



Executive Summary

Persistent Barriers to Access Healthcare in Afghanistan:

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

BACKGROUND

Since August 2021, the economic crisis brought about by international sanctions, combined with development funding cuts and asset freezes overseas have fuelled massive unemployment and loss of income among Afghans. Hopes that the end of the war would significantly reduce obstacles to accessing healthcare were dashed as they were replaced by new barriers and fears.

Decades of armed conflict, as well as natural disasters, a pandemic, and harmful social policies particularly targeting women have also contributed to making Afghanistan one of the most complex humanitarian emergencies in the world.

MSF's new report "Persistent barriers to accessing healthcare in Afghanistan: The ripple effects of a protracted crisis and a staggering economic situation" is a follow-up to similar publications released in 2014, 2020 and 2021. It highlights some of the main challenges people in Afghanistan face when trying to access healthcare, mainly with regards to their economic concerns and new as well as pre-existing restrictions placed on women.

KEY FINDINGS



97.5%

of respondents 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), of 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 cost as their main barrier to accessing healthcare, 18 percent more than in 2021.



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.



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.

METHODOLOGY

- **Survey** conducted among 160 patients and caretakers in four provinces (Helmand, Herat, Kandahar and Khost) through a predominately quantitative pre-tested questionnaire applied in May and June 2022.
- **Focus group discussions** organized six times in Helmand, Herat, Kandahar and Khost between May and August 2022.
- **60 semi-structured quality Interviews** conducted with MSF and Ministry of Public Health staff, but also patients and caretakers across five involved provinces (Helmand, Herat, Kandahar, Khost and Kabul) between May and August 2022.

HOW CAN ACCESS TO HEALTHCARE IN AFGHANISTAN IMPROVE?

Recommendations to all stakeholders, international donors, aid and development providers:

- The economic crisis in Afghanistan 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.

Recommendations 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.

Recommendations 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.

MSF IN AFGHANISTAN

Médecins Sans Frontières (MSF) began working in Afghanistan in 1980 and the organisation currently has a strong focus on providing secondary healthcare. MSF runs seven projects in seven provinces of the country: Kabul, Helmand, Herat, Kandahar, Khost, Bamyán and Kunduz, and employs a staff of 2,804 people (1,729 are healthcare workers, 51 per cent of them are women).

DATA SNAPSHOT JANUARY TO DECEMBER 2022



323,231

emergency room admissions



42,704

deliveries assisted, of which 8,147 were direct obstetric complications (including complicated deliveries)



26,088

consultations for drug-sensitive tuberculosis



69,126

outpatient consultations



15,432

measles patients treated



2,752

drug-sensitive tuberculosis patients and 106 drug-resistant tuberculosis patients enrolled on treatment



48,081

inpatient admissions



9,351

children admitted to the Inpatient Therapeutic Feeding Centres (ITFCs)



14,692

surgical interventions



6,429

children enrolled in the Ambulatory Therapeutic Feeding Centres (ATFCs)