Home Office

Country Policy and Information Note
Afghanistan: Medical treatment and healthcare

Version 2.0

October 2021

Preface

Purpose

This note provides country of origin information (COI) for decision makers handling cases where a person claims that to remove them from the UK would be a breach of Articles 3 and/or 8 of the European Convention on Human Rights (ECHR) because of an ongoing health condition.

It is not intended to be an exhaustive survey of healthcare in Afghanistan.

Country of origin information

The country information in this note has been carefully selected in accordance with the general principles of COI research as set out in the Common EU [European Union] Guidelines for Processing Country of Origin Information (COI), April 2008, and the Austrian Centre for Country of Origin and Asylum Research and Documentation's (ACCORD), Researching Country Origin Information – Training Manual, 2013. Namely, taking into account the COI's relevance, reliability, accuracy, balance, currency, transparency and traceability.

The structure and content of the country information section follows a terms of reference which sets out the general and specific topics relevant to this note.

All information included in the note was published or made publicly available on or before the 'cut-off' date(s) in the country information section. Any event taking place or report/article published after these date(s) is not included.

All information is publicly accessible or can be made publicly available. Sources and the information they provide are carefully considered before inclusion. Factors relevant to the assessment of the reliability of sources and information include:

- the motivation, purpose, knowledge and experience of the source
- how the information was obtained, including specific methodologies used
- the currency and detail of information
- whether the COI is consistent with and/or corroborated by other sources.

Multiple sourcing is used to ensure that the information is accurate and balanced, which is compared and contrasted where appropriate so that a comprehensive and up-to-date picture is provided of the issues relevant to this note at the time of publication.

The inclusion of a source is not, however, an endorsement of it or any view(s) expressed.

Each piece of information is referenced in a footnote. Full details of all sources cited and consulted in compiling the note are listed alphabetically in the bibliography.

Feedback

Our goal is to provide accurate, reliable and up-to-date COI and clear guidance. We welcome feedback on how to improve our products. If you would like to comment on this note, please email the Country Policy and Information Team.

Independent Advisory Group on Country Information

The Independent Advisory Group on Country Information (IAGCI) was set up in March 2009 by the Independent Chief Inspector of Borders and Immigration to support him in reviewing the efficiency, effectiveness and consistency of approach of COI produced by the Home Office.

The IAGCI welcomes feedback on the Home Office's COI material. It is not the function of the IAGCI to endorse any Home Office material, procedures or policy. The IAGCI may be contacted at:

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Information about the IAGCI's work and a list of the documents which have been reviewed by the IAGCI can be found on the Independent Chief Inspector's pages of the gov.uk website.

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Assessment

Updated: 29 September 2021

Guidance on medical claims

For general guidance on considering cases where a person claims that to remove them from the UK would be a breach of Article 3 and/or 8 of the European Convention on Human Rights (ECHR) because of an ongoing health condition, see the instruction on Human rights claims on medical grounds.

Country Information

Country of origin information on access to and availability of medical treatment is limited to due lack of available 'on the ground' information following the Taliban takeover in August 2021.

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Country information

Section 1 updated: 29 September 2021

1. Basic indicators

Total population (million)	37,466,414 (July 2021 est.)[1]
Urban population as % of total population	26.3% (2021 est.)[2]
Life expectancy at birth	53.25 (2021 est.)[3]
Maternal mortality rate	638 deaths per 100,000 live births (2017 est.)[4]
Infant mortality rate	106.75per 1,000 live births (2021 est.)[5]
% of population having access to health services within 2 hours distance by any means of transport	87% (2019 est.)[6]

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Section 2 updated: 29 September 2021

2. Healthcare system

2.1 Governance

2.1.1 Prior to the Taliban takeover, the Afghan Ministry of Public Health managed projects to build and strengthen primary and secondary health care, which were funded by the World Bank[7]. As noted in The Lancet 'The Sehatmandi project, which provides for packages of health and hospital services in 31 of the 34 provinces of the country, is managed by the Ministry of Public Health through implementing non-governmental organisations in a contracting out model.'[8] On 25 August 2021 it was reported that the World Bank halted its funding after the Taliban seized control of the country[9].

2.1.2 For information on the effect of the funding freeze see Provision post-Taliban takeover.

2.1.3 On 7 September 2021 the Taliban announced a 33-member government from its own ranks[10] [11]. Whilst no new acting minister of health was announced at that time, the Republican-era incumbent minister of public

[1] CIA, 'The World Factbook: Afghanistan', updated 8 September 2021
[2] CIA, 'The World Factbook: Afghanistan', updated 8 September 2021
[3] CIA, 'The World Factbook: Afghanistan', updated 8 September 2021
[4] CIA, 'The World Factbook: Afghanistan', updated 8 September 2021
[5] CIA, 'The World Factbook: Afghanistan', updated 8 September 2021
[6] WHO, 'WHO Afghanistan Country Office 2019' (page 23). 2019
[7] The Lancet, 'The World Bank's health funding in Afghanistan', 3 September 2021
[8] The Lancet, 'The World Bank's health funding in Afghanistan', 3 September 2021
[9] BBC News, 'Afghanistan: World Bank halts aid after Taliban takeover', 25 August 2021
[10] AAN, 'The Focus of the Taleban's New Government: Internal cohesion…', 12 September 2021
[11] Shaheen, S (@SuhailShaheen1), 'List of Acting Ministers and Heads…', 8 September 2021

health, Dr Wahid Majruh, was pictured in office, reported the Afghanistan Analysts Network (AAN) on 12 September 2021[12].

2.1.4 A report attributed to the New York Times (NYT), dated 2 September 2021, noted that 'For the past two weeks, Majrooh [Wahid Majruh] has shared his office with Mawlawi Abdullah Khan, head of the Taliban's health commission whose cooperation he credited with helping coax staff back to work.' Dr Majruh stated that 90% of the health ministry's staff had returned to work[13].

2.1.5 Reporting pre-Taliban takeover of control on 15 August 2021, HRW said in a report dated May 2021, 'As the Taliban have consolidated control over approximately half of the districts in Afghanistan, they established a health policy implemented by provincial and district level health commissions that oversee all healthcare services, which in almost all cases are provided by NGOs.'[14]

2.1.6 In an interview with The New Humanitarian, dated 8 September 2021, Dr Majruh (Majrooh) said 'As the days go on, I'm just preparing for a smooth exit, to hand over most of the issues. The level of coordination between me and their health commision is good. But the way we work is different. I have to respect the way they work, because in the longer term, it will be them leading the [health] ministry.'[15] Dr Majruh added that the Taliban '… have a health commission with representatives in every province.'[16]

2.1.7 Dr Majruh, the last minister from the Republic-era government, was sacked after new ministerial appointments were made by the Taliban on 21 September 2021[17]. The Taliban appointed Qalandar Ebad as acting Minister of Public Health, with Mohammad Hassan Ghiasi and Abdulbari Omar as deputies[18] [19].

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Section 3 updated: 29 September 2021

3. Healthcare provision

3.1 Overview of provision pre-Taliban takeover

3.1.1 Whilst there were improvements in the public healthcare system post-2001, it still continued to face challenges due to '… damaged infrastructure, a lack of trained health care providers and under-resourced healthcare facilities,' which was 'further complicated by a lack of security and pervasive poverty,' as reported in an August 2020 report by the European Asylum Support Office (EASO), which cited several external sources[20].

3.1.2 In April 2020, the United States Institute of Peace (USIP) published a synthesized report of the Afghanistan Analysts Network's (AAN) district-level

[12] AAN, 'The Focus of the Taleban's New Government: Internal cohesion…', 12 September 2021
[13] NYT, 'After quick victory, Taliban find governing is harder', 2 September 2021
[14] HRW, '"I Would Like Four Kids – If We Stay Alive" Women's Access…' (page 47), May 2021
[15] The New Humanitarian, 'Healthcare, aid, and the Taliban: A Q&A…', 8 September 2021
[16] The New Humanitarian, 'Healthcare, aid, and the Taliban: A Q&A…', 8 September 2021
[17] Republic World, 'Afghanistan: Taliban Sacks Last Remaining Minister…', 22 September 2021
[18] Hashte Subh (8am) Daily, 'The Taliban announce remaining cabinet members', 21 September 2021
[19] SAIR, 'Weekly Assessments & Briefings Volume 20, No.14', 27 September 2021
[20] EASO, 'Afghanistan Key socio-economic indicators…' (page 47), August 2020

studies on services in territories controlled or influenced by the Taliban, which noted: 'An overarching observation in the AAN reports is that despite relatively high expenditures on health by developing country standards, health care across the country is generally poor in both Taliban- and government-influenced areas. For example, in Afghanistan there are 2.3 physicians and five nurses and midwives per ten thousand people, compared to global averages of thirteen and twenty, respectively.'[21]

3.1.3 In April 2020, Human Rights Watch (HRW) reported 'Hospitals and clinics are not easily accessible outside of urban areas, and poor access to health services, especially in rural Afghanistan, is a leading cause of disabilities.'[22]

3.1.4 HRW reported in May 2020 on women's access to health care, noting:

'Taliban officials in Doha, Qatar told Human Rights Watch that there was a need for more health facilities in rural areas, saying that those that existed were largely in cities and areas under government control. They urged NGOs to direct more assistance to rural areas, saying "the needs are dire – women are dying in childbirth needlessly." However in November 2020, the Taliban issued new regulations requiring all NGOs to register with them in order to provide services in Taliban-held areas. In some areas, Taliban officials have prevented female staff members of NGOs from traveling in districts under their control.'[23]

3.1.5 An article in The Lancet published in June 2020 noted 'Afghanistan had only 172 hospitals and four doctors per 10 000 people, according to a 2019 government report. Around a third of the 37 million population has no access to a functional health centre within 2 [hours] of their home, says the UN Office for the Coordination of Humanitarian Affairs (OCHA).'[24]

3.1.6 For further background see the archived 2020 Country Policy and Information Note on Afghanistan Medical and healthcare provision.

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3.2 Provision post-Taliban takeover

3.2.1 On 30 August 2021, Reuters reported that Médecins Sans Frontières (MSF) and the International Federation of Red Cross and Red Crescent Societies (IFRC) warned that Afghanistan's health system was '… at risk of collapse… after foreign donors stopped providing aid following the Taliban takeover.'[25] MSF told Reuters, 'The overall health system in Afghanistan is understaffed, under-equipped and underfunded, for years. And the great risk is that this underfunding will continue over time,' whilst the IFRC said '… the healthcare system, which was already fragile and heavily reliant on foreign aid, had been left under additional strain,' noting the 'massive' humanitarian needs on the ground[26].

3.2.2 The World Health Organization (WHO) said on 6 September 2021 that

[21] USIP, 'Service delivery in Taliban-influenced areas of Afghanistan' (page 11), April 2020
[22] HRW, "'Disability is not a weakness"' (pages 16 to 17), April 2020
[23] HRW, "'I Would Like Four Kids – If We Stay Alive" Women's Access…' (pages 46 to 47), May 2021
[24] The Lancet, 'Access to health care under threat in Afghanistan', 27 June 2020
[25] Reuters, 'Afghanistan's healthcare system near collapse, aid agencies warn', 30 August 2021
[26] Reuters, 'Afghanistan's healthcare system near collapse, aid agencies warn', 30 August 2021

'A pause in funding for the Sehatmandi project [see paragraph 3.2.3] – the backbone of Afghanistan's health system – has left millions of vulnerable Afghans at risk of losing access to essential health care.

'The Sehatmandi project is the main source of health care in the country, provided through more than 20 000 health workers at 2309 health facilities. In 2020, more than 30 million people benefited from health services provided through the project, in addition to 1.5 million children vaccinated.

'A funding pause that went into effect in late August 2021 means that more than 2000 (90%) of these health facilities are now at risk of closing.'[27]

3.2.3 The WHO described the Sehatmandi project, noting:

'Sehatmandi is a multi-donor funded project that provides access to affordable primary and secondary health care, nutrition and family planning services across all 34 provinces of Afghanistan.

'The project is implemented by nongovernmental organizations, which manage 2309 health facilities that deliver essential package of health services (EPHS) in hospitals and the basic package of health services (BPHS) in clinics. The project focuses a) on supporting primary health centres where services are more likely to be utilized by the marginalized population; b) on rural areas where poverty levels are high; (c) expanding the number of primary health centres in provinces that lack of health care and are poorer compared to others; and (d) supporting completely free health care through facilities providing BPHS, which reduces financial barriers to access.'[28]

See also Cost of healthcare.

3.2.4 The WHO added:

'With the expected closure of these health facilities, only 3% of the 1318 COVID-19 isolation beds in Afghanistan will remain functional. This hinders efforts to contain COVID-19 amidst an increased risk of transmission due to the circulation of the Delta variant, low vaccination coverage and large-scale population displacement.

'If not urgently addressed, lost access to health care could lead to thousands of preventable illnesses and deaths. Women's access to female health workers would also be severely affected. To mitigate these impacts, WHO is working with NGO partners to ensure continuity of services at around 500 prioritized health facilities affected by the funding pause.'[29]

See also Non-Governmental Organizations (NGOs) and Women's health.

3.2.5 Gandhara, part of the Radio Free Europe / Radio Liberty group, reported on 16 September 2021 noted that hundreds of healthcare clinics across the country had closed since the Taliban takeover[30]. Also reporting on 16 September, Pajhwok News noted 'Health officials in western Ghor province… said 91 clinics have been closed due to the non-availability of

[27] WHO, 'Funding pause results in imminent closure of more than 2000 health…', 6 September 2021
[28] WHO, 'Funding pause results in imminent closure of more than 2000 health…', 6 September 2021
[29] WHO, 'Funding pause results in imminent closure of more than 2000 health…', 6 September 2021
[30] Gandhara, 'Aid Groups In Afghanistan Face New Challenges Under…', 16 September 2021

fund[s].'[31] A doctor speaking to Gandhara from a hospital in Maidan Wardak province said they were running out of medicines, facing power shortages, and were unable to provide food to patients[32].

3.2.6 BBC News noted that the estimated number of doctors, nurses and midwives pre-Taliban takeover (around 4 per 10,000[33]) was likely to be lower, given that many had since stopped working or fled the country[34].

3.2.7 The News International, Pakistan's English-language daily, reported on 17 September 2021 on the 'exodus of medical consultants' following the Taliban takeover. According to a consultant haematologist, Dr Ahmed Waleed, speaking to The News from Kabul, 'Dozens of local and foreign medical consultants, who were working at various public and private health facilities in Kabul and other provinces of the country have fled to US, Canada, Turkey and other countries following the Taliban takeover. Those still in the country are extremely demoralized as they have not been paid salaries for last several months.'[35] According to Dr Ahmed, the situation was 'turning acute in Kandahar, Jalalabad, Mazar-e-Sharif and Herat.'[36]

3.2.8 According to reports, female doctors and medical staff were allowed to continue working, providing they fully covered themselves[37] [38] [39].

3.2.9 On 20 September 2021, BBC News noted there were '… reports that hospitals and clinics are being ordered to allow only female staff to attend to female patients. One midwife, who wishes to remain anonymous, told the BBC that a male doctor had been beaten up by the Taliban because he attended to a woman alone. She says that, at her medical centre in the country's east, "if a woman cannot be seen by a female doctor, the male doctor can only see the patient where two or more other people are present".'[40]

See also Women's health.

3.2.10 On 22 September 2021, Al Jazeera reported that the UN had released $45 million in emergency funds in a bid to stop the Afghan healthcare system from collapsing, as '… medicines, medical supplies and fuel were running out and that essential healthcare workers were not being paid', said Martin Griffiths, the UN's under-secretary-general for humanitarian affairs and emergency relief coordinator. The report added, 'The funds will go to the UN's health and children's agencies, allowing them – with the help of partner NGOs – to keep hospitals, COVID-19 centres and other health facilities operating until the end of the year.'[41]

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[31] Pajhwok News, 'Some Ghor clinics stop functioning after WB halt fund', 16 September 2021
[32] Gandhara, 'Aid Groups In Afghanistan Face New Challenges Under…', 16 September 2021
[33] The Lancet, 'Access to health care under threat in Afghanistan', 27 June 2020
[34] BBC News, 'Giving birth under the Taliban', 20 September 2021
[35] News International, 'Afghanistan in desperate need of medicines', 17 September 2021
[36] News International, 'Afghanistan in desperate need of medicines', 17 September 2021
[37] India Today, 'Taliban ask women doctors, health workers to resume jobs…', 28 August 2021
[38] The Guardian, 'Afghanistan's shrinking horizons: "Women feel everything…', 12 September 2021
[39] ITV News, 'Afghanistan's women journalists, doctors and lawyers reveal...', 17 September 2021
[40] BBC News, 'Giving birth under the Taliban', 20 September 2021
[41] Al Jazeera, 'UN releases funds to save Afghan health system from collapse', 22 September 2021

3.3 Medical supplies

3.3.1 Reuters noted on 6 September 2021 that the WHO was '… liaising with Qatar for medical deliveries to come by plane', including COVID tests and supplies to treat chronic diseases[42]. The report added that 'Medical supplies continue to be flown in via the northern city of Mazar-i-Sharif and the WHO is also exploring overland options via trucks from Pakistan…'[43]

3.3.2 On 13 September 2021, the WHO reported on the arrival in Kabul humanitarian aid consisting of around '23 metric tonnes of life-saving medicines', with a second due later in the week[44]. The WHO noted 'Together, the 2 shipments which contain essential medicines such as insulin, medical consumables, trauma and surgery kits, and COVID-19 testing kits, will address the urgent health needs of 1.45 million people and provide for 5400 major and minor surgeries. They will be distributed to 280 health facilities and 31 public COVID-19 laboratories across Afghanistan.'[45]

3.3.3 Tolo News reported on 18 September 2021 that Afghanistan was dependent on imported medicines, spending around $400 million dollars a year to import them from regional countries. The report noted, 'Officials at the union of medicine-Importing companies said that around 400 companies are importing medicine into the country', but there was only one active laboratory to test medicine quality. There were reports of a large proportion of low quality medicine illegally entering the country[46].

3.3.4 Reporting on 17 September 2021, The News International were told by a consultant haematologist, Dr Ahmed Waleed, that '… Kabul as well as other parts of the country were facing an extreme shortage of medicines, especially life-saving drugs as they were not coming to the country from Pakistan and India since the change of government as borders were closed and trade was suspended. "Life-saving medicines, especially those for chemotherapy and for the treatment of cancers, are not available. If somebody has any stock, they are being sold at exorbitant prices. People don't have money to buy the medicines…".' [47] The report also noted that Dr Ahmed said some essential medicines were available, but 'He maintained that many other medicines including third-generation antibiotics, drugs for the treatment of metabolic disorders, neurological conditions, heart ailments, as well as those for the treatment of diseases of women and children were also not available, adding that healthcare facilities were unable to treat patients in these conditions.'[48] Regarding the COVID-19 situation, Dr Ahmed said several private laboratories were performing tests, and '… both public and private hospitals had ample supplies of medical oxygen.'[49]

[42] Reuters, 'Hundreds of health centres at risk of closure in Afghanistan', 6 September 2021
[43] Reuters, 'Hundreds of health centres at risk of closure in Afghanistan', 6 September 2021
[44] WHO, 'Qatar supports shipment of WHO life-saving medical supplies to Kabul', 13 September 2021
[45] WHO, 'Qatar supports shipment of WHO life-saving medical supplies to Kabul', 13 September 2021
[46] Tolo News, 'Low Quality Medicine Threatening Lives: Afghan Citizens', 18 September 2021
[47] News International, 'Afghanistan in desperate need of medicines', 17 September 2021
[48] News International, 'Afghanistan in desperate need of medicines', 17 September 2021
[49] News International, 'Afghanistan in desperate need of medicines', 17 September 2021

3.3.5 Referring to Mazar-e-Sharif's main hospital, BBC News reported on 18 September 2021 that '… the current reserve stock of medicine will only last for another month.'[50]

See also Cost of healthcare.

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Section 4 updated: 29 September 2021

4. Access to treatment

4.1 Non-Governmental Organisations (NGOs)

4.1.1 As the Taliban assumed control of the country, aid agencies continued to undertake their work. Projects run by Médecins Sans Frontières (MSF) continued in Herat, Kandahar, Khost, Kunduz, and Lashkar Gah[51], focussing on emergency, paediatric, and maternal healthcare[52]. The International Federation of Red Cross and Red Crescent Societies (IFRC) reported on 6 September 2021 that it '… continues to be operational through its main delegation in Kabul, as well as through its field-based offices in Kabul, Gulbahar, Khost, Ghazni, Kandahar, Lashkargah, Farah, Herat, Maimana, Mazar-i-Sharif, Kunduz, and Jalalabad.'[53] The Swedish Committee for Afghanistan (SCA) noted its continuing work, having already worked alongside the Taliban in areas under their control[54].

4.1.2 Citing its proposed intervention on health care in an emergency appeal dated 6 September 2021, the IFRC noted that the Afghan Red Crescent Society (ARCS):

'… will need to scale up the provision of health services including by increasing the number of its mobile health teams. People to be reached will include but are not limited to community members, IDPs and returnees residing in the target provinces. Most vulnerable groups like IDPs, returnees, persons with disabilities, children, women (especially pregnant and lactating women), malnourished children, elders and those with chronic health conditions will be prioritized for health assistance. COVID-safe measures will be integrated.'[55]

4.1.3 The WHO published a map on 20 September 2021 showing Health Cluster Partners Operational Presence, as of August 2021, which indicated some kind of healthcare provision in 120 active locations offered by 22 organisations[56].

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4.2 Cost of healthcare

4.2.1 In March 2020, MSF reported that healthcare was not accessible to many Afghans due to widespread poverty, adding, 'Patients describe delaying or

[50] BBC News, '"There's security but no money": Afghans settle into life under…', 18 September 2021
[51] MSF, 'Medical needs urgent as ever in Afghanistan after Taliban takeover', 18 August 2021
[52] MSF, 'Afghanistan', no date
[53] IFRC, 'Emergency Appeal' (page 3), 6 September 2021
[54] SCA, 'SCA's work continues in Afghanistan', updated 2 September 2021
[55] IFRC, 'Emergency Appeal' (page 7), 6 September 2021
[56] WHO, 'Health Cluster Partners Operational Presence (August 2021)', 20 September 2021

avoiding care, or selling essential household goods in order to cover health-related expenses. While MSF provides health services free of charge, a growing number of medical facilities in the country have begun collecting user fees as part of a cost recovery approach, which makes care unaffordable for many.'[57]

4.2.2 The UNOCHA noted in its Humanitarian Needs Overview 2021, issued December 2020, that '… 80 per cent of those surveyed by the Asia Foundation as part of their national perceptions survey in 2020 said the cost of medications had increased in the past 12 months.'[58]

4.2.3 Reporting prior to the Taliban takeover, in May 2021 HRW noted the rising poverty and cost of care, adding, 'Many women and girls simply cannot afford health care.' The report further stated:

'Even when care is free, or almost free, as in the government hospitals where the only official fee is a 20 Afs [£0.18] registration fee, the reality is that, as discussed below, there are often costs to receiving health care that are difficult or impossible for many to afford. Increasingly, as budgets have been cut, patients must pay for all medications and supplies used in their care – something Human Rights Watch found at all government health facilities we visited. When a patient arrives at a government hospital, for example a woman in labor, they are typically instructed on what to purchase and sent out with a prescription to a nearby pharmacy. These supplies include items like gloves, gauze, catheters, scalpels, sterilizing fluid, and all medicines.'[59]

4.2.4 The same source noted:

'"The patients are providing the medicines and the consumables themselves," the director of a government hospital said. "Five years back, patients would come without even 100 Afs [£0.92]. Now in some big operations they spend 5,000 Afs [£46] for care – for drugs, consumables." The director acknowledged that this was happening at a moment of rising poverty. "Now the clients don't have the money. And we also in the hospital don't have the money." He said on five occasions in recent years the hospital ran out of anti-coagulant drugs and was unable to find them for sale or direct patients to a place where they could be found. Government health facilities are also often unable to perform needed diagnostic tests, and instead send patients to private labs, where they must pay costs that are often around 1,000 to 2,000 Afs (£9 to £18) per test.'[60]

4.2.5 International funding that subsidised the public health sector was frozen following the Taliban takeover of Kabul[61] [62]. See Provision post-Taliban takeover.

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[57] MSF, 'Reality check - Afghanistan's neglected healthcare crisis', 5 March 2020
[58] UNOCHA, 'Humanitarian Needs Overview 2021' (page 38), December 2020
[59] HRW, '"I Would Like Four Kids – If We Stay Alive" Women's Access…' (page 30), May 2021
[60] HRW, '"I Would Like Four Kids – If We Stay Alive" Women's Access…' (page 31), May 2021
[61] The New Humanitarian, 'Healthcare, aid, and the Taliban: A Q&A…', 8 September 2021
[62] BBC News, 'Afghanistan: World Bank halts aid after Taliban takeover', 25 August 2021

4.3 COVID-19

4.3.1 For updates on COVID-19, see WHO Updates, UNOCHA Updates and COVID-19 News and Information | UNAMA.

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4.4 Mental health

4.4.1 An April 2020 report by HRW noted:

'Mental health services are especially lacking… there are critical gaps in the availability and quality of psychosocial support and mental health services in Kabul and other cities, while in rural areas they are virtually nonexistent. Afghanistan lacks trained personnel in all areas of mental healthcare provision – psychiatrists, psychiatric nurses, psychologists, and social workers. The stigma associated socially with psychosocial disabilities (mental health conditions) is also a significant barrier for people seeking support.'[63]

4.4.2 The UNOCHA noted in its December 2020 report that:

'Four decades of uninterrupted conflict, recurrent natural disasters, endemic poverty and now the COVID-19 pandemic's fallout have taken a brutal toll on the mental health and personal resilience of the people of Afghanistan. While no comprehensive study has been able to quantify the magnitude of the impact of repeated exposure to traumatic incidents, it is conservatively estimated that over half of the population suffer from some form of depression, anxiety, or post-traumatic stress as a result of these conditions in Afghanistan.

'At the same time, access to mental health care or psychosocial support remains out of reach to many, particularly in rural areas. Despite Mental Health and Psychosocial Support Services (MHPSS) being integrated into the national Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS), nationwide only 320 hospital beds in the public and private sector are available for people suffering from mental health problems.'[64]

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4.5 Physical disabilities

4.5.1 In April 2020, HRW reported 'Afghanistan has one of the largest populations per capita of persons with disabilities in the world. At least one in five Afghan households includes an adult or child with a serious physical, sensory, intellectual, or psychosocial disability.'[65] Citing the Asia Foundation's Model Disability Survey of Afghanistan 2019, the UNOCHA said in its December 2020 report, that '… 79 per cent of adults and 17 per cent of children are estimated to live with some form of disability, while 8.9 per cent of the population live with a severe disability.'[66]

[63] HRW, '"Disability is not a weakness"' (page 19), April 2020
[64] UNOCHA, 'Humanitarian Needs Overview 2021' (page 33), December 2020
[65] HRW, '"Disability is not a weakness"' (page 1), April 2020
[66] UNOCHA, 'Humanitarian Needs Overview 2021' (page 32), December 2020

4.5.2 The April 2020 HRW report said in regard to rehabilitation for physical disabilities:

'Physical rehabilitation is not available in all provinces, and because patients have to travel long distances to get services, many forego them altogether. Traveling to obtain services has been, for many families, complicated by poverty, poor quality roads, and danger along the way due to armed conflict. Moreover, government health services lack trained personnel and technical expertise to effectively deliver services to those with disabilities. A lack of female health service providers means that women and girls with disabilities have less access to services.'[67]

4.5.3 The UNOCHA December 2020 report noted the effect of COVID-19 on services, stating:

'… the country's biggest disability therapy and prosthetics service run by the International Committee of the Red Cross (ICRC) in Kabul, with satellite hospitals in other parts of the country, was forced to scale-down its services during COVID. In a normal year, the service treats approximately 3,300 patients, providing them with physical therapy, life-changing prosthetics and opportunities to engage in sport. In 2020, the service scaled-down due to social distancing requirements and reached only 1,810 clients. While the service is now back up and running with COVID-safe measures in place, the consequences of unmet needs for these services in 2020 will flow into 2021.'[68]

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4.6 Women's health

4.6.1 In April 2020, HRW noted 'Due to widespread gender segregation in Afghan society, women and girls, in addition to likely preferring to receive care from a female service provider, are likely to be barred by their families from accessing care from male professionals.'[69] However, the same report also indicated a shortage of female health workers and trained professionals[70].

4.6.2 HRW reported in May 2021, 'When the Taliban were in power pre-2001, they imposed restrictions on the movement of women and girls that dramatically curtailed their access to health care.'[71] The report added that, as the Taliban consolidated control across the country, 'Taliban policies, such as allowing women to travel only with a male relative or an older woman restricts women's access to health care in these areas, although female healthcare workers provide services at clinics and hospitals, and make home visits to see female patients.'[72]

4.6.3 The report also noted that, 'At least some provision of health care for women and girls should be able to continue regardless of whether the role of the Taliban grows,' as unlike the Taliban's restrictions on access to education

[67] HRW, '"Disability is not a weakness"' (page 17), April 2020
[68] UNOCHA, 'Humanitarian Needs Overview 2021' (page 38), December 2020
[69] HRW, '"Disability is not a weakness"' (page 17), April 2020
[70] HRW, '"Disability is not a weakness"' (page 17), April 2020
[71] HRW, '"I Would Like Four Kids – If We Stay Alive" Women's Access…' (page 47), May 2021
[72] HRW, '"I Would Like Four Kids – If We Stay Alive" Women's Access…' (page 47), May 2021

and employment for girls and women, during their previous rule, they did not impose blanket restrictions on women's access to healthcare[73].

4.6.4 In April 2020, HRW noted that 'Prenatal and maternal health care is particularly poor throughout rural Afghanistan. Maternal deaths remain among the highest in the world.'[74]

4.6.5 On 13 September 2021, the UN Population Fund (UNFPA) estimated that, without immediate support for women and girls, there could be 51,000 additional maternal deaths, 4.8 million unintended pregnancies, and twice as many people who won't be able to access family planning clinics between now and 2025[75]. Women also faced issues accessing health care as many were unable to leave their homes without a mahram (male escort)[76].

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[73] HRW, '"I Would Like Four Kids – If We Stay Alive" Women's Access…' (page 48), May 2021
[74] HRW, '"Disability is not a weakness"' (page 19), April 2020
[75] UNFPA, 'As women and girls bear the brunt of the crisis, UNFPA urgently…', 13 September 2021
[76] BBC News, 'Giving birth under the Taliban', 20 September 2021

Terms of Reference

A ‘Terms of Reference’ (ToR) is a broad outline of what the CPIN seeks to cover. They form the basis for the country information section. The Home Office’s Country Policy and Information Team uses some standardised ToRs, depending on the subject, and these are then adapted depending on the country concerned.

For this particular CPIN, the following topics were identified prior to drafting as relevant and on which research was undertaken:

- Overview of the healthcare system
    - Provision pre- and post-Taliban takeover
    - Medical supplies
    - Governance
- Access to medical treatment
    - NGOs
    - Cost
    - COVID
    - Mental health
    - Disabilities
    - Women’s health

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Version control

Clearance

Below is information on when this note was cleared:

- version **2.0**
- valid from **12 October 2021**

Official – sensitive: Start of section

The information on this page has been removed as it is restricted for internal Home Office use.

Official – sensitive: End of section

Changes from last version of this note

Updated country information following Taliban takeover in August 2021

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