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REPORT

PERSISTENT BARRIERS TO ACCESS HEALTHCARE IN AFGHANISTAN

The Ripple Effects of a Protracted Crisis and a
Staggering Economic Situation

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EXECUTIVE SUMMARY

In 2014, 2020 and 2021, the international medical humanitarian organisation Médecins Sans Frontières (MSF) reported on the recurrent barriers of access to healthcare in Afghanistan, with a focus on why access was obstructed or delayed. The report found that socio-political and economic factors were the strongest determinants. Some of the most common barriers that MSF highlighted were the 'high costs and lack of money.'¹ This referred to both directly related healthcare costs and indirect costs, such as transport and accommodation. In 2022, MSF conducted additional research in the form of this report, to see if the situation has changed. This report presents statistics and accounts resulting from research conducted between May and August 2022 with over 200 patients, caretakers, MSF and Ministry of Public Health (MoPH) staff in Kabul, Kandahar, Khost, Helmand and Herat provinces.

This research finds that Afghans still struggle with access to healthcare due to a combination of increased widespread poverty, and a further weakened public health system: factors that exacerbate the already existing health needs. As highlighted in the past, the healthcare delivery model in Afghanistan has not been sustainable, remaining under-funded and under-resourced, lacking qualified personnel, equipment, medicines and medical supplies. The economic, banking and liquidity challenges are at the heart of the current humanitarian crisis in Afghanistan and greatly contribute to the difficulties people face in accessing and affording essential services, including healthcare. The unmet medical and humanitarian needs continue to soar as the social, political and economic situation continues to deteriorate.

¹ Between Rhetoric and Reality. The Ongoing Struggle to Access Healthcare in Afghanistan (February 2014); Reality Check. Afghanistan's Neglected Healthcare Crisis (March 2020); The Continued Struggle to Access Medical Care in Afghanistan (May 2021).



An MSF staff member gives a morning briefing to patients in MSF's male inpatient department in the Kunduz Trauma Centre in Afghanistan.

As such, the main obstacle to accessing healthcare is still the cost, according to 87.5 percent of our survey-respondents, an increase of 18 percent in comparison to 2021 survey's findings. Understandably, people still refer to conflict, security and violence as ongoing challenges. This is, in part, because the survey actively asked information about the preceding 12-month period, but also because for most Afghans, the consequences of living through decades of war will continue to impact their lives for an indefinite period, including their perceptions of barriers to accessing healthcare.

The report spotlights the extra challenges faced by women. They have been struggling with additional obstacles, such as the socio-cultural mobility constraints – like requiring male accompaniment

to leave the house – impacting the access to proper and timely primary and secondary healthcare. And access to healthcare is compounded by a shortage of women health workers, that will only worsen after the authorities' decisions at the end of 2022 to ban women from undertaking higher education or working for international or national non-government organisations.

Over the last year, in response to health emergencies and outbreaks and the overall increased health needs of people in the country, MSF has been compelled, once more, to add to and expand its activities. In 2022, MSF increased its scope in Bamyan, Helmand, Herat, Kunduz and Kabul (Maiwand) in order to respond to the sharp increase of measles cases. In Boost hospital in Helmand and in Herat Regional Hospital, MSF has also increased the number of beds in the paediatric departments. In Kandahar city, MSF opened an inpatient therapeutic feeding centre (ITFC), following increased levels of severe acute malnutrition. Additionally, MSF opened two new projects: one in Kabul Maiwand Teaching Hospital supporting the ambulatory and inpatient therapeutic feeding centres and a temporary measles response during the outbreak; and the other one in Bamyan Provincial Hospital supporting the COVID-19 response in addition to measles and other activities.

Increased and sustained funding is essential so that Afghanistan's healthcare system remains functional. The current funding model through aid organisations with uncertain, insufficient and temporary funding (often at three to six months intervals) does not allow for proper long-term planning and the establishment or revisions of the public health system and policies, for which the Ministry of Public Health should serve a central leadership role. It is equally important to provide accessible healthcare to Afghans and improve the ability of the healthcare system to both respond to emergencies and to be capable of meeting the immediate medical needs of the population. It is

required that policymakers, donors and national and international healthcare actors:

- Invest in strengthening service delivery, especially at the primary level and in the districts;
- Invest in long-term solutions improving infrastructure of health facilities, as well as training and technical support;
- Promote regular monitoring and increased accountability.

Aid organisations have become the de facto substitute for the public health sector, a role that cannot be sustainably filled by international actors and particularly when it involves decisions affecting policies and improvements of Afghanistan's health system. Humanitarian actors should not remain attached to political constraints, and should not have to be responsible for keeping Afghanistan's health system on life support indefinitely either.



Nik Mohammed Ahmadi outside of the inpatient department of MSF's Kunduz Trauma Centre, Kunduz Province, Afghanistan. He underwent surgery after being involved in a traffic accident in Kunduz City.

INTRODUCTION



MSF nurse Aziza Khushal checks Shahisto's vital signs in the consultation room on the women's side of the Médecins Sans Frontières (MSF) drug-resistant tuberculosis (DR-TB) hospital in Kandahar city, Kandahar Province, Afghanistan.

After almost 40 years of consecutive armed conflicts, natural disasters, several epidemics including a COVID-19 pandemic, Afghanistan is now facing what appears to be a never-ending humanitarian crisis with staggering economic, political and social problems. When the Islamic Emirate of Afghanistan (IEA, also known as the Taliban) entered Kabul on 15 August 2021, foreign development funding was cut overnight. Afghan assets held in the US and in some other foreign countries were frozen, and many international organisations and diplomats left the country. Afghanistan, heavily dependent on foreign aid for years,² has been newly struggling in 2022 with all the afore-mentioned shocks, and the extra

challenges of keeping essential services in place despite the economic-financial consequences of the current political landscape.

These challenges have further worsened an already weakened and undersized public health system, with the population strongly affected by widespread unemployment, making it increasingly difficult to afford and access healthcare in Afghanistan. For instance, maternal and infant mortality in the country remain among the highest in the world.³ Casualties from violence have dramatically reduced in comparison to the past, but are still a sad reality, and other unmet medical and humanitarian needs, such as malnutrition and measles, continue to soar. On top of that, the multi-layered Afghan crisis has

² 75 percent of public spending was funded with foreign grants, Afghanistan: Public Expenditure Update." World Bank Group, 2018. <https://documents1.worldbank.org/curated/en/696491564082281122/pdf/Afghanistan-Public-Expenditure-Update.pdf>

³ Maternal mortality: <https://data.worldbank.org/indicator/SH.STA.MMRT?locations=AF>; neonatal mortality: <https://data.worldbank.org/indicator/SH.DYN.NMRT?locations=AF>

placed a notoriously high burden on women,⁴ and not because of an inherent vulnerability,⁵ but more due to multiple barriers in accessing services and increased restrictions on participating in public life, additional to all the challenges impacting most people's lives in the country.

The withdrawal of NATO and US forces, ended a 20-year conflict in August 2021, which led to a general improvement in the security context. This has purportedly enabled people to move around more easily than in the past and allowing for easier transportation of medical supplies in most parts of the country. The safer journey and lack of local medical care may have contributed to the increase in the number of people coming to MSF health facilities. Nevertheless, the higher influx of patients does not mean they accessed healthcare without challenges, or that they have not delayed seeking healthcare until they had no other option. Across MSF projects in Afghanistan, patients still report relevant barriers affecting their health-seeking behaviours, barriers that, for some people, are not possible to overcome. The journey itself may be less dangerous for most, but it certainly became more difficult to afford.

However, the difficulty in affording the trip to a health facility – or the economic barrier – is nothing new. In fact, MSF has been witnessing this for many years. In 2014, MSF reported about the 'ongoing struggle to access healthcare in Afghanistan' and in 2020 and 2021, MSF was sharing patient and caretaker accounts of the 'continued struggle'



Nine-year-old Bibi Fazlia and her father Hamdullah in the female inpatient ward at the Médecins Sans Frontières (MSF) drug-resistant tuberculosis (DR-TB) hospital in Kandahar city, Kandahar Province, Afghanistan.

MSF sees in its health facilities. In 2022, the fragile status of Afghanistan showcased why these persistent barriers should have been prevented from reaching this state and that if no significant actions are taken to avoid the worsening of this scenario, the outcomes will be more catastrophic than they already are.

For decades, security-violence, cost of the journey and lack of quality healthcare near home have been consistent obstacles to accessing healthcare, as reported by MSF patients. But in 2022, the country has been clearly suffering from the rippling effects of a crumbling economy, a financial crisis (liquidity and dysfunctional banking system) and cuts in foreign funding.

⁴ "Women and girls are differentially affected by crisis. When their rights to move and work are restricted as they are in Afghanistan, they are disproportionately impacted, especially in accessing food, healthcare and safe shelter" (Alison Davidian, CR for UN Women speaking in Gayan District a few days after the earthquake), June 2022. https://twitter.com/un_women/status/1541632609557561344?lang=en

⁵ "Why are women and girls the worst affected by humanitarian crises?", IPPF, September 2021 (<https://www.ippf.org/blogs/why-are-women-and-girls-worst-affected-humanitarian-crises>); and "THE WORLD'S BIGGEST MINORITY? Refugee Women and Girls in the Global Compact on Refugees", The Forced Migration Research Network, University of New South Wales (Australia), October 2017 (<https://www.unhcr.org/events/conferences/59e5f4447/worlds-largest-minority-women-girls-global-compact-refugees-extended.html>)

MAIN FINDINGS



97.5%

said that they have experienced financial challenges due to spending money on healthcare (20 percent more than in 2021), as they either had to borrow, dig into their savings, or sell properties and household items.



88%

of the respondents either delayed, suspended or forewent seeking medical care and treatments due to the reported barriers (14.3 percent more than in 2021), from which 52 percent believe their relative died due to lack or delayed access to healthcare.



95%

said they had difficulties in affording food in the past 12 months.



87.5%

of the surveyed respondents included costs as their main barrier to access healthcare, 18 percent more than in 2021.



91.2%

of our survey-respondents reported decreased income, 15.5 percent more than the 2021 survey.



62.5%

of the survey-respondents believe women face worse obstacles to accessing healthcare in comparison to men.



45.4%

An average of 45.4 percent of the respondents who have visited a public or a private facility at least once over the past year were not satisfied with the service provided, similar to 2021 findings.

METHODOLOGY

SCOPE OF THE RESEARCH

For the third consecutive year and to continue shedding light on the persistent barriers to healthcare access for Afghan people, this MSF report on access to healthcare in Afghanistan follows up on the previous two reports, which focused on Helmand and Herat provinces in 2020 and then on Helmand, Herat, Kandahar and Khost provinces in 2021. In 2022, MSF focused on the same provinces from the previous year's report, with the addition of Kabul.

METHODS AND SAMPLING

Following a larger sample in comparison to the 2021 report, but still a similar convenience sampling approach when selecting respondents, the research information gathering was based on mixed methods applied between May and August 2022,⁶ as below:

- A survey among 160 patients and caretakers (92 women and 68 men) in four provinces (Helmand, Herat, Kandahar and Khost) through a predominately quantitative pre-tested questionnaire applied in May and June 2022
- 6 focus group discussions in the above-mentioned four provinces between May and August 2022
- 60 semi-structured quality interviews, including MSF and MoPH staff, but also patients and caretakers across the five involved provinces between May and August 2022

Additional information collected:

- Health data and indicators from medical reports of health structures supported by MSF from January to December 2022 in five provinces (Kabul, Kandahar, Khost, Helmand and Herat)
- Literature review

⁶ Informed consent was provided by all participants in the survey, all interviews and group discussions.

LIMITATIONS

It must be noted that the results of the survey, interviews and group discussions cannot be extrapolated as countrywide results due to the still relatively narrow sample size and convenience sampling (as opposed to random sampling) method. The survey data collection focused exclusively on patients (and caretakers) who sought treatment at MSF medical facilities and did not include patients from the wider population who may have chosen to go elsewhere. A total of 62 percent of the respondents had visited another health facility (public or private, including non-profit organisations) before seeking care at MSF-run or supported facilities and around 85 percent of the respondents indicated that over the past 12-month period they had visited at least one public or private health facility. Meaning that the majority of the patients surveyed had a non-MSF related experience with the healthcare system in Afghanistan.

The research's survey is focused on the period between May 2021 and June 2022, with several questions enquiring on access to healthcare "in the previous 12 months," and not exclusively focused on the period subsequent to the change of power in August 2021. This could explain why 57.5 percent of the survey respondents included conflict/insecurity/violence within their main barriers to accessing healthcare in the preceding 12-month period, as the period between May and June 2021 witnessed high intensity of fighting and active hostilities that impacted people's mobility and therefore access to healthcare. The overall improvement in security and movement restrictions related to conflicts since August and September 2021 may have contributed to the increased numbers of patients seeking care in MSF-run or supported facilities, particularly from areas that were not very accessible until a few

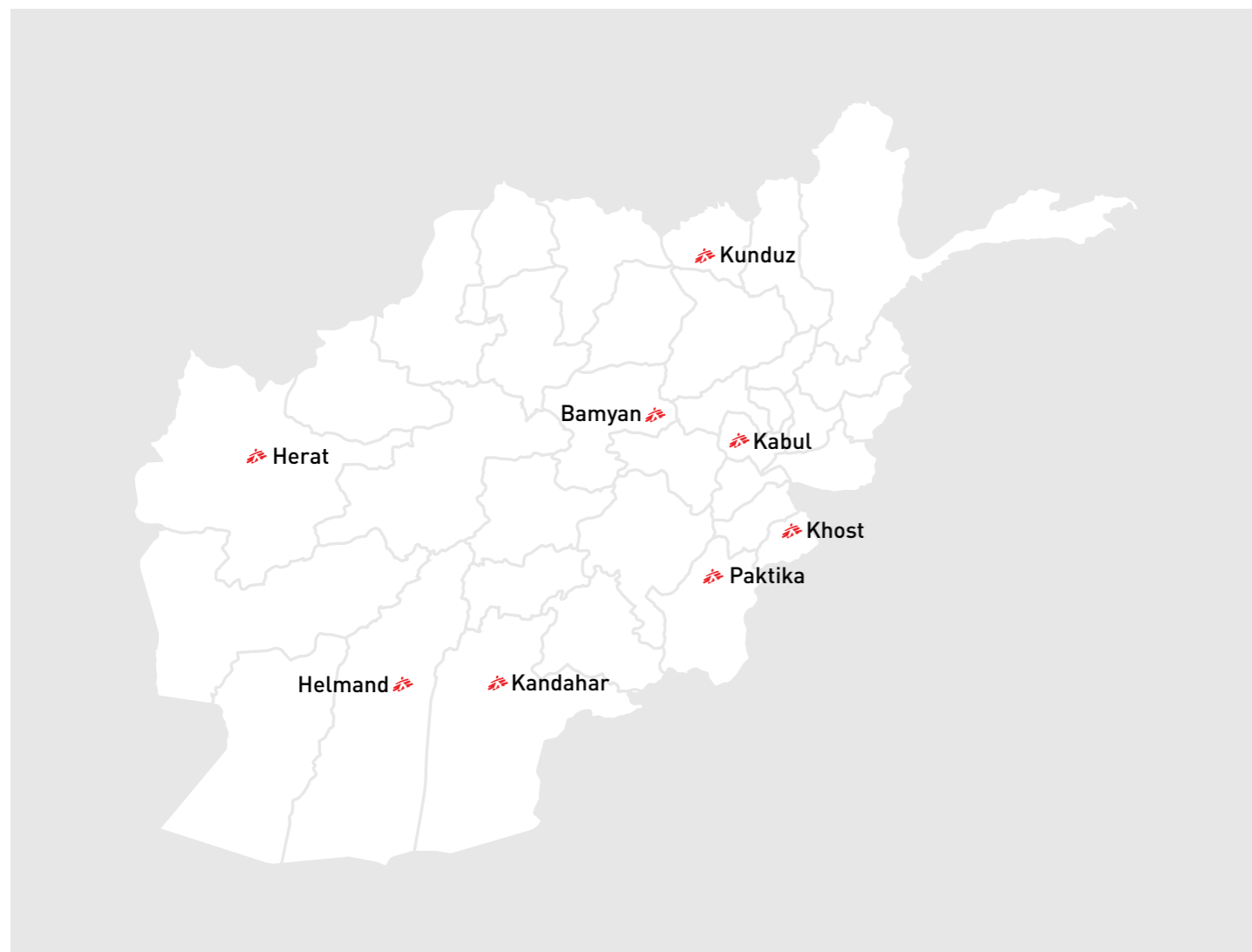
months ago. However, as financial constraints – like the cost of transport and accommodation – become even more challenging, and additional restrictions are imposed or strengthened such as the need for women to be accompanied by a mahram (a form of chaperone) for their movements, there are still people who are unable to reach MSF's facilities, and the current results might not be able to capture the true extent and types of barriers they face.



Bibi Mariam and her mother Moslemeh at the MSF Kunduz Trauma Centre, Kunduz Province, Afghanistan. Bibi was injured in a motorcycle accident in Kunduz City whilst her father was driving her home.

MSF KEY ACTIVITIES IN AFGHANISTAN DURING 2022

Médecins Sans Frontières (MSF) is a medical humanitarian organisation, which operates under the principles of independence, impartiality and neutrality. Since the 1980s, MSF has provided medical care throughout Afghanistan, in areas under the control of a variety of political and armed factions. Currently, MSF runs projects in seven provinces with a strong focus on providing secondary healthcare.



IN BAMYAN,

MSF supported Bamyan provincial hospital on the COVID-19 and the measles response from March till end of June 2022. MSF has started to support four community health facilities in remote rural areas of the province, a project focused on mother and child health, that is already planned to expand to up to 15 facilities in 2023.

IN HELMAND,

MSF has supported the provincial hospital in Lashkar Gah since 2009 and expanded its bed capacity to a total of 340 beds in 2022 following increased medical needs.

IN HERAT,

Regional Hospital, MSF has expanded its support to the paediatrics department and continues to support a clinic in Khadestan. Until March 2022 MSF was running a 32-bed COVID-19 treatment centre.

IN KABUL,

in April 2022 MSF started supporting Maiwand Teaching Hospital for measles with 28-beds and since then it has increased its support to the pediatric department including a 34-bed inpatient therapeutic feeding centre together with outpatient nutrition care. In addition, following the closure of the MSF maternity project in Dasht-e-Barchi, MSF has been supporting the Afghan Midwives Association's pilot project in the neighbourhood since November 2021 through funding and technical support for deliveries, antenatal and postnatal care, as well as family planning.

IN KANDAHAR,

MSF runs a Drug-Resistant Tuberculosis (DR-TB) hospital, supports the MoPH with the diagnosis of drug-sensitive tuberculosis at Mirwais Regional Hospital, Kandahar Provincial Tuberculosis Centre and Sarpoza prison. In 2022, MSF expanded its programme by opening a 40-bed inpatient therapeutic feeding centre (ITFC), to complement the ambulatory therapeutic feeding centre (ATFC) opened by the end of 2021 at the MSF DR-TB hospital.

IN KHOST,

MSF runs a maternity hospital with 60 post-partum and 28 neonatal unit beds. We also support nine health centres, including Khost Provincial Hospital, mostly through payment of salaries to increase their human resources and cover for existing gaps and to ensure 24/7 access to delivery care for women in labour, while investing in strengthening the referral systems. For six months in 2022 MSF provided salary support to all staff in the COVID-19 ward of the Khost Provincial Hospital and supported fuel and food for the entire hospital.

IN KUNDUZ,

MSF runs a 61-bed trauma centre, and established a 75-bed measles inpatient ward at the Kunduz Regional Hospital from March to August 2022, at one point having to put up tents because the space inside the hospital was insufficient to treat the influx of measles patients. Additionally, in November 2022 MSF opened an ambulatory therapeutic feeding centre (ATFC) at the District Advanced Post in Chadara District, following increased needs.

IN PAKTIKA AND KHOST,

MSF alongside the NGO Emergency responded to the earthquake in June 2022, donating medicines and medical material, and providing direct medical care in Bermal, to both inpatients and outpatients.

MSF AFGHANISTAN IN NUMBERS (JANUARY–DECEMBER 2022)



THE HARDSHIPS OF A PROTRACTED ECONOMIC CRISIS

Despite two decades of development funding in support of Afghanistan, which provided some positive outcomes and improvements for a few sectors, major challenges remained in 2022, for example in the health sector. The economy remained in a vulnerable state, heavily dependent on aid and crippled by weak governance, conflict, insecurity, political instability and lack of infrastructure.⁷ Since the Islamic Emirate of Afghanistan (IEA) took power in August 2021, the Afghan economy has plunged further. There was an abrupt halt to foreign aid, which previously supported most public expenditure for provision of services, while the US Government froze some US\$7 billion of overseas assets of the Afghan Central Bank, in addition to more than US\$2 billion held in European banks and in the United Arab Emirates, contributing to a major liquidity crisis. In September 2022, the US Government released US\$3.5 billion in Afghan assets to be managed by a Swiss trust fund, a measure whose effects in alleviating the crisis have yet to be felt. At this stage, the economic shocks are reflected in a worsened humanitarian crisis across the country. Although funding to restore basic services has resumed in recent months, it remains significantly lower than before August 2021, when billions of dollars were pledged⁸ for development funding (with security and development grants equaling around US\$9

billion per year).⁹ Besides not bringing a durable solution, the funding that is currently available is insufficient to address existent and growing needs. These effects are noticeable in the health system, which struggles to remain afloat. As long as the root causes of Afghanistan's economic challenges remain unaddressed, the sudden withdrawal of aid can only lead to a worsening of the country's humanitarian crisis.¹⁰

In addition, pre-existing international sanctions against designated members of the current government of Afghanistan are being felt nationwide. Despite targeting specific people and institutions, and despite the series of exemptions issued and expanded since the last quarter of 2021 to enable and facilitate the transfer and payment of funds and economic resources necessary for both humanitarian and development commercial transactions, donors and various private businesses and financial institutions remain overly cautious when it comes to transactions involving Afghanistan.

The political changes from August 2021 and the consequent reduction in foreign assistance have played a noticeable role in exacerbating an economic and banking crisis that directly affects people's access to all basic services, including access to a functioning health system, compounding a crisis already impacted in recent years by the exit of skilled workers. Funding for the US\$4.4 billion

⁷ "By 2020, grants had declined to around 45 percent of GDP, but still financed around half of the government budget, 75 percent of total public expenditure, and 90 percent of security expenditures." Afghanistan Development Update, World Bank, April 2022, <https://thedocs.worldbank.org/en/doc/5f01165822f3639224e0d483ba1861fc-0310062022/related/ADU-2022-Key-Messages.pdf>

⁸ Foreign aid to Afghanistan could reach \$12 billion over four years, some with conditions, November 2020, <https://www.reuters.com/article/uk-afghanistan-diplomacy-aid-idUKKBN2840U7>

⁹ Afghanistan Development Update, World Bank, April 2022, <https://thedocs.worldbank.org/en/doc/5f01165822f3639224e0d483ba1861fc-0310062022/related/ADU-2022-Key-Messages.pdf>

¹⁰ Afghanistan: The Problems with Aid Dependency and the Need for a Plan B — Annie Wernersson. <https://www.ui.se/globalassets/ui.se-eng/publications/ui-publications/2021/ui-brief-no.-6-2021.pdf>

humanitarian response requested by the UN, the largest single-country aid appeal in the history of the UN, fell short by US\$1.4 billion.¹¹

In the meantime, people's humanitarian needs keep soaring. In 2022, an estimated 22.8 million people, more than half the Afghan population, were facing food insecurity, and an estimated 24.4 million were in need of humanitarian support, with 18.1 million in need of health assistance, according to the UN.¹² In addition, UNICEF estimated that 3.2 million children in Afghanistan suffered acute malnutrition in 2022.¹³ And 2023 begins with OCHA estimating that this year 28.3 million people will need humanitarian and protection assistance, with food insecurity being the main driver of the need.¹⁴

The chilling effect of the sanctions, combined with development funding gaps and frozen assets overseas, continue to negatively affect the whole economy, with ordinary Afghans bearing the brunt.¹⁵ The economy has been crushed, leaving millions of people out of work and struggling to find employment. Food prices have soared across the country. Those people with jobs are supporting more family members, many people do not have enough to eat, and others are delaying seeking healthcare as they cannot afford it.

¹¹ Financial Tracking Services, OCHA, accessed on 05 January 2023, Special Inspector General for Afghanistan Reconstruction (SIGAR), April 2022, <https://www.sigar.mil/pdf/quarterlyreports/2022-04-30qr.pdf>

¹² Afghanistan Humanitarian Response Plan 2022

¹³ UNICEF Afghanistan Humanitarian Situation Report, 1-28 February 2022, <https://reliefweb.int/report/afghanistan/unicef-afghanistan-humanitarian-situation-report-3-1-28-february-2022#:~:text=UNICEF%20estimates%20that%203.2%20million,significant%20rise%20in%20measles%20cases.>

¹⁴ UNOCHA, December 2022, <https://reliefweb.int/report/afghanistan/afghanistan-humanitarian-needs-and-planned-response-2023-endarips>

¹⁵ Strategic Patience: Sustainable Engagement with a Changed Afghanistan, August 2022, <https://quincyinst.org/report/strategic-patience-sustainable-engagement-with-a-changed-afghanistan/>

“ It’s difficult. We are between fire and water. Before we had the security problem, but now we face the economic problems. It’s more difficult to access food. The real problems are the lack of jobs and food is more expensive. ”

Male MSF staff, Kabul

“ In general, the situation is very bad in Afghanistan, everything is more expensive. The major problem is that people cannot feed their families, because of decreased income. In the past some employers used to provide meals for their employees, now most of them do not have food anymore. ”

Male MoPH staff, Khost

THE BURDEN OF DIRECT AND INDIRECT MEDICAL COSTS

The multi-layered humanitarian crisis in Afghanistan has developed to the point where people have multiple medical and humanitarian needs. These needs are increasing, which is backed up by the findings of the Afghanistan Multi-Sector Needs Assessment¹⁶ and the Humanitarian Situation Monitoring by REACH:¹⁷

¹⁶ Afghanistan Multi-sectoral Needs Assessment, Save the Children, January 2022, <https://resourcecentre.savethechildren.net/pdf/Afghanistan-MSNA-Full-Report-March2022.pdf/>

¹⁷ Evolving needs – key trends. Humanitarian Situation Monitoring, March 2022, https://www.impact-repository.org/document/reach/498836df/REACH_AFG_Humanitarian-Situation-Monitoring-HSM-Key-Findings-Presentation_February-2022-1.pdf



87.5%

of those surveyed by MSF included costs as their main barrier to access healthcare, an increase of 18 percent in comparison to the 2021 survey. Within these answers, almost 58 percent highlighted direct medical costs as one of their main barriers, while over 42 percent mentioned indirect costs such as transport and/or accommodation.

Afghans have been compelled to adopt negative coping mechanisms to adjust to their financial situation.¹⁸ Eighty-eight percent of survey respondents delayed, suspended or decided not to seek medical care due to reported barriers, an increase of 14.3 percent in 2021, suggesting that even though people can travel more freely in 2022, travelling to seek healthcare is still a challenge for many. Fifty-two percent of these respondents believe their relative died due to lack of or delayed access to healthcare in the past 12 months.

People's financial circumstances represent a major barrier to accessing medical care, while accessing healthcare itself is an additional economic burden for many people¹⁹ :

¹⁸ “36% of HHs reported that they decreased expenditures on healthcare and education, as a livelihood coping strategy”, Mid-Year Whole of Afghanistan Assessment, Health Cluster Coordination Meeting, June 2022

¹⁹ “14% of HHs reported ‘healthcare’ as main reason for debt”, Mid-Year Whole of Afghanistan Assessment, Health Cluster Coordination Meeting, June 2022



97.5%

of respondents said that they had experienced financial difficulties due to spending money on healthcare, as they either had to borrow, dig into their savings, or sell household items or property. This represents an increase of 20 percent compared to MSF's 2021 survey. These findings are in line with people's increasingly poor economic situation and with the crisis within the health system, where neither the public health system nor private clinics can meet people's existing and growing needs.

“ I live in Farah and I came to this hospital [Herat Regional Hospital] by car. It took us four hours to get here. My child was sick for seven days. First I went to a public hospital, then to four private clinics, but my child was still sick. One of the private doctors gave us a prescription for 1,000 AFG [around 12USD]. Where I live there's a public clinic, but they gave us half a tablet, they did not give us all the medication [we needed]. I live with seven people, it's not easy to pay for what we need. We do not have enough. For us it was difficult to pay for transport to Herat city and that's why we went to private clinics. Now my child is worse, and we owe a lot of money. ”

Female caretaker, Herat Regional Hospital



Edalat sits by his son's bed in the male inpatient department at the Kunduz Trauma Centre in Afghanistan. His son, Shafiullah, was injured in a traffic accident in Kunduz City and had to undergo a surgical procedure known as internal fixation.

LOSS OF INCOME, RISING LIVING COSTS

Our survey shows 91.2 percent of respondents reporting a decrease in their income over the past year – which is in line with UN World Food Programme findings from February²⁰ and June 2022.²¹ This figure is a more than 15 percent increase on MSF's 2021 survey. Almost 64 percent of those who reported decreased incomes indicated that a major contributing factor was being unemployed or self-employed/owning a business. Respondents reported being unable to generate previous levels of income due to the general deterioration of the economy and to people's decreased spending power. Almost 30 percent also mentioned high prices as a contributing factor, especially for food items, as inflation affected all basic items, but salaries and

other forms of income did not necessarily increase in line with inflation.²² In Kandahar and Helmand provinces, farmers made a direct connection between their decreased income and the drought in the region, the worst in Afghanistan in 27 years. Conflict, insecurity and the illness of a family member were also among reasons cited for a decrease in income.

²⁰ WFP, February 2022: 85% of income-earning households in Afghanistan reported a significant decrease in income, while another 21% reported no income earned at all during the month

²¹ Afghanistan Food Security Update, round ten, WFP, June 2022, [https://reliefweb.int/report/afghanistan/wfp-afghanistan-situation-report-10-june-2022#:~:text=Situation%20Update&text=A%20total%20of%2018.9%20million,IPC%20Phase%203%20\(Crisis\).](https://reliefweb.int/report/afghanistan/wfp-afghanistan-situation-report-10-june-2022#:~:text=Situation%20Update&text=A%20total%20of%2018.9%20million,IPC%20Phase%203%20(Crisis).)

²² "Households may be spending their money on cheaper, less nutritious or varied foods to cope with the rising prices and falling incomes of the past 6 months, with implications for possible worsening of severity of food insecurity and malnutrition without continued assistance." Mid-Year Whole of Afghanistan Assessment, Health Cluster Coordination Meeting, June 2022

SOARING MEDICAL AND HUMANITARIAN NEEDS AND A STRUGGLING HEALTHCARE SYSTEM

People's access to healthcare in Afghanistan has been affected by overlapping shocks that have hit the country. Conflict and natural disasters can prevent people from reaching basic or lifesaving medical assistance, but so too can economic and financial struggles. This is the case in Afghanistan, where multiple factors have increased people's medical needs and made their access to healthcare even more challenging.

“The main thing we notice here is the economic situation, but also displacement. In general, most people are having difficulties affording food. Our patients and people from the communities also tell us they can't even afford dry old bread and that they go to bed hungry.”

Male MSF staff, Herat Regional Hospital

“There is no medicine, no good check-up, no treatment in public health facilities. We can't afford private clinics. Once, I borrowed some cash to go to a private clinic. Now I don't have money to return my loan.”

Male caretaker, Khost

FOOD: MALNUTRITION

In 2022, MSF teams treated more than 4,260 patients for malnutrition at the Inpatient Therapeutic Feeding Centre (ITFC) in Boost hospital, Helmand province, an increase of 33 percent in comparison to 2021, which was already 44 percent higher than 2020. Total admissions to the ITFC in Herat soared in 2022 and rose by 54 percent, with more than 3,753 patients receiving treatment – half of them under six months of age. In 2021, admissions were 44 higher than in 2020.



95%

of survey respondents reported facing difficulties in affording food over the past 12 months.

“ Some have nothing, no food at all. Food prices are increasing, even milk is more expensive. This economic crisis has affected people who used to work for the previous government, but private businesses have also suffered. People had to close their businesses and a lot of people lost their jobs. ”

Male MSF staff, Herat Regional Hospital

The rise in malnutrition is likely the result of a combination of factors: a broken economy; climate shocks, such as drought and floods; and insufficient availability of medical assistance for health conditions that can cause or exacerbate malnutrition (e.g. acute diarrhoea and measles). The general impact of malnutrition is also reported to disproportionately affect women,²³ and in some MSF-supported facilities, such as in Kandahar, in 2022 girls accounted for around 55 percent of admissions to both the outpatient therapeutic feeding programme and the ITFC, with mortality almost 90 percent higher for girls than for boys in the ITFC. Some accounts suggest that when there is not enough food for everyone in a household, women and girls may be deprioritised and this does tend to be the case in countries where gender inequalities are institutionalised – especially when combined with poverty.²⁴ However, what seems very concerning in Afghanistan is that the health seeking behaviour may also change according to the gender of the child; that a family may seek care faster for a boychild than a girl.

²³ “Economic and Food Crisis in Afghanistan: The Impacts on Women and Girls”, August 2022, https://www.care-international.org/sites/default/files/2022-08/Afghanistan%20Food%20Security%20Report_advocacy%20brief_August%202022.pdf

²⁴ “Food discrimination against women in Afghanistan”, <https://reliefweb.int/report/afghanistan/food-discrimination-against-women-afghanistan>

“ It’s difficult to buy food for everyone in the family. Sometimes we don’t have anything to cook. I eat, but sometimes, because the food is not enough, I give it to my children first. We also do not have enough water and we have to bring it from far away. ”

Female caretaker, mother of 10, Kandahar

“ The economic crisis has impacted a lot our society. Some mothers who come to our hospitals are struggling to afford food for themselves. How can they produce milk to feed their children? Sometimes we see mothers putting tea in the bottle to give to newborn babies of only seven or eight days; this is dangerous for the baby. ”

Female MSF staff, Khadhestan clinic, Herat

Possibly related to the above points, MSF teams have also witnessed malnutrition in adults, indicating an increased need for nutritional support to entire families rather than only focused on children. Of 6,670 pregnant or lactating women screened using MUAC (mid-upper arm circumference)²⁵ at MSF’s Kadhestan clinic and Shaidayee settlement in Herat province in 2022, nearly 16 percent had moderate acute malnutrition (MAM). This is almost double the proportion of moderately malnourished

²⁵ Mid Upper Arm Circumference protocol to detect malnutrition

women seen in 2021, despite MSF having received 32 percent fewer pregnant and lactating women patients in 2022. In Khost, MSF started screening pregnant and lactating women for malnutrition in 2022; of the 16,328 women who were screened, 15 percent had MAM and 0.5 percent (91 women) had severe acute malnutrition (SAM). In Boost hospital in Helmand province, MSF screened more than 17,344 pregnant and lactating women in 2022, of whom eight percent had MAM. This represented an increase of 76 percent in MAM pregnant lactating women in comparison to 2021, while the number of screened patients increased by 56.7 percent. When pregnant or lactating women are malnourished, this represents a higher risk for themselves and for their children as it is a potential cause of premature births.

PREVENTIVE CARE THROUGH THE LENS OF MEASLES

As the humanitarian crisis worsens, so does the preventive care available. The measles outbreak of 2022 brought to light people’s limited access to immunisation services across Afghanistan, in a context where malnutrition – a complicating life-risk factor for measles – is a significant issue. In 2022 MSF expanded its activities for measles care, treating more than 15,400 patients in four locations (most of them in Helmand and Herat). In Helmand province, where MSF regularly treated measles in previous years, our teams received 5,657 patients in 2022, a decrease of around seven percent from 2021, but a staggering 289 percent increase on 2020 figures. This steep increase could be attributed to people being unable to seek care at the height of the COVID-19 pandemic in 2020, but it still reveals the increased and urgent need for improvements to vaccination programmes. It should be noted that a few countrywide mass vaccination campaigns in 2022, run by the MoPH and supported by the World Health Organisation (WHO), were probably an important contributing factor to a decrease in admissions of measles patients in the final months of 2022, not disregarding the fact that numbers of measles cases are usually lower in the second half of the year. However, better access to a proper

system for routine vaccinations, with improved coverage in place to reduce future outbreaks, is still of the utmost importance to prevent this cycle from repeating in the coming years.

Afghanistan’s healthcare system remains dependent on the additional support of external organisations and continues to struggle in both the mitigation and the response to disease outbreaks, exposing the population to severe health risks, while people’s access to preventive healthcare, including vaccination programmes, remains insufficient.

THE EFFECT OF LIMITED ACCESS TO HEALTHCARE ON MATERNAL AND NEONATAL HEALTH

Afghanistan has one of the highest maternal mortality rates in the world, with 638 deaths for every 100,000 live births in 2017²⁶ (the most recent year for which data is available). With the economic crisis as well as people’s access to health services deteriorating, it is hard to be optimistic about the future. Afghanistan is still one of the most dangerous places in the world to be a woman and to become a mother.²⁷ According to the United Nations Population Fund (UNFPA), this is due to a combination of poverty, lack of access to healthcare and gender inequality.²⁸

Although not necessarily linked to the lack of medical assistance, or delays in reaching it,

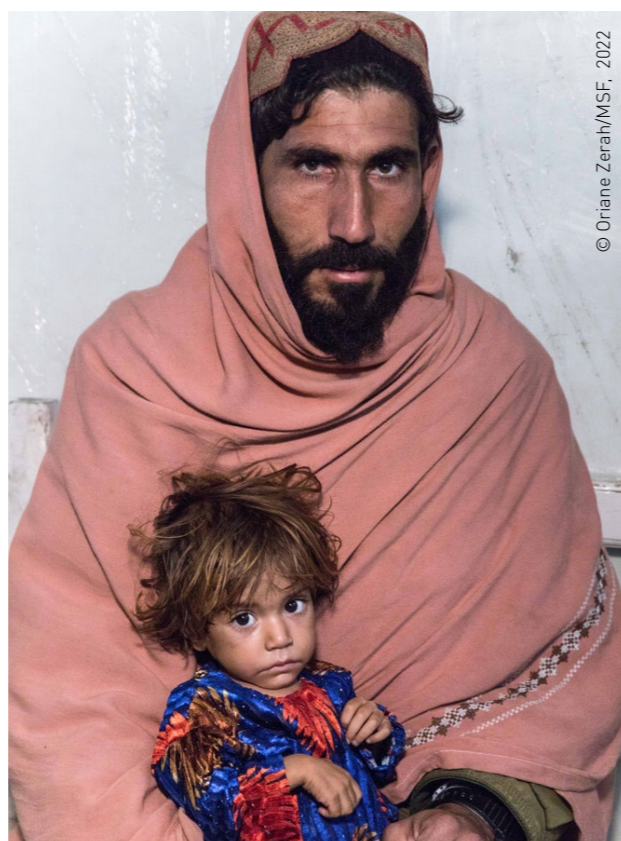
²⁶ 638 per 100,000 live births, data from 2017, “Maternity Mortality Ratio”, WHO, 2019, <https://data.worldbank.org/indicator/SH.STA.MMRT?locations=AF>

²⁷ “Afghanistan: the worst place to be a mother”, July 2011, <https://unama.unmissions.org/afghanistan-worst-place-be-mother>; “Afghanistan Country Profile”, UNICEF, page accessed in October 2022, <https://data.unicef.org/country/afg/>; “Maternity Mortality Ratio”, WHO 2019, <https://data.worldbank.org/indicator/SH.STA.MMRT?locations=AF>; “Afghanistan has one of the highest maternal mortality rates. Health crisis is worsening”, May 2022, <https://www.intersos.org/en/afghanistan-has-one-of-the-highest-maternal-mortality-rates-health-crisis-is-worsening/#:~:text=In%202002%2C%20Afghanistan%20had%20the,638%20deaths%20per%20100%2C000%20births>

²⁸ “Midwives on the front lines working to reverse Afghanistan’s high maternal death rate”, October 2020, <https://www.unfpa.org/news/midwives-front-lines-working-reverse-afghanistans-high-maternal-death-rate>

complicated obstetric cases (including deliveries with complications) increase the maternal and neonatal life risk. In Boost hospital in Helmand province in 2022 MSF teams assisted 22,948 deliveries, 21.5 percent more than in 2021. Direct obstetric complications (including complicated deliveries) accounted for 21 percent of the total deliveries in 2022, affecting 95 percent more patients than in the previous year. In Khost maternity hospital, MSF teams assisted 19,756 deliveries in 2022, 4.5 percent more than in 2021. In Khost, complicated cases represented almost 17 percent of total deliveries in 2022, and an increase of 17.4 percent on the number of patients in comparison to the previous year. This increase is probably linked to MSF programme design in the province, with increased efforts being made to promote the referral of complicated cases to MSF's maternity hospital in Khost. These two projects are in different regions of the country, with different experiences of the socio-economic shocks hitting Afghanistan, yet the picture is similar. MSF data from comprehensive emergency obstetric and neonatal care facilities shows that access to maternal and neonatal lifesaving care remains core to maternal and child health. Skilled emergency obstetric care in Afghanistan is limited, as MSF has witnessed in various districts of Khost, Helmand and elsewhere. This means that women patients must travel long distances to reach skilled care, in addition to contending with social policies that restrict the movement of women. Both these factors are likely to contribute to delays in reaching medical care and increased maternal deaths. A consequence of these barriers is that women are increasingly opting to give birth at home, with all its attendant risks – something MSF has been noticing more and more. The need for improved access to skilled emergency maternal and neonatal care surfaces every time MSF meets with community members, elders and provincial authorities. Whatever the location in Afghanistan, communities always ask MSF to implement more maternity projects.

The overall increase in the numbers of women giving birth in MSF facilities brings with it an increase in complicated deliveries and neonatal unit admissions, but there are other factors that



Bibi Amina, who is three years old, suffers from tuberculosis and anaemia. She was brought to the MSF-supported Boost hospital in Lashkar Gah, Helmand province by her father Abdullah.

continue to negatively affect women's health, leading to avoidable negative health outcomes, including for newborn babies. Among the main factors are a lack of access, and delayed access, to quality antenatal care. Timely antenatal care can help mitigate complications – and therefore prevent deaths – of both women and their babies. However, for most women, seeking timely antenatal care is not an option, due to various barriers: a lack of available services; shortages of trained and qualified staff (especially women healthcare workers) in district health facilities; and travel restrictions or difficulties travelling long distances, compounded by economic barriers that make journeys to hospital unaffordable and paying for healthcare impossible for many women.

The long-standing socio-cultural practice known as the mahram requires that women leaving home are accompanied by a male relative as a guardian or chaperone. This practice is reportedly being

enforced more strictly by authorities and can present an obstacle to women accessing essential services, including healthcare for themselves and other family members, and makes it even harder for the healthcare system to meet their needs. The "mahram requirement" can affect a woman's ability to reach a hospital – whether as patient, caretaker or humanitarian/health worker – in several ways, for example when no male relative is available to accompany her, or when a journey which is already hard to afford for one person becomes unaffordable when paying for two.

“ We are not near the health facility and we cannot travel a long way without male relatives. ”

Female caretaker, Kandahar

Other factors that put the lives of women and their babies at risk beyond delayed healthcare include reduced access to food; short intervals between pregnancies; and the misuse of labour-inducing drugs, taken at home or before seeking specialist care. Such drugs are reportedly readily available on the market and easily accessible without a prescription.

INCREASED PATIENT NUMBERS DO NOT EQUATE WITH TIMELY ACCESS TO QUALITY HEALTHCARE

The reported reduction in conflict and people's increased ability to move around in 2022 compared with previous years did not appear to sufficiently improve people's ability to reach healthcare. Access continued to be impeded by factors such as the economic crisis and unavailability of services.²⁹ Throughout 2022, both MSF-run and supported

²⁹ "Barriers to health have mostly remained similar to 2021 but have intensified. E.g., unavailability of medicines from 24% in 2021 to 37% in 2022. Same for the financial barrier" Mid-Year Whole of Afghanistan Assessment, https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/mid-year_2022_key_findings_presentation_mid-year_woaa.pdf

facilities had a high bed occupancy rate. Many of the patients and caretakers at these facilities cited difficulties in accessing quality medical care at other facilities closer to home and dissatisfaction and lack of trust in the healthcare system generally as reasons for coming to those facilities where MSF worked. In 2022, bed occupancy rates remained on average at 150 percent in Boost's ITFC, and 117 percent in MSF's ITFC in Herat Regional Hospital and at more than 117 percent in the inpatient departments of Boost hospital.

In Boost hospital in Helmand, the Emergency Department (ER), saw a 51 percent increase in patients compared to 2021. Approximately 43.5 percent travelled to the city from outside the urban district of Lashkar Gah. Needing to travel long distances to seek emergency medical care, or being unable to afford to travel, caused worrying delays to receiving timely healthcare. For example, in comparison to 2021, the ER in Boost hospital saw an increase of 69 percent of patients coming from Baghran district, travelling at least 160km to reach the MSF-supported hospital. This overall increase in patients could be attributed to several factors, including reduced conflict, fewer roadblocks, a lack of fully functioning health facilities, inadequate medical supplies, and shortages of healthcare staff in the rural areas.

Compared with 2021, in 2022 at Herat Regional Hospital, there was a 70 percent increase of ITFC patients travelling from Farah province (around 280km away) and a 38 percent increase of patients coming from Badghis province (around 150km away). People travelling long distances like these to seek medical care is particularly concerning within the context of an economic crisis that makes it difficult for many people to afford transportation costs. If affordable healthcare was available closer to home, people would not have to overcome such financial obstacles to access much needed medical care.

“ In terms of healthcare, most of the good doctors left the country. We feel that even private healthcare is worse. We heard from one clinic that since August [2021] it’s been more difficult to keep the quality of care, mostly because of a lack of qualified staff, medications and equipment maintenance. The main problem of public hospitals is that there are too many people, [they’re] too crowded, [there are] not enough qualified health workers, a lack of quality services; and they also don’t have medical items or supplies nor medications.

Male MSF staff, Kabul



The ICU (intensive care unit) in MSF’s Kunduz Trauma Centre, Kunduz Province, Afghanistan.

More than one third of survey respondents who visited the health facility nearest to their house were not satisfied with the services. The most common reasons cited were lack of medications, being asked to pay high amounts for medication, and being asked to buy the medication privately. People also expressed a lack of trust in the quality of services provided to patients and caretakers, and they perceived public hospital staff as lacking experience and professionalism. People who live in the districts and rural areas, far away from the centre of the provinces, are often left with no other option but to undertake a long and expensive journey to find free, quality medical care. But many people cannot afford to pay the transportation costs, and are forced to borrow money, which is an additional burden for those already suffering from lack of healthcare.

These experiences and perceptions are not new.³⁰ A UNICEF’s analysis of the Sehatmandi Project³¹ conducted between January and May 2022 found

³⁰ In the 2021 MSF report, among the surveyed patients and caretakers who had visited a public medical facility in the last year, 45 percent said they were not satisfied with the services provided

³¹ The System Enhancing for Health Actions in Transition (SEHAT) Program aims at financing the implementation of the Basic Package of Health Services and the Essential Package of Hospital Services, <https://www.moph.gov.af/en/sehatmandi-project>

“ Many people tell us they came to MSF and not to another health facility near their home because the other places don’t offer [the] same services, quality of staff or free medications. Public hospitals are becoming worse. People still go to Herat Regional Hospital because they can’t afford the consultations in private clinics. When some of my relatives are sick, I take them to a private clinic, I don’t think [the] quality is good at MoPH.

Male MSF staff, Herat

that just nine percent of health facilities reported having a functional operating theatre, 28 percent had a functional laboratory, 45 percent had an Emergency Room, and 27 percent reported being open at night.³² According to the Mid-Year Whole of Afghanistan Assessment conducted by the Inter-Cluster in 2022, nearly half of the respondents considered that medicines and equipment were generally not available in the health centres in their areas.³³ Reports of “No functional health facility nearby” increased from 19 percent in 2021 to 29 percent in 2022.³⁴

³² Presented at the health cluster meeting in Afghanistan on the 7th June 2022.

³³ Mid-Year Whole of Afghanistan Assessment, Health Cluster Coordination Meeting, June 2022

³⁴ Whole of Afghanistan Assessment, September 2022, file:///C:/Users/MSFuser/Downloads/REACH_AFG_WoA-2022_Key-Findings_Presentation_Published-2.pdf

“ [A] private doctor is the highest cost for us – I didn’t have enough money to bring my child to the private clinic. We went to the public health facility in Wayan, and they did not give us any medication or food and they referred us to MSF. I paid the costs of the 1.5-hours [of] travel with some savings.

Male caretaker, Kandahar



Hadia is being moved to surgery in the MSF Kunduz Trauma Centre in Afghanistan after she was injured by shrapnel. The accident happened while she was playing near her home in Kunduz City. Unexploded ordnance still pose a major threat to people of Afghanistan.

THE PROTRACTED STRUGGLE OF AN UNDER-RESOURCED HEALTHCARE SYSTEM COMPOUNDED BY FURTHER CHALLENGES

Afghanistan's public healthcare system has been under-funded, under-resourced, over-burdened and under-performing³⁵ for years, despite billions of dollars being invested by donors. Until 15 August 2021, the World Bank's Sehatmandi Project supported approximately two-thirds of all public facilities in 31 of Afghanistan's 34 provinces. The remaining facilities were directly managed by the Afghan MoPH. In August 2021, the overnight suspension of development funds and financial transactions that were vital to public service provision brought the entire public health sector to the edge of collapse. Doctors, nurses and other healthcare workers stopped receiving their salaries. This came after many had already not been paid for months due to a mix of under-funding and mismanagement, including the misuse of funds. Across the country, clinics and hospitals either closed or ceased to be functional in a matter of weeks. The facilities that were able to stay open faced acute shortages of essential medicines and supplies and struggled to provide care. Between September and December 2021, the UN stepped in to finance the Sehatmandi Project. In December, donors decided to redirect US\$100 million from the Afghanistan Reconstruction Fund (ARTF) to UNICEF to support the next phase of Sehatmandi in partnership with the World Health Organisation.³⁶

³⁵ Only 17% of Sehatmandi were functional in September 2021, according to WHO, <https://www.who.int/news/item/22-09-2021-acute-health-needs-in-afghanistan-must-be-urgently-addressed-and-health-gains-protected>

³⁶ Donors back \$280 million transfer for Afghan food, health, December 2021 <https://www.reuters.com/world/asia-pacific/exclusive-donors-expected-back-280-mln-transfer-afghanistan-2021-12-10/>

In June 2022, UNICEF, the World Health Organisation and the World Bank agreed on US\$333 million to fund the Health Emergency Response (HER) project. The project aims "to deliver basic health, nutrition and COVID-19 services in partnership with national and international service providers, in more than 2,300 health facilities nationwide" and is supposed to have new contracts starting in February 2023, after contracts with several old implementing partners were extended during 2022.³⁷ At this stage, however, funding is only ensured for this project until December 2023.

Since August 2021, additional resources and funds have been provided by donors and humanitarian organisations including MSF, the International Committee of the Red Cross (ICRC), UN agencies and others. These organisations stepped up their support to the health system, especially for secondary healthcare across the country, but major funding gaps and uncertainties remain. Several specialised and teaching hospitals still lack support or are fully dependent on short-term bilateral agreements with international organisations to cover staff salaries, medicines, supplies and other operational costs. Additionally, there are no long-term solutions and a lack of investment in multi-year strategies to support the healthcare system.

Despite reported improvements, there have been long-standing concerns for years over the

³⁷ UN Portal, Provision of Primary and Secondary Healthcare in All 34 Provinces of Afghanistan, December 2022, file:///C:/Users/MSFuser/Downloads/Provision%20of%20Primary%20and%20Secondary%20Healthcare%20in%20All%2034%20Provinces%20of%20Afghanistan.pdf

management of healthcare funds, including concerns about performance reviews, and verifications and monitoring that remain a challenge due to the World Bank's remote support model.³⁸ MSF has provided substantial support to Basic Package of Health Services (BPHS) facilities in addition to expanding the programme's capacity in order to ensure that access to these facilities remains uninterrupted. This illustrates the flaws of the grant award temporary contracting system. In essence, organisations have become de facto substitutes for a functioning public healthcare system, but this is not sustainable. International actors often remain in the country without a clear exit strategy, and design a healthcare system without meaningful involvement or input from Afghan health authorities. Which is not a workable long-term approach and nor does it foster ownership.

One of the main challenges with the Sehatmandi Project is that the Basic and Essential Healthcare Package (BPHS/EPHS) implementers often don't have the resources and supplies necessary to deliver adequate services. This is largely due to the financing model of the healthcare system, which does not allow for meaningful long-term strategies and the needed investments in infrastructure, equipment and trainings. In addition, it is challenging to recruit skilled healthcare workers, especially women, in part but not only due to many people leaving the country in recent years.

SHORTAGE OF WOMEN HEALTHCARE WORKERS IMPACTS AVAILABILITY OF HEALTHCARE

The majority of MSF's medical teams in Afghanistan are women. They make up more than 51 percent of our medical staff, nearly 900 doctors, nurses and other professionals. Women staff are especially important for our maternal healthcare programmes, as maternity units are largely women-only spaces. And many of the workers in

³⁸ Donors' Dilemma: How to provide aid to a country whose government you do not recognise, July 2022, <https://www.afghanistan-analysts.org/en/reports/international-engagement/donors-dilemma-how-to-provide-aid-to-a-country-whose-government-you-do-not-recognise/>

some paediatric departments and therapeutic feeding centres are women, for example in MSF's project in the Herat Regional Hospital. However it is increasingly challenging to recruit qualified women health workers and this is something MSF has struggled with since 2014.

As we have seen earlier in this report, the needs are increasing and many more women Afghan medical staff will need to be trained to ensure access to medical services for women. For this to happen, women need to have access to education and be allowed to work. The December 2022 restrictions run counter to this. The government of Afghanistan putting in place restrictions banning women from attending university – on top of the 2021 closure of secondary schools to girls – and from working for international and national non-governments organisations will mean a considerable reduction of opportunities for women.

“ Women and girls are facing problems, because in our village, under our culture and traditions, people are not ready to allow their female family members and girls [to] be treated by male doctors. And here, we don't have female doctors ... more medicine and equipment should be provided for the health facilities and more experienced doctors should be appointed in the clinics. ”

Female caretaker from Safiam, Boost hospital, Helmand

Afghanistan already has a shortage of qualified women healthcare professionals, and there is a long-standing and socio-cultural lack of acceptance of males as healthcare providers for women.

“ Doctors should be female. If doctors are male we have to speak about our problems from under [the] burqa. Then, they can’t diagnose [a] disease well, like a sore throat. ”

Female patient, Herat Regional Hospital

And the barriers they face and challenges they have to overcome, as well as the consequences, impact not only the women themselves but also their families and Afghan society as a whole.

“ Women suffer from some restrictions ... After facing challenges to leave the house, they don’t always find female doctors available. And even in my private car, I was stopped and my wife was obliged to sit in the back alone. This happened to us recently. ”

Male MSF staff, Kabul

Women’s mobility has indeed become more restricted, particularly in more conservative areas including some of the provinces where MSF conducted these interviews: Kandahar, Khost and Helmand. But, in Kabul, some MSF staff reported that women traveling alone without a mahram in shared taxis are sometimes requested to sit in the back seat of the car and cover the cost of all three seats as no-one else is allowed to share the taxi with them. This adds an additional financial burden and can make a woman’s trip to a healthcare

facility twice or even three times more expensive than a man’s. This impacts women’s ability to reach a hospital, workplace, or any other location and is something MSF reported in 2014³⁹ but that has since worsened in 2022.⁴⁰

Working in seven provinces around the country has also allowed MSF to see that application of directives varies, and this leaves room for the whims of individuals and creates uncertainties for the women themselves, their families and even their employer on what is permitted or not.⁴¹

ADDITIONAL CHALLENGES

62.5 percent of the surveyed respondents believe women face worse obstacles when trying to access healthcare in comparison to men (more than one third of these respondents were men).

“ Some women and girls are not allowed to go out, even if they are sick. But when their illness gets serious, their men hurry to take them to a health post. ”

Female caretaker, Boost Hospital, Helmand

Moreover, qualitative interviews with male and female MSF staff revealed a strong consensus that women faced additional challenges in Afghanistan, mostly in terms of movement restrictions outside of their houses affecting their access to work or healthcare for themselves, their children or other household-members.

³⁹ “Between Rhetoric and Reality. The Ongoing Struggle to Access Healthcare in Afghanistan”, MSF, February 2014.

⁴⁰ “What’s the Status of Healthcare for Women in Afghanistan Under the Taliban?”, August 2022, <https://www.pbs.org/wgbh/frontline/article/healthcare-women-afghanistan-under-taliban/>; and Mid-Year Whole of Afghanistan Assessment 2022, Inter-cluster and Health cluster Afghanistan, June 2022.

⁴¹ “Female Participation in the Humanitarian Response in Afghanistan”, September 2022, <https://reliefweb.int/report/afghanistan/female-participation-humanitarian-action-afghanistan-september-2022-endarips>



S hafiqah, who is 29 years old, is being prepared for surgery in the MSF Kunduz Trauma Centre after being injured in a traffic accident. Kunduz, Afghanistan.

“ I think females have less access to healthcare especially because they need permission from male relatives. Females have less value in our society, less rights. Once a mother told us she would sell her child, she asked ‘what will I do with a girl?’. The boys grow and work ... Before this regime, we had hopes. Now, we are losing all our hopes. But I want to believe it will improve at least for women and that my daughter will be able to go to school. Sometimes I pray that my next child will be a boy. ”

Female MSF staff, Kabul

CONCLUSION

In 2022, Afghans struggled to access quality and timely healthcare due to widespread poverty and a weakened public health system that remained unable to cope with the growing health needs. And we have seen access to quality healthcare becoming even more challenging for women. The cost of medical care, the cost of transport, the lack of quality healthcare near people's homes, and conflict have all been major obstacles for years. On top of these ongoing barriers, Afghans have also been impacted by the effects of a staggering economic crisis.

The healthcare delivery model in Afghanistan was already dysfunctional and has suffered further in recent years from the effects of insufficient investment, inappropriate allocation of funds and short-term contracts. All of which blocked the way for much-needed long-term strategies and coherent planning. Between 2021 and 2022 though the situation has become much worse, and barely remained afloat due to insufficient or inadequate funding. The solutions that have been found are temporary ones and are not sustainable long term. In its current state, the health system is unable to meet the growing medical needs of the Afghan people.

The general perception of improved security has enabled people to move around more easily than in the past. MSF has seen an increase in the number of people coming to its health facilities for care and in some facilities bed occupancy rates are well above 100 percent. But the high influx of patients does not mean they have reached medical care without challenges and MSF often sees people arrive after their illness has become a medical emergency because they have had to contend with traveling long distances or weighing up whether to spend the money or not to make the journey.

RECOMMENDATIONS:

To all stakeholders, international donors, aid and development providers:

- The economic crisis needs to be urgently addressed. International actors must ensure clear communications and support to the banking system, aiming for solutions to alleviate the liquidity crisis, including in terms of the frozen Afghan assets abroad.
- Sanction exemptions for humanitarian assistance and development-related transactions should be clarified to private and public banks in Afghanistan. Financial transactions would not only facilitate the roll-out of humanitarian and development assistance, but also inject cash into the country.
- Organisations cannot remain as the de facto substitutes for the public health sector. While international organisations may have averted the collapse of the healthcare system, this is not a sustainable role for them to play. And the MoPH needs to be involved in identifying and working through the implementation of long-term solutions for the Afghan healthcare system.

To international donors and UN agencies:

- Increased and sustained funding is essential so that the Afghan healthcare system can benefit from sufficient and long-term planning. Durable solutions for existing medical needs should be prioritised.
- It's urgent and of utmost importance to provide affordable and accessible healthcare to the people of Afghanistan and improve the ability of the healthcare system to both respond to emergencies and be capable of meeting the immediate medical needs of the population.
- Significant and urgent investment is needed to strength service delivery and improve the infrastructure of health facilities, especially at the primary level and in the districts. Donors and

authorities should invest in technical support and regular monitoring of programmes and services, as well as being increasingly accountable for the outcomes and/or deficiencies.

To the Islamic Emirate of Afghanistan:

- The authorities should refrain from imposing restrictions that impede or delay people's access to healthcare, or humanitarian and development aid. And continue to allow and facilitate timely and dignified access to healthcare, without conditionality.

- Women should be allowed to work in all areas of Afghan life. Women staff play a critical role in the provision of aid, including medical aid, and no organisation can assist local communities without them.
- Education should be available for everyone. it is vital in helping to ensure for example that there are enough skilled workers such as women medical staff.
- The authorities must ensure the proper allocation of funds for the health sector.



Wais Mohammad, MSF anaesthetist, carries out a check on Esa, 63, prior to surgery to remove a kidney stone, Boost hospital, Lashkar Gah, Helmand Province, Afghanistan.



© Oriane Zerah, 2022

Patients listen to a morning briefing in MSF's male inpatient department in the Kunduz Trauma Centre, Afghanistan. Shir Ali (in the forefront), nicknamed "Lion," was admitted to the hospital after being injured in a traffic accident in Kunduz City. The inpatient department in Kunduz has 54 beds and the average bed occupancy rate is 75%.



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