Building Health Security in Afghanistan: A New Strategy
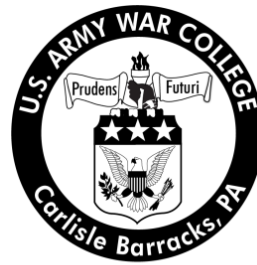
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BUILDING HEALTH SECURITY IN AFGHANISTAN: A NEW STRATEGY

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ABSTRACT

The security situation in Afghanistan is complicating development of the nation's civilian health infrastructure in post-war Stability and Recovery Operations (SRO's). The Department of Defense (DoD) is responsible for building health capacity within the Afghan National Army (ANA) and Police. The United States Agency for International Development (USAID) is the lead organization for civilian health sector development. One of the many challenges facing USAID is coordinating the different U.S. agencies engaged in development operations. Lack of security is hindering those efforts in some provinces where existing clinics cannot continue to remain open and construction projects experience severe delays. The DoD must improve coordination and synchronization with the U.S. Agency for International Development to operationalize a whole of government approach to building health security in Afghanistan. This paper will propose a joint DoD/USAID strategy to improve security conditions for developing Afghanistan's civilian health infrastructure in the following areas: 1) DoD security role; 2) USAID mission; 3) Afghan government legitimacy; and 4) Whole of government approach.

BUILDING HEALTH SECURITY IN AFGHANISTAN: A NEW STRATEGY

<u>Historical Background</u>

Often called the crossroads of Central Asia, Afghanistan's current security situation can be traced back to its chaotic history. In 328 BC, Alexander the Great entered the territory of present-day Afghanistan, then part of the Persian Empire, and established a Hellenistic state in Bactria (present-day Balkh). In 1747, Ahmad Shah Durrani, the founder of what is known today as Afghanistan, established his rule.[1]

During the 19th century, collision between the expanding British Empire in the subcontinent and czarist Russia significantly influenced Afghanistan in what was termed "The Great Game." After enduring a third Anglo-Afghan war, the weary British handed over control to Afghan foreign affairs by signing the Treaty of Rawalpindi in August 1919. In commemoration of this event, Afghans celebrate August 19 as their Independence Day.[2]

Afghanistan by the early twenty-first century was in shambles. Even in the best of times the tribal structure of the country prevented the functioning of a strong central government. The decentralized political structure prevented the creation of a prosperous state. Economically, Afghanistan was poor, but until the 1970s it was surprisingly self-sufficient. In December 1978, Moscow signed a new bilateral treaty of friendship and cooperation with Afghanistan's military regime, and the established Union of Soviet Socialist Republic's (USSR) military assistance program increased significantly.[3] The regime's survival increasingly was dependent upon Soviet assistance as an insurgency spread and the Afghan army began to collapse. By October 1979, however, relations between Afghanistan and the Soviet Union were tense as Prime

Minister Hafizullah Amin refused to take Soviet advice on how to stabilize and consolidate his government. Faced with a deteriorating security situation, on December 24, 1979, large numbers of Soviet airborne forces began to land in Kabul. They killed Hafizullah Amin and installed Babrak Karmal, exiled leader of the Parcham faction, as the new Prime Minister. Following the invasion, the Karmal regime, although backed by 120,000 Soviet troops, was unable to establish authority outside Kabul. As much as 80% of the countryside, ruled by tribal or ethnic chiefs, village elders, or religious leaders, including parts of Herat and Kandahar, avoided effective government control. An overwhelming majority of Afghans opposed the communist regime, either actively or passively, and the support of the regime by the Soviets, a foreign power and a non-Islamic state, further fueled the cause of the insurgency. Afghan fighters (mujahedeen) made it almost impossible for the regime to maintain a system of local government outside major urban centers. By the mid-1980s, the Afghan insurgency was severely damaging the Soviets, both militarily within Afghanistan and the U.S.S.R.'s relations with much of the Western and Islamic world. Poorly armed at first, in 1984 the mujahedeen began receiving substantial assistance in the form of weapons and training from the U.S. and other outside powers. The failure of the Soviet Union to win over a significant number of Afghan collaborators or to rebuild a viable Afghan army forced it to bear an increasing responsibility for fighting the resistance and for civilian administration.[4] The Soviet invasion and contested occupation from 1979 to 1989 destroyed what political and economic structures were in place. This struggle left an estimated 1.3 million Afghans dead or missing and created approximately 5.5 million refugees. The United States and much of the world community condemned the Soviet Union's war but did

little directly to confront them. Nevertheless, U.S. intelligence agencies covertly supplied arms and money to the *mujahedeen* and even provided training in some highly sophisticated arms, such as the very effective Stinger shoulder-fired antiaircraft missile.[5] Faced with an increasingly costly and bloody war of attrition, waning domestic support, and lack of a decisive victory, the Soviets looked for an exit strategy.

In 1988 the Geneva accords were signed, which included a timetable that ensured full Soviet withdrawal from Afghanistan by February 15, 1989. About 14,500 Soviet and an estimated one million Afghan lives were lost between 1979 and the Soviet withdrawal in 1989. The mujahedeen were party neither to the negotiations nor to the 1988 agreement and refused to accept the terms of the agreements. As a result, the civil war continued after the Soviet withdrawal. Eventually, the victorious mujahedeen entered Kabul to assume control over the city and the central government and a new round of fighting began between the various militias. With the demise of their common enemy, the militias' ethnic, clan, religious, and personality differences surfaced, and the civil war continued. Heavy fighting broke out in August 1992 in Kabul between forces loyal to President Rabbani and rival factions. After Rabbani extended his tenure in December 1992, fighting in the capital flared up in January and February 1993. The Islamabad Accord, signed in March 1993, which appointed Hekmatyar as Prime Minister, failed to have a lasting effect. The country sank even further into anarchy, forces loyal to Rabbani and Masood, both ethnic Tajiks, controlled Kabul and much of the northeast, while local warlords exerted power over the rest of the country.[6]

The increase in open factional fighting continued Afghanistan's time of troubles, leading to the rise of the *Taliban* group beginning in 1996. The Taliban consisted of

Muslim fundamentalists who sought to return the country to strict Islamic rule using whatever brutality was necessary in the process. The Taliban had risen to power in the mid-1990s in reaction to the anarchy and constant feuding by warlords who rose into power after the withdrawal of Soviet forces. Many Taliban had been educated in madrassas in Pakistan and were largely from rural southern Pashtun backgrounds. The Taliban sought to impose an extreme interpretation of Islam--based upon the rural Pashtun tribal code--on the entire country and committed massive human rights violations, particularly directed against women and girls. They also committed serious atrocities against minority populations, particularly the Shi'a Hazara ethnic group, and killed noncombatants in several well-documented instances. From the mid-1990s the Taliban provided sanctuary to Osama bin Laden, a Saudi national who had fought with the mujahedeen resistance against the Soviets, and provided a base for his and other terrorist organizations.[7] In 1994, the Taliban developed enough strength to capture the city of Kandahar from a local warlord and proceeded to expand its control throughout Afghanistan, occupying Kabul in September 1996. By the end of 1998, the Taliban occupied about 90% of the country, limiting the opposition largely to a small mostly Tajik corner in the northeast and the Panjshir valley.[8] Much of the opposition to the Taliban was divided along ethnic and geographic lines. The Northern Alliance was composed mainly of ethnic minorities such as the Tajiks and Uzbeks from the northern and western parts of the country. In contrast, the Taliban drew its strength from the majority Pashtun tribes in the southern and eastern portions of the country. Along with the attempt to institute a strict Islamic rule, the Taliban provided an open haven to some of

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the worst terrorist groups of the world, including Osama bin Laden's al Qaeda organization.[9]

Bin Laden provided both financial and political support to the Taliban. He and his al-Qaeda group were charged with the bombing of the U.S. Embassies in Nairobi and Dar Es Salaam in 1998, and in August 1998 the United States launched a cruise missile attack against bin Laden's terrorist camp in southeastern Afghanistan. After the terrorist attacks on September 11, 2001, the U.S. government determined the identity of the terrorist group that flew commercial airliners into the World Trade Center towers and the Pentagon. Realizing that the Afghanistan-based al Qaeda was responsible for the attacks was only part of the dilemma. How to conduct an effective military operation against a non-state actor presented a new challenge. Afghanistan is a distant land-locked country approximately the size of Texas with a population of around 24 million in 2001. It consists of large mountain ranges and remote valleys in the north and east and near desert-like conditions on the plains to the south and west. Road and rail transportation infrastructure were primitive and in need of extensive repair. The rough terrain had been one of the major impediments the Soviets encountered during their war, and it would prove to be a huge barrier to any U.S. military operations.

Despite these challenges, the U.S. and its anti-terrorist coalition partners began military operations on October 7, 2001, targeting terrorist facilities and various Taliban military and political sites within Afghanistan following the Taliban's repeated refusal to expel bin Laden and his group and end its support for international terrorism. Kabul fell on November 13, 2001 and the Taliban's influence in the country began to falter. Afghan factions opposed to the Taliban met at a United Nations-sponsored conference

in Bonn, Germany in December 2001 and agreed to restore stability and governance to Afghanistan, creating an interim government and establishing a process to move toward a permanent government. Under the "Bonn Agreement," an Afghan Interim Authority was formed and took office in Kabul on December 22, 2001 with Hamid Karzai as Chairman. On December 7, 2004, the country was renamed the Islamic Republic of Afghanistan.[10]

<u>Post-War Stability and Reconstruction Priorities</u>

With the end of U.S.-Soviet superpower competition and support for allies in strategic parts of the world, some policymakers believed that the "new world order" would provide the opportunity for freedom and democracy to reign supreme.[11] Instead, the number of intrastate conflicts increased as undermined dictators faced challengers who were ready to take over with assistance from third party players. Many argued that the prospects for global instability and humanitarian concerns demanded an international military response to such conflict, with U.S. participation or perhaps even a leadership role, to prevent major human, social, and economic losses. They argued that the United States should be willing to commit forces to stop abuses of power and to support the struggles for freedom. Others argued that instability in many other countries did not meet the test of a threat to U.S. vital interests, which was the threshold for many policymakers for the use of force.[12] The terrorist acts against the United States of September 11, 2001, changed the debate. It illustrated for many policymakers and analysts the dangers of allowing instability to worsen and conflicts to go unchecked, even in areas of minimal national interest. While there is not a universal consensus around the argument that international terrorists will find safe haven in weak and failed states, there are powerful examples. The perception that they may do so has convinced

many policymakers of the need to enhance the ability, including the military capacity, of the United States and other countries to deal with instability and conflict. A Department of Defense Directive (DoDI 3000.05), originally signed in 2005 and then revised in 2009, places added priority to stability operations as a "core U.S. military mission that the Department of Defense shall be prepared to conduct with proficiency equivalent to combat operations."[13]

Under this new strategy, the U.S. employs smaller joint force capabilities task organized for combat operations that lead to rapid defeat of enemy forces. However, this strategy results in leaving sometimes inadequate forces in theater for the critical, labor-intensive job of post-conflict stabilization. In order to ensure a smooth transition to stabilization and reconstruction (SRO), the U.S. needs to have better capabilities to plan and conduct comprehensive post-conflict operations synchronized with its new style of combat operations. Combat and post-conflict stability operations are equally important to strategic victory and must be integrated, especially in terms of planning, exercising, command and control, and proper resources.[14] In order to execute the post-conflict plan successfully, combatant commanders need a new capability task organized and equipped with the vital technologies necessary to succeed in stability operations.[15]

In previous doctrine, U.S. combat forces pursued enemy forces throughout the countryside, often times at significant cost in terms of local and regional stability. A relatively modest-sized force, backed by the latest military technology, gained dominant battlefield awareness and defeated the enemy by bringing overwhelming firepower to attack high value targets. But as the enemy scattered, the deployed U.S. force was not prepared to prevent widespread looting, anarchy and destruction of critical civilian

infrastructure that resulted. Regional security should be established and basic services restored soon after the end of combat operations to avoid bolstering a potential insurgency. The U.S military experience in Iraq should be applied to conditions in Afghanistan where the lack of essential services is compounding the insurgency dilemma. After Saddam was overthrown, mistakes were made to restore order by not utilizing local officials and disbanding the Baath Party along with the military. These decisions led to delays in awarding contracts for reconstruction of critically needed infrastructure that angered the local population and won favor with the insurgents. Current doctrine requires combat units to shift to stability operations once hostilities have ended. In the past, SRO was conducted by combat units augmented with additional civil affairs units.[16] The military assisted only after combat missions were completed. This straightforward operational sequence worked in conflicts that progressed slowly and where a much larger force was employed and available for stabilization as combat subsided. That system does not work today because the stability task has become more critical and the forces and time available to execute it are much constrained.[17] NATO is key to this strategy in Afghanistan where SRO is the main focus in some areas for restoring security.

NATO Security Role

NATO's main role in Afghanistan is to assist the Afghan Government in exercising and extending its authority and influence across the country, paving the way for reconstruction and effective governance mainly through the UN-mandated International Security Assistance Force (ISAF). Since NATO took command of ISAF in 2003, the Alliance has gradually expanded the reach of its mission, originally limited to Kabul, to cover Afghanistan's entire country. The number of ISAF troops has grown

accordingly from the initial 5,000 to around 50,000 troops coming from 42 countries, including all 28 NATO members.[18]

In accordance with UN Security Council Resolutions, ISAF's main role is to assist the Afghan government in the establishment of a secure and stable environment.[19] These forces are conducting security and stability operations throughout the country together with the Afghan National Security Forces (ANSF) and are directly involved in the development of the Afghan National Army (ANA) through mentoring, training and equipping. In addition, ISAF is helping to bring the ANA up to combat readiness in support of the U.S., which is sponsoring the overall ANA training and equipping program through its Combined Security Transition Command Afghanistan (CSTC-A).[20] In concrete terms, ISAF is leading a number of Operational Mentoring and Liaison Teams (OMLTs) which are embedded in ANA Battalions (Kandaks), Brigades, & Corps HQs, to support training and deploy on operations in an advisory role.[21] OMLTs also play a key liaison role between ANA units and nearby ISAF forces, coordinating the planning of operations and ensuring that the ANA units receive enabling support. ISAF personnel deploy for periods of at least six months in order to build enduring relationships with the ANA and maximize the mentoring effect. Of the 33,000 additional U.S. troops ordered to Afghanistan by President Obama at the end of 2009, 10,000 were scheduled to return home by the end of this year and the rest by September 2012. That will leave the American troop presence at 68,000, with 38,000 more troops from NATO and other partner nations. Afghan security personnel total 305,000 today, and are scheduled to expand to 352,000 by the end of next year.[22] An accelerated program to install small numbers of allied military trainers within larger numbers of Afghan security units, as

described by the Commander, US Forces-Afghanistan (USFOR-A), General Allen, certainly could help fulfill the American and NATO campaign plan, but with far fewer American troops. At present, only smaller numbers of foreign trainers work within Afghan units. Whereas in the past combat operations have been carried out unilaterally by allied units or in partnership with Afghan forces, an emphasis now on embedded trainers would put Afghans in the lead; but with a group of experienced officers and non-commissioned officers working with them from the inside.[23] At that point, conventional military operations would be discontinued. According to General Allen, the US and allied force's mission will be reduced to: 1.) training and mentoring of the Afghan National Security Forces, which includes the Afghan National Army and Afghan National Police; 2.) providing "enabler" functions such as helicopter transportation, medical treatment, and intelligence gathering and 3.) counterterrorism operations, to be provided by US and allied special operations forces.[24]

A counterterrorism organization is already in place in Afghanistan, Operation Enduring Freedom (OEF). This is separate from the ISAF organization which runs the conventional military operation. OEF currently numbers about 10,000 troops. The ANSF currently number 301,000 troops. By October 2012, the ANSF is scheduled to grow to 353,000 troops in total, consisting of 191,000 troops in the ANA and 162,000 officers in the Afghan National Police. After October 2012, ISAF training and mentoring will concentrate on professionalizing the force and developing the "enabler" functions, although the process will not be complete by the end of 2014.[25] These enabler functions assist the Afghans to maintain their own security, ostensibly, for the long term in any lasting stability plans. Other enabler functions are being carried out by non-military U.S.

government agencies in health infrastructure development in a country where finding even basic medical care is a challenge.

<u>USAID Mission in Health Infrastructure</u>

Afghan health is still dangerously below international standards, even for developing nations. The mortality rate for kids less than five years old is 20 per cent.[26] With the United States Agency for International Development (USAID) and other agency support, many Afghans currently live within two hours walking distance of a medical facility providing basic health services where security is maintained by military forces, mainly NATO. USAID support for midwife training has improved the inventory of skilled workers from 468 to more than 2,700 in eight years.[27] USAID is providing $236 million directly to the Afghan Ministry of Public Health (MoPH) over the next five years as a means to build healthcare capacity within the government.[28]

With the lowest literacy and health indicators in the world, Afghanistan requires strong support to address the critical healthcare and education needs of its population. Under the auspices of USAID, the Construction of Health and Educational Facilities (CHEF) project is designed to address the medical needs of more than two million Afghan citizens through construction of two new hospitals and serve the needs of more than one million Afghan citizens through the construction of three Provincial midwife training centers.[29] These health facilities will support the MoPH in its efforts to provide urgently needed health services, including inpatient and outpatient referral and treatment. The hospitals will also serve as training facilities for health professionals, as well as venues for medical conferences and seminars. The CHEF project provides the medical services for more than two million Afghans, building two new hospitals and three provincial midwife training centers that will support the MoPH's mission to provide

basic health services to its citizens and function as training centers for health care skilled workers.[30] Ongoing projects include:

- Design and construct a 20-bed hospital in Khairkot District, Paktika Province.

- Design and construct three Provincial midwife training centers in Bamyan and Badakhshan provinces that include an academy building for education of up to 60 students, a dormitory building, a dining room, and a guard/visitor house.

- Design and construct provincial teacher training colleges in Faryab, Wardak, and Parwan provinces that include an academy building for instruction of up to 600 students, two dormitory buildings for 100 male and 100 female students, and a dining facility.

- Design and construct a teacher training dormitory in Nangarhar Province.[31]

On August 4, 2010, Paktya government officials held a cornerstone laying ceremony at the construction site for a 100-bed regional hospital to be built in Gardez City. The new hospital, built to international building code standards and able to withstand earthquakes, will house an emergency area, out-patient and in-patient wards, delivery and surgery theaters, examination rooms, and administration facilities. When completed in June 2012, the hospital will serve one million people from Paktya and the neighboring provinces of Paktika, Khost, and Ghazni.[32] CHEF and its partner in this project, the International Organization for Migration, are committed to providing quality construction in a transparent manner through this activity and others.[33] In addition to the Gardez regional hospital, the project will build a 20-bed hospital in Paktika Province and three midwife training centers in Badakhshan, Bamyan, and Khost provinces. All these

projects combine the joint efforts of the USAID, MoPH, and the Government of

Afghanistan for the benefit of the Afghan population.[34]

Funding these projects is a major undertaking of the world community through

private companies, international governmental (IGO), and nongovernmental

organizations (NGO). The International Development Association (IDA) is part of the

World Bank that helps the world's poorest countries.[35] Established in 1960, IDA aims to

reduce poverty by providing interest-free credits and grants for programs that boost

economic growth, reduce inequalities and improve people's living conditions.[36] Building

on the work of local and international NGOs already providing some 80 percent of

health services at the time the Taliban were overthrown, the Health Sector Emergency

Reconstruction and Development Project financed implementation of the Basic Package

of Health Services (BPHS) in 11 provinces.[37]

To address the shortage of female health workers in remote areas, the project

supported the Community Midwifery Education program. In addition volunteer

community health workers were trained, new health centers opened, and the quality of

care improved. A third party monitored performance. Based on successful results,

supplementary financing was provided in early 2006 and additional financing in early

2008 until the project ended June 30, 2009. In March 2009 the IDA Board approved a

project, Strengthening Health Activities for the Rural Poor (SHARP), with funding of

US$30 million for a period of 45 months. SHARP was designed to improve the health

and nutritional status of Afghans, focusing especially on women and children and

underserved areas of the country. To support monitoring and evaluation of service

delivery, the project also engaged a third-party agency to conduct annual scorecards for

primary health care facilities and hospitals. Lastly, SHARP introduced an innovative

results-based financing (RBF) mechanism to extend health center coverage and

improve service quality, especially for women and children. Despite the 17 percent

increase in institutional deliveries, the number of pregnant women who give birth at a

health facility remains low (23 percent), and innovative approaches (like RBF) are

needed to persuade communities to take full advantage of available health services.[38]

<u>Afghan Legitimacy</u>

In order to understand Afghanistan's looming crisis, it is helpful to recall some

basic assumptions about the concept of legitimacy. A government may be called

legitimate when there is popular belief in its right to rule. In democratic countries, this

belief is cultivated by the sources Abraham Lincoln famously called "government of the

people, by the people, for the people." Political institutions are regarded as legitimate if

they reflect the will of the people, usually expressed through elections and

representation.[39] If a vote follows broadly accepted norms and procedures and gives

citizens the opportunity to voice their preferences, then the elected government is likely

to be regarded as legitimate. The U.S. needs a legitimate Afghan government, or at

least the perception by the local population that the government is "legitimate" in order

to carry out an effective SRO. Following the 2009 elections there was considerable

doubt from both outside observers and Afghan citizens that the outcome resulted in

immediate legitimacy. The U.S. and several European countries began to ask questions

of the Karzai administration regarding their willingness to actively fight the Taliban in

light of all the inherent corruption. Also, how would the appearance on the surface of

rampant corruption affect the trust in government from the Afghan people? The other

side of this legitimacy coin in government is the requirement to provide basic services.[40]

State leaders can enhance their legitimacy by providing basic services. The rule of a government that improves the average citizen's quality of life and provides security is likely to be respected as a institution of authority. Unfortunately, Afghanistan has not delivered on improving the quality of life or personal security to the majority of its citizens. This uninspiring performance, combined with increasing evidence of corruption in the electoral process committed by supporters of President Karzai, is rapidly leading to a legitimacy crisis in Afghanistan.

Since the fall of the Taliban, the Afghan administrations under Karzai's leadership have disappointed expectations, despite far-reaching foreign support. Afghanistan remains one of the world's poorest countries. Progress is visible in the cities, but in the country's 30,000 rural villages where three-quarters of Afghans live, little has changed. Basic services such as education, electricity, water, and access to medical care are below any international standards for quality of life. As a tribal leader from the southern province of Kandahar recently exclaimed, "There are no clinics, no schools, no roads, no water dams - nothing."[41] The Afghan state has also failed to provide security, despite the presence of around 100,000 NATO troops. According to a UN threat assessment, 40 percent of Afghanistan is either Taliban-controlled or a high-risk area for insurgent attacks.[42]

While any government would struggle to cope with the challenges Afghanistan faces, these cannot excuse the rampant corruption and nepotism that have distinguished Karzai's time in office. The independent watchdog organization Transparency International ranked Afghanistan as the fifth most corrupt state in the world in 2008, trailing behind countries such as Congo and Sudan.[43] The international

community will also have to push the Afghan government to build more effective and legitimate institutions. Supporting countries, such as the United States, have been the major contributors in designing a highly centralized and individualized political system centered around Hamid Karzai. The building of democratic institutions and processes has taken a back seat to propping up individuals and events, often times for mere publicity. If the Afghan government and its international backers cannot rebuild popular legitimacy, no further military surge will be able to save Afghanistan.[44] This revelation by many has spawned a new approach to solving the legitimacy dilemma as part of an overall stability strategy that does not solely rely on military operations.

Whole of Government Approach

The former Defense Secretary Robert M. Gates formally adopted the concept that national security planning and budgeting cannot be completed by the Pentagon alone, according to the DoD's Quadrennial Roles and Missions Review Report. "The Department supports institutionalizing whole-of-government approaches to addressing national security challenges," the document says, adding, "The desired end state is for U.S. Government national security partners to develop plans and conduct operations from a shared perspective."[45] All too often, the U.S. national security system has proven unable to integrate its diplomatic, information, military, economic (DIME), and other elements of national power sufficient to make real progress. The tepid synchronization, due primarily to poor interagency cooperation and competing agendas, has created problems for the United States in fighting counterinsurgencies. General Stanley McChrystal, the former U.S. Commander in Afghanistan, experienced conflicts with the DoS in Kabul. He felt betrayed by leaked memos from the U.S. Ambassador questioning his request for more troops, which later led to tensions with the White

House and early retirement. The new U.S. counterinsurgency field manual, FM 3-24, states that "military efforts are necessary and vital to counterinsurgency (COIN) efforts, but they are only effective when integrated into a comprehensive strategy employing all instruments of national power."[46] As Clausewitz would say, "War is merely a continuation of political intercourse, with the addition of other means."[47] Therefore, it demands much more than security services to achieve success. In reality, because governance is a continuous political process, the government must constantly be involved to secure the population from danger, address their basic needs, establish the rule of law, and in this way, ensure legitimacy. This requires a holistic approach, which includes other government agencies in coordination with security forces to form a whole of government approach.

The Comprehensive Approach is a NATO concept that shows the connections with stabilization and humanitarian assistance.[48] Stabilization and reconstruction operations are ideally accomplished by those individuals and organizations that have the expertise and backing from governments and international agencies with no outside interference. The Allies agreed to form a civilian capability to interact more effectively with other actors and conduct appropriate planning in crisis management. The effective execution of this approach requires all concerned to contribute in a combined effort using their decision-making independence, collective expertise, and institutional directives.[49] The approach describes the most likely roles for soldiers and supporting agencies in this complex environment, funds government agencies crucial for success in the military and humanitarian centers of gravity, and looks for effective partnerships with allied governments and international organizations that share an interest in

promoting security and prosperity around the world.[50] At the nation-state level in

Afghanistan, it promotes the interaction between security forces, the government, and

the Afghan people. The Comprehensive Approach tries to find common ground to

achieve optimal levels of coordination, cooperation, and unity of effort.[51] This unity of

effort includes the development of a quality health care system that provides basic

needs for all Afghan citizens as a means to enhance stability and security.

Conclusion

"Improving health and health care independence in other nations is just as critical

to enhancing stability and preventing conflict as our other missions around the globe."[52]

This quote is from Ellen Embry, acting Assistant Secretary of Defense for Health Affairs

in 2009, during a conference held in Washington, DC that brought together health

officials from DoD, USAID, the Department of Health and Human Services (DHHS),

Department of State (DoS), international partners and coalition members from the

United Kingdom and Spain to discuss health security in Afghanistan.[53]

The U.S. military has a key role in the overall development of health

infrastructure in Afghanistan mainly with the ANSF and ANA. In the civilian health sector

their unique capabilities can add to USAID's mission by facilitating construction projects

in areas of greatest need where security is threatened. They can also provide

centralized logistics skills, develop infrastructure, and train health care workers to staff

hospitals and clinics.[54] The military is tasked with developing medical systems for the

ANSF and ANA, and in concert with USAID and the MoPH, offer expertise for the

civilian population. The last thing that the US military wants is a perception of favoritism

to the Afghan military and security forces by building health infrastructure faster and

more efficiently for these forces compared to the slow construction system for local

civilian populations. Dr. S. M. Amin Fatimie, Afghanistan's MoPH, said that he was appreciative of the U.S. government, the World Bank and the European Commission for providing aid to health sector development saying, "I strongly believe that development and security are two sides of the same kind." He also said, "I believe that we have to work on even greater engagement with each other in order to have many more achievements. The time has come to combine compassion with efficiency for the health and dignity of all Afghans. When people know that their clinic has not run out of medicine and they have care, they are more likely to resist the Taliban. Our dream is to provide more support for the people of Afghanistan, health care for all. A peaceful, stable Afghanistan will make a peaceful, stable world."[55]

Afghanistan's intimidating environment requires improved coordination and interoperability with allies, NGOs and Afghan governmental agencies, namely the MoPH. The U.S. military needs to comprehend the cultural, religious, and ethnic complexities and nuances in different situations before enacting doctrinal measures that are unproven in real-world settings. Much can be learned from non-military actors who have been on the ground longer and understand the cultural sensitivities of providing health care in a primitive village. NGO's are major players in this mix of well-meaning groups whose intent is to help the local population but are less willing to cooperate with the DoD.[56] NGOs and the DoD have learned to work together in other parts of the world where medical support missions are ongoing in sometimes austere locations. Each organization has a unique culture that should be understood well before working together on the ground in stability and reconstruction operations. A medical assistance mission in the SOUTHCOM area of operations proved to be initially difficult when two

NGOs refused to work together. After learning to understand and resolve their

differences they were able to work together realizing the importance of the mission.[57]

This represents one of many situations that will be reproduced for future operations

where a multitude of cultures will mix to reach similar goals. A concentrated effort needs

to incorporate these diverse groups with Combatant Commands, Regional

Components, DoS, USAID, embassies, NGOs, and local ministers of health.[58] The Joint

Interagency Coordination Group (JIACG) at CENTCOM should meet with non-military

medical agencies on a regular basis to ensure commonality in procedures and policies

to meet the health security needs of the Afghan people. DoD must establish working

relationships with many different groups to define common goals in meeting the health

care needs of the population, as prioritized by the Ministry of Health. Time is short to

demonstrate measures of success to Western stakeholders and the Afghan

government. Only then can real progress be made to enhance stability and health

security in Afghanistan.

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