



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

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HEALTH AFFAIRS

MEMORANDUM FOR AFGHAN MINISTER OF PUBLIC HEALTH
UNITED STATES AGENCY FOR INTERNATIONAL
DEVELOPMENT, ASIA SECTION
(ATTN: GARY COOK)
INTERNATIONAL HEALTH OFFICE, DEPARTMENT OF
STATE
(ATTN: PATRICIA MURPHY)
OFFICE OF DEFENSE THREAT REDUCTION
(ATTN: JACK REID)
OFFICE OF THE UNDER SECRETARY OF DEFENSE
(POLICY)
(ATTN: PETER SALEH)
JOINT STAFF SURGEON
(ATTN: RADM DAVID SMITH)
DEPARTMENT OF DEFENSE OFFICE OF THE INSPECTOR
GENERAL
(ATTN: DONALD THOMPSON)
WORLD HEALTH ORGANIZATION
(ATTN: NELLE TURNER-BROWN)

**SUBJECT: Meeting Between Afghani Minister of Public Health and Assistant Secretary
of Defense (Health Affairs)—October 24, 2008**

His Excellency, Minister of Public Health, Dr. Sayed Mohammad Amin Fatimie, recently met with U.S. Government personnel concerned with Afghanistan's health care development on October 24, 2008, from 3:00 – 5:00 p.m. in my office.

For your records, the minutes of that meeting are attached.



S. Ward Casscells, MD

Attachment:
As stated

cc:

Colonel Jay Burks, OASD (HA) Executive Officer

Akhila Kosaraju, OASD (HA)

Warner Anderson, International Health Division, OASD (HA)

Shakir Jawad, International Health Division, OASD (HA)

Jehan Jones, International Health Division, OASD (HA)

Lynn Lawry, International Health Division, OASD (HA)

Meeting Minutes
Afghani Minister of Public Health and Assistant Secretary of Defense (Health Affairs)—October 24, 2008

Dr. Casscells invited His Excellency, Minister of Public Health, Dr. Sayed Mohammad Amin Fatimie to meet with U.S. Government personnel concerned with Afghanistan's health care development. The meeting convened in Dr. Casscells' office (Pentagon 3D886) on October 24, 2008, from 3:00 – 5:00 p.m.

PARTICIPANTS, IN ADDITION TO DRS. FATIMIE AND CASSCELLS

- Anderson, Warner (International Health Division, Office of the Assistant Secretary of Defense (Health Affairs)(OASD (HA)))
- Burks, Col. Jay (OASD (HA) Executive Officer)
- Cook, Gary (United States Agency for International Development (USAID), Asia Section)
- Jawad, Shakir (International Health Div, OASD (HA))
- Jones, Jehan (Office of International Health, State Department (detailed to International Health Div (OASD (HA))))
- Kosaraju, Akhila (OASD (HA))
- Lawry, Lynn (International Health Division OASD (HA))
- Murphy, Patricia (International Health Office, Department of State)
- Reid, James (Office of Defense Threat Reduction)
- Saleh, Peter (Office of the Undersecretary of Defense (Policy))
- Smith, David (Joint Staff Command Surgeon)
- Thompson, Donald (Department of Defense (DoD) Inspector General's Office)
- Turner-Brown, Nelle (World Health Organization (WHO))

BACKGROUND

Earlier this year, Dr. Fatimie visited with Dr. Kelley, Deputy Assistant Secretary of Defense (Clinical Policy), in Dr. Casscells' office. Dr. Fatimie noted at that meeting that, although there were great improvements in some indicators of Afghanistan's health, some expectations created during planning sessions with U.S. Government and others have not been fulfilled. When viewed with the disappointment of Afghanistan's constituents, these appear to be broken promises, a failure to deliver. Meetings between the OASD (HA) International Health Division and the United Kingdom Surgeon General,

and later with U.S. Central Command's command surgeon, have mirrored these concerns. All 3 parties have called for a strong central point of contact (e.g. health attaché) to help Dr. Fatimie coordinate development resources and projects.

Dr. Casscells found an opportunity in Dr. Fatimie's scheduled visit to the U.S. to host a meeting in his offices to give Dr. Fatimie a forum to speak with several U.S. Government representatives.

MEETING MINUTES

Dr. Casscells welcomed Dr. Fatimie to the meeting and recognized him for his outstanding leadership and dedication to Islamic Republic of Afghanistan (IRoA) health care improvement. Dr. Casscells turned the meeting over to Dr. Anderson, who noted the wide range of U.S. Government interests in the room, and asked Dr. Fatimie to frankly address issues of unmet expectations and promises, with the intent of refocusing agencies in a team effort and attention to Dr. Fatimie's important issues. Dr. Anderson provided Dr. Fatimie with a selection of Dr. Lawry's publications, including those on Afghanistan.

Dr. Fatimie began by noting health initiatives promote peace. Health must be an integral, foundational part of national development. Health promotes stability by giving the people hope and confidence in their government. Health is both a cause and a consequence of development.

He noted that the constitution of the IRoA is one of the most progressive in the world. There will likely be general and presidential elections within 10 months. The elections will be part of a difficult but positive movement toward uniting the recently-fragmented ethnicities and special interests in Afghanistan. Health is a uniting factor. "Let's do our job," he said, in the fight against ethnic polarization.

Regarding important issues on which he has had little progress, he pointed out that on the positive side, 1,468 new health facilities have been established, providing care to about 85 percent of the population. Under the Afghan National Development Plan, in 2001 only five percent of citizens had access to hospital services; the number is now 50 percent. The reasonable near-term goal is 60 percent. Another 109 clinics will extend primary coverage to over 90 percent of citizens.

However, 310 of these are in poor structures-often mud-and are unsuitable for clinics. They are inherently unsanitary and unsafe. He has a critical need to upgrade these to modern buildings with sanitation, power and safety codes. He made a strong appeal for help with modernization efforts, such as pre-fabricated buildings.

Dr. Fatimie took a moment to personally recognize the contributions of Col. Don Thompson (U.S. Air Force) during his deployment as Combined Security Transition Command Afghanistan Surgeon. He specifically asked for his return.

Dr. Fatimie pointed out that Afghanistan has poor clinical laboratory services, and diagnostic precision and accuracy, and subsequent treatment efficacy, suffer from this lack. He cited a need for a strong central laboratory and other regional laboratories, with appropriate modern technology and quality assurance. He pointed out that there are biodefense vulnerabilities, given the nature of Al Qaeda and the Taliban, and such labs would be helpful in national and international surveillance, detection, and response.

Dr. Fatimie noted that 68 percent of citizens are suffering from mental health problems, including anxiety, depression and post-traumatic stress disorder. He pointed out that development is naturally more difficult in an environment of hopelessness and poor morale. This pathology has led to numerous self-immolations by women.

These immolations, as well as the baseline burns resulting from accidents with home-built, oil-fueled cooking and heating make burn trauma an important issue. Interestingly, he noted that the burn unit in Herat Province, adjacent to Iran, has become a Center of Excellence. In fact, Iranians are crossing the border and using the facility as well. But this fine facility is about to lose funding and would close if further funding cannot be found. The citizenry require help with the burn unit in addition to the aforementioned mental health services.

Dr. Fatimie requested an overall coordinator of health assistance. He said he needs someone to oversee the international efforts to assist in healthcare development contributions and efforts in order to eliminate the cross-purposes and lack of coordination, and to improve delivery.

Regarding maternal mortality and child mortality, he noted the high maternal mortality rate persists. However, several thousand midwives have been trained, as well as local health workers. This, plus the establishment of clinics and other facilities, has resulted in over 90,000 Afghan children alive today, who would not have survived in 2001.

In conclusion, he distributed copies of the "Proposal of Health Facility Development," and highlighted the critical need for renovation of the major hospitals in three provinces, Nimruz, Nuristan, and Farah. For two years, promises have been made to upgrade these buildings, but there is no sign of progress. He said that the U.S. Government and Ministry of Public Health are losing the confidence of the people by not delivering on these promises. The urgent requirement is for approximately \$10 million to complete all three.

Dr. Casscells pointed to a need for civilian and military cooperation for coordination in the combined efforts of the IGoA and U.S. Government. He also pointed out that he believes all the Provincial Reconstruction Teams (PRTs) should have health professionals attending to health matters. He also promised help from the Uniformed Services University of the Health Sciences.

Col. Thompson spoke of a conversation he had during deployment, with an Afghan Member of Parliament (MP). This MP stated that the people's #1 concern is security and #2 is employment. He feels that strategic health development can contribute to both. He spoke of need to improve care for the Afghan Security Forces (ASF), and mentioned a window of opportunity with the appointment of a new Minister of Interior (MoI), Mr. Atmar. This could improve the situation with the Afghan National Police (ANP) as an example of cross-ministerial cooperation. This would hire people and afford cooperation between Minister of Public Health and MoI to use health of ANP as a stabilizing force. Col. Thompson announced the DoD Inspector General released that day, and the recommendations in it. It is available online.

At this point there was a short intermission while Assistant Secretary of Defense and Minister of Public Health visited with Deputy Secretary of Defense. During this 15 minute break, many side conversations took place around the room.

After the break, Gary Cook said that there is a new "sea change" in the USAID efforts in Afghanistan. He said that USAID had been understaffed and not optimally organized to execute its development mission in Afghanistan. However, he feels that USAID is now in a better position to lead in coordinating aid for effectiveness, and noted that a fundamental of assistance is capacity-building for the IRoA, in other words, Afghan ownership.

Dr. Casscells said that the World Bank and International Monetary Fund prefer local contractors and local efforts, and that an important role DoD can perform is to certify that the Ministry of Public Health is capable of governance and stewardship. This certification by DoD and other U.S. Government agencies will permit economic assistance to flow.

Col. Thompson: DoD Inspector General will return to Afghanistan in Spring, 2009 for a re-look.

Dr. Jim Reid re-visited the laboratory issue. He said that some of Afghanistan needs could be met by using his office's capacity-building for rapid detection of biological and emerging infectious threats. Although the focus must be on weaponized threats, the IRoA Biosafety Level 2 labs resulting have dual-use, in that they can be used to diagnose tuberculosis, Human Immunodeficiency Virus, avian influenza, etc. He pointed out that the labs involve many agencies within Afghanistan: Ministry of

Agriculture, Ministry of Public Health, Ministry of the Interior, Ministry of Defense, and others. Criteria for location emphasize security be already present, since laboratory operating funds should not have to be diverted to providing security. Also, they should serve military, police, and civilian applications.

Col. Thompson pointed out that the military and police entry-level training facilities would be a good place to locate some of these, since they take personnel from communities across the nation and bring them together, an outbreak here may reflect a presence in a distant community that would escape surveillance. These would be sentinel labs.

Dr. Nelle Temple-Brown distributed copies of the WHO Report 2008, "Primary Health Care: Now More Than Ever."

Dr. Casscells said that the Harvard dean of the public health school, as well as those of Uniformed Services University of the Health Sciences, Berkeley, Hopkins and others, and the Association of Schools of Public Health all are interested in helping to bring public health education and practice to Afghanistan. Dr. Casscells and Dr. Lawry will assist with this. Dr. Casscells noted Dr. Lawry's experience and expertise in international health development, and her multiple teaching appointments including Harvard, Hopkins and Uniformed Services University of the Health Sciences.

Dr. Anderson noted, in closing, that there were many U.S. Government agencies present in the room and that this represented a unity of effort; that Dr. Fatimie had many, many friends around the room, all of whom are willing to do whatever is in their power to help him with his mission. He noted, as well, that in future discussions that our Coalition allies should be present, such as the United Kingdom and France, to widen the foundation of support and coordination. ‘

REFERENCED DOCUMENTS

1. Afghanistan's Constitution:
http://www.afghan-web.com/politics/current_constitution.html
2. WHO World Health Report 2008:
<http://www.who.int/whr/2008/en/index.html>
3. Afghanistan Ministry of Public Health:
<http://www.moph.gov.af/>
4. Dr. Fatimie's speech to the White House Summit on International Development:
<http://fhp.osd.mil/intlhealth/pdfs/Fatimie.pdf>