Influencing Change: Supporting the Transformation of the Afghan National Army's Armed Forces Academy of Medical Sciences and National Military Hospital
Why Are We There?

Drawing by Richard Johnson, National Post, Sep 2012

AIA SOLDIER LIES ON A BED IN THE INTENSIVE CARE UNIT OF KABUL'S ARMED FORCES ACADEMY OF MEDICAL SCIENCES. HE HAS HAD MULTIPLE PIECES OF SHRAPNEL REMOVED FROM HIS TORSO AND GUT

11 SEPT 2012
Outline

• Background and Context
• NMH Advising Overview
• AFAMS Training and Education Overview
• LEADS

DISCLAIMER

The views presented are our own.
The statements expressed do not claim to be the official position of the NATO mission in Afghanistan, the Government of Canada, the Canadian Armed Forces, the United States Government or the United States Navy.
Tough Neighbourhood
<table>
<thead>
<tr>
<th>As of 2012</th>
<th>Afghanistan</th>
<th>Canada</th>
<th>Alberta</th>
</tr>
</thead>
<tbody>
<tr>
<td>Size</td>
<td>652 000 km²</td>
<td>9,984,670 km²</td>
<td>661,848 km²</td>
</tr>
<tr>
<td>Population</td>
<td>30,419,928</td>
<td>34,482,779</td>
<td>3,873,700</td>
</tr>
<tr>
<td>GDP</td>
<td>29.7 billion</td>
<td>1.62 trillion</td>
<td>264 billion</td>
</tr>
<tr>
<td>GDP per Capita</td>
<td>$956/yr</td>
<td>$47,000/yr</td>
<td>$68,000/yr</td>
</tr>
<tr>
<td>Unemployment</td>
<td>35%</td>
<td>7.4%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Literacy</td>
<td>14%</td>
<td>99%</td>
<td>99%</td>
</tr>
</tbody>
</table>
Canadian Debt as of 2012:
- 551 billion USD

International spending/donations to Afghanistan past 10 years:
- 641.7 billion USD

Afghan mineral resource value estimates:
- 900 billion to 3 trillion USD
# Health Statistics in Afghanistan

<table>
<thead>
<tr>
<th>Mortality</th>
<th>2003</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under-five mortality rate (per 1000 live births)</td>
<td>257</td>
<td>80</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>165</td>
<td>60</td>
</tr>
<tr>
<td>Maternal mortality ratio (per 100,000 live births)</td>
<td>1,600</td>
<td>327</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Markers of Progress</th>
<th>2002</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth rate for Afghan Women</td>
<td>7.2</td>
<td>5.1</td>
</tr>
<tr>
<td>Literacy in Afghan Women</td>
<td>16%</td>
<td>29%</td>
</tr>
<tr>
<td>Life Expectancy (primarily from decreased infant, child and maternal mortality)</td>
<td>(30) 45 years</td>
<td>63 (82) years</td>
</tr>
</tbody>
</table>

References:

A. *Afghanistan Mortality Survey 2010*. Calverton, Maryland, USA: APHI/MoPH, CSO, ICF Macro, IIHMR and WHO/EMRO.

Health Care Challenges in Afghanistan

- **Inaccessibility** (geography, climate)

- **Infrastructure** (Medical infrastructure, Transportation/evacuation)

- **Balancing tertiary care and primary services**
  Donor/partner coordination and collaboration
Health Care Development in Afghanistan

- **Civilian**
  - Focus on Prevention
    - Vaccination
    - Some Primary HC Services
  - No standardization
- **Military**
  - Full Spectrum Care
    - Prevent
    - Protect
    - Treatment POI to Rehab
  - Development of Standardized Programs
  - Tertiary Care for Soldiers by Afghans out of 5 regional and one national hospital

- Limited Tertiary care that is primarily delivered via NGOs and contracted foreign companies

- Civilian
- Military
Mentoring in Afghanistan is like...
Challenges

• Security
• Language
• Culture
  – Women
  – Relationships vs Roles and Rules
• Environment
Whose mission is it anyway?
The National Military Hospital and Armed Forces Academy of Medical Sciences
• The views expressed herein are my own and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense, or the U.S. Government.
National Military Hospital
Overview

**Numbers:** 400 regular bed with up to 1,000-bed expansion

**Capabilities:** Ortho, Neuro, General Surgery, 7 bed ICU
NMH Challenges

- logistics
- infection Control Issues
- reassigned advisors leading to diminished capabilities
- failure to practice of established policies
- radiology protocols
- credentialed dentists
- blood management

Added Bonus: U.S./Coalition Forces issues
U.S./Coalition partners identified opportunity for improvement in providing care to ANSF members and their families.

Historical advising efforts focused on one-on-one clinical mentoring, resulting in:

- “Islands” of excellence
- Reliance on individuals
- Lack of consistency
- No clear endpoint (pass downs)
- Worst case: GIF
MTAG-NMH – Mission Revised

Incorporate Afghan Tier 1 Standards into the practice of continuous improvement and the development of a self-reliant, critical thinking professionally-led ANSF medical staff.

Concentrate advising on lines of effort (LOE):
- Leadership Development
- Education and Training

Primary focus of the team are:
1. Coalition Transition
2. Medical Logistics
3. AFAMS Support
MTAG-NMH – Plan for Success

Weekly Team meetings to review checklist and POA&M:

- Rack-n-Stack all standards
- Cherry pick low-hanging fruit
- Pursue more complex standards
- Continue to focus on priorities

Monthly briefs to Leadership

Brief to the Command Surgeon quarterly
NMH Accomplishments

- NTM-A conducted its first inspection of NMH using the Validation Tool in January/February 2012, resulting in a score of “CM-2B”

- The second inspection was conducted in May 2012 and achieved a “CM-1B”

- Now minimal coalition assistance required for continued performance and improvement.
Armed Forces Academy of Medical Sciences (AFAMS)

• Mission – effective, efficient, sustainable, standardized

• Main effort – Institutional Development
AFAMS Main Effort: Institutional Development

- Systems Approach to Training
  - Standardize all policy

- Graduate Medical Education
  - Curriculum Development
  - Emphasis on Warrior Care specialties

- Institutional Development
  - Faculty Development
  - Resource Management (solidify Tashkil, develop/improve financial and logistic systems).
Moving From:

- Poor quality health care
- Poor quality of existing providers
- No standard healthcare provider job descriptions therefore no standard of care
Moving from: (Cont’d)

• No clinical practicum, internships or residencies

• No standardized approach to training
By 2014:

- Develop the institution
- Develop standardized, sustainable, quality medical education programs
- Systems Approach to Training
Canadian Forces Health Services
Services de santé des Forces canadiennes

Military Physician Program
- Physician Basic
- Graduate Medical Education (GME)
- Operational Medicine

Health Services Professional Programs
- Nursing
- Combat Physician Assistant
- Combat Medic

Healthcare Technician Programs
- Biomedical Equipment Tech
- Medical Laboratory Tech
- Preventive Medicine Tech
- Radiology/Diagnostic Imaging

Associated Health Care Fields
- Medical Executive Leadership
- Medical Officer Basic
- Medical Sergeants
- Medical Logistics
- Medical English

Key Challenges
- Medical English Literacy among AFAMS graduates
- Instilling accountability within the AFAMS logistical system
- Implementing a Systems Approach to Training (SAT) for medical Individual Training and Education (IT&E)
- Re-organizing the AFAMS Tashkil for efficient management of IT&E
- Implementing a centrally controlled, decentralized delivery of PoIs
Centre of Gravity: Physicians and Residents
LEADS and Health Service Advising
Leading Self

Learning how to identify our blind spots and assumptions in working with our Afghan partners in an Afghan system

Motivation – Values – Determinants of Success
Engaging Others

- Relationships
- Who you know is more important than what you know
- Good ideas and imposed solutions
- Culture
How you advise, how you teach, how you “engage”

Must be directly linked to how the recipient learns, while placing it in the context of their organization, culture, and life
Relevance to CCHL/ACHE

- Mission in Afghanistan and our Role as Health Leaders
- Projection of Western Health Care Values Abroad
- The challenges of Health Leadership and the value of LEADS is exaggerated in Afghanistan

- Illustrating the value of LEADS
What happens after we go?

- Possibility vs Probability
- Variables beyond the Afghan’s control
  - (funding, foreign influence, stability, economy, personality)
- Pride, dedication and passion of Afghans in Afghanistan
  - Afghan Right,
  - Afghan Strong!
“Sustainable ANSF healthcare development is a complex continuum from strategic to tactical level that requires a long term commitment started early in the reconstruction process. As the minimal successes of seven years of direct clinical (one on one) mentoring has demonstrated, no amount of advising or mentoring will turn a poorly educated and trained ANSF healthcare provider into a capable and safe one who focuses on the needs of the patient. Establishing a quality, standardized medical training and education system, focused on warrior care requirements, is the only way to make appreciable impact on the current mortality and morbidity rates within the ANSF.”

Capt (N) R.L. Patterson
Questions?