**[Afghan health crises](https://www.dawn.com/news/1653355/afghan-health-crises)**

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BOTH of us are public health professionals and have had the honour of serving in the capacity of health ministers in our countries. Today, we join our voices to express concerns over the [fast-deteriorating](https://www.dawn.com/news/1642380) health conditions in Afghanistan and the need for immediate remedial actions. Nothing is apolitical, but certain matters must take precedence over politics. Political upheavals, wars, civil strife and natural catastrophes have kept Afghanistan in emergency mode for decades. Resultantly, Afghanistan ranks abysmally on most key health indicators regionally, and in some cases globally.

Covid-19 has redefined the concept of national and global security. With over a quarter of a billion cases and close to five million deaths, the world has learnt of its vulnerability to a virus the hard way. Covid-19 has drawn unprecedented political and financial attention to the health sector. Ironically, an opportunity has opened up in the context of the pandemic to rethink and reset our healthcare systems. How Afghanistan and Pakistan emerge from Covid-19 and seize this opportunity is going to determine the future of healthcare in both countries.

However, the condition and prospects of Afghanistan’s health sector are complex and grave. While despite the system’s inadequacies, Afghanistan managed well during Covid-19’s third wave, general health conditions and healthcare services are now fast slipping into an abyss.

**Read more:** [*UN releases emergency funds to save Afghan health system from collapse*](https://www.dawn.com/news/1647795)

In June, Afghanistan saw over 2,000 Covid-19 cases and [more than 100 deaths](https://www.dawn.com/news/1629963) per day, with a high number of very sick patients needing oxygen and intensive care. Despite initial shortages, there was a rapid build-up of testing facilities to conduct over 25,000 PCR tests per day and eventually critical care was provided to those in need. This was an unprecedented system uplift. The issue Afghanistan faces today involves the consistent maintenance and development of this capacity in order to prepare for the next possible wave. Disease surveillance and health information systems need much more work. Afghanistan needs an adequate supply of Covid-19 vaccines. Against all odds, it has been able to vaccinate 7.6 per cent of its population. One major challenge for the new administration is to ensure continuity of this momentum.

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Afghanistan started witnessing steady health development over the past two decades. Evidence confirms, for example, that whereas in 2002 for every 100,000 live births, 1,600 Afghan mothers died, the maternal mortality rate has come down to 638 (more than a 60pc decrease). Likewise, between 2002 and 2018, the infant mortality rate came down from 257 to 62 (a four-fold decrease); the under-five mortality rate dropped from 161 to 48 (more than a three-fold decrease.) Two decades ago, only 33pc of children were receiving the DPT3 vaccine — a primary indicator of protection from childhood diseases — which increased to 70pc last year.

Bit by bit, health services were improving in Afghanistan. More than 30,000 health workers have been employed in recent years to operationalise 3,678 health facilities compared to 450 health facilities in 2001. This influx of health workers has given 93pc of the population an opportunity to access health services on foot within two hours; as compared to 9pc access in 2001. However, war-torn Afghanistan continued to be heavily dependent on multilateral and bilateral donors. The World Bank, the European Commission, and USAID have been primarily financing the Sehatmandi programme for primary and secondary healthcare through the Afghanistan Reconstruction Fund managed by the World Bank.

The Taliban takeover has [severely endangered](https://www.dawn.com/news/1649832) these vital gains. The World Bank has frozen its funding of the Sehatmandi programme and most other donors have followed. Hence, 2,400 World Bank-funded health facilities have run out of supplies, essential medicines, fuel and oxygen. Staff salaries have been withheld for the past five months. Before the takeover, around 65,000 caesarean sections were being performed annually in these facilities and 520 major surgeries were conducted on a daily basis — half of them emergency operations. Now, 4,000 Afghan children will be deprived of routine immunisation and 19,000 children denied nutritional services on a daily basis. Family planning, maternal vaccination, anti-tuberculosis interventions and the control and treatment of malaria are other health services affected by the interruption of the Sehatmandi programme.

Read more: [*Over 2,000 health facilities shuttered in Afghanistan, says Red Cross*](https://www.dawn.com/news/1649461)

With only one polio case reported this year in Afghanistan, and in Pakistan, we seem to be on the verge of finally eradicating this disease not only from our countries but also the world. But these conditions may undo progress and quickly lead to a burst of new polio cases — the dream of a polio-free world may not be realised for several years. There are 10 other vaccine-preventable diseases. Restoring routine child immunisation should be given very high priority in Afghanistan.

If these health financing crises are not addressed immediately, Afghanistan’s health sector will virtually collapse, jeopardising health gains and healthcare. Like always, the most vulnerable — women, children, the injured and the poor — will suffer the most.

Apart from supporting Afghanistan in the health sector in these changing times, as Pakistan has already officially offered, it is also in Pakistan’s own interest to redouble its support. Uncontrolled disease spread on one side of the border makes the other side unsafe. As in the case of polio, the two governments need to cooperate more closely. We propose the establishment of a ‘Pak-Afghan Health Commission’ which should deliberate on how to protect health and strengthen health systems to the mutual benefit of both countries.

**Read more:** [*Afghanistan-wide polio vaccination starts next month: UN*](https://www.dawn.com/news/1652817/afghanistan-wide-polio-vaccination-starts-next-month-un)

But, first and foremost, the Taliban government needs to fully understand what is at stake for the people of Afghanistan — what the health gains have been over the last two decades, how quickly these gains can be lost, and how important it is to preserve and build on these. This is a major national priority.

The Holy Quran says “if anyone saves a life, it shall be as though he had saved the lives of all mankind” (5:32). The Taliban government should make this the foundation of their health policy and fully embrace the vision of Universal Health Coverage with strong primary healthcare.

We appreciate the recent visit to Afghanistan by WHO Director-General Dr Tedros Adhanom Ghebreyesus and WHO Regional Director of the East Mediterranean Regional Office Dr Ahmed Al Mandhari. It is a great gesture of solidarity with the people of Afghanistan.

Health should not be held hostage to politics. Rather, it should serve as a bridge to peace. We fervently call upon the international community to engage with the Afghan people and not to ignore their needs. A humanitarian-development-peace nexus is the need of the hour. Health can be the best confidence-building measure to engage with Afghanistan. By supporting the healthcare needs of Afghanistan, the international community would not only preserve its own investments of yesteryear but also pave the way for a better future.

We rest our case.

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