program to be of mutual benefit in spite of the political-social complexities, had suggestions about how to overcome structural and pragmatic barriers (e.g., cross-border security concerns), and provided ideas on how to better meet the needs of the community (e.g., mechanisms for health financing and social protection). This study is a particularly relevant example of an opportunity for ‘shared learning,’ as eloquently described by Binagwaho et al. in

a thoughtful reflection about collaborative efforts to rebuild the health system of Rwanda (29). A research agenda that places a fundamental emphasis on caring for the most vulnerable, that emerges from ‘listening’ to the concerns and perspectives of patients and local providers, that shares all findings (positive and negative) through open access publication, and that embraces the value of local creativity, is an agenda with the essential ingredients for principled partnerships and collaborative innovation (29).

This second edition of the AFJPH is to be applauded. As acknowledged by Dr. Abdul Tawab Saljuqi in his editorial, there has been and will continue to be a myriad of challenges in the quest to build a “*culture of research and life-long learning*” (30). That being said, the tone of the editorials from both the AFJPH editor and the President of ANPHA is unequivocally positive, and the praise for the journal from Dr. Soraya Dalil, the Minister of Public Health, equally supportive (19). Perhaps the most compelling sense of optimism emerges from considering just what the successful publication of this second issue represents—a commitment to bring an evidence base to public health policy and practice in Afghanistan.

Undoubtedly, the upcoming transition in Afghanistan will add further complexity to what is already a fragile context. However, transitions also represent windows of opportunity which can be exploited for change. While there is a potential for destabilizing turmoil, there is also a possibility for transformation. In the spirit of the friendship between the communities of the AFJPH and the Harvard Global Health Institute, we are confident that the tenacity, persistence and passion of the public health community, both in and out of the country, will prevail.

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