Home Office

Country Information Note

Afghanistan: Healthcare and medical treatment

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Country information

About the country information

This note provides country of origin information (COI) for Home Office decision makers handling cases where a person claims that removing 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 contains publicly available or disclosable COI which has been gathered, collated and analysed in line with the research methodology.

The structure and content follow a terms of reference which sets out the general and specific topics relevant to the scope of this note.

This document is intended to be a comprehensive but not exhaustive survey of healthcare in Afghanistan. Limited information exists on health services in Afghanistan due to funding cuts, a fragmented system, and data collection challenges.

The COI included was published or made publicly available on or before 5 August 2025. Any information or report published after this date will not be included.

Decision makers must use relevant COI as the evidential basis for decisions.

For general guidance on considering claims based on a breach of Article 3 and/or 8 of the ECHR because of an ongoing health condition, see the instruction on Human rights claims on medical grounds.

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1. Basic indicators

Total population	40.1 million (2024 est.)[1]
Urban population	26.9% of total population (2023 est.)[2]
Life expectancy at birth	66.5 years (2025 est.) (World average in 2025 est. 73.5 years)[3]
Maternal mortality rate	521 deaths/100,000 live births (2023 est.) (7th highest in the world)[4]
Infant mortality rate	101.3 deaths/1,000 live births (2024 est.) (Highest in the world)[5]
Hospital beds	4.0 per 10,000 population (2022)[6]
Key health workers (physicians, nurses and midwives)	10.3 per 10,000 population (2023 est.)[7]

[1] CIA World Factbook, Afghanistan (People and Society), updated 23 August 2025
[2] CIA World Factbook, Afghanistan (People and Society), updated 23 August 2025
[3] Worldometer, Countries ranked by life expectancy (2025), 2025
[4] CIA World Factbook, Afghanistan (People and Society), updated 23 August 2025
[5] CIA World Factbook, Afghanistan (People and Society), updated 23 August 2025
[6] WHO, Monitoring health and health system performance in.. (page 13), 2023
[7] Conflict and Health, Assessing the health workforce in Afghanistan…, 17 April 2025

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2. Overview of the healthcare system since the Taliban took power in August 2021

2.1 Funding and capacity

2.1.1 Human Rights Watch (HRW) noted in a report of 12 February 2024:

'Over the previous two decades, the Afghan government had depended on international development support from donors to fund essential services like primary health care, even as Afghans paid the majority of healthcare costs from their own pockets. The previous government's own contribution to the public primary care system was negligible…

'After the Taliban takeover, the World Bank and other donor countries and institutions cut all development funding, including for health… [C]ompounding the crisis, many Afghan healthcare professionals left the country or quit their jobs.'[8]

2.1.2 According to a report of 27 March 2025 by Jelena Bjelica of the Afghanistan Analysts Network (AAN), an independent non-profit policy research organisation based in Germany[9]:

'Following the Taliban takeover of Afghanistan in August 2021, the country's healthcare system shrank in terms of both the number of functioning health facilities and medical personnel. At its peak in the late 2010s, the system had comprised more than 3,000 health facilities. By 2024, this number had halved, with just over 1,500 still functioning. Since [the US President's] sudden order to [freeze] US foreign aid [through USAID] on 20 January 2025, as of 18 March an additional 206 health facilities have suspended their operations.'[10]

2.1.3 The Guardian (UK) reported on 3 April 2025:

'[H]ealth clinics have closed in 28 out of 34 provinces … In the worst-affected regions – north, west and north-east Afghanistan – more than a third of health clinics have now shut down, according to the [World Health Organization (WHO)] …

'In some rural areas, the clinics were the only access the local population had to health services. The problem is compounded by the Taliban's restrictions on women travelling without a male relative as a "guardian".'[11]

See also Women's access to health care

2.1.4 In relation to the Sehatmandi Project to fund NGOs providing healthcare, the Human Rights Watch report of 12 February 2024 noted:

'Local health NGOs have been hit hardest by funding cuts. Most used to be part of the Sehatmandi program [initiated in 2018[12]] a US $600 million World Bank-directed program under which the Ministry of Public Health contracted with NGOs to provide healthcare services After the Taliban takeover and the

[8] HRW, "A Disaster for the Foreseeable Future": Afghanistan's Healthcare Crisis, 12 February 2024
[9] Afghanistan Analysts Network, About AAN, no date
[10] AAN, Rural Women's Access to Health in Afghanistan: "Most of the… (page 4), 27 March 2025
[11] The Guardian, Millions of Afghans lose access to healthcare services as USAID…, 3 April 2025
[12] UN Partner Portal, Call for Expression of Interest: Provision of BPHS-EPHS…, 15 August 2024

loss of funding for Sehatmandi, a number of interim measures were put in place, including short-term contracts with NGOs through UN agencies, including the UN Children's Fund (UNICEF).'[13]

2.1.5 Ariana News, a Kabul-based news agency, stated in January 2022: 'The Sehatmandi program is the backbone of Afghanistan's health system, providing care for millions of people through 2,331 health facilities across the country. However, since the Islamic Emirate of Afghanistan took control [in August 2021], major funding for the program has been withdrawn.'[14]

See also Public health system and Infrastructure: hospitals and clinics

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3. Healthcare provision

3.1 Public health system

3.1.1 The Conflict and Health journal, in April 2025, published a report by Neyazi and others in which it was noted 'During the past two decades, the Afghan public health system has been built around the Basic Package of Health Services (BPHS), which focuses on primary health services, and the Essential Package of Hospital Services (EPHS), which focuses on secondary and tertiary care in district and regional hospitals. Specialized tertiary hospitals which provide specialized medical services [and private hospitals] are not covered by the EPHS…'[15]

3.1.2 The United Nations Partner Portal (a platform designed to simplify UN processes for working with civil society partners[16]) confirmed in a notice published by UNICEF on 15 August 2024: 'Afghanistan's Ministry of Public Health … has utilized a contracting-out approach [since 2004] to manage the Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS), engaging NGOs as Service Providers across provinces.'[17]

3.1.3 The WHO noted in September 2021 that the BPHS and the EPHS were focused on: (a) supporting primary health centres where services are more likely to be utilized by the marginalized population, (b) 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, to reduce financial barriers to access[18].

3.1.4 The BPHS and EPHS were primarily funded by the Sehatmandi Project (see Funding and capacity) until August 2021 and thereafter they received reduced funding from the WHO Central Emergency Response Fund, the International Committee of the Red Cross, and the World Bank until March 2025[19] [20]. Tolo News reported in July 2025 that international funding for public health projects had been extended to the end of 2026, with World

[13] HRW, "A Disaster for the Foreseeable Future": Afghanistan's Healthcare Crisis, 12 February 2024
[14] Ariana News, Afghanistan's health system is on brink of collapse: urgent…, 26 January 2022
[15] Conflict and Health, Assessing the health workforce in Afghanistan…, 17 April 2025
[16] UN Partner Portal, Welcome to the UN Partner Portal, no date
[17] UN Partner Portal, Call for Expression of Interest: Provision of BPHS-EPHS…, 15 August 2024
[18] WHO, Funding pause results in imminent closure of more than 2000…, 6 September 2021
[19] UN Partner Portal, Call for Expression of Interest: Provision of BPHS-EPHS…, 15 August 2024
[20] UN Partner Portal, Call for Expression of Interest: Provision of BPHS-EPHS…, 15 August 2024

Bank and Asian Development Bank support[21].

3.1.5 Humanitarian Action provided an overview of the health system in Afghanistan and noted on 14 January 2025 that 'The primary healthcare and hospital services in Afghanistan remain strained due to limited resources, a shortage of medical supplies, and staff attrition. Quality healthcare access is inconsistent, with persistent gaps in emergency and trauma care, particularly in rural and underserved areas. Approximately 33 per cent of the population (14,515,844 individuals) is underserved, making access to essential services challenging.'[22]

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3.2 Infrastructure: hospitals and clinics

3.2.1 The International Organization for Migration (IOM) stated in an Information Update of 17 September 2024:

'[H]ospitals have faced downsizing and closures, resulting in increased strain on remaining facilities and a lack of primary healthcare access for many communities. Due to the decrease in staffing and funding, patients who would typically seek treatment at primary care centres are now turning to secondary and tertiary healthcare facilities for assistance.

'The ongoing funding shortages have already prevented 3 million people from accessing primary and secondary healthcare services. Without further funding, critical life-saving programs – including mobile health and nutrition teams that service hard-to-reach areas inpatient treatment for severely malnourished children with medical complications; psychosocial and protection support for children; mine action; food and livelihood assistance; and provision of dignity kits for women and girls of reproductive age during sudden-onset crises – risk further reduction and closure.

'Until August 2023, the International Committee of the Red Cross (ICRC) paid supplemental salaries for more than 10,000 doctors, nurses, and other staff at 33 hospitals serving 26 million people across Afghanistan. ICRC also paid for drugs and other medical supplies, as well as running costs of the hospitals, such as electricity, ambulance services, lab tests, and food for patients. The ICRC programme ended in August 2023. Since the termination of the ICRC healthcare support activities, other actors have taken up donor-funded payments to the healthcare sector.

'Despite the presence of international donors, a pressing need for immediate donor assistance has been reported for at least 36 hospitals previously financed by the ICRC to sustain critical services. While the above listed donors have responded to the UN's calls for humanitarian assistance for Afghanistan, only 40 per cent of the required [budget] has been committed.'[23]

3.2.2 Médecins Sans Frontières (MSF) reported in February 2023: '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.'[24]

[21] TOLO News, Afghan Health Projects Extended to 2026 with WB, ADB Support, 27 July 2025
[22] Humanitarian Action, Health | Afghanistan, 14 January 2025
[23] IOM, Information update, 17 September 2024
[24] MSF, Persistent barriers to access healthcare in Afghanistan (page 24), 6 February 2023

See Principal hospitals in Kabul and Funding and capacity

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3.3 Healthcare workforce

3.3.1 The April 2025 study in the Conflict and Health journal found:

'We estimated 63,632 health workers in Afghanistan in 2023, with 73% in the public sector and 27% in the private sector. Key health workers (physicians, nurses and midwives) total 10.3 per 10,000 population, falling significantly short of the aspirational UHC [universal health coverage] threshold (44.5 key health workers per 10,000) … Universal health coverage (UHC) has become a major goal of health reforms in many countries and is a priority objective of the World Health Organization.

'Significant gender imbalances exist as only 18% of specialized physicians and 29% of nurses are female … Majority female cadres, such as Obstetrics/Gynaecology, are anticipating significant declines in active staff, jeopardizing aspirations of UHC.'[25] (See Women working in healthcare)

3.3.2 The same study found that the public sector accounted for 83% of midwives (6,746), 78% of nurses (10,441), and 67% of physicians (8,839) (specialised and non-specialised), but that 45% of specialist physicians were private sector staff. A total of 5,056 specialised physicians were reported in the country, the largest group of these specialists were general surgeons (899), followed by internal medicine specialists (746) and obstetricians /gynaecologists (652). The remaining 42% of specialists were distributed through the other 28 categories of specialists available in the country[26].

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3.4 Women working in healthcare

3.4.1 A report published in February 2024 by BMJ Global Health (an online service of the British Medical Journal) stated:

'On 21 December 2022, when the Taliban banned women from working with NGOs across the country; the only sector that received an exemption was the health sector. While the exemption was not formally communicated, [Ministry of Public Health] MoPH officials provided assurance to service providers. In return, service providers made changes to comply with the restrictions but this brought additional challenges. One common concern that emerged was around the Mahram policy, which requires female health workers to be accompanied by a male chaperone from their immediate family. While these restrictions were not new for health workers in some areas of the country, many highlighted the challenge of having Mahrams accompany health workers for long periods of time to remote areas where employment opportunities for the Mahrams themselves are limited.'[27]

3.4.2 The United Nations Special Rapporteur on the situation of human rights in Afghanistan stated in a report of 20 February 2025

'In early December [2024], the de facto authorities announced a new directive aimed at preventing women from attending classes at private medical educational institutions, affecting an estimated 35,000 women who

[25] Conflict and Health, Assessing the health workforce in Afghanistan…, 17 April 2025
[26] Conflict and Health, Assessing the health workforce in Afghanistan…, 17 April 2025
[27] BMJ Global Health, Primary healthcare system and provider responses…, February 2024

enjoyed one of the few exemptions to the education ban.

'The directive marked a further unjustifiable restriction on women's and girls' rights to education and healthcare and on women's right to work. It is especially concerning given that cultural norms limit the treatment of women by male doctors in Afghanistan. Women health workers in Afghanistan play a critical role in ensuring not only that women receive adequate healthcare, including sexual, reproductive and maternal healthcare, but also that children are vaccinated, as well as providing wider health services and community education. If maintained, the directive will have an adverse impact on the health outcomes of women and children for generations to come.'[28]

3.4.3 For general information on the situation for women living under the Taliban regime, see the Country Policy and Information Note on Afghanistan: Fear of the Taliban.

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3.5 NGOs providing healthcare

3.5.1 Frontline service delivery: international and local NGOs run and staff a large share of primary, maternal/child, emergency and trauma care across the country – including hospitals, maternity and neonatal units, trauma centres, and mobile clinics that reach remote areas. This is frequently delivered either directly by NGOs (for example, MSF, ICRC) or through NGO-managed basic-health-care centres and mobile teams[29] [30] [31].

3.5.2 The Afghanistan Health Cluster was established in 2007 under the leadership of the World Health Organization (WHO) to coordinate the work of NGOs in the healthcare sector. In 2024, 61 NGOs were providing health services in Afghanistan[32]. According to the 2024 Annual Report, published in 2025:

'In 2024, Afghanistan faced a deepening humanitarian crisis driven by ongoing conflict, recurring natural disasters, disease outbreaks, and the forced repatriation of over 1.7 million returnees. Amid these complex challenges, the Health Cluster, led by WHO and supported by a broad network of partners, played a crucial role in coordinating emergency health response and ensuring essential healthcare access for 9.3 million people out of the 12.8 million targeted.

'Despite persistent constraints, including a fragile health system and limited funding, an impressive 1,547 health facilities across 358 districts in all 34 provinces continued to deliver life-saving care.'[33]

3.5.3 An article published in November 2024 by the ICRC gave an example of the role played by major NGOs in Afghanistan: 'The Primary Health Care programme continues to be a top priority for the ICRC and [its] partners … This programme serves as a vital network of accessible, affordable, well-resourced health facilities for the population of Afghanistan, it plays a critical role in ensuring that local communities, particularly in remote areas, have

[28] UN Human Rights Office, Report of the Special Rapporteur on… ' (page 4), 20 February 2025
[29] ICRC, Afghanistan: Supporting primary health care for people most in need, 11 November 2024
[30] MSF, Afghanistan, 2025
[31] Afghanistan Health Cluster, Annual Report 2024 (page 4), 26 May 2025
[32] Afghanistan Health Cluster, Annual Report 2024 (pages 24,25), 26 May 2025
[33] Afghanistan Health Cluster, Annual Report 2024 (Executive summary), 26 May 2025

access to essential health-care services…'[34]

3.5.4 During the year July 2023 to June 2024, the Red Cross and Red Crescent in Afghanistan treated 1,055,876 patients, mostly women and children, in 47 health facilities, administered 309,731 vaccinations, provided 100,426 antenatal and 35,141 postnatal consultations, screened 241,931 children under the age of 5 for malnutrition, fed 9,751 malnourished children, and trained nurses and other clinical staff[35].

3.5.5 MSF has continued to provide specialised healthcare across the country, focusing on emergency, paediatric, and maternal healthcare. During 2024, MSF admitted 404,511 emergency patients and carried out 18,149 surgical interventions, provided 245,557 outpatient consultations, assisted in 45,061 births, treated drug-resistant tuberculosis, treated malnourished children in therapeutic feeding centres and ran a trauma centre in Kunduz[36].

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3.6 Pharmaceutical sector: availability of therapeutic drugs

3.6.1 For general information on drug uses, doses and other considerations on the use of a particular drug, see the UK's National Institute for Health and Care Excellent (NICE) Drugs A to Z.

3.6.2 The Afghanistan Food and Drug Authority (AFDA) was developing the National Medicines and Health Products Regulatory Authority (NMHRA) to be the principal regulatory and quality-testing authority for medicines[37] [38].

3.6.3 The AFDA website, accessed in September 2025, stated:

'Afghanistan is one of the countries where the quality of pharmaceuticals is always criticized by the public and the end users. Due to long and uncontrolled borders with Pakistan and Iran, large amounts of substandard, counterfeit and illegal pharmaceuticals enter the country. Anecdot[al] evidence shows that huge amounts of medicine manufactured illegally on the other sides of borders exclusively for export to Afghanistan. The medicine through legal trade is required and being tested for quality control, however, those imported illegally has never been screened for quality and also because of lack of resources and inadequate control systems, they are not controlled after marketing in dispensaries.

'Pharmaceuticals import is not well regulated, which is mainly been due to lack of political well, in many cases personal interest and nonexistence of [a] dedicated and strong autonomous regulatory authority. Recent data indicates that more than 95% of medicines [were] imported into Afghanistan…, especially [from] Pakistan, Iran, India and Middle East. Pakistan may have illicit producers specifically targeting the Afghan market… There are more than 1090 pharmaceuticals importing companies registered within Ministry of Public Health, among them around 238 are active. These private importing companies both supply the public and private sectors.

'Anecdotal data estimates that the market for smuggled drugs is around 40%

[34] ICRC, Afghanistan: Supporting primary health care for people most in need, 11 November 2024
[35] ICRC, Afghanistan: Supporting primary health care for people most in need, 11 November 2024
[36] MSF, Afghanistan, 2025
[37] Afghanistan Food and Drug Authority, Home page (Background), no date.
[38] OMC Medical, Streamlining the Afghanistan Drug Registration…, 2025

to 55% of the total market including the public sector.'[39]

3.6.4 The BMJ Global Health report of February 2024 quoted a health service delivery professional in Afghanistan as saying, 'We are heavily reliant on imported products across all sectors, including health. After the fall of the previous government, the banking system was paralyzed, which restricted medical suppliers from sending money outside the country to purchase medical supplies. This issue was and still is a major bottleneck.'[40] One consultant physician commented, 'Health workers were not new to running out of supplies. They were not new to not getting their salaries. For them, it was just business as usual but with the additional sort of mental insecurity about, "Oh my God, they're saying that there will be no more funds",'[41]

3.6.5 According to the AFDA website, 'By law the government allows the importation, production and sale of only approximately 1800 medicines. (Licensed Medicine List), however, in the market there are many items that are not part of this list demonstrating the need for frequently adjusting the lists and also ensure adequate market control.'[42]

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3.7 Principal hospitals in Kabul

3.7.1 Ali Abad (Aliabad) Teaching Hospital, Kabul University (public hospital):

Founded in 1931, Ali Abad hospital has 250 beds and comprises 12 departments including general surgery, cardiac surgery, urology, neurosurgery, orthopaedic surgery, internal medicine (cardiology and respiratory), endocrinology, haematology, radiology, neurology, psychiatry and gastroenterology. Offers specialized medical services not available in other state hospitals, such as neurosurgery, urology, psychiatry and cardiac surgery. Houses a radiology centre for cancer treatment. Accepts referrals from hospitals elsewhere in the country[43]. All treatment services, excluding radiology, are free of charge[44].

3.7.2 Amiri Medical Complex (private hospital):

A 90-bed private hospital situated at the Afghan Red Crescent. Specialties include cardiology, general and laparoscopic surgery, pulmonology and bronchoscopy, gastroenterology, nephrology & dialysis, gynaecology, internal medicine, endo-urology, ophthalmology, dental, ENT, cardiothoracic & vascular surgery, brain and spine, physiotherapy, haematology and dental[45].

3.7.3 Ariana Medical Complex (private, but subsidised treatment may be available):

The website indicates that Ariana Medical Complex, through a charity foundation, offers discounts, or free treatment, to those in need who qualify[46].

[39] Afghanistan Food and Drug Authority, Home page (Background), no date.
[40] BMJ Global Health, Primary healthcare system and provider responses…, February 2024
[41] BMJ Global Health, Primary healthcare system and provider responses…, February 2024
[42] Afghanistan Food and Drug Authority, Home page (Background), no date.
[43] Kabul University of Medical Sciences, Aliabad Teaching Hospital, no date
[44] Aliabad University Hospital, Short informations (sic), no date
[45] Amiri Medical Complex, Home page and Specialities, no date
[46] Ariana Medical Complex, Charity activities, no date

Services at this 300-bed complex include general (internal) medicine, cardiology and cardiac surgery, orthopaedic surgery, plastic surgery, urological surgery, paediatrics and paediatric surgery, dentistry, vascular surgery, respiratory medicine, ENT, physiotherapy, oncology, nephrology, neurosurgery, ophthalmology and endocrinology.

An All-Women Clinic offers specialist care in gynaecology, obstetrics, general surgery, general medicine and cardiology[47].

3.7.4 DK-German Medical Center (private, subsidised):

Opened in 2005, the Center mainly offers diagnostic services. Employs doctors from Germany and other European countries[48]. Imports medicines and other pharmaceuticals, as well as equipment, from Germany.[49]

3.7.5 Eye Hospital of Shahrara (public):

Operating under the direction of the Kabul University of Medical Sciences, in 2023-24 the Shahrara teaching hospital employed 84 staff, including ophthalmologists and optometrists, and was 'equipped with advanced medical instruments and technologies.'[50]

3.7.6 French Medical Institute for Mothers and Children - FMIC (semi-private, not-for-profit):

The FMIC is a not-for-profit hospital founded in 2006 as a partnership between the Government of Afghanistan, the Government of France, the Aga Khan Development Network and the NGO La Chaîne de l'Espoir, with the Aga Khan University managing it. Currently has 176 beds, expanding to 550 beds[51].

Treatment services are subsidised for patients who cannot afford the fees[52].

The FMIC has comprehensive paediatric medicine, paediatric surgery and intensive care facilities[53]. An obstetrics and gynaecology wing houses the first neonatal intensive care unit in Afghanistan[54].

3.7.7 Indira Gandhi Children's Hospital (public):

Indira Gandhi Children's Hospital in Kabul is a 300-bed facility and the largest paediatric hospital in the country. The International Committee of the Red Cross provided key financial support[55]. A new oxygen plant was installed in 2025[56].

3.7.8 Institute of Chest and Cardiovascular Diseases (formerly Ibn-e-Sina Cardio Thoracic Hospital) (public):

Includes departments for paediatric and adult cardiology, pulmonary medicine, cardiac surgery, thoracic surgery, and a cardiac diagnostic center equipped with CT scans, echocardiography, ultrasound, tolerance tests

[47] Ariana Medical Complex, Charity activities, no date
[48] DK-German Medical Center, History and mission, no date
[49] DK-German Medical Center, Pharmacy, no date
[50] KUMS, Eye Hospital of Shahrara, Afghan year 1402 (2022-2023)
[51] FMIC, About Us, no date
[52] FMIC, Patient Welfare Programme, no date
[53] FMIC, Inpatient services, no date.
[54] FMIC, Maternal and Neonatal Care, no date
[55] ICRC Audiovisual Archives, Ref. V-P-AF-E-02961, 4 February 2022
[56] WHO, A new oxygen facility at Kabul's children's hospital cuts…, 31 July 2025

(ETT), X-rays, ECG, BMD, mammography, a laboratory, and a pharmacy.[57]

3.7.9 Jamhuriat Hospital (public):

A 350-bed hospital in Kabul. The Jamhuriat Hospital has, amongst other things, a specialist paediatric oncology (cancer treatment) department that was established by the Bayat Foundation in 2022[58].

3.7.10 Maiwand Teaching Hospital (public):

A 250-bed hospital with specialty programmes in: dermatology and venereology, paediatric internal medicine, paediatric surgery, plastic surgery, ENT, and neonatal.

3.7.11 NOOR Eye Hospitals (under the International Assistance Mission (IAM)):

The National Organisation for Ophthalmic Rehabilitation (NOOR) has '… been partnering with the Government of Afghanistan's Ministry of Public Health (MoPH) to support eye care facilities across the country.' NOOR runs three referral hospitals: the NOOR Eye Care Training Centre in Kabul, Mazar Ophthalmic Centre, and Kandahar NOOR Eye Hospital[59].

Note: CPIT cannot confirm the accuracy of information on hospital websites.

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3.8 Hospitals outside Kabul

3.8.1 A TOLO News article dated August 2023 noted that 'According to figures from the Ministry of Public Health, there are 5,250 hospitals around the nation that offer medical care to people in a variety of sectors. The bulk of these health centers are funded by foreign agencies.'[60]

3.8.2 Further detail on the hospitals, including names and locations, could not be found in sources consulted (see Bibliography).

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4. Access to treatment

4.1 Cost of treatment

4.1.1 Article 52 of the 2004 Afghanistan constitution stated that 'The State shall provide free preventative healthcare and treatment of diseases as well as medical facilities to all citizens in accordance with the provisions of the law.' However, the constitution was, in effect abolished in 2021 when the Taliban assumed power[61].

4.1.2 Human Rights Watch noted in their February 2024 report that, in 2019, 'out-of-pocket spending by Afghans on health accounted for nearly 77 percent of all healthcare spending.'[62]

4.1.3 A study conducted in 2022 by MSF, published in February 2023, found that 87.5% of the surveyed respondents 'included costs as their main barrier to access healthcare, 18 percent more than in 2021 … almost 58 percent highlighted direct medical costs as one of their main barriers, while over 42

[57] KUMS, Institute of Chest and Cardiovascular Diseases, no date
[58] Ariana News, Bayat Foundation establishes paediatric oncology unit in Kabul, 17 November 2022
[59] International Assistance Mission (IAM), Eye care, no date
[60] TOLO News, ICRC to Hand Over Financing of 25 Hospitals to the Health Ministry, 30 August 2023
[61] Refworld, Constitution of Afghanistan (2004-2021, reportedly suspended in 2021), no date
[62] HRW, "A Disaster for the Foreseeable Future": Afghanistan's Healthcare Crisis, 12 February 2024

percent mentioned indirect costs such as transport and/or accommodation.'[63]

4.1.4 MSF reported, '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[64]. Respondents cited 'lack of medications, being asked to pay high amounts for medication, and being asked to buy the medication privately', as being common reasons for their dissatisfaction with medical services[65].

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4.2 Affordability

4.2.1 The Bertelsmann Stiftung (Foundation), an independent 'think tank' based in Germany and the US, observed in their 2024 BTI Transformation Index 'An IRC [International Red Cross] report in 2023 states that 97% of Afghanistan's population is at risk of poverty, with over 50% dependent on humanitarian assistance. In 2021, approximately 90% of the Afghan population lived below the poverty line, which was set at $2 per day … By mid-2022, two-thirds of Afghan households were unable to afford food and essential non-food items …'[66]

4.2.2 The IOM report of 17 September 2024 provided estimates of the average earnings of daily wage earners:

'Based on the IOM Economic Resilience Employee Report covering Kabul, Herat, and Mazar Sharif, findings reveal distinct patterns in the average daily wages earned by individuals in these cities. In Kabul, the average daily wage falls within the range of AFN 300 to 500 (£3.32 to £5.52[67]) ... For Herat, the… average daily wage earner receives…AFN 250 to 350 (£2.76 to 3.87) … [I]n Mazar-i-Sharif, the average daily wage is noted to be ranging around AFN 200 (£2.21).'[68]

4.2.3 The Human Rights Watch report of February 2024 confirmed, 'In 2019, healthcare costs in Afghanistan amounted to $2.8 billion, 20 percent of which was provided by donors, and only about 3 percent by the government … With the breakdown of the economy, most Afghans could no longer afford the out-of-pocket health costs they previously bore.'[69]

4.2.4 The MSF study published in February 2023 found that:

'Afghans have been compelled to adopt negative coping mechanisms to adjust to their financial situation. 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

[63] MSF, Persistent barriers to access healthcare in Afghanistan (pages 7,15), 6 February 2023
[64] MSF, Persistent barriers to access healthcare in Afghanistan (page 23), 6 February 2023
[65] MSF, Persistent barriers to access healthcare in Afghanistan (page 22), 6 February 2023
[66] Bertelsmann Stiftung, BTI Transformation Index 2024 (II. Economic Transformation), 2024
[67] XE.com, 1 GBP to AFN…, accessed 30 September 2025, when the exchange rate was 1 to 90.45
[68] IOM, Information update, 17 September 2024
[69] HRW, "A Disaster for the Foreseeable Future": Afghanistan's Healthcare Crisis, 12 February 2024

months.'[70]

See Women's access to health care

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4.3 Health insurance

4.3.1 According to the BMJ Global Health report of February 2024, 'There is no insurance mechanism.'[71]

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4.4 Regional access to treatment

4.4.1 The study reported in the Conflict and Health journal on 17 April 2025 found:

'Substantial geographic disparity exists between provinces, with remote provinces reporting far fewer key health workers compared to the national average and Kabul representing approximately 50% of the country's specialized physicians.

'For each of the key health worker types (physicians, nurses and midwives), Kabul province has the highest absolute number of staff, with 5,313 non-specialized physicians (41% of the national count), 2,427 specialized physicians (48%), 4,120 nurses (31%), and 1,734 midwives (21%). This is despite Kabul accounting for 17% of national population.

'Other high population provinces, such as Herat and Kandahar, also have relatively high absolute counts.'[72]

4.4.2 Another report, in the April 2025 issue of Health Policy and Planning (a journal of the London School of Hygiene and Tropical Medicine), based on a study conducted in 2021, noted:

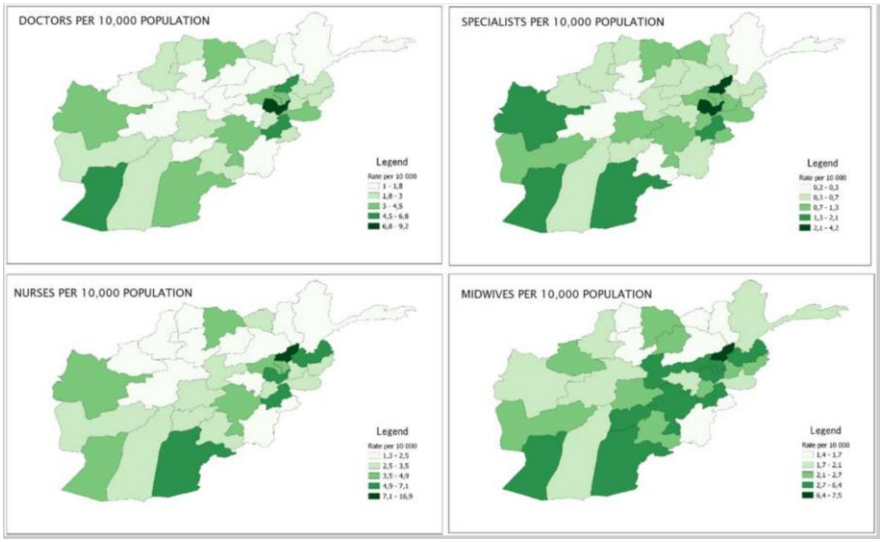
'In Afghanistan, the geographical and sociopolitical context makes health service delivery challenging. The country is mountainous and prone to various natural hazards, including earthquakes, flooding, and heavy snowfall.

'These factors explain a considerable amount of variation in medicine availability. Indeed, service providers struggle to supply hard-to-reach areas with essential medical resources.

'Medicine availability was [also] higher in provinces where healthcare services were contracted out to nonstate providers …'[73]

4.4.3 The report in Conflict and Health showed the following numbers of key health workers per 10.000 population in each province[74]:

[70] MSF, Persistent barriers to access healthcare in Afghanistan (page 15), 6 February 2023
[71] BMJ Global Health, Primary healthcare system and provider responses…, February 2024
[72] Conflict and Health, Assessing the health workforce in Afghanistan…, 17 April 2025
[73] Health Policy and Planning, The availability of essential medicines…', April 2025
[74] Conflict and Health, Assessing the health workforce in Afghanistan…, 17 April 2025



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4.5 Women's access to health care

4.5.1 The US Department of State (USSD) noted in their 2024 Country Report on Human Rights Practices in Afghanistan, published 12 August 2025:

'Women faced nearly insurmountable barriers to receiving health care due to Taliban restrictions on work, travel, and male-female interactions. Male doctors were generally not allowed to treat female patients except in life-threatening cases because of restrictions imposed by the Taliban on interactions between men and women. In all cases, the Taliban prohibited male doctors from treating female patients unless they were accompanied by a mahram (a male guardian or chaperone). Women could see female doctors, but it was difficult to find them.

'The ever-smaller number of qualified women health practitioners steeply increased the risk of poor health outcomes for women.'[75]

4.5.2 The Afghanistan Analysts Network (AAN) interviewed rural women in 19 provinces and stated in their report of 27 March 2025:

'The women [interviewed] highlighted numerous challenges, including having to make the difficult journey to often distant district or provincial centres to receive treatment. Many women reported a scarcity of medicines and highlighted the financial burdens families face when caring for sick and frail members. The high cost of healthcare often leads to difficult decisions, such as women postponing their own visits to health centres and placing their trust in traditional cures, including herbal remedies and the use of amulets provided by local mullahs.'[76]

4.5.3 The AAN Report noted:

'A headcount of how many Afghans accessed healthcare services in 2024 suggests that a deteriorating public health system, coupled with severe restrictions and an ongoing economic crisis, has resulted in only 4.1 million out of approximately 15 million Afghan women – less than a third – being able to access healthcare and that of those, most were accessing

[75] USSD, 2024 Country Reports on Human Rights Practices (Section1b), 12 August 2025
[76] AAN, Rural Women's Access to Health in Afghanistan: "Most of the…" (Abstract), 27 March 2025

reproductive and maternal health-related services. That represented a decline: in 2023, about 4.55 million Afghan women accessed health services.

'The life expectancy for Afghan women has decreased in recent years. Not only are they living shorter lives, but they are spending fewer years in good health, according to World Health Organisation (WHO) data. In 2021, life expectancy at birth for women fell to 61 years, down from 63.2 in 2019, (WHO) while the healthy life expectancy for women dropped to 51.3 years in 2021, down from 52.8 years in 2019.'[77]

4.5.4 HRW observed in their report of 12 February 2024: 'The lack of female healthcare providers has had dire consequences, particularly given Afghanistan's already high rates of maternal mortality and the prevalence of preventable diseases among women and children. According to WHO, even before the Taliban takeover, Afghanistan had one of the highest rates of maternal deaths per capita in Asia.'[78]

See also Women working in healthcare

4.5.5 For general information on the situation for women living under Taliban control, see the Country Policy and Information Note on Afghanistan: Fear of the Taliban.

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5. Mental health treatment in Kabul

5.1.1 According to a report by L. Schwartz and others that was published in International Health (journal) in September 2023:

'More than four decades of war in Afghanistan has been both a main driver for poor mental health, and a barrier to the development of crucial mental health services. A study conducted by BMC Psychiatry in 2021, across eight regions in Afghanistan, found staggering levels of depressive and anxiety disorders among the general population. Almost one-half of those interviewed (47.12%) reported having high levels of distress in the last month, and almost 40% (39.44%) reported experiencing impairment to their lives due to poor mental health. Yet, despite the common experiences of much of the population, mental health is a hugely stigmatized topic of discussion in Afghanistan, due to a myriad of cultural, religious, socioeconomic and environmental factors. And now, under the de-facto Taliban government, mental health has been deprioritized in the face of a crumbling economy and acute levels of poverty, all but forgotten.'[79]

'A report in 2021 found that [less than] 10% of the population utilizes any mental health service.'[80]

5.1.2 HRW similarly observed in February 2024: 'Stigma remains another huge barrier blocking people from seeking mental health support. Mental health is considered a taboo topic, and people often hide their concerns and avoid seeking help from their families or from a professional. This longstanding

[77] AAN, Rural Women's Access to Health in Afghanistan: "Most of the… (page 4), 27 March 2025
[78] HRW, "A Disaster for the Foreseeable Future": Afghanistan's Healthcare Crisis, 12 February 2024
[79] International Health, Overview and understanding of mental health… (Abstract) September 2023
[80] International Health, Overview and understanding of mental… (Introduction) September 2023

stigma is exacerbated by Taliban restrictions.'[81]

5.1.3 The International Health journal report of September 2023 further noted:

'Mental health services are currently operating under the previous government's system, headed by the Department of Mental Health within the [Ministry of Public Health]. These services were already deprived of capacity, quality and access under the previous government, but with the deprioritization of mental health this has further deteriorated and the MoPH at present is struggling to be an effective coordinating body.

'The quality and availability of mental health services … fluctuates regionally and negatively affects those living in rural settings to a greater extent.

'Organizations such as HealthNet TPO [an NGO that provides healthcare services in conflict-affected countries[82]] have continued to deliver mental healthcare through MHTs [mobile health teams], prescribing medicines and providing counseling. And others, such as CARE, have psychosocial counselors on staff when responding to emergencies…'[83]

5.1.4 According to the IOM report of 17 September 2024, 'Presently, the International Psychosocial Organization operates in all 34 provinces of the country. Additionally, organizations such [as] IOM, Action Contre la Faim (ACF), INTERSOS, Premiere Urgence Internationale (PUI), HealthNet TPO and the International Medical Corps (IMC) offer psychosocial services.'[84]

5.1.5 There is a Department of Psychiatry at Ali Abad University Hospital in Kabul, a public hospital that also treats patients referred from hospitals in other regions[85].

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5.2 Treatment for drug dependency

5.2.1 It was estimated in 2015 that Afghanistan had between 2.9 and 3.6 million drug users. A report by the Afghanistan Analysts Network (AAN), dated 25 August 2024, gave details of treatment facilities. In 2022 a national survey of drug use by UN Development Programme and the UN Office on Drugs and Crime identified 113 treatment centres across 34 provinces, some run by the state and some by donor organisations. It is not clear from the report how many centres were still operational[86].

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[81] HRW, "A Disaster for the Foreseeable Future": Afghanistan's Healthcare Crisis, 12 February 2024
[82] HealthNet TPO, Ensuring healthcare and mental health services in conflict-affected countries, 2025
[83] International Health, Overview and understanding of mental health…, September 2023
[84] IOM (International Organization for Migration), Information update, 17 September 2024
[85] Kabul University of Medical Sciences, Aliabad Teaching Hospital, no date
[86] AAN, Treating Drug Users in Afghanistan: How to respond to a massive problem?, 25 August 2024

Research methodology

The country of origin information (COI) 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, 2024. Namely, taking into account the COI's relevance, reliability, accuracy, balance, currency, transparency and traceability.

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

Commentary may be provided on source(s) and information to help readers understand the meaning and limits of the COI.

Wherever possible, multiple sourcing is used and the COI compared to ensure that it is accurate and balanced, and provides a comprehensive and up-to-date picture 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.

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Terms of Reference

A ‘Terms of Reference’ (ToR) is a broad outline of the issues relevant to the scope of this note and forms the basis for the country information.

The following topics were identified prior to drafting as relevant and on which research was undertaken:

- Introduction/overview
    - Basic indicators
    - State of the healthcare system since the Taliban took power in 2021
- Healthcare provision
    - Infrastructure – hospitals and clinics
    - Healthcare workforce
    - NGOs
    - Pharmaceuticals
- Access to treatment
    - Cost of treatment; affordability
    - Regional access
    - Access for women
- Mental health treatment (Kabul)

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Version control and feedback

Clearance

Below is information on when this note was cleared:

- version **2.0**
- valid from **28 October 2025**

Official – sensitive: Not for disclosure – Start of section

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

Official – sensitive: Not for disclosure – End of section

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Changes from last version of this note

Updated to include relevant information published since October 2021 (Version 1.0)

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Feedback to the Home Office

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