Afghanistan Case study – Access to Health Care

Afghanistan has been affected by 30 years of almost-constant armed conflict. Today, a non-international armed conflict continues between the Government of Afghanistan, together with its international allies, and numerous, disparate armed opposition groups (hereafter AOG). The impact of this conflict on the delivery of, and access to, health care, is varied: in some respects, it can actually be described as two different situations.

"One Afghanistan" is less affected by the ongoing conflict. Persons living in these areas benefit from relatively good access to the field medical staff working and implementing the national public health policy: the Basic Package of Health Services (BPHS) and the Essential Package of Health Services (EPHS). There is, however, "another Afghanistan", which is heavily affected by the conflict. 2013 was the second deadliest year for civilians since 2001. There are, more or less, 58 districts that health providers are unable to access – either permanently or temporarily – and 12 provinces (more than 1/3rd), that are experiencing a high level of insecurity. 450 health facilities closed – temporarily or permanently – in 2012 for reasons of insecurity; a number that is up 40% as compared to 2011.

In this case study, ACBAR will focus on the issues related to the delivery of and access to health services in the areas that are most affected by armed conflict.

In general, the ongoing conflict prevents patients from accessing health facilities: it is either too dangerous or too far for the sick and wounded to travel because the closest clinic is no longer functioning. These access difficulties have the greatest impact upon the most vulnerable people of Afghanistan: women, children, people with disabilities and the elderly, who often cannot go to health facilities alone.

All Parties to the conflict, as well as a range of criminal actors, engage in activities that create obstacles to health care. Improvised explosive devices, combat operations, vehicle checkpoints (including searching medical vehicles) and both official and unofficial road blocks all prevent mobile health services from functioning properly, and from accessing the most remote places. They prevent, moreover, the direct and timely access of wounded and sick persons to appropriate medical services.

Often, health facilities are located in proximity to "high profile targets" in city centers; attacks on these targets impact indirectly upon the provision of health care through material destruction, which results in the suspension of services. In addition to incidental damage, there are some indications that medical facilities and other elements of the protected medial mission, including military helicopters that were clearly identified by the emblem of the Red Cross, have been directly targeted. Intrusions into health facilities for search operations (day and night) have been reported, as well as pressure and threats on medical staff to prioritize the treatment of personnel associated with one Party to the conflict, without due regard to the needs of the patients. In some cases, weapons bearers have allegedly also commandeered health facilities' equipment and materials, such as water pumps, drugs or cars, for their own use. Although the Parties to Afghanistan's armed conflict have expressed their commitment to various aspects of the protection of the medical mission, there is still much work to be done in terms of ensuring that these commitments are adhered to; systematic, comprehensive,

practical training on the protection of the health facilities and the civilians should be made available to all weapons bearers.

The vulnerability of health facilities has, in turn, had an impact on the recruitment of qualified staff, particularly females, in the areas that need the most assistance, and on the costs of operating because of higher security expenses. In some areas, the medical staff is paid but do not come to work on account of the general insecurity.

The ongoing withdrawal of the International Security and Assistance Force (ISAF) also means that there will be reduced support to Afghan security forces, which may have consequences for the provision of health care: The Afghan Army and Police will have less access to drugs, trained medical staff and appropriate means of evacuation (helicopters, equipped ambulances, etc) and may, therefore, be compelled to rely more heavily on the civilian health system. This, in turn, may result in increased intrusion into facilities, threats against personnel and theft of materials and drugs. It may, moreover, expose health facilities to a greater risk of direct attack. This, in sum, will increase the pressure on the – already weak – civilian health system and reduce access to services.

In this context, the commendable goal of the Ministry of Public Health (MOPH) in Afghanistan is ”health for all Afghans”. There have been significant achievements of the current Afghan Government in this respect. However, the current health policies are development-oriented; they are not adapted to the current conflict environment in certain areas of the country. The policies do not foresee emergency surgery kits, pay benefits to compensate for insecurity, contingency plans, and most importantly, the MoPH is simply unable to implement the policies in the entire country because of the security situation.

The “armed conflict” is a sensitive political issue for both the Afghan Government and the international community. Donors for the BPHS / EPHS are required to follow the Afghan official policy and, consequently, do not provide financial support for the health needs that arise in conflict-related emergency situations, which are beyond the “development framework”. The sensitivity of this critical political issue has also prevented strong statements from international or national stakeholders on the situation of the protection of the health facilities in Afghanistan.

To improve the situation, donors and the Afghan Government need to acknowledge the impact of the conflict upon the delivery of health services and to take it into account in their strategy and funding decisions; basing aid and assistance on the real needs, despite the political considerations. All parties to the conflict also need to be sensitized to the protection of civilians, of health facilities and of health workers, in accordance with international and Afghan laws and other relevant normative frameworks. Finally, stakeholders in Afghanistan should strongly and collectively advocate on these issues that are of critical importance.

To conclude, we want to insist on the fact that the situation in Afghanistan is complex – the impact of the conflict does not affect all areas equally. Clearly though, the risks to the delivery of adequate health and aid services are very high. We would like to invite all of you not to forget that so far this year, 20 of our colleagues, Afghan aid workers, have been killed in Afghanistan.

.