



HUMAN
RIGHTS
WATCH

“I Would Like Four Kids —If We Stay Alive”

Women’s Access to Health Care in Afghanistan

SUMMARY

“I Would Like Four Kids —If We Stay Alive”

Women’s Access to Health Care in Afghanistan

Over the past two decades, Afghanistan has depended on international donor support to fund essential services like health care. But this donor support has been falling for years and will likely to continue do so—perhaps precipitously—following the announcement by United States President Joe Biden that the US will withdraw all US forces from Afghanistan by September 11, 2021. This decline in funding has already had a harmful—and life-threatening—impact on the lives of many Afghan women and girls, as it affects access to, and quality of, health care.

In the years after the US-led military invasion and the defeat of the Taliban government in late 2001, the Afghan government and international donors gave priority to developing an effective health system, including extending access to basic health care to all parts of the country. The effort led to important achievements, including significant declines in maternal mortality, and increases in provision of prenatal care, use of modern contraception, and attended births.

But even with two decades of effort and the expenditure of hundreds of millions of dollars, delivery of health services for women remains far below international standards, and the progress that has been achieved is being eroded in important ways.

Currently, women and girls struggle to access even the most basic information about health and family planning. There is an unmet need for modern forms of contraception; prenatal and postnatal care is often unavailable; specialty care, such as modern cancer and fertility treatment, is largely nonexistent; routine preventative care such as pap smears and mammograms are almost unheard of; and a large proportion of births are still unattended by a professional.

Health facilities often lack sufficient staffing and essential supplies and equipment. Afghanistan has 4.6 medical doctors, nurses, and midwives per 10,000 people, far below the threshold for critical shortage of 23 healthcare professionals per 10,000 people as defined by the World Health Organization. Women often struggle to access care due to costs, including for transportation to a health facility, and for medications and supplies for which patients are obliged to pay.

When they can obtain care, it is often of poor quality. Distance remains a problem for a significant proportion of the population; almost 10 percent of people cannot reach a health facility within 2 hours and 43 percent must travel more than half an hour. Lack of access to adequate care drives Afghans to spend US\$285 million a year on medical tourism, mostly to Pakistan and India, draining funds from the health sector. Progress on some key indicators, such as accessing prenatal care and skilled birth attendance, is now stagnating, or even reversing. Corruption at all levels threatens the delivery of health services and demands for bribes drive people away from seeking care.

Human Rights Watch visited health facilities in Kabul, the capital, and interviewed 34 women about their

experiences seeking and receiving health care, 18 people working in healthcare delivery, 4 donor entities, and additional experts including international and nongovernmental organizations (NGOs).

What emerged is a picture of a system that is increasingly unaffordable to the estimated 61 to 72 percent of Afghan women who live in poverty, and one in which women often have more children than they want because of lack of access to modern contraception; face risky pregnancies because of lack of care; and undergo procedures that could be done more safely with access to and capacity to use more modern techniques.

This is a critical moment in Afghanistan. In addition to the announced US withdrawal, other member countries of NATO also plan to withdraw their forces in a manner coordinated with the US. While the US withdrawal does not require any conditions to be met, some international donors have increasingly sought to make provision of development assistance conditional based on factors that include respect for human rights and women’s rights specifically. People interviewed by Human Rights Watch expressed fears that the Taliban would obtain increasing control over the lives of Afghans or that the already-high level of violence in the country would escalate.

Both scenarios—growing Taliban control and rising levels of violence—have implications for donor support to Afghanistan, including for women’s health. Donors and organizations delivering services described being locked in a waiting game, with donors unwilling to make firm commitments, and hedging on whether they will be able to fulfill existing commitments until there is greater clarity on the political and security situation. This uncertainty reflects the major challenges that already exist in delivering services in Afghanistan.

It is crucial that donors prioritize meeting the urgent needs of Afghans—including those of women and girls for health care. Donors and NGOs have learned many hard but valuable lessons about delivering services amidst deep insecurity and in areas under Taliban control. The US and other troop-deploying countries in Afghanistan should assess the need for aid and their commitment to providing it separately from the decision to withdraw their forces. They should fully appreciate the depth and urgency of the needs in Afghanistan, and not use political and security developments to justify disengaging when the need for international assistance is greater than ever.



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Midwives care for a mother who has just given birth at Dasht-e-Barchi hospital in Kabul, Afghanistan in October 2020.



A midwife talks with a patient about family planning options at Kahdistan clinic.



A midwife discusses family planning with a patient at Kahdistan clinic in Herat province, Afghanistan in October 2020. The health workers at Kahdistan clinic teach reproductive health and family planning methods using picture books as most of their patients cannot read. Each patient receives a book that is marked with their contraception instructions.

A midwife sees her first patient of the day at Kahdistan clinic in Herat province, Afghanistan in October 2020. The clinic previously offered pregnant women ready-to-use therapeutic food, but a limited supply this year caused by funding gaps means that now only the most severely malnourished pregnant women receive this assistance.

Women wait at the Shahrak-e-Sabz internally displaced person camp in Herat for transportation to Kahdistan health clinic run by MSF, October 2020. Kahdistan health clinic was established in 2018 as a maternal clinic but now welcomes all patients, providing basic health care, including vaccinations.

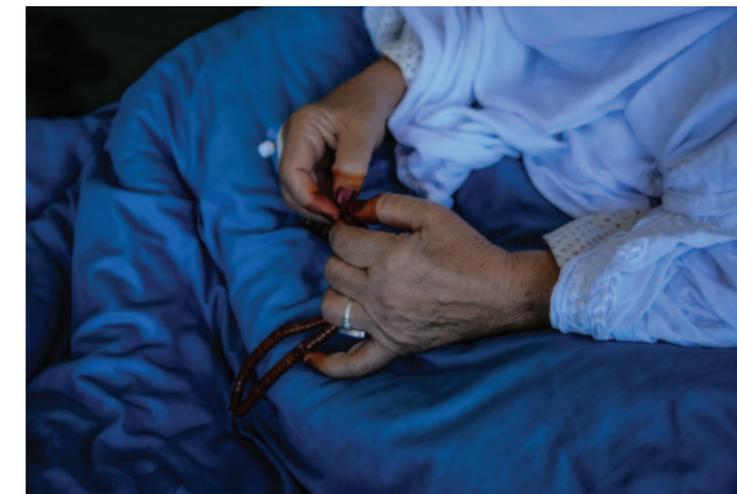




A psychiatrist meets with a female patient on the mental health ward in Herat Regional Hospital in Herat, Afghanistan in April 2021.

			نقل الدم	BLOOD TRANSFUSIONS	11	
	0	1	0	دقتل الدم عكس العمل	BLOOD TRANSFUSIONS REACTIONS	12
18	1855	1944	2029	نورمال ولادونه	NORMAL DELIVERY	13
8	126	171	117	كمك سوي ولادونه	ASSIST DELIVERY	14
0	292	272	269	اختلاطات	COMPLICATIONS	15
9	268	302	271	سزارين سكس	CESAREAN SECTION	16
	6	4	2	دمورسيه	MATERNAL DEATH	17
7	137	125	293	مخكي تولدت مراقبت	ANC	18
5	1700	1700	1901	وروسته تولدات مراقبت	PNC	19
1	390	341	270	دهري شبي كولي	ORAL TABLET	20
	112	210	101	دري مانتسي پچكاري	INJECT ABLE	21
	75	70	40	رحم داخل سامان	IUD	22
	480	301	480	ليسه	CONDOMS	23
11	174	742	7492	مجموعي اوبي دي	TOTAL OPD	24
5	47	47	47	مجموعي رالزل شوي	TOTAL REFER IN	25
				بموسي ليرل شوي	TOTAL REFER O	26

A board tracking provision of services at a maternity ward at Mirwais Hospital, in Kandahar, Afghanistan, in February 2020.



A patient waiting to receive chemotherapy on the women's cancer ward at the Jamhuriat Hospital in Kabul, Afghanistan in May 2019.

RECOMMENDATIONS

TO THE AFGHAN GOVERNMENT

- Continue prioritizing support and reform of the health system and include a strong focus on women's health.
- Increase monitoring and strengthen accountability measures, such as complaint mechanisms to reduce and end corruption in the health sector.
- Develop and implement a plan to provide comprehensive sexuality education to all Afghans, including women and girls, and people who do not attend formal education.
- Expand access to psychosocial support and mental health services, including a focus on providing these services, in a gender-sensitive manner, to women and girls.
- End the requirement that a husband must consent to his wife accessing contraception.
- Track the provision of health services in provinces and districts, including: the number of health facilities closed, the reasons for closure, the number of health facilities operating, the number and gender of staff in different roles present in those facilities, the number and gender of patients seen in those facilities, and services provided, and regularly publish this data.

TO THE TALIBAN

- Support provision of health services and reform of the health system and respect the right of everyone, including all women and girls, to have full access to all health services.
- Permit and facilitate education for girls and women to ensure literacy about family planning and health, and support training future female health workers.
- Do not threaten, attack, or extort resources from health workers or facilities.
- Permit comprehensive sexuality education and full access to modern contraception.

TO INTERNATIONAL DONORS, INCLUDING THE US, EU, UK, AND CANADA

- Sustain or increase support to the Afghan health system, particularly women's health care, and continue this support regardless of political or security developments.
- Commit to using innovative approaches to deliver health services in insecure areas, using lessons learned from Afghanistan and elsewhere.
- Monitor provision of health care closely, using third-party monitors, to guard against corruption and other barriers, and ensure quality of services and that the services are reaching patients.
- Consider supporting preventive and specialist health services, including those most needed by women and girls, and make decisions about funding priorities and program design in full consultation with Afghan healthcare experts.

TO THE UNITED NATIONS ASSISTANCE MISSION TO AFGHANISTAN

- Track and report on the availability of essential services such as health care including indicators such as the proportion of female staff and patients, and number of maternal and infant deaths, in at least a sample of the country.



Zarina, 25, holds her 15-day-old daughter, Bushra, in October 2020. She has lived in Shahrak-e-Sabz camp for two years after her family was driven out of Ghor province by fighting between government forces and the Taliban.



For the past two decades, Afghanistan has depended on international donor support to fund essential services like health care. But this support has been falling for years and will likely continue to do so—perhaps precipitously—as the United States and NATO withdraw all forces from Afghanistan by September 11, 2021. In 2013, member countries of the Organisation for Economic Co-operation and Development's Development Assistance Committee contributed US\$141 million to health and population assistance in Afghanistan. By 2019, that figure had dropped 26 percent to \$105 million.

The funding decline is having a life-threatening impact on Afghan women and girls. Health services that were once free no longer are, as hospitals cannot afford basic supplies. Costs are passed to patients, many of whom cannot pay them, or cannot even afford transportation to a health facility—problems the Covid-19 pandemic has exacerbated. Women often have more children than they want because of lack of access to modern contraception; face risky pregnancies because of a dearth of care; and undergo procedures that could be safer with access to more modern techniques. Maternal and infant mortality remain very high. Progress on some key indicators, such as accessing prenatal care and skilled birth attendance, is stagnating, or even reversing.

Donors should prioritize meeting the urgent needs of Afghans—including health care for women and girls. The US and other troop-deploying countries in Afghanistan should assess the need for aid and their commitment to providing it separately from the decision to withdraw their forces. They should fully appreciate the depth and urgency of the needs in Afghanistan, and not use their departure to justify cuts in assistance that is needed more than ever.

(above) Women waiting at Kahdistan clinic in Herat province, Afghanistan in October 2020. The small women's health clinic, run by MSF, serves Shahrak-e-Sabz camp, the largest settlement of displaced people in western Afghanistan. About 80,000 people, most of whom fled fighting and drought in 2018, live in the camp. The clinic is the sole option for women and girls from the camp seeking reproductive health care.

(front cover) A new mother holds her hour-old baby on the maternity ward at Dasht-e-Barchi hospital in Kabul, Afghanistan, October 2020. She had travelled from neighboring Laghman province to give birth at the hospital.

On May 12, 2020, unidentified gunmen attacked the hospital's maternity ward, killing 24 people, including 16 mothers, 2 children, and a midwife. Three new mothers were killed in the delivery room. Another 20 people, including babies, were injured in the four-hour attack.

Ongoing security concerns have left women dependent on the hospital with reduced access to health care.

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