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Country Policy and Information Note

Afghanistan: Medical and healthcare provision

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Preface

Purpose and use

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 \(COI\)](#), dated 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 in the country information section. Any event taking place or report/article published after this date is not included.

All information is publicly accessible or can be made publicly available, and is from generally reliable sources. Sources and the information they provide are carefully considered before inclusion.

Factors relevant to the assessment of the reliability of the 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, and
- whether the COI is consistent with and/or corroborated by other sources.

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

Information is compared and contrasted, whenever possible, to provide a range of views and opinions. The inclusion of a source, however, is not an endorsement of it or any view(s) expressed.

Each piece of information is referenced in a brief footnote; full details of all sources cited and consulted in compiling the note are listed alphabetically in the [bibliography](#).

MedCOI

Project MedCOI is an Asylum and Migration Integration Fund (AMIF) financed project to obtain medical country of origin information. The project currently allows 11 European Union member states plus the UK, Norway and Switzerland to make use of the services of the 'MedCOI' team in the Netherlands and Belgium. The MedCOI team makes enquiries with qualified doctors and other experts working in countries of origin. The information obtained is reviewed by the MedCOI team, which includes medical doctors, before it is forwarded to the relevant COI Service.

The Belgian Desk on Accessibility (BDA) of the Immigration Office in Belgium forms part of Project MedCOI.

Feedback

Our goal is to continuously improve our material. Therefore, if you would like to comment on this note, please email the [Country Policy and Information Team](#).

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Assessment

Updated: 30 November 2020

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 Articles 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](#).

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Country information

Section 1 updated: 27 November 2020

1. Health system

1.1 Overview of health care provision in Afghanistan

1.1.1 The European Asylum Support Office (EASO) noted in a report of August 2020, which cited several external sources:

'In 2001, Afghanistan had "a devastated health system and some of the worst health statistics in the world". Since then, Afghanistan's health care has been steadily progressing but continues to rely on support from NGOs and the international community. According to a 2019 World Health Organization bulletin, out of the 4% of the total government budget assigned to the [Ministry of Public Health], 80% was funded by donors...

'The World Health Organization (WHO) reported in 2018 that 3,135 healthcare facilities in total were functioning, ensuring access to healthcare to approximately 87% of the population within a two-hour distance.

'In a 2018 report, the World Bank concluded that over 2004-2010, health care services showed major improvements in Afghanistan, while in the period of 2011-2016 improvements continued at a slower pace.'¹

1.1.2 The EASO report continued:

'Despite these improvements, Afghanistan's public health care system, neglected during the years of conflict, continues to face challenges, such as damaged infrastructure, a lack of trained health care providers and under-resourced healthcare facilities. The situation is "further complicated by a lack of security and pervasive poverty", according to WHO.

'A 2017 study by Integrity Watch Afghanistan (IWA) found 53% of health care facilities experiencing structural and maintenance problems and poor hygiene and sanitation conditions were found in 45% of the facilities. IWA also added that the lack of electricity was another serious deficiency weakening the health sector with 20% of the facilities having no electricity supply...

'Public health services were even more overwhelmed due to large population movements inside the country and a significant number of returnees heading towards urban centres. Local medical facilities were largely unable to absorb the additional burden and could not cope with the increasing needs.

'A 2019 article by Al Jazeera noted that, due to the fact that the healthcare sector in Afghanistan is stretched thin, the patients who can afford to, opt to travel abroad to India, Pakistan and Turkey in order to receive medical care.'²

1.1.3 The United States Institute of Peace (USIP) stated in an April 2020 report:

¹ EASO, '[Afghanistan Key socio-economic indicators...](#)' (pages 46-47), August 2020

² EASO, '[Afghanistan Key socio-economic indicators...](#)' (page 47), August 2020

‘An overarching observation in the AAN [Afghanistan Analysts Network] 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.’³

- 1.1.4 Polio has not yet been eradicated⁴. The WHO noted in 2019, ‘Transmission of wild poliovirus in 2018 is restricted to the Southern and Eastern regions in Afghanistan; 21 polio cases were reported in 2018 from six of Afghanistan’s 34 provinces.’⁵

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1.2 Security issues

- 1.2.1 In June 2020, the International Committee of the Red Cross (ICRC) noted that ‘the recent rise in violence in Afghanistan, combined with targeted attacks against healthcare facilities, threatens to reduce or prevent access to health services for millions of Afghans that more than ever need health services with the outbreak of Covid-19.’⁶

- 1.2.2 Médecins Sans Frontières (MSF) reported in March 2020:

‘In 2018, Afghanistan ranked third in the world for the greatest number of attacks on healthcare...with 91 attacks reported by the World Health Organization (WHO). Attacks continued in 2019, with 119 incidents reported across 23 provinces as of the end of December. The direct targeting of healthcare facilities and personnel by all parties to the conflict not only causes immediate deaths and injuries, but also forces many hospitals to suspend vital medical services or shut down entirely.’⁷

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Section 2 updated: 27 November 2020

2. Basic indicators

2.1.1

Total population (million)	36,6 (July 2020 est.) ⁸
Urban population as % of total population	26% (2020 est.) ⁹
Life expectancy at birth	52.8 (2020 est.) ¹⁰
Maternal mortality rate	638 deaths per 100,000 live births (2017 est.) ¹¹

³ US Institute of Peace, ‘[Service delivery in Taliban influenced areas...](#)’ (page 11), April 2020

⁴ WHO, [WHO Afghanistan Country Office 2019](#) (page 10), 2019

⁵ WHO, [WHO Afghanistan Country Office 2019](#) (page 10), 2019

⁶ ICRC, [Afghanistan: Spike in violence against health care...](#), 17 June 2020

⁷ MSF, ‘[Reality check: Afghanistan’s neglected healthcare crisis](#)’, (Introduction), March 2020

⁸ CIA, [The World Factbook: Afghanistan](#), updated 18 November 2020

⁹ CIA, [The World Factbook: Afghanistan](#), updated 18 November 2020

¹⁰ CIA, [The World Factbook: Afghanistan](#), updated 18 November 2020

¹¹ CIA, [The World Factbook: Afghanistan](#), updated 18 November 2020

Infant mortality rate	104.3 per 1,000 live births ¹²
Physicians, number registered with Ministry of Public Health (MOPH)	2,941 (2016) ¹³
Nurses, number registered with MOPH	5,057 (2016) ¹⁴
Hospital beds per 10,000 population	4.2 (2012) ¹⁵
Total expenditure on health as % of GDP	9.5% (2014) ¹⁶
Out-of-pocket expenditure as % of total health expenditure (2014)	72% (2014 est.) ¹⁷
Improved drinking water	72% of population (96% in urban areas) ¹⁸
% of population having access to health services within two hours distance by any means of transport	87% (2019 est.) ¹⁹

- 2.1.2 EASO quoted Médecins Sans Frontières as cautioning, '[H]ealth statistics from Afghanistan are notoriously unreliable. Constraints in monitoring – caused in particular by the remote control support of health facilities – mean that data from the most insecure areas are often excluded from statistics. This introduces a persistent bias that is likely to contribute to overly positive country averages.'²⁰

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Section 3 updated: 27 November 2020

3. Structure and funding of the health care system

3.1 Role of the central government and of NGOs

3.1.1 [MedCOI](#) stated in a country fact sheet of May 2019:

'In 2002, Afghanistan's health system ranked among the worst in the world. The average life expectancy was only 43 and the majority of the population was undernourished or had no access to clean water. People distrusted visits to health centres because of the lack of resources and medical staff, corruption and the great distances to health services.

'Because the Government did not have enough capacity to establish an operational healthcare system on its own, the solution was to develop partnerships with NGOs who had experience in working in Afghanistan's

¹² CIA, [The World Factbook: Afghanistan](#), updated 18 November 2020

¹³ WHO, [WHO Afghanistan Country Office 2019](#), 2019

¹⁴ WHO, [WHO Afghanistan Country Office 2019](#), 2019

¹⁵ WHO, [WHO Afghanistan Country Office 2019](#), 2019

¹⁶ WHO, [WHO Afghanistan Country Office 2019](#), 2019

¹⁷ WHO, [WHO Afghanistan Country Office 2019](#), 2019

¹⁸ CIA, [The World Factbook: Afghanistan](#), updated 18 November 2020

¹⁹ WHO, [WHO Afghanistan Country Office 2019](#), 2019

²⁰ EASO, ['Afghanistan Key socio-economic indicators...'](#) (page 46), August 2020

rural regions, with the Ministry of Public Health (MoPH) having a regulating and facilitating role.’²¹

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3.2 The Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS)

3.2.1 MedCOI noted in May 2019:

‘In 2003, the MoPH [Ministry of Public Health] set up a standardized Basic Package of Healthcare Services (BPHS) to provide primary healthcare services and equitable access to health services for the entire population of Afghanistan. Delivery of the BPHS was contracted out to NGOs, who would train healthcare workers and provide essential healthcare services in all provinces of Afghanistan, with the exception of three province where the MoPH implemented the BPHS directly. All NGOs and other healthcare providers were expected to implement the BPHS.

‘The BPHS focuses on maternal and new born care, child health and immunization, public nutrition, communicable diseases, mental health, disability and the supply of essential drugs.

‘Three major international donors in all of Afghanistan’s 34 provinces supported the programme: the World Bank financed 11 provinces and Kabul City, the United States Agency for International Development (USAID) financed 13 provinces and the European Commission (EC) the remaining 10 provinces.

‘In 2005, the MoPH expanded the programme with the introduction of the Essential Package of Hospital Services (EPHS). The EPHS is a standardised package of hospital services for each level of hospital in the public sector...

‘To date, the BPHS and EPHS are regulated by the MoPH and outsourced to 40 national and international NGOs in 31 provinces. In Afghanistan’s remaining three provinces, the MoPH directly delivers BPHS through a contracting-in initiative entitled strengthening mechanism.

‘A review [by] the World Bank...confirmed that in the 2002-2016 period, the number of health facilities in Afghanistan had increased five times, the number of facilities with female staff increased from 22% to 87% and the under-5 child mortality rate dropped 60% to 55% per 1,000 live births.’²²

3.2.2 Médecins Sans Frontières (MSF) observed in March 2020:

‘The implementation of the BPHS/EPHS system is supported through performance-based partnership agreements ... Although technical expertise is one of the factors evaluated when assigning contracts, much weight is put on cost-effectiveness. This has led NGOs to outbid each other to deliver with the lowest, often unrealistic, price per capita. As a result, many public medical facilities are not equipped with enough staff and medical supplies, and patients often need to buy drugs and equipment themselves that will be

²¹ MedCOI, May 2019

²² MedCOI, May 2019

used for their medical care. This effectively moves basic health provisions further out of reach for people who cannot afford the extra costs.’²³

- 3.2.3 The US Institute of Peace (USIP) observed in April 2020 that this decentralised approach resulted in the quality and reach of health services varying by province²⁴.

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3.3 Public health facilities

- 3.3.1 As detailed by MedCOI in the country fact sheet of May 2019:

‘Public health services in Afghanistan operate at three levels:

1. **Primary care** services at the community or village level: Health Posts (HPs) staffed by Community health workers (CHWs), Health Sub-centres (SHCs), Basic Health Centres (BHCs) and linked Mobile Health Teams (MHTs);
2. **Secondary care** services at the district level: Comprehensive Health Centres (CHCs) and District Hospitals;
3. **Tertiary care** services at the provincial and national levels: provincial, regional, national, and specialty hospitals.

‘The BPHS is organized at the 6 community and regional health facilities:

1. **Health Posts** (HPs) offer basic health services delivered by community health workers (CHWs) from their own homes. A health post should have one female and one male CHW and serve 1,000 to 1,500 people. CHWs are responsible for treating minor illnesses and conditions common in children and adults, for awareness-raising on disability and mental health, and for identification of persons with disabilities and mental conditions. Patients who need urgent treatment have to be referred to a hospital.
2. **Health Sub-centres** (HSCs) are intermediate level centres which cover the services gap between Health Posts and other BPHS levels ... The HSC will provide most of the BPHS services that are available in BHCs including health education, immunization, antenatal care, family planning, detection, referral and follow up of TB cases ... women can give birth there, vaccinations are administered and common diseases like flu and migraines are treated.
3. **Basic Health Centres** (BHCs): ‘The BHC is a facility offering primary outpatient care, immunizations and maternal and new born care.’ The services of the BHC cover a population of about 15,000 to 30,000 people, or less than 15,000 in underpopulated areas. Services include maternal and childcare, immunizations, treatment of malaria and tuberculosis. There are referrals and follow-up care for mental health patients and persons with disabilities ... [C]ommon diseases can be treated in BHCs.

²³ MSF, ‘[Reality check: Afghanistan’s neglected healthcare crisis](#)’, (page 16), March 2020

²⁴ US Institute of Peace, ‘[Service delivery in Taliban influenced areas...](#)’ (page 11), April 2020

4. **Mobile Health Teams** (MHTs) are an extension of BHC services. A limited number of mobile health teams [are] active in remote villages located in geographically hard to access areas. The MHT has an ambulance and ideally the following staff: male health provider (doctor or nurse), female health provider (community midwife or nurse), 1 vaccinator and 1 driver.
5. **Comprehensive Health Centres** (CHCs) should cover about 30,000 to 60,000 people. The CHC can handle certain complications, serious cases of childhood illness and outpatient care for mental health patients. It performs screening and referral of persons with disabilities and persons requiring physiotherapy. The facility has a laboratory. The staff includes male and female doctors, male and female nurses, one psychosocial counsellor and laboratory and pharmacy technicians ... The CHC has a limited inpatient capacity.
6. **District Hospitals** (DHs): At the district level, the district hospital handles all services of the BPHS, including the most complicated cases. Patients referred to the district hospital level include those requiring major surgery under general anaesthesia, X-rays, comprehensive emergency obstetric care and male or female sterilizations. It offers comprehensive outpatient, inpatient care for mental health patients and rehabilitation for persons requiring physiotherapy with referral for specialized treatment if needed. The DH also provides a wider range of essential drugs and laboratory services than the CHCs. The district hospital is staffed with a number of doctors, including female obstetricians / gynaecologists; a surgeon, an anaesthetist, a paediatrician, a doctor who serves as a focal point for mental health: psychosocial counsellors / supervisors; midwives; laboratory and X-ray technicians; a pharmacist; a dentist and dental technician; and one to two physiotherapists (male and female). Each district hospital covers a population of about 100,000–300,000. ...DHs have a capacity of 50-100 beds.²⁵

3.3.2 Integrity Watch Afghanistan (IWA) published a study in 2017 which examined the state of public health facilities²⁶. The report showed that many health centres across the country still had major deficiencies, including structural and maintenance problems, poor hygiene and sanitation conditions with a quarter of facilities not having toilets, four out of ten health facilities lacking a potable water system and one in five facilities having no electricity²⁷. There were insufficient ambulances and many health facilities reported shortages of medical equipment and supplies²⁸.

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3.4 Private health facilities

3.4.1 MedCOI observed in 2019:

²⁵ MedCOI, May 2019

²⁶ IWA, '[Life Matters: Caring for the Country's Most Precious Resource](#)' (page 4), August 2017

²⁷ IWA, '[Life Matters: Caring for the Country's Most Precious Resource](#)' (pages 4-5), August 2017

²⁸ IWA, '[Life Matters: Caring for the Country's Most Precious Resource](#)' (page 5), August 2017

‘Next to the public healthcare system, there is also a widely used but expensive private sector ... Despite these higher costs, over 60% of Afghans are reported to use private healthcare centres as their main contact for healthcare services. Especially Afghans living outside big cities prefer private healthcare because of its quality and security concerns, even though the care received there might not be of better quality than in public facilities.

‘A study on the utilization of healthcare services in Afghanistan, published in 2016, came to the following conclusions: “While poorer households used public health services more often, the proportion of public facilities used for outpatient visits remains half of that of private facilities. Public health services through the BPHS and EPHS are free of charge according to the Afghan constitution and health law, however, utilization remains low particularly for [antenatal care] services compared to private health facilities.”

‘However, the [private] sector is very diverse and the quality of services is uneven. Though many Afghans seek first seek care in the private sector, the services provided are often insufficient or not up to standard.

‘In 2015, the Government of Afghanistan accused a list of hospitals in the private health sector of falsely claiming to be capable of providing certain healthcare services.’²⁹

- 3.4.2 See [Access to treatment](#) for an indication of private sector consultation fees.

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3.5 Pharmaceuticals

3.5.1 According to the WHO Health Profile 2015:

‘Both the quantity and quality of essential medicines are major challenges for the health system. As there is no national regulatory authority, medicines, vaccines, biological agents, laboratory agents and medical devices are not properly regulated, making legislation and law enforcement almost impossible. The function of the regulatory body is fragmented among different government entities, including the General Directorate of Pharmaceutical Affairs, Quality Control Laboratory and Health Legislation Department. Traditional medicine is widely utilized as it is less expensive and more readily accessible.

‘The Ministry of Public Health is planning to assess the potential adverse effects of traditional medicines and produce technical guidelines, as well as establish mechanisms to control their use. In addition, the national quality control system for pharmaceuticals needs to be upgraded to assess the quality of medicines and ensure community access to quality, affordable and safe medicines.’³⁰

- 3.5.2 MedCOI recorded: ‘In 2017, the MoPH launched a 12-week campaign against counterfeit and substandard medicine. The licenses of more than 900 local and foreign pharmaceutical importing companies were suspended, while 100 tons of expired, counterfeit and low-quality medicine were seized

²⁹ MedCOI, May 2019

³⁰ WHO, [‘Afghanistan Health Profile 2015’](#), 2016

from pharmacies. The security situation further affects the delivery and availability of life saving medicines due to road inaccessibility.’³¹

3.5.3 See also [Access to medicines](#).

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Section 4 updated: 27 November 2020

4. Access to treatment

4.1 Cost and affordability of professional treatment in public hospitals and health centres

4.1.1 The exchange rate on 27 November 2020 was £1.00 = 102.73 AFN (Afghanis)³².

4.1.2 As noted by MedCOI in a response of 3 January 2020:

‘[T]he Constitution of Afghanistan states that the Ministry of Public Health (MoPH) “shall provide free preventive and curative services for highly endemic diseases, natural treatment and first-aid services to citizens of the country.” The MoPH stipulates that everyone who needs care must receive it, regardless of their ability to pay. User fees at BPHS (Basic Package of Health Services) facilities are officially banned for all Afghanis.’³³

4.1.3 MedCOI noted in May 2019 that consultation fees in public facilities were nominally free of charge for the following specialists (where available):

Cardiologist, child psychiatrist, endocrinologist, gastroenterological surgery gastroenterology, general surgeon, haematologist, hepatologist, internal specialist, nephrologist, neurologist, obstetrician / gynaecologist, paediatric surgeon, paediatrician, pulmonologist, urologist, dentist and physiotherapist³⁴.

4.1.4 Médecins Sans Frontières (MSF) stated in a report of March 2020, ‘Widespread poverty... puts care out of reach for many Afghan people, as witnessed daily through the stories our patients tell us and in the cases that we treat. Patients describe delaying or avoiding care, or selling essential household goods in order to cover health-related expenses.’³⁵

4.1.5 As MSF pointed out, ‘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.’³⁶

4.1.6 MedCOI noted:

‘AMOR Afghanistan Health Organization (AAHO) reports that although public hospitals do not officially charge fees for treatments, “it is a standard practice for the patient or his family to pay a bribe to the physician in order to receive

³¹ MedCOI, May 2019

³² XE.com, [XE Currency converter](#), 27 November 2020

³³ MedCOI, 3 January 2020

³⁴ MedCOI, May 2019

³⁵ MSF, ‘[Reality check: Afghanistan’s neglected healthcare crisis](#)’, (Executive summary), March 2020

³⁶ MSF, ‘[Reality check: Afghanistan’s neglected healthcare crisis](#)’, (Executive summary), March 2020

treatment.” ... This form of corruption is believed to be “driving up hidden costs for patients and providing a major barrier to accessing healthcare for those who cannot afford the under-the-table payments often required to pay for health services”.³⁷

- 4.1.7 See the section on [Mental health](#) for details of related treatment costs.

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4.2 Private sector: consultation fees

- 4.2.1 MedCOI noted in 2019 that treatment prices are not fixed in the private sector³⁸. Hospitals and practitioners are entitled to set their own prices and they can therefore vary³⁹. A consultation with a general practitioner in the private health sector will cost AFN 100-200, and in some clinics up to AFN 200-300⁴⁰. The cost of a specialist consultation is on average AFN 300 to 800. However, in modern hospitals like Amiri Private Hospital in Kabul, a specialist fee can be as high as US\$100⁴¹.

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4.3 Access to medicines

- 4.3.1 As noted by MedCOI in May 2019:

‘The Essential Medicines List of Afghanistan (EML)⁴² contains... medicines that are... recommended for use in the BPHS and EPHS. However, according to a UN report from 2017, stock-outs of medicines and medical equipment can occur due to the insecurity and inaccessibility of public roads. In all levels of the healthcare system, there can be shortages of life-saving medicines, even in referral hospitals.

‘Patients have to pay for all medicines, except for medicines in primary care, which are free in public health facilities.

‘A prescription is needed for certain types of drugs.

‘[A]lthough there are a lot of pharmacies in Afghanistan, drugs are only easily accessible in urban areas as there are a lot of private pharmacies available. This is less the case in rural areas.

‘According to a report by the German Federal Office for Migration and Refugees (BAMF) from 2016, “Any kind of medication is available on the Afghanistan markets now, but the costs vary based on quality, company names and manufacturers”. The quality of these medicines is often low; the drugs are expired or were transported in bad conditions.’⁴³

³⁷ MedCOI, May 2019

³⁸ MedCOI, May 2019

³⁹ MedCOI, May 2019

⁴⁰ MedCOI, May 2019

⁴¹ MedCOI, May 2019

⁴² Ministry of Public Health, ‘[National Essential Medicines List of Afghanistan](#)’, 2014

⁴³ MedCOI, May 2019

- 4.3.2 EASO noted, '[It] is reported and there are widespread complaints about having to purchase medicines in the market, rather than receive them for free at the clinic.'⁴⁴

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4.4 Costs of laboratory tests and diagnostic investigations

- 4.4.1 MedCOI noted in January 2020 that the fee for the available laboratory tests and diagnostic investigations in public hospitals is low compared with private facilities⁴⁵. For example, ECG and Echo-cardiography in public facilities costs AFN 20 and 50 respectively, while in private facilities the costs are AFN 200 and 1,500, respectively⁴⁶.

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4.5 Public health insurance

- 4.5.1 MedCOI stated in a response of 3 January 2020, 'There is no public or community-based health insurance system in place in Afghanistan. Instead of providing health insurance, the Constitution of Afghanistan states that the Ministry of Public Health... "shall provide free preventive and curative services for highly endemic diseases, natural treatment and first-aid services to citizens of the country".'⁴⁷

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4.6 Geographic considerations

- 4.6.1 The World Health Organization (WHO) reported in 2019 that 3,135 healthcare facilities were functioning in Afghanistan, ensuring access to healthcare to approximately 87% of the population within a two-hour distance (by any means of transport)⁴⁸. EASO noted, 'Afghanistan's Ministry of Public Health stated that 60% of people had access to health services in April 2018, when access was defined as one hour walking distance to the nearest clinic.'⁴⁹
- 4.6.2 According to MedCOI, 'In many province hospitals, there is only basic medication or emergency help available. For other kinds of treatments, the patient needs to be referred to city hospitals.'⁵⁰
- 4.6.3 A study published in the Eastern Mediterranean Health Journal in September 2018 showed large regional imbalances in health care provision:
'Geographic imbalances are prominent as there are 16.7 health workers per 10 000 in rural areas, compared with 36 per 10 000 in urban areas; most qualified health workers are in urban areas serving only 23% of the population.'

⁴⁴ EASO, '[Afghanistan Key socio-economic indicators...](#)' (page 52), August 2020

⁴⁵ MedCOI, 10 January 2020

⁴⁶ MedCOI, 10 January 2020

⁴⁷ MedCOI, 3 January 2020

⁴⁸ WHO, '[WHO Afghanistan Country Office 2019](#)', 2019

⁴⁹ EASO, '[Afghanistan Key socio-economic indicators...](#)' (page 48), August 2020

⁵⁰ MedCOI, May 2019

'[For example], the density of doctors is eight times greater in Kabul than it is in Kunar [province].'⁵¹

- 4.6.4 According to the US Institute of Peace paper of April 2020, Afghanistan Analysts Network (AAN) reports had shown that health service delivery 'is not much worse (and sometimes may be better) in Taliban-controlled rural areas than in government-controlled rural areas.'⁵²

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Section 5 updated: 27 November 2020

5. A note on Covid-19

- 5.1.1 According to the Johns Hopkins University's Coronavirus Resource Centre, 44,503 confirmed Covid-19 cases had been registered in Afghanistan by 23 November 2020; 1,675 patients had died by that date, representing 4.51 deaths per 100,000 population⁵³.
- 5.1.2 The World Health Organization reported on 5 July 2020:
- 'COVID-19 is overwhelming the already challenged health care system in Afghanistan. Laboratories and hospitals require... essential items and WHO is working around the clock to provide critical medical supplies and equipment to support the Ministry of Public Health in ensuring that essential health services are maintained and strengthened...
- 'Since February 2020, WHO has provided approximately US\$ 4.2 million worth of COVID-19 supplies and equipment to Afghanistan for distribution based on need. An additional US\$ 15.4 million worth of supplies and equipment are planned.
- 'When the pandemic started, there were no COVID-19 testing facilities in Afghanistan but under the leadership of the Ministry, WHO has since established 11 testing laboratories with a total capacity to perform 2500 tests per day. Plans to further expand testing through another 10 sites is under way...'⁵⁴
- 5.1.3 Measures taken by the Ministry of Public Health to limit the spread of Covid-19 have included the establishment of specific areas for quarantine in Kabul and in the provinces, assigning health teams for screening of passengers at airports and other boarder entry points, and an awareness campaign⁵⁵.

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Section 6 updated: 27 November 2020

6. Cancer (oncology)

6.1 Incidence and outcomes

- 6.1.1 MedCOI reported in May 2019:

⁵¹ Eastern Mediterranean Health Journal, '[Addressing health workforce...](#)', September 2018

⁵² US Institute of Peace, '[Service delivery in Taliban influenced areas...](#)' (page 18), April 2020

⁵³ Johns Hopkins University, '[Coronavirus Resource Center: Afghanistan](#)', 23 November 2020

⁵⁴ WHO, '[WHO delivers essential COVID-19 medical supplies...](#)', 5 July 2020

⁵⁵ Ministry of Public Health, '[MoPH held an emergency meeting with...](#)', 12 February 2020

‘The Afghanistan Cancer Foundation (ACF), founded by the Government in 2016, states that 20,000 cancers are diagnosed each year in the country. The most common cancers in Afghanistan are cancer of the breast, lungs, stomach, oesophagus, and lip/oral cavity. Out of 20,000 cancer patients, 7,000 are reported to be breast cancer cases.

‘According to a research report from 2017, the mortality rate for cancer in Afghanistan is the highest in the region of South Asia. An article in The Asco Post, a newspaper specialised in oncology, state[d]: ‘In the year 2015, there were 19,656 new cancer cases and 15,211 cancer-related deaths in Afghanistan, accounting for nearly 78% of the incidence.’⁵⁶

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6.2 Specialist treatment

6.2.1 MedCOI noted:

‘According to the World Health Organization (WHO), services for cancer screening and treatment in Afghanistan are very limited in the public and private health sectors...

‘[T]he Afghanistan Cancer Foundation (ACF), the first Cancer Diagnosis and Treatment Centre [in] the country opened in 2016 in Jamhoriyat Hospital in Kabul, with 29 beds in the inpatient department and 10 beds in the outpatient department. Patients who have been diagnosed with the disease are referred to this centre ... The Cancer Center in Jamhoriyat hospital is reported not to be able to treat leukaemia patients: the only treatments available for blood cancer were blood transfusions and iron supplements.

‘[T]he MoPH established a Breast Cancer Diagnostic Centre at the Istiqlal Hospital in Kabul in 2016. The Centre has been equipped with laboratory and electro-medical equipment (laparoscopy, endoscopy and colonoscopy, mammography and echocardiography).’⁵⁷

6.2.2 MedCOI found that specialist treatment by an oncologist is not available in public or private facilities⁵⁸. Cancer treatment is typically overseen in hospitals by internal specialists (internists)⁵⁹.

6.2.3 Inpatient treatment by an internal specialist is available at the Ali Abad Hospital, Kabul, a public facility⁶⁰. Surgical treatment is carried out at the same hospital⁶¹. MedCOI explained, ‘[I]npatient and outpatient treatment by a general surgeon...is available, but oncological surgery (e.g. to remove a cancer tumour) is not available.’⁶²

⁵⁶ MedCOI, May 2019

⁵⁷ MedCOI, May 2019

⁵⁸ MedCOI, 31 March 2020

⁵⁹ MedCOI, 31 March 2020

⁶⁰ MedCOI, 31 March 2020

⁶¹ MedCOI, 31 March 2020

⁶² MedCOI, 31 March 2020

6.3 Chemotherapy

- 6.3.1 MedCOI noted in March 2020 that these drugs were among those administered through chemotherapy in Afghanistan: cyclophosphamide, doxorubicin and vincristine⁶³.

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6.4 Radiation therapy

- 6.4.1 MedCOI advised that radiation therapy is not available in Afghanistan⁶⁴. MedCOI noted, '[At the Ali Abad Hospital] a radiologist is available for diagnostic purposes, but not for administering radiation therapy.'⁶⁵

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6.5 Diagnostic imaging

- 6.5.1 Diagnostic imaging by means of MRI, or by CT scan, is carried out at certain private facilities in Kabul⁶⁶.
- 6.5.2 Diagnostic imaging by means of integrated PET/CT- scan is not possible in the country⁶⁷.

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6.6 Access to treatment

- 6.6.1 According to MedCOI:

'Cancer is considered one of the priority non-communicable diseases and the MoPH states in its National Health Strategy 2016–2020 that it wants to implement an essential package of affordable, cost-effective cancer [treatment] ... However, these plans have not yet come into effect.

'Even though the Cancer Centre in Jamhoriyat hospital opened in Kabul in 2016, the services are limited due to inadequate financial and technical capacities. Because of this, the Cancer Centre is not able to provide cancer medications free of cost, in spite of being a public healthcare centre ... According to the testimony of a patient visiting the Cancer Centre in the Jamhoriyat Hospital, he ha[d] to pay AFN 3,500 per treatment session which, according to his statement, is still several times less than the treatment cost in Pakistan.

'The Bayat Foundation, is a private, non-profit Health, Education and Social Development Organization. On 2 April 2018, the organisation started constructing a new Maternity and Neonatal Hospital, where, among other services, a Women's Cancer Clinic will be provided.'⁶⁸

See also [Palliative care](#).

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⁶³ MedCOI, 31 March 2020

⁶⁴ MedCOI, 31 March 2020

⁶⁵ MedCOI, 31 March 2020

⁶⁶ MedCOI, 23 December 2018

⁶⁷ MedCOI, 31 March 2020

⁶⁸ MedCOI, May 2019

7. Cardiology and cardiovascular (heart / blood vessel) treatment

7.1.1 MedCOI observed in May 2019:

'[The Ministry of Public Health] has registered 52,000 patients with cardiovascular disease (CVD) in a year in public healthcare facilities. The MoPH states that "Almost 50 per cent of cardiac disease patients die due to lack of medical facilities, medical equipment and lack of heart specialists.

'12.5% of the total deaths in Afghanistan in 2017 were estimated to be caused by coronary heart disease or cardiac ischemia.

'A heart transplant is not possible in Afghanistan...' ⁶⁹

7.1.2 Regarding access to treatment, MedCOI noted:

'According to the MedCOI contact person..., treatment for [cardiovascular disease] (placing of stent, pacemakers, heart surgery) is not easily accessible to persons with low financial means. Cardiologists who work in private hospitals charge high prices for surgery. People with low financial means go to experienced cardiologists in Pakistan. For instance, in Hyatabad Medical complex in Peshawar (Pakistan), patients only have to pay for the medicines.' ⁷⁰

7.1.3 The treatments listed below are available at certain private facilities in Afghanistan, for example the Amiri Complex Hospital in Kabul:

- outpatient treatment and follow up by a cardiologist
- inpatient treatment by a cardiologist
- diagnostic imaging: ECG (electro cardiogram)
- laboratory blood research
- diagnostic imaging by means of ultrasound of the heart (= echocardiography = echocardiogram = TTE)
- laboratory research for cardiac biomarker; troponin. ⁷¹

7.1.4 Among the drugs used in cardiac treatment that MedCOI has confirmed are available in Afghanistan, are: warfarin, clopidogrel, perindopril, captopril, metoprolol, bumetanide, torasemide, spironolactone, triamterene, isosorbide dinitrate, isosorbide mononitrate and nitroglycerin ⁷². Available lipid modifying / cholesterol inhibitors include atorvastatin, ezetimibe, acipimox ⁷³ and simvastatin ⁷⁴.

⁶⁹ MedCOI, May 2019

⁷⁰ MedCOI, May 2019

⁷¹ MedCOI, 2 November 2020

⁷² MedCOI, 2 November 2020

⁷³ MedCOI, 2 November 2020

⁷⁴ MedCOI, 25 November 2020

7.2 Hypertension (high blood pressure)

- 7.2.1 MedCOI have reported that medicines including ramipril and amlodipine are available for the treatment of hypertension⁷⁵.

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Section 8 updated: 27 November 2020

8. Diabetes mellitus

- 8.1.1 According to the MedCOI..., 'people with low financial means can get their treatment for diabetes in public hospitals. If the medicines are available in the hospital they can get them for free, otherwise they have to buy them from private pharmacies.'⁷⁶
- 8.1.2 The following specialist treatment is available, according to a MedCOI response of 23 May 2019:
- Inpatient treatment by an endocrinologist and inpatient treatment by an internist (internal specialist) are available, for example at the Ali Abad Hospital in Kabul
 - Outpatient treatment by an endocrinologist or an internist are available at private clinics in Kabul.⁷⁷
- 8.1.3 MedCOI confirmed in February 2020 that these types of insulin are available in Afghanistan:
- insulin: long acting (24 hour); insulin glargine such as ®Lantus
 - insulin, premixed: aspart (rapid acting) and aspart protamine (intermediate acting) such as ®Novomix
 - insulin: rapid acting (2-5 hour); insulin aspart like ®Novorapid.⁷⁸
- 8.1.4 MedCOI also noted the availability of several oral medications, including gliclazide, metformin, glibenclamide and tolbutamide⁷⁹, as well as sitagliptin and vildagliptin⁸⁰.
- 8.1.5 According to MedCOI, blood glucose self-testing strips for home use by the patient are obtainable at pharmacies⁸¹. Laboratory research of blood glucose (including: HbA1C/ glyc.Hb) is carried out at the Alfalah Medical Laboratory in Kabul⁸².
- 8.1.6 In cases where diabetic retinopathy has been diagnosed, refer also to the section on [Eye treatment](#).

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⁷⁵ MedCOI, 24 May 2019

⁷⁶ MedCOI, May 2019

⁷⁷ MedCOI, 23 May 2019

⁷⁸ MedCOI, 14 February 2020

⁷⁹ MedCOI, 14 February 2020

⁸⁰ MedCOI, 25 November 2020

⁸¹ MedCOI, 17 October 2019

⁸² MedCOI, 17 October 2019

9. Eye treatment (including ophthalmology)

9.1.1 MedCOI advised in May 2019:

‘The NOOR (National Organisation for Ophthalmic Health) Eye Care Programme of the NGO International Assistance Mission (IAM) has collaborated with the [Ministry of Public Health] to support eye care facilities throughout the country and to provide eye care training for professionals. They operate three referral hospitals: the NOOR Eye Care Training Centre (NETC) in Kabul, Mazar Ophthalmic Centre (MOC), and Kandahar NOOR Eye Hospital. NOOR provides logistical support and financial oversight to the MOPH’s Central Polyclinic in Kabul and Herat Ophthalmic Centre. In 2017, NOOR established eight new Vision Care Centres.’⁸³

9.1.2 MedCOI confirmed in August 2020:

- Inpatient or outpatient treatment and follow up by an ophthalmologist was available, for example at the Noor Eye Hospital, Darulaman, Kabul (a public facility)
- ophthalmological surgery, laser treatment and cataract surgery were carried out at the Aman Eye Hospital, Moqabele Silo, Kabul (a private facility).⁸⁴

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10. Hepatitis B and C

10.1.1 According to MedCOI, ‘[I]n Afghanistan 1,804 hepatitis cases were diagnosed and reported in 2015 – 1,343 hepatitis B and 461 hepatitis C cases. However, the burden of the disease is likely to be significantly higher.’⁸⁵

10.1.2 MedCOI confirmed in May 2020 that the following treatment is available in Afghanistan (Kabul):

- inpatient treatment by an internal specialist (internist)
- outpatient treatment and follow up by an internal specialist (internist)
- inpatient or outpatient treatment and follow up by a gastroenterologist
- laboratory research of HCV antibody
- laboratory research of HCV RNA test
- diagnostic research, in the form of liver biopsy
- laboratory research of HBV DNA testing in case of Hepatitis B
- laboratory research of viral load for Hepatitis C

⁸³ MedCOI, May 2019

⁸⁴ MedCOI, 26 August 2020

⁸⁵ MedCOI, May 2019

- laboratory research of liver function (PT, albumin, bilirubin, transaminases: ASAT(=SGOT), ALAT(=SGPT) etc.).^{86 87}

10.1.3 MedCOI found that the medicines ribavirin and sofosbuvir⁸⁸, as well as amoxicillin, lamivudine, pantoprazole and clarithromycin⁸⁹ were available in Afghanistan.

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Section 11 updated: 27 November 2020

11. HIV/AIDS

11.1.1 The World Health Organisation (WHO) recorded in 2009, 'Afghanistan has a low HIV prevalence among the general and key population groups, except for injecting drug users (IDUs).'⁹⁰

11.1.2 WHO noted in the Afghanistan Health Profile 2015:

'A national strategic plan on HIV and AIDS is in place. A number of services are offered targeting people who inject drugs, including needle exchange programmes and a limited opioid substitution therapy programme, but coverage remains insufficient. Interventions currently target people who inject drugs, sex workers and men who have sex with men. HIV is diagnosed in voluntary counselling and testing centres. There are national guidelines for diagnosing HIV and preventing mother-to-child transmission, but HIV tests are not routinely offered to pregnant women. Evidence indicates that HIV is currently spreading from people who inject drugs to their sexual partners and thus to the general population. This will continue unless effective, vigorous and sustained action is taken. Diagnostic services are integrated with the HIV/AIDS programme; however, there is no specialized treatment for hepatitis.'⁹¹

11.1.3 UNAIDS reported the following estimates in 2019:

- | | |
|---|----------------------------|
| • Adults and children living with HIV | 11,000 |
| • Adults aged 15 and over living with HIV | 10,000 |
| • Adult aged 15 to 49 HIV prevalence rate | Less than 1% of population |
| • AIDS-related deaths (all ages) | 500-1,400 |
| • People with HIV receiving antiretroviral therapy (all ages) | Up to 33% ⁹² |

11.1.4 MedCOI have reported that the following services are available at the ART Center, Darulaman, Pahloi Institute TB, Kabul (a public facility):

⁸⁶ MedCOI, 28 May 2020

⁸⁷ MedCOI, 25 February 2019

⁸⁸ MedCOI, 28 May 2020

⁸⁹ MedCOI, 4 April 2017

⁹⁰ WHO, '[Afghanistan Country Office 2019](#)', (page 13), 2019

⁹¹ WHO, '[Afghanistan Health Profile 2015](#)', 2016

⁹² UNAIDS, '[Afghanistan: Data](#)', 2019.

- outpatient treatment and follow up by a HIV specialist
- inpatient treatment by a HIV specialist
- laboratory research HIV: CD4 count
- laboratory research HIV: viral load.⁹³

11.1.5 CPIT has not been able to compile a full list of antiretroviral drugs (ARVs) currently available in Afghanistan. In responding to specific information requests in 2019 and 2020 on the availability of specific ARVs, MedCOI found that the following were available: emtricitabine, tenofovir alafenamide⁹⁴, abacavir, dolutegravir, lamivudine⁹⁵.

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Section 12 updated: 27 November 2020

12. Mental health

12.1 General availability of mental health care facilities in Afghanistan

12.1.1 Human Rights Watch (HRW) observed in a report of October 2019:

‘Afghanistan has been devastated by violence, and it is estimated that half the population experiences depression, anxiety, or post-traumatic stress, which can have a disastrous impact on people’s mental health and the well-being of their relatives and friends.

‘Over the past 15 years, the government has trained roughly 750 psychosocial counselors who can provide basic mental health counseling and facilitate referrals. But less than 10 per cent of the population [uses] these services.’⁹⁶

12.1.2 The WHO Afghanistan Country Office 2019 report noted:

‘Despite significant need, healthcare facilities attending to mental health issues are scarce. Mental health is one of the components in the existing framework of the Basic Package of Health Services (BPHS). Inclusion of mental health and psychosocial care into BPHS is an important step towards ensuring that psychosocial problems and mental disorders are recognized and managed by primary healthcare personnel. Currently, psychosocial counselors provide services in most comprehensive health centres (CHCs). The lack of trained psychiatrists, psychiatric nurses, psychologists and social workers presents a serious challenge for mental healthcare service delivery.’⁹⁷

12.1.3 Regarding facilities for inpatient psychiatric care, the WHO Mental Health Atlas for 2017 showed that there was one mental hospital in the country and four general hospitals with psychiatric units⁹⁸. The mental hospital accommodated 2,447 inpatients, of whom 881 were admitted involuntarily.

⁹³ MedCOI, 15 January 2020

⁹⁴ MedCOI, 15 January 2020

⁹⁵ MedCOI, 11 July 2019

⁹⁶ HRW, ‘[Afghanistan’s Silent Mental Health Crisis](#)’, 7 October 2019

⁹⁷ WHO, [Afghanistan Country Office 2019](#), (page 19), 2019

⁹⁸ WHO, ‘[Mental Health Atlas 2017](#)’, 2017.

26%-50% of discharged inpatients receive a follow-up outpatient visit within one month⁹⁹.

12.1.4 See also [Cultural and social factors: Stigma](#).

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12.2 Availability of specialist treatment in Kabul

12.2.1 MedCOI confirmed, in response to recent enquiries, that the following treatment was available at the Ali Abad Hospital, Kabul University, Kabul (a public hospital):

- inpatient treatment by a psychiatrist¹⁰⁰
- outpatient treatment and follow up by a psychiatrist¹⁰¹
- psychiatric long term clinical treatment (e.g. for chronic psychotic patients) by a psychiatrist¹⁰²
- psychiatric crisis intervention in case of suicide attempt¹⁰³
- psychiatric clinical treatment in a closed ward/setting (not necessarily forced admittance)¹⁰⁴

12.2.2 MedCOI also noted that inpatient or outpatient treatment and follow-up by a psychologist is available at the Mental Health Hospital, Alauddin, Karte 3, Kabul (a public facility)¹⁰⁵.

12.2.3 Regarding the duration of inpatient psychiatric treatment, MedCOI noted:

‘The situation about the maximum duration of the treatment varies: Ali Abad Hospital keeps a patient up to 12-14 days in the clinic. The Mental Health Hospital hospitalizes a patient for up to two weeks. In case of medical need and based on the response of the treatment, they rarely extend the duration to one or very rarely to two weeks more (so in very rare cases hospitalization is possible up to one month).’¹⁰⁶

‘After that, [the] patient can be visited by a psychiatrist and prescribed with required medicines in Ali Abad Psychiatric department, Kabul, on a regular basis but as an outpatient; so living at home and visit[ing] the department regularly.’¹⁰⁷

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12.3 Cost of specialist mental health treatment

12.3.1 The exchange rate on 27 November 2020 was £1.00 = 102.73 AFN (Afghanis)¹⁰⁸.

⁹⁹ WHO, ‘[Mental Health Atlas 2017](#)’, 2017.

¹⁰⁰ MedCOI, 27 November 2020

¹⁰¹ MedCOI, 4 July 2019

¹⁰² MedCOI, 27 November 2020

¹⁰³ MedCOI, 27 November 2020

¹⁰⁴ MedCOI, 14 April 2020

¹⁰⁵ MedCOI, 27 November 2020

¹⁰⁶ MedCOI, 27 November 2020

¹⁰⁷ MedCOI, 8 November 2019

¹⁰⁸ XE.com, [XE Currency converter](#), 27 November 2020

12.3.2 MedCOI, in a response dated 29 October 2020, gave the following examples of treatment costs in Kabul as of 21 October 2020:

- Outpatient treatment by a psychiatrist (public hospital):
Free, apart from AFN 20 registration fee (all medicines must be paid by the patient, except in emergency cases. Lab tests and diagnostic investigations are not free).
- Inpatient treatment by a psychiatrist (public hospital):
Free, apart from AFN 200 admission fee (all medicines must be paid by the patient, except in emergency cases. Lab tests and diagnostic investigations are not free)
- Outpatient treatment by a psychiatrist (private facility):
AFN 200 per consultation.
- Outpatient treatment by a psychologist (public hospital):
Free, apart from AFN 20 registration fee (medicines, lab tests, and diagnostic investigations are not free)
- Outpatient treatment by a psychologist (private facility):
AFN 500 per consultation.
- Psychiatric treatment of PTSD by means of cognitive behavioural therapy (public hospital)
Free, apart from AFN 20 registration fee.
- Psychiatric treatment of PTSD by means of cognitive behavioural therapy (private facility)
AFN 400 per session¹⁰⁹.

12.3.3 MedCOI reported in May 2019:

‘All treatments are available free of charge at the psychosocial and mental health centre in Kabul that is run by IPSO (International Psychosocial Organization). This organisation is funded by the German government to help returned Afghan migrants but it also provides psycho-social help to the local population. The centre has 2 psychiatrists, 26 psychosocial counsellors, 1 MD and 6 occupational therapists.

‘[P]atients have to buy the prescribed medications from outside the centre. Patients with low financial means receive the medicines from the clinic free of charge.’¹¹⁰

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12.4 Available medication

12.4.1 MedCOI specified in recent responses that the medicines listed below were found to be available in Afghanistan:

¹⁰⁹ MedCOI, 29 October 2020

¹¹⁰ MedCOI, May 2019

Antidepressants (including drugs for major depressive disorder):

amitriptyline¹¹¹, citalopram¹¹², clomipramine¹¹³, duloxetine¹¹⁴, fluoxetine hcl¹¹⁵, fluvoxamine¹¹⁶, imipramine¹¹⁷, mirtazapine¹¹⁸, nortriptyline¹¹⁹, sertraline¹²⁰, venlafaxine¹²¹

Anxiety (anxiolytics), panic disorders, sleeping problems:

alprazolam¹²², chlordiazepoxide¹²³, diazepam¹²⁴, lorazepam¹²⁵, oxazepam¹²⁶, promethazine¹²⁷, temazepam¹²⁸, zolpidem¹²⁹, zopiclone¹³⁰.

Bipolar disorder (manic depression):

quetiapine¹³¹, sodium valproate¹³²
Psychotic disorders (incl. schizophrenia): amisulpride, aripiprazole¹³³ clozapine¹³⁴, olanzapine¹³⁵, paliperidone¹³⁶, quetiapine¹³⁷

Seizures, epilepsy: clonazepam¹³⁸, lamotrigine¹³⁹, levetiracetam¹⁴⁰, pregabalin¹⁴¹, sodium valproate¹⁴², valproic acid¹⁴³

Other: biperidene¹⁴⁴, orphenadrine¹⁴⁵, temazepam¹⁴⁶, trihexyphenidyl¹⁴⁷

Note: The above is a non-exhaustive list of central nervous system drugs which were, according to MedCOI, found to be available in Afghanistan

¹¹¹ MedCOI, 29 October 2020

¹¹² MedCOI, 2 September 2019

¹¹³ MedCOI, 14 April 2020

¹¹⁴ MedCOI, 23 May 2019

¹¹⁵ MedCOI, 14 February 2020

¹¹⁶ MedCOI, 2 September 2020

¹¹⁷ medCOI, 8 June 2020

¹¹⁸ MedCOI, 8 June 2020

¹¹⁹ MedCOI, 14 April 2020

¹²⁰ MedCOI, 29 October 2020

¹²¹ MedCOI, 29 October 2020

¹²² MedCOI, 4 July 2019

¹²³ MedCOI, 14 April 2020

¹²⁴ MedCOI, 27 November 2020

¹²⁵ MedCOI, 14 April 2020

¹²⁶ MedCOI, 14 April 2020

¹²⁷ MedCOI, 4 July 2019

¹²⁸ MedCOI, 27 November 2020

¹²⁹ MedCOI, 14 February 2020

¹³⁰ MedCOI, 2 September 2020

¹³¹ MedCOI, 27 November 2020

¹³² MedCOI, 27 February 2020

¹³³ MedCOI, 29 October 2020

¹³⁴ MedCOI, 14 April 2020

¹³⁵ MedCOI, 27 November 2020

¹³⁶ MedCOI, 11 September 2019

¹³⁷ MedCOI, 27 November 2020

¹³⁸ MedCOI, 27 February 2020

¹³⁹ MedCOI, 2 November 2020

¹⁴⁰ MedCOI, 10 January 2020

¹⁴¹ MedCOI, 2 November 2020

¹⁴² MedCOI, 27 February 2020

¹⁴³ MedCOI, 27 February 2020

¹⁴⁴ MedCOI, 11 September 2019

¹⁴⁵ MedCOI, 11 September 2019

¹⁴⁶ MedCOI, 4 July 2019

¹⁴⁷ MedCOI, 11 September 2019

when checked in 2019 and 2020. (Several other named medicines were found not to be available.)

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12.5 Cultural and social factors: stigma

12.5.1 Human Rights Watch noted in October 2019, 'The health-seeking behavior of Afghans with mental health conditions is influenced by individual, cultural and structural barriers, ranging from poor knowledge about health and available services to poverty, social exclusion, stigma, gender discrimination and the ongoing conflict.'¹⁴⁸

12.5.2 Dr Manizha Ashna, co-founder of the Women's Health and Welfare Organization in Afghanistan, stated in an article published by Khaama Press News Agency in March 2019:

'[P]eople suffering [with poor mental health] tend to hide the maladaptive behavior, emotional illness, or psychological distress that requires treatment. Social taboos constitute one of the main barriers preventing sufferers' access to mental health services in Afghanistan. The widespread stigma tied to mental disorders jeopardizes the development and implementation of mental health policy. Stigmas and discrimination are barriers that make intervention for treatment difficult, especially in rural areas of Afghanistan.

'[M]ental disorders are one of the most misunderstood afflictions in Afghan society as they are exclusively tied to traditional medicine practices and irrational beliefs. In most cases, people who are mentally ill are treated by mullahs and, in severe cases, they are brought to traditional healing centers.

'There are some cultural and social barriers that deny most victims access to mental health services, such as... lack of support from family members and friends, and self-stigmatization due to people's negative and inaccurate beliefs about mental illnesses.'¹⁴⁹

12.5.3 According to a 2017 article by Dr Ayesha Ahmad, who was then an academic specializing in mental health, culture, and psychological trauma at London University:

'The suffering of mental illness in Afghanistan is a silent war. The causes of such suffering are shrouded in stigma, creating further wounds for the individual, and often their families too.

'Understanding the manifestation of psychiatric disorders such as psychosis, schizophrenia, or seizures related to severe depression carries beliefs about weak faiths or curses. In turn, these beliefs de-humanizes the person. Their identities are replaced by associations with the supernatural.'¹⁵⁰

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¹⁴⁸ HRW, '[Afghanistan's Silent Mental Health Crisis](#)', 7 October 2019

¹⁴⁹ Khaama Press, Ashna, M., '[Stigma and Taboos: The absence of...](#)', 10 March 2019

¹⁵⁰ Tolo News, Ahmad, A., '[Mental Health in Afghanistan - When...](#)', 31 January 2017

13. Mosquito-borne diseases: Malaria

13.1.1 The WHO reported in 2019:

'Afghanistan has the world's third-highest malaria burden ... In Afghanistan, 95% of malaria cases are attributed to Plasmodium falciparum (P.f.) and 5% to Plasmodium vivax (P.v.). Over 76% of Afghans live in at-risk areas. There are 123 districts at high risk and 213 districts at low risk of malaria, with eastern Afghanistan having the highest burden. In 2017, 91% of confirmed P.f and 89% of P.v. cases were reported from six provinces: Nangahar, Laghman, Kunar, Nuristan, Khost and Paktika.'¹⁵¹

13.1.2 A map in the [WHO World Malaria Report 2018](#) showed the regional incidence of malaria in Afghanistan in 2017¹⁵².

13.1.3 The WHO report, '[Country antimalarial drug policies: by region](#)' confirmed in December 2018 that the following drugs were in use in Afghanistan for treating malaria: chloroquine (CQ), quinine (QN), artesunate (AS), artemether (AM) and primaquine (PQ)¹⁵³.

13.1.4 WHO reported that insecticide-treated bed nets were available, but that:

'According to 2015 AfDHS [Afghanistan Demographic and Health Survey], while 26% of households own at least one insecticide-treated bed net (ITN), only 3% of households have enough nets to cover all household members (assuming 1 ITN per 2 people). Few children under five years of age and pregnant women – the most at-risk groups – slept under an ITN. There was a gap between ownership and use of ITNs: only 17% of children under age five and 15% of pregnant women in households with a net used the net the night before the survey. In 2016-17 around 2.8 million ITNs were distributed...'¹⁵⁴

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Section 14 updated: 27 November 2020

14. Neurological conditions, including epilepsy

14.1.1 MedCOI have advised that inpatient or outpatient specialist treatment by a neurologist is available at the Ali Abad Hospital in Kabul, a public hospital¹⁵⁵.

14.1.2 Treatment by a neurosurgeon is also offered at the Ali Abad Hospital but certain conditions, such as scoliosis, cannot be effectively treated in Afghanistan¹⁵⁶.

14.1.3 MedCOI reported in February 2020 that levetiracetam, carbamazepine, valproic acid/valproate and clonazepam were available for the treatment of epilepsy and seizures¹⁵⁷. Other available antiepileptics, as confirmed in November 2020, included pregabalin and lamotrigine¹⁵⁸.

¹⁵¹ WHO, '[Afghanistan Country Office 2019](#)', (page 15), 2019

¹⁵² WHO, '[World Malaria Report 2018: Afghanistan](#)', 2019

¹⁵³ WHO, '[Country antimalarial drug policies: by region](#)', updated December 2018

¹⁵⁴ WHO, '[Afghanistan Country Office 2019](#)', (page 15), 2019

¹⁵⁵ MedCOI, 27 November 2020

¹⁵⁶ MedCOI, 17 March 2020

¹⁵⁷ MedCOI, 27 February 2020

¹⁵⁸ MedCOI, 2 November 2020

15. Obstetrics and reproductive health

15.1.1 According to the EASO report of August 2020:

‘The May 2020 AIHRC [Afghanistan Independent Human Rights Commission] report stated that 46.2 % of women interviewed did not go to a hospital or a health centre during pregnancy and did not see a specialist; 15.6 % of the women and children interviewed had not received vaccines; 56.7 % of the total participants stated that the women in their families did not follow the minimum three-year interval between births and got pregnant sooner than that; 11.6 % of women interviewed continued giving birth at home without a doctor or midwife.

‘Before the implementation of the BPHS in 2003, Afghanistan had the second highest maternal mortality rate in the world. According to [estimates] by the UN, the maternal mortality rate was 1,100 per 100,000 live births in 2000 and has fallen by 64% to 396 per 100,000 live births by 2015.

‘In urban areas, the majority of women giving birth are assisted by a skilled provider, whereas less than half of rural deliveries are supported by a skilled birth attendant; 82.7% of urban births are institutional deliveries, compared to 43.4 % of rural births.’¹⁵⁹

15.1.2 UNICEF reported that 20% of women (aged 20-24) had given birth before the age of 18¹⁶⁰. The neonatal mortality rate (the probability that a child will die during the first 28 days of life) was 36 per 1,000 live births¹⁶¹. The under-5-year child mortality rate in 2019 was 60, down from 128 in 2000¹⁶².

15.1.3 The World Health Organisation reported in 2019, ‘Significant progress over the last decade and a half has resulted in substantial declines in infant, child and maternal mortality rates in Afghanistan. The provision of public health services, with a focus on primary health care, expanded substantially under challenging circumstances. Achievements in education, water and sanitation are also noteworthy.’¹⁶³

16. Orthopaedics, rehabilitation medicine and physical therapy

16.1.1 MedCOI noted in a response of 12 August 2020:

- outpatient treatment and follow up by an orthopaedic surgeon is available at the Wazir Akbar Khan Hospital, Wazir Abar Khan Watt, Kabul (a public hospital).

¹⁵⁹ EASO, ‘[Afghanistan Key socio-economic indicators: Focus on Kabul...](#)’ (page 57), August 2020

¹⁶⁰ UNICEF, ‘[UNICEF-Data: Afghanistan](#)’, updated November 2020

¹⁶¹ UNICEF, ‘[UNICEF-Data: Afghanistan](#)’, updated November 2020

¹⁶² UNICEF, ‘[UNICEF-Data: Afghanistan](#)’, updated November 2020

¹⁶³ WHO, [Afghanistan Country Office 2019](#), (page 8), 2019

- inpatient or outpatient treatment by a rehabilitation medicine specialist is available at the ICRC Ortho Center, Ali Abad, Kabul (a public facility)
- outpatient treatment and follow up by a physical therapist is available at the Wazir Akbar Khan Hospital, Wazir Abar Khan Watt, Kabul (a public hospital)¹⁶⁴.

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Section 17 updated: 27 November 2020

17. Palliative care

17.1.1 It was reported at an international palliative care conference held in Kabul in 2013:

‘The concept of palliative care in Afghanistan has existed for many years but yet there is not enough knowledge in this field among the health professionals and we do not have a specialized palliative care program in Afghanistan. Despite opium cultivation and trafficking, opiate availability (for pain relief) is very poor in Afghanistan. Even in very late stages of cancer, doctors are afraid to prescribe morphine for the patients. We do not have a single hospice center in the entire country.’¹⁶⁵

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Section 18 updated: 27 November 2020

18. Renal (kidney) failure and dialysis

18.1.1 According to the MedCOI country fact sheet of May 2019:

‘Kidney disease in the country is prevalent.

‘Common causes are wrong prescription of medication or prescribing too large dosages or for a too long period of time by doctors ... complicated child birth and poor healthcare during some acute or chronic illness like diabetes, hypertension or kidney stones.

‘According to a research report from 2016, Afghanistan has 10 nephrologists and 200 HD [haemodialysis] machines, which are concentrated in Kabul, Jalalabad and Mazar-e Sharif.

‘[P]atients have to travel to Peshawar in Pakistan and to New Delhi, India for advanced renal care like peritoneal dialysis and kidney transplants.

‘Kidney transplant is not yet [generally available] in Afghanistan ... ‘In 2016, doctors carried out the country’s first kidney transplant in Afghanistan...in a private hospital [Loqman Hakim Hospital], located in Herat city. [This] hospital has 100 beds and performs HD treatment daily to 8-10 patients.

‘According to an Afghan News article, the city of Kabul is also advancing its treatment possibilities for kidney failure. The article mention[ed] that in October 2017, a well-equipped centre for kidney diseases opened in Kabul:

“Public Health Minister Dr. Ferozuddin Feroz, who inaugurated the center, said the facility had been equipped with “all standard medical

¹⁶⁴ MedCOI, 12 August 2020

¹⁶⁵ E-Hospice.com, ‘[First palliative care conference held in Afghanistan](#)’, 20 May 2013

equipment” in three sections. “The center is also equipped with 40 hemodialysis machines and other materials needed for use”, he said. The center offers facilities like arteriovenous fistula surgery, double lumen catheter insertion, treatment of acute kidney failure..., chronic kidney diseases and removal of poisons.”

‘The same article report[ed] that four months before the opening of this facility in Kabul, a kidney hospital had also opened in Nangarhar province.’¹⁶⁶

18.1.2 MedCOI advised in September 2020:

‘At present, there are no nephrologists in Kabul. Normally, urologists take care of all urinary tract pathology. Generally, pre-renal and renal problems are treated by internists or urologists in Afghanistan, while post-renal problems are treated (including follow up) only by urologists. Urologists are considered the main referral specialists in all kidney problems in Afghanistan. However, the hemodialysis treatment in hospitals is specifically supervised by internists and the dialysis procedure itself is performed by a trained assistant.’¹⁶⁷

18.1.3 MedCOI had confirmed in a response of 9 May 2019 that this treatment was obtainable at the Amiri Medical Complex in Kabul (a private facility):

- inpatient or outpatient treatment and follow up by an internal specialist (internist)
- inpatient treatment by a (intervention) radiologist
- medical devices such as nephrostomy catheter/tube
- laboratory research of renal/ kidney function (creatinin, ureum, proteinuria, sodium, potassium levels)
- laboratory research / acid-base balance in blood and urine; e.g. serum and urine pH, electrolyte levels
- laboratory research: PTH, calcium, phosphate
- chronic hemodialysis ¹⁶⁸

18.1.4 Inpatient or outpatient treatment by a urologist was available at the Ali Abad public hospital in Kabul¹⁶⁹.

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Section 19 updated: 27 November 2020

19. Tuberculosis (TB)

19.1.1 The WHO noted in its 2019 Country Office report:

‘Tuberculosis (TB) continues to be a major public health challenge in Afghanistan. Medicines and diagnostics are made available free of charge in

¹⁶⁶ MedCOI, May 2019

¹⁶⁷ MedCOI, 28 September 2020

¹⁶⁸ MedCOI, 9 May 2019

¹⁶⁹ MedCO, 9 May 2019

the country. 65,000 cases and 11,000 deaths were estimated to be caused by TB in Afghanistan in 2016. In 2017, 47,406 cases were detected and enrolled on treatment.

‘The treatment success rate for all cases in 2016 was 89.2%.’¹⁷⁰

- 19.1.2 Laboratory research of liver function (PT, albumin, bilirubin, transaminases: ASAT(=SGOT), ALAT(=SGPT) etc.) is carried out at the Alfalah Medical Laboratory in Kabul¹⁷¹.

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Section 20 updated: 27 November 2020

20. Care for the elderly

- 20.1.1 The organisation Women Living Under Muslim Laws (WLURL) noted in an article of September 2013 attributed to Dr. Massouda Jalal of Women’s UN Report Network (WUNRN):

‘In policy, the State explicitly commits to assist in the care of needy elders. Article 53, Section 2 of the Afghan Constitution provides that, “The State guarantees the rights and privileges of pensioners... and as well renders necessary assistance to needy elders, women with caretakers... in accordance with the law.”

‘However, due to shortage of financial resources, the government is not able to provide sufficient social services. The neediest elders receive no more than the equivalent of \$5 dollars a month. And as long as millions of dollars are being spent to fight a senseless battle with anti-government elements, our people could never expect the government to consider social security of the elders as a priority.

‘In this scenario, the care for elders in Afghanistan continues to be in the hands of families.’¹⁷²

- 20.1.2 The WLURL article further noted:

‘Respect for elders is very much part of Afghan culture. However, the standard of respect and behavior remarkably differs for old women and men ... Very old women, especially those who could no longer take care of themselves, may increasingly be perceived as a burden to some members of the family and to the household economy.

‘There are interrelated concerns and challenges that are faced by ageing women in the country, which are: (1) low life expectancy; (2) diminished value as a human being; (3) inadequate welfare support; (4) absence of health services; (5) lack of studies/data for policy and action; (6) absence of activism for the population of ageing women; (7) gender biased attitudes of society towards them; and (8) greater vulnerability to violence and disasters.’¹⁷³

- 20.1.3 The WHO Health Profile 2015 noted:

¹⁷⁰ WHO, ‘[Afghanistan Country Office 2019](#)’, (page 14), 2019

¹⁷¹ MedCOI, 10 September 2020

¹⁷² Women Living Under Muslim Laws, ‘[Afghanistan: Critical concerns and...](#)’, 13 September 2013

¹⁷³ Women Living Under Muslim Laws, ‘[Afghanistan: Critical concerns and...](#)’, 13 September 2013

'Life expectancy at birth rose by 22.4% between 1990 and 2012 (from 49 years to 60 years). In 2010, the ageing population, over 60 years, represented 3.7%, having grown 192.7% since 1990.

'Since 2010, there have been no activities identified to strengthen the health of the elderly in collaborative programmes. No clear national policies, strategies or plans of action have been developed for ageing populations and there are no major activities conducted related to ageing and health. The Ministry of Public Health is currently exploring options for possible future activities.'¹⁷⁴

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20.2 Residential and nursing care

20.2.1 No reliable information could be found, at the time of writing, on state provision of residential accommodation for elderly persons.

20.2.2 Homes for the elderly have been established by certain NGOs, such as the Ismaili Council for Afghanistan¹⁷⁵.

20.2.3 MedCOI noted in September 2019 that 24/7 nursing home care could not be arranged through a hospital, but that care at home by a nurse could be arranged by the Ali Abad Hospital in Kabul¹⁷⁶.

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¹⁷⁴ WHO, '[Afghanistan Health Profile 2015](#)', 2016

¹⁷⁵ Ismaili Council for Afghanistan, '[Elderly care centres provide welcoming environment](#)', 2017

¹⁷⁶ MedCOI, 5 September 2019

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 ToR, 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 Health Care System: Public sector, Private sector, NGOs
- Pharmaceuticals
- Access to specialist treatment and drugs
- Medical conditions: Note on Covid-19
- Medical conditions: HIV/AIDs
- Medical conditions: Cancer (oncology)
- Medical conditions: Mental health
- Medical conditions: Cardiac
- Medical conditions: Renal failure and dialysis
- Medical conditions: Diabetes
- Medical conditions: Obstetrics
- Medical conditions: Hepatitis B and C
- Medical conditions: Malaria
- Medical conditions: Tuberculosis
- Medical conditions: Ophthalmology
- Medical conditions: Other
- Palliative care
- Care for the elderly

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Version control

Clearance

Below is information on when this note was cleared:

- version **1.0**
- valid from **9 December 2020**

Changes from last version of this note

First version.

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