

Provincial and district health governance structures Example from Afghanistan

In Afghanistan, the Provincial Public Health Coordination Committee (PPHCC) is a formal multi-stakeholder committee at the provincial level with a set of distinct responsibilities established by the Ministry of Public Health (MOPH). PPHCCs provide a forum for coordination and information sharing among various stakeholders in the provincial health system. They discuss community health concerns, and coordinate and participate in all stages of the emergency response. They also monitor and supervise health posts and health facilities. They are expected to meet on a monthly basis and coordinate delivery of the basic package of health services, and the essential package of hospital services.

The MOPH has also formally established consultative community health shuras and health facility shuras at health post, health facility, and district hospital levels. Hospital community boards were established at the provincial hospital level. Lately, the MOPH has been establishing District Health Coordination Committees (DHCCs) in the districts to perform a role similar to that of the PPHCCs in the provinces.

The PPHCC is a multi-sectoral governing body chaired by the Provincial Public Health Director. It has 21 members that include nine appointed provincial public health officers, provincial hospital director, director of the Institute of Health Sciences, two representatives of NGOs providing health services at health post and health facility levels, two district health officers, and one representative from each of the following: ministry of women’s affairs, private health sector, elected provincial council, UNICEF, and WHO. Thirteen members have voting powers. Decisions in the PPHCC are usually based on consensus. If there is no consensus, the decision is put to a vote. A decision requires a quorum and a majority of voting members in favor. The members are not paid compensation or sitting fees for serving on the PPHCC.

Similarly, the DHCC is chaired by the District Public Health Officer and its members include a district governor’s representative, private health sector representative, religious leader from the district, director of the district hospital, an implementing NGO representative, head of the district education department, and head of the district council which is an informal assembly of elders in the district. Decision making in DHCC is similar to that of PPHCC i.e. decisions are generally taken by consensus, and if it fails, by a majority vote.

Level	Governing body	Service area
Province	Provincial Public Health Coordination Committee (PPHCC)	Many districts
District	District Health Coordination Committees (DHCC)	District (Tens or hundreds of villages)
Health facility	Health facility shura or consultative assembly	Several communities served by a health facility
Communities	Health post shura or consultative assembly	A village community

The PPHCCs, DHCCs, and community and facility health shuras are performing a governing role. Good governance in these settings can make a difference in the care delivered during patient visits at the health facilities in the provinces and districts.