

Opening Statement – Doctors Without Borders
Special Committee on Afghanistan
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Thank you for having us at tonight’s hearing.

Doctors Without Borders or Médecins Sans Frontières – MSF – is an international medical and humanitarian organization that has provided exclusively independent, impartial and neutral humanitarian assistance since 1971 in a manner consistent with international humanitarian law and principles. MSF first worked in Afghanistan in 1980. In Afghanistan, as elsewhere, MSF negotiates our access and our protections with all parties to the conflict, and at all levels from the most local to the most international and everyone in between. It is this model of principled humanitarian action that today and throughout the worst of the fighting, has allowed MSF teams to continue to deliver medical services free of charge in five projects throughout Afghanistan, in: Herat, Kandahar, Khost, Kunduz, and Lashkar Gah, while also retaining a coordination team in Kabul. MSF runs its activities with 2,350 Afghan and 75 international staff and a budget of \$46.7 million for 2021. We rely solely on private donations and do not accept funding from governments for our work in Afghanistan. Our medical operations address significant unmet needs among the Afghan population, for example we assist on average 4,000 births per month in Khost and Lashkar Gah, provide consultation to 20,000 people per month in our emergency departments, and admit more than 170 babies per month to our neonatal ward in Khost.

The key focus and driver of our presence are medical needs of people, like you and me. The Afghan population has been chronically exposed to conflict for decades. Additionally, they are affected by the consequences of drought, the direct and side effects of COVID and the transition of power in August 2021. For many years the budget of the Afghan government was largely dependent on foreign donor money. This also included the health system, which has been chronically fragile and weak. Following the abrupt stop of structural development money and the freezing of assets in August 2021, the country has tumbled into an economic, banking, and liquidity crisis, which has led to increased needs amongst the population.

We want to draw the Committee’s attention to the deteriorating health situation in Afghanistan and the reasons for this. Most health structures in the country are under great pressure, with staff and equipment shortages, and many are closed or poorly functioning. This means that many patients cannot access the care they need, with private healthcare unaffordable for millions. “These days you have to be rich to provide your family with a meal per day” is what a patient told us recently. A doctor of a public hospital, who had not received a salary for 5 months, told us that they had to perform a caesarian section with the light of a flashlight app on their mobile phone, since the hospital could not pay for fuel for the generator anymore.

Recent funding announcements still leave the health system with far fewer funds than before, and will not improve a health system that was already failing. Short term band aids are being handed out, whilst longer term solutions are unknown. For months, MSF has seen increasingly higher numbers of malnourished children in its inpatient feeding centres in Helmand and Herat. This is likely due to a combination of factors: persistent drought, food scarcity, an economic and cash crisis, and a health

system in a state of disarray. September was the first month in years when Afghans could move freely without fear of being caught up in conflict, and this led to a significant increase in patient numbers in MSF's facilities. This period also coincided with the suspension of funding to the health system in August, meaning that many facilities closed or stopped functioning due to a shortage of staff, supplies and funds, leading to a further influx of patients coming to the few functional hospitals and health centers.

Malnutrition is a big concern. Although admissions have decreased since September, MSF's Intensive Therapeutic Feeding Centres in Herat and Helmand are extremely busy. Children who experience malnutrition have weakened immune systems making them more vulnerable to the effects of other health conditions.

Today, in addition to the failing health system, the country now faces reported outbreaks of cholera, measles, COVID, and other infectious diseases that all necessitate their own response, while placing a further strain on health systems

The ripple effect of pre-existing sanctions and the financial measures against Afghanistan's new de facto government are being felt deeply nationwide. The country faces near economic and institutional collapse, including an inability to provide most basic services and pay civil servant salaries. The population is between a rock and a hard place. The banking sector is paralyzed, which bars people from accessing their savings and also makes it harder for organizations providing healthcare, like MSF, to pay salaries and cover the running costs of hospitals. In the places where MSF works, we see humanitarian needs are increasing, while the humanitarian response is being made more complex as a result of interconnected factors such as international sanctions, the cash flow crisis, disruptions to the banking systems, and others. We are extremely concerned about a further deterioration of the current crisis faced by the people in Afghanistan.

It is essential that this Committee examines the impacts of Canadian anti-terror legislation not only on the Afghanistan crisis, but more broadly on humanitarian assistance provided inside of armed conflicts where anti-terror activities have come to define military operations. Today, no humanitarian defence or humanitarian exemption exists within the Criminal Code. A clear recognition that humanitarian assistance is not criminalized by Canadian anti-terror legislation is needed, both out of necessity for ensuring continued access to humanitarian assistance by people affected by conflict, and also to ensure Canada's continued compliance with customary international law.

We thank the Committee for the opportunity to speak with you today and are happy to provide answers to your questions.