HEALTH CARE SYSTEM IN AFGHANISTAN

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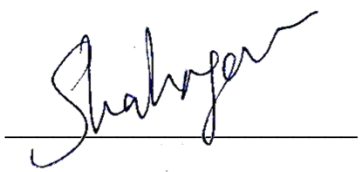

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Summary

Afghanistan is a country in Central Asia with a weak economy and a large population. The health situation in this country is very bad, there are many kinds of dangerous diseases, maternal and child mortality in this country is among the highest statistics.

Decades of war in this country caused a lot of damage, took a lot of victims, and destroyed all the infrastructure of the country.

After the end of the civil war, in 2002, a new government was formed under the name of the Islamic Republic of Afghanistan. USAID, the European Commission, and the World Bank launched aid to Afghanistan, and other countries contributed to help Afghanistan. During the last two decades they spent billions of dollars, but still the situation of economy in this country and health care is not satisfactory. Despite the intervention of NATO and foreign forces that came to fight and eradicate terrorism in this country, they could not eradicate terrorism and the situation in Afghanistan was deteriorating day by day. Health care system in this country is one of the worst across the world, most people did not have access to any kind of health facilities. After introducing the basic package of health services by Ministry of Public Health, they made huge progress in delivering these services to all parts of Afghanistan, the Non-Governmental Organizations (NGOs) played the major role in this part.

In term of economy, Afghanistan made significant progress since formation of new government in 2002. But still majority of people in Afghanistan live under poverty line. Health care service is free for everyone in this country but due to lack of facilities and low budget, they cannot provide high quality health care services. In this undergraduate thesis, the health care services in Afghanistan will be thoroughly examined in terms of how they started after the reform of new government, how they financed all the expenses of health system, financial aid of USAID, European Commission and the World Bank, role of NGOs in delivering services to all parts of the country especially rural areas, and the war and its consequences and damages to the health care system.

Key Words: Afghanistan, Healthcare system, European Commission, World Bank, USAID, Population, War

Contents

1. Introduction

Afghanistan is a country located in the heart of Asia with a mountainous geography and a population of about 35 million people with a composition of 51% men and 49% women. Afghanistan is a multi-ethnic country in which Tajiks, Pashtuns, Uzbeks, Hazaras, Turkmens, Balochis, Kyrgyz and several other ethnicities live.

The Soviet invasion of Afghanistan in 1979 had negative consequences that led to the death of thousands of people and the displacement of millions of Afghan citizens, including the best professional cadres and prominent medical cadres and doctors. This war destroyed all the systems in Afghanistan and the system of Afghanistan was so badly damaged that thousands of medical specialists were killed or displaced.

In 1992, the Soviet puppet government in Afghanistan was overthrown by the Mujahideen and hopes for progress in Afghanistan were revived. However, following these developments, the Taliban took power in 1996, a major setback during which the Afghan health care system was completely paralyzed during the Taliban era.

Over the past 20 years, with the cooperation of the international community, fundamental changes have taken place in the expansion of health services and the provision of basic health services (basic packages of health care services) in Afghanistan.

During these years, health clinics were built in all parts of Afghanistan and medical personnel were trained, these services are funded with the help of international partners including World Bank, USAID and the European Commission, and several countries have independently provided financial assistance to expand supply of health services.

Since 2000, there have been improvements in the provision of primary health care, but little has changed in the Afghan government medical system in the area of secondary and tertiary health services, which are specialized health services.

In the private sector, good and significant progress has been made that some domestic and foreign investors with small investments but commensurate with the economy of the Afghan people have been able to establish private hospitals to solve some of the problems of the people. In the past, people used to go to Afghanistan's neighboring countries for treatment, but now some of these problems are being treated by private hospitals inside Afghanistan.

India is one of the most advanced and modern countries in the field of health services in the region, in which millions of dollars annually spend by people of Afghanistan for treatment in this country and the Indian health mafia is active in Afghanistan to undermine public confidence in Afghanistan's health system and send people to that country for treatment, but in recent years public confidence in Afghanistan's private hospitals and the private health sector has increased. The private sector managed to prevent a large amount of money from flowing abroad.

Because the economy of the Afghan people is in a very bad state and most of the people do not have enough money for their treatment and cannot go to private hospitals, this has prevented the private sector from making great progress and failing to treat advanced diseases.

Afghanistan is one of the countries with the highest birth rate and its population is growing significantly, but unfortunately due to its weak economy, it has not yet been able to make significant progress in the provision of important and basic health services, which unfortunately has the highest infant and maternal mortality rate.

Public health services in Afghanistan are completely free and funded by the government, and private health services are provided by the private sector, which is very weak compared to the health services of developed countries such as European countries.

Considering such a situation, where health care services are one of the most important human needs and the provision of better health services is one of the most important necessities of Afghanistan and to address the current situation and the problems facing Afghanistan, I wanted to prepare my thesis under this heading so that I can give a picture of how health services are provided in Afghanistan and only a corner of the plight of the Afghan people who do not benefit from any good services either in the health sector or in other sectors.

2. Health Care System

Afghanistan is one of the least developed countries in the United Nations rankings on the train of developing countries. Also, Afghanistan has the worst health status among the countries in the world in terms of statistics. The Ministry of Public Health (MOPH) is directly responsible to guide and oversee the implementation of the Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS) through contracting-out mechanism with Non-Governmental Organizations. The Ministry of Public Health (MoPH) is one of the leading Ministries in the Government of the Islamic Republic of Afghanistan (GoIRA). Under the control of the ministry, health care is delivered to the people of Afghanistan on an equitable manner. Positive reforms in the health-care delivery system, as well as evolving implementation and control mechanisms, have resulted in a significant improvement in the health of Afghan women and children. The country continues to have high newborn, child, and maternal death rates. Furthermore, Afghanistan has a high burden of communicable and noncommunicable diseases, which varies by region and between rural and urban areas.[1]

The key challenges the country faces include high infant and under-five mortality rates, a very high maternal mortality ratio. Child health, maternal health and nutritional status are poor in Afghanistan, although child mortality rates have declined sharply in recent years. Lack of adequate nutrition contributes to both child and maternal mortality.

In the post-war period in Afghanistan, the provision of health services throughout the country was in a bad state. Capacity in both the public and private sectors was quite limited and there was no clear vision for the future. At that time, health care was often provided by NGOs, and many of them did not establish a relationship (formal or informal) with the transitional government, which appeared to be very shaky after a while.

Four major obstacles to achieving an efficient and effective national health system were:[2]

[1] Ministry of Public Health – Afghanistan. (2019). National Monitoring and Evaluation Plan. Retrieved September 23, 2021, from https://moph.gov.af

[2] Waldman, R., (2006). *Afghanistan's health system since 2001* (1st ed.), Kabul, Afghanistan Research and Evaluation Unit

- Lack of managerial capacity and provision of services within the Ministry of Public Health.
- Lack of material infrastructure and qualified staff.
- Poor distribution of financial and human resources.
- Uncoordinated and impartial efforts of non-governmental organizations.

The Ministry of Public Health has grown considerably since its inception. Progress in this ministry has been made possible by a number of administrative reforms organized by the Government of Afghanistan, including urgent reforms and reorganization. The goal of this process is to give higher salaries to definite strategic positions on a competitive basis. The Ministry of Public Health is the most prominent user of this mechanism among ministries. The ministry was also one of the first to use the mechanism of urgent reform and reorganization, and by the end of 2005, nearly 900 employees across its provincial administrations had benefited from the mechanism of urgent reform and reorganization. This figure represents about 70% of the total number of posts related to the Urgent Reform and Reorganization Mechanism across the government.

The performance of Afghanistan's economy between 2002-2007 was strong. Between 2002 and 2006, real GDP growth averaged 15 percent a year, and inflation was brought down to single-digit levels in 2006/07. Revenue collection also improved significantly, rising from 4.7% of GDP in 2003/04 to 7% in 2007/06.[3]

The performance of the health sector in Afghanistan appears to be in line with the country's observed economic growth, investment in health contributes to sustained economic growth and stability. In 2000s, during the last years of Taliban's regime NGOs were playing the major role in health service provision with little coordination or guidance from the ministry of health. Now the government is the major player but absolutely needs foreign help both financially and in terms of machinery and equipment.

[3] The International Bank for Reconstruction and Development/The World Bank. (2010). *Building on early gains in Afghanistan's health, nutrition and population sector.* Washington, D.C.: Tekabe A. Belay

3. Organization of Health system

Afghanistan is one the worst countries in case of governance and providing public services. Administrative and financial corruption is at its peak, decades of war, poverty, unstable economy, lack of specialized educated people and insecurity were obstacles to progress and development.

During Taliban regime the health system collapsed, and all infrastructures annihilated. Brain drain of professionals was one the main problems. The health system was in the emergency phase on that time. After the collapse of the Taliban regime the health system passed the emergency and conflict period and entered the post conflict and developmental phase. When Taliban was in power there was no specific public health policy and strategy by the government in health sector. Lack of health infrastructure was visible throughout the country and female health workers were inadequate and even the
existing female workers were not allowed to work in health facilities and take part in the health events and training programs. The health services were more curative oriented
and 80% of health services were delivered by NGOs. After the fall of the Taliban during the transitional period, the government decided to bring some reforms in all sectors including Health Care System. In order to provide better health services MoPH had to make some changes in the structure of public health system by introducing new policies and strategies. One of the main policies was developing and introducing the Basic Package of Health services. Later due to the new set up of the health system more that 80% of services were provided by Non-Governmental Organizations (NGOs). In order to improve its own capacity MoPH decided to run health facilities in three provinces (Parwan, Panjshir and Kapisa), to strengthen the MoPH staff capacity and to be ready to take over from NGOs. In short period Ministry of Public Health succeeded to extend the coverage of the Basic Package of Health Services to 77% throughout the country with more focus on the far-flung areas.

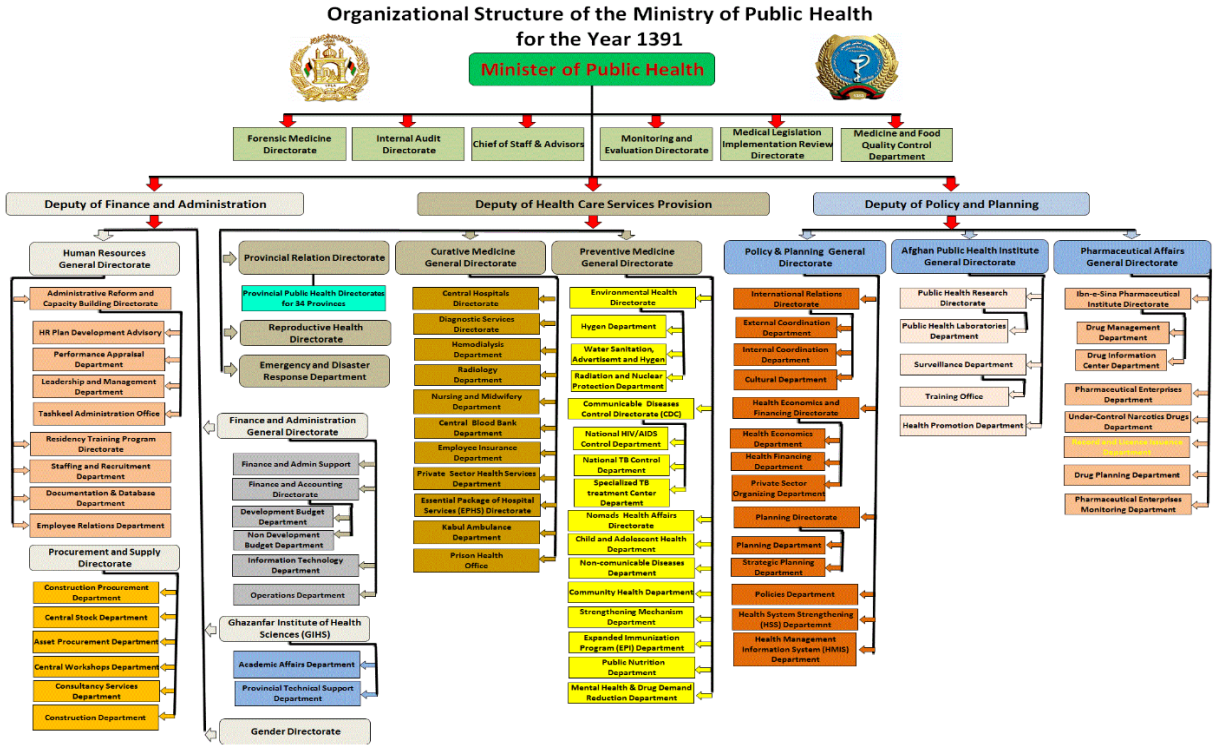
Today Ministry of Public Health (MoPH) has the major role in terms of providing health care services to Afghanistan's population. The Ministry of Public Health is responsible for Health

policy-making, decision making, Recruitment of staff (grades: 1-5), making contracts with NGOs (Non-Governmental Organizations) and Private sector regulations.

In Ministry of Public Health under the leadership of minister there are three deputy ministers named:

1. Administrative and Finance Deputy Minister
2. Deputy Minister of Health Service Provision
3. Policy and Planning Deputy Minister

Figure1: Organizational Structure of the MoPH



Source: Ministry of Public Health, https://moph.gov.af

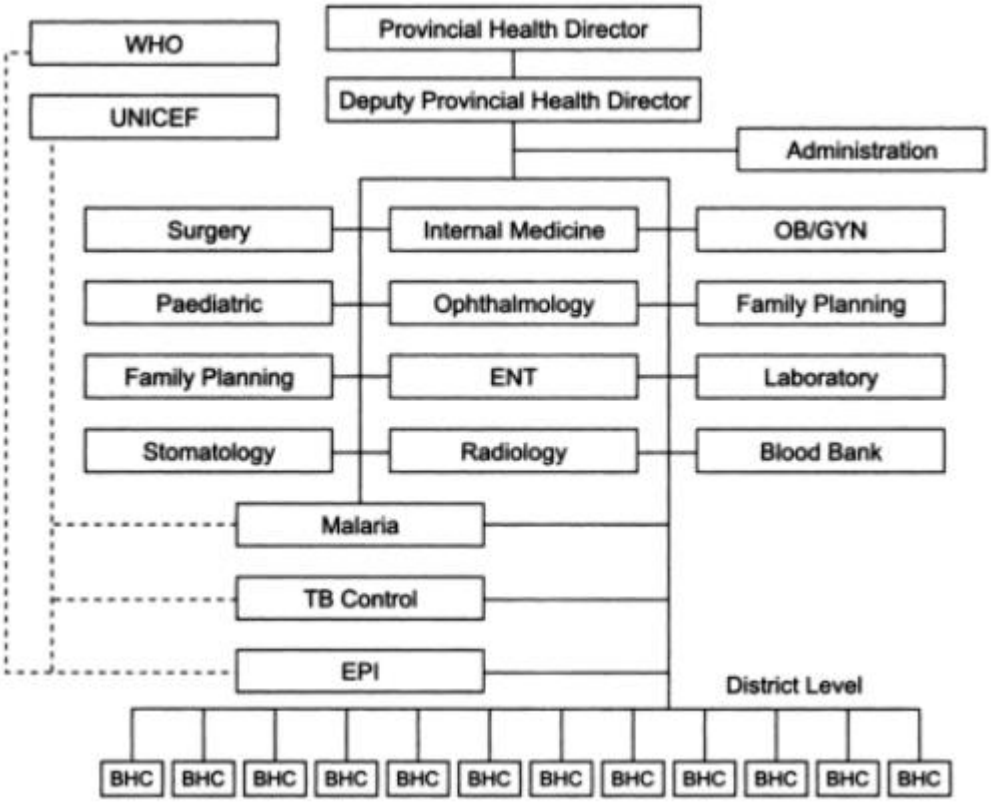
The deputy ministers are mainly involved in policy development and are considered as political positions that are affected by political changes in the government. Below the line of deputy ministers there is position of secretary general who is directly reporting to minister and is overseeing all activities of the underlying directorates. The secretary general's position will not be affected by the political changes of the government. Secretary General is responsible for the implementation of all policies of the Ministry.

3.1. Provincial Structure and Responsibilities

Ministry of Public Health in Kabul is responsible for overall policymaking and for approving the organizational structures of the entities at subnational levels. The minister authorizes recruitment of all senior staff. Geographically Afghanistan is divided into eight regions and 34 provinces. There are regional health departments and provincial Hospitals. Regional Hospitals are in the biggest city of that region, both regional and provincial Hospitals provide same services, but regional Hospitals are bigger with higher number of staff and better facilities.

Provincial Hospitals are responsible for reallocation of staff between facilities, recruitment of staff (grades: 6-10), quality control of services, provincial health plans, collecting basic health data, primary health care, etc.

Figure2: Provincial health system structure



Source: Evans, A., Manning, N., Osmani, Y., Tully, A., Wilder, A., (2004). *A Guide to Government in Afghanistan.* Washington, D.C. The World Bank, page:135

This chart shows us the structure of health system in provinces in Afghanistan, every province has a Public Health head Director which is in charge of all the activities in the province and is directly connected to the Ministry of Public Health.

Health services in Afghanistan operate at three levels. At the community or village level there are health posts (HP) and community health workers (CHWs). In larger villages or communities of a district are Basic Health Centers (BHC), Comprehensive Health Centers (CHC) and District Hospitals which is second level. The third levels are the provincial and regional hospitals.

In Afghanistan all health services are free. Although there is cost sharing policy running by NGOs, but the costs are affordable by the targeted community.[4]

Organizing and managing the health departments and hospitals in Afghanistan is not an easy task, in 2000s the majority of the Afghan population did not have access to a health facility and thus to the basic services. According to statistics provided by UNICEF (2004), in 2000s only less than 35% of population in Afghanistan had access to health services and now this number is almost above 85% which is a great success and progress for Health system and Ministry of Public Health in Afghanistan, especially when the country was in a post conflict situation and in the past two decades despite having support of USA and NATO the security was not at satisfactory level.

It was quite difficult for ministry of public health and provincial health departments to make some significant progress in rural areas, there are many reasons including shortage of skilled health staff in rural areas, lack of managerial capacity particularly at provincial level and the most important one lack of female health staff. Even in urban areas lack of female health staff is one of the biggest problems in health system of the country. Afghanistan has a very restrictive and patriarchal society, women's lives are always in danger and most of the families do not let their daughters and wives to work or to go outside their houses, and even some people do not let their daughters to go to school or university.

3.2. Human Resource Management

In collaboration with the MoPH core directorates and in accordance with the MoPH vision, mission, and strategic objectives, the Human Resource Directorate of the Ministry of Public Health created the ministry's organizational structure. The general strategy of the MoPH is supported by the organization's structure. According to the MoPH strategic objectives and programs, deputy ministerial offices, general directorates, directorates, and sub-directorates

[4] Evans, A., Manning, N., Osmani, Y., Tully, A., Wilder, A., (2004). *A Guide to Government in Afghanistan.* Washington, D.C. The World Bank

have been established. Every member of the MoPH staff has a job description that outlines their duties, responsibilities, authority, and hierarchical relationships.

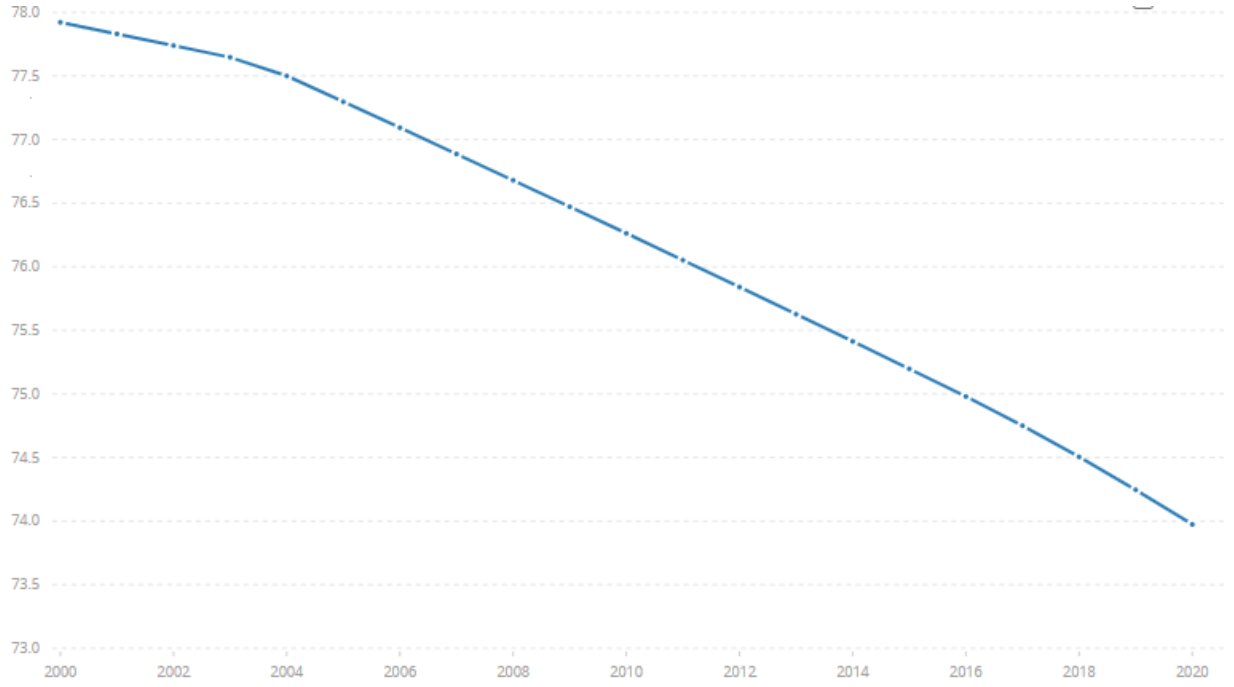
In 2000s after the collapse of Taliban during Transitional Government period, government of Afghanistan and Ministry of Public Health with its partners were facing huge challenge, how to manage human resources throughout the country?

There are many factors which make the delivery of health services to rural areas more and more difficult, from geographical point of view, Afghanistan is a country full of mountains and most of the villages are located on the mountains or valleys which makes traveling and transportation to those areas very difficult. As mentioned before about the society of Afghanistan, it is very restrictive, and the percentage of non-educated people were high and still most of the people in Afghanistan are not educated. It was not easy to deliver health services to rural areas, all the buildings and clinics in villages were destroyed, lack of health workers in rural areas and lack of female staff in all over the country and especially in rural areas. Afghanistan started to lose its educated and professional cadres at the very beginning of Soviet-Afghan war. In 1978, pro-soviet parties in Afghanistan carried out a bloody coup and toppled the regime and smoothed the way for Russian invasion to protect its puppet regime. The pro-communism and pro-Soviet regime started to curb the rights of the citizens (particularly intellectuals and academics). They started arresting intellectuals, Khans, chiefs of tribes and those who were to regime sympathizers. The regime continued their rampage and even arrested more educated people and started torturing them and went on a killing spree and murdered thousands of innocent people.[5]

Afghanistan is one the countries where the population of rural areas are quite high compared to urban, according to population statistics in 2000s almost 78% of population were living in rural areas, and these figures are still high. In 2020 the rural population is 74%, which shows there is very little change in rural and urban population of the country.

[5] Bittlingmayer, U., Grundmeier, A., Kössler, R., Sahrai, D., & Sahrai, F. (2019). *Education and development in Afghanistan*. Bielefeld: Transcript Verlag

Figure 3: Rural Population (% of total population) of Afghanistan (2000-2020)



Source: The World Bank data, https://data.worldbank.org/indicator/SP.RUR.TOTL.ZS?end=2020&locations=AF&most_recent_value_desc=false&start=2000

People who are living in rural areas have less access to health facilities, education and other services. This is the reason that majority of the non-educated people are living in rural areas. This was a challenge for government of Afghanistan to how to motivate those people to study, especially women.

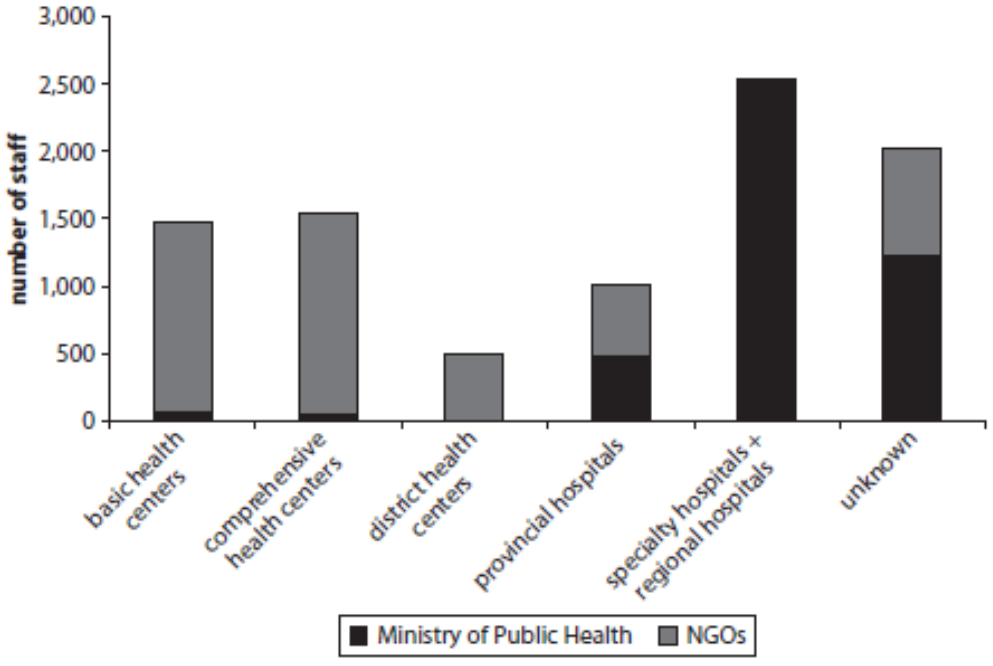
Women from cities did not want to go to villages to work and provide health care services, in the last two decades NATO and USA in Afghanistan were not successful in providing security in rural areas, so women were not feeling safe to go there and work.

Ministry of Public health of Afghanistan and its partners such as USAID, European Commission and World Bank started building schools and institutes of medical science in cities in order to bring young generation from rural areas to study and after finishing go back to villages where they belong and start to serve for their own people.

They built dormitories for students which are coming from outside of the city, they tried to build those dormitories inside the schools where they study daily in order to convince their parents and families that they are safe during their studies at those schools and institutes.

At the beginning of the rebuilding health care system of Afghanistan, Non-Governmental Organizations (NGOs) were playing big role especially in providing the primary health care services. The number of registered health workers in Afghanistan from 2003 to 2008 were nearly 20,000 and 40% were employed by Ministry of Public Health and the remaining 60% by NGOs. The staff employed by MoPH, work and MoPH headquarters and provincial offices. Four NGOs, Badakhshan Development Network (BDN), Ibn Sina, Care of Afghan Families (CAF), and the Swedish Committee for Afghanistan (SCA) employ about 20% of the total workforce.

Figure 4: Number of Staff Working for NGOs and MoPH, by Type of Facility in 2008



Source: The International Bank for Reconstruction and Development/The World Bank. (2010). *Building on early gains in Afghanistan's health, nutrition and population sector.* Washington, D.C. page: 85

NGOs employ 9 out of 10 health workers in facilities where they provide the Basic Package of Health Services (BPHS). Among staff employed in BPHS facilities, NGOs employ 88-96 percent of physicians, midwives, nurses, allied health professionals, technicians and outreach workers, and Ministry of Public Health-Strengthening Mechanism facilities employ only 3-6 percent.

According to most recent data provided by Independence Administrative Reform and Civil Service Commission of Afghanistan about the Ministry of Public Health's staff and human resources, a total of 14,382 workers are employed by MoPH including Central and Provincial workers, high and low ranking positions, professional personnel, administrative and service positions.

Table 1: Number of Staff working for MoPH (2018)

Total *tashkil*	Central *tashkil*		Provincial *tashkil*		Total high-ranking positions	Total low-ranking positions	Total vacant positions	Total professional personnel	Total admin positions	Total service positions
	Existing	Lacking	Existing	Lacking						
14,382	7,213	218	6,249	702	103	14,278	920	5,446	3,939	3,970

Source: Independence Administrative Reform and Civil Service Commission Afghanistan, https://iarcsc.gov.af/en/wp-content/uploads/sites/4/2018/02/Summary-Report-Assessment-MoPH-Institutional-Capacity.pdf

The lack of qualified and competent health professionals in hospitals and other health institutions is a major concern for the Ministry of Public Health. This is while the MoPH Human Resource Directorate reveal that almost more than 2,000 professionals who have been educated and trained are working in administrative positions.

Compare to statistics and data which we have from 2008, we can see a huge progress in recruitment of health workers by Ministry of Public Health. In 2008, the staff working for MoPH were about 8,000 while in 2018 there are more than 14,000.

But still lack of women in the system of Public Health is clearly visible, the insecurity in rural areas, some provinces and districts, cultural constraints and low salary demotivate women to work as medical doctors and nurses. People take their female patients to neighboring provinces which are safer or to the capital.

Table 2: Number of Professional staff by Position and Gender

Position	Male	Female	Total
Medical doctor	1,448	576	2,024
Nurse	1,018	514	1,532
Midwife	0	534	534
Technician	667	97	764
Pharmacist	66	21	87
Laboratorian	15	3	18
Vaccinator	164	117	281
Total	3,378	1,862	5,240

Source: Independence Administrative Reform and Civil Service Commission Afghanistan, https://iarcsc.gov.af/en/wp-content/uploads/sites/4/2018/02/Summary-Report-Assessment-MoPH-Institutional-Capacity.pdf

According to this data we can see that the proportion of female workers are nearly half of the male workers. Ministry of Public Health and its partners created midwifery institutes in 16 out of 34 provinces across the country and female students receive a two-year midwifery training or 3 years nursing trainings, but still all hospitals and clinics continue to suffer from lack of sufficient women personnel.

Strong competent midwives have the potential to transform and improve the quality of maternity care for strengthening reproductive, maternal and neonatal health in Afghanistan as well as to contribute to building a resilient health system. MoPH and ANMC need to prioritize and prepare an action plan to strengthen high-quality midwifery education and make strategic

decisions on midwifery education management, compliance with educational standards through accreditation and enabling educational environments.[6]

4. Financing of the Health Sector

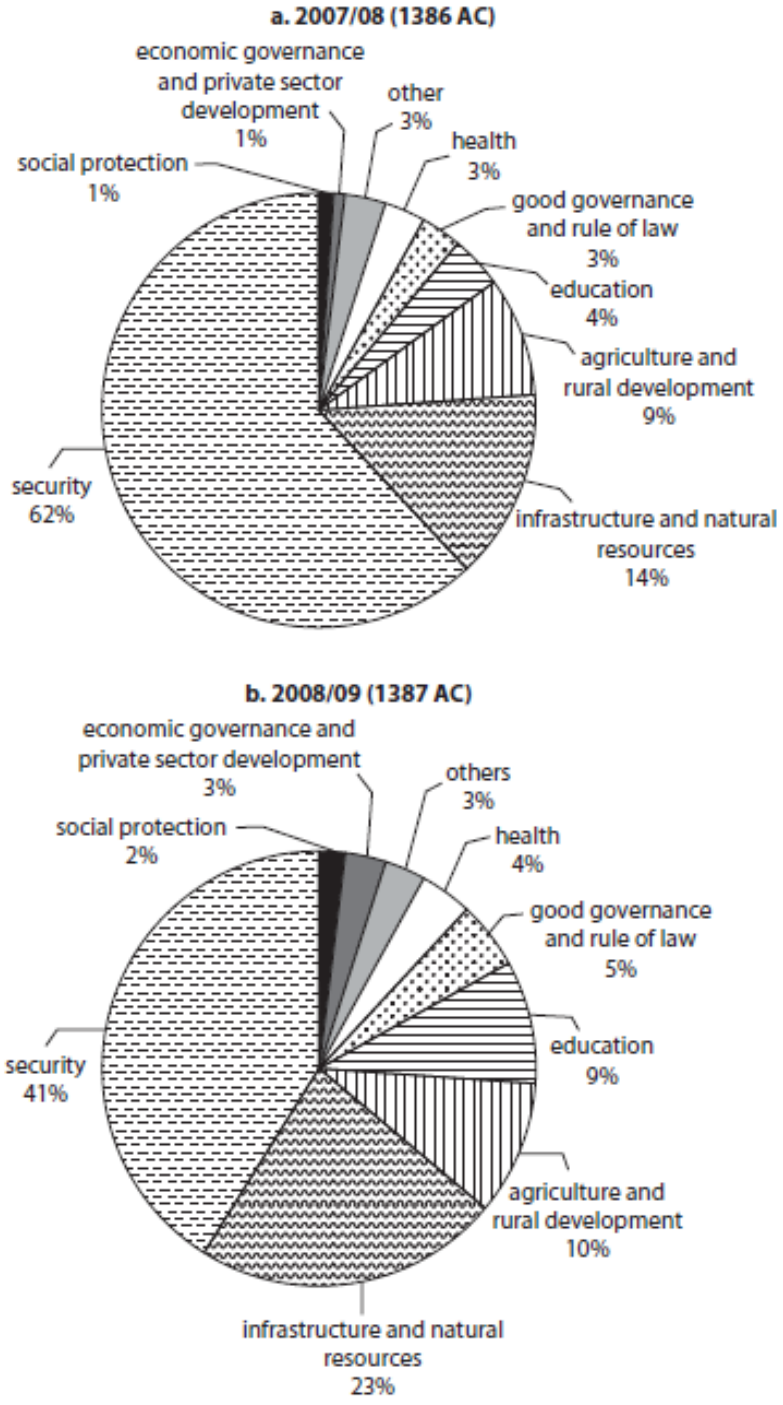
Afghanistan has a high level of health spending as a share of Gross Domestic Product (GDP), but per capita spending is low. Financial assistance of donors for Afghanistan's health expenditure has been critical especially for expanding the basic package of health care services. External assistance accounted for 85% of government expenditure during 2002/03-2007/08.

After decades of war and after the defeat of Taliban regime in 2000s, Afghanistan most needed financial assistance from western countries, EU and World Bank in order to rebuild all the destroyed infrastructures and of course health system and providing health care services was one of the most important needs of people of Afghanistan. In those years a major challenge for government was to increase domestic revenue which have historically been very low, growing from 4.7 percent of GDP in 2003/04 to only 7.5 percent in 2006/07 and the declining to 7.0 percent in 2007/08, the failure of government on increasing the domestic revenue was a major constraint to increase investment in health sector. Total public spending on health sector increased from $193.1 million in 2004/05 to $277.7 million in 2008/09. This included both the government's core and external assistance, which was more than 85% of total public spending on health.

Per capita public spending on health was very low, $8.06 in 2005/06 which increased to $10.92 in 2008/09. Per capita spending on health has been increased significantly through this period and in 2014 was $71 and in 2017 increased to $87.

[6] Manalai, P., Currie, S., Jafari, M., Ansari, N., Tappis, H., Atiqzai, F., ... & Stekelenburg, J. (2021). Quality of Pre-Service Midwifery Education in Public and Private Midwifery Schools in Afghanistan: *A Cross Sectional Survey.* DOI: 10.21203/rs.3.rs-755494/v1

Figure 5: Total Public Spending by Sector 2007/08 and 2008/09



Source: The International Bank for Reconstruction and Development/The World Bank. (2010). Building on early gains in Afghanistan's health, nutrition and population sector. Washington, D.C.: Tekabe A. Belay.

These two figures show us the public spending of Afghanistan's government during the years 2007/08 and 2008/09, because the security and safety is the most important issue in Afghanistan through the last few decades, we can see that big proportion of public spending is on security. Only 3% of total public spending was related to health sector in 2007/08 and 4% in 2008/09.

Large shares of health budget are allocated to primary health care and hospital service delivery through Basic Package of Health care Services (BPHS) and the Essential Package of Hospital Services (EPHS) and to communicable diseases, these are government's priorities in allocating health budget.

Despite many problems and fighting against terrorism Afghanistan has made a huge improvement in the economic situation with the help of its partners and their financial assistance. The GDP of Afghanistan and increased significantly and was estimated at $20.3 billion in 2017 in comparison to $10.8 billion in 2008/09. But still the economic situation is not good and almost 50% of people in Afghanistan have a daily income of less than $1.

The main purpose of foreign aid is to contribute to and accelerate the economic progress. For many years, rich and developing countries have offered aid to Afghanistan. The influx of international aid to Afghanistan began after 2001 and continues to this day. Despite billions in foreign help, the country's economy continues to suffer from low income, high poverty, and high unemployment rates.[7]

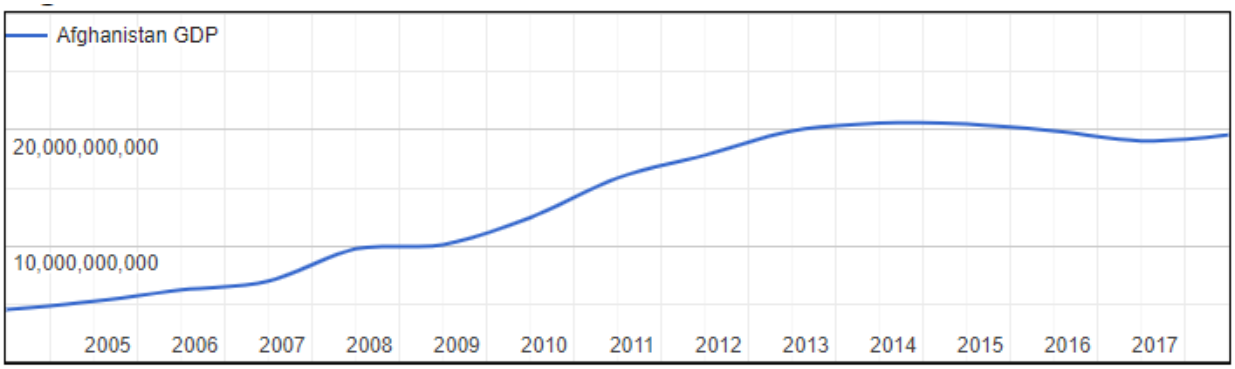
Ministry of Public Health implemented the National Health Account (NHA) in order to track fund flows for health in the Country, and to provide a complete financial report about health expenditure in Afghanistan. NHA or National Health Account tools focus on the analysis of health financing and funding flows, considering the macroeconomics environment in the country and in the different sectors. Until now four rounds of NHA have been produced, the first two rounds were produced with the System of Health Accounts (SHA) and which is called SHA 1.0 and the other two rounds were produced with SHA 2011 which includes broad

[7] Akbar, M. (2021). The Relationship Between Economic Growth and Foreign Aid: The Case of Afghanistan. *Journal of Economic Policy Researches*, 8 (2), 141-154. https://dergipark.org.tr/en/pub/iuipad/issue/64412/885246

categories. This report is produced according to the standards of Organization for Economic Cooperation and Development (OECD) and WHO tools and frameworks.

Data for NHA were collected from a variety of sources, including development partners, non-profit organizations, and the government, in order to obtain high-quality health expenditure data and ensure that the collected data are representative of the country's overall health expenditure. Ministry of Finance (MoF), as well as other important ministries (such as the Ministry of Higher Education and the Ministry of Justice) non-profit institutes servicing the Department of Defense, Ministry of Interior, and Ministry of Education Households and household surveys.

Figure 6: Afghanistan GDP (2003-2017)



Source: Worldmeter Afghanistan GDP, https://www.worldometers.info/gdp/afghanistan-gdp/

In 2017, the GDP growth rate was 2.67%, a change of 538,558,945 US dollars from 2016, when Real GDP was $20,206,376,461. GDP per Capita in Afghanistan (with a population of 36,296,113 people in 2017) was $572, an increase of $0 from $571 in 2016; this represents a change of 0.1% in GDP per capita.

Table 3: Health Expenditure Across Four Rounds of NHA in Afghanistan

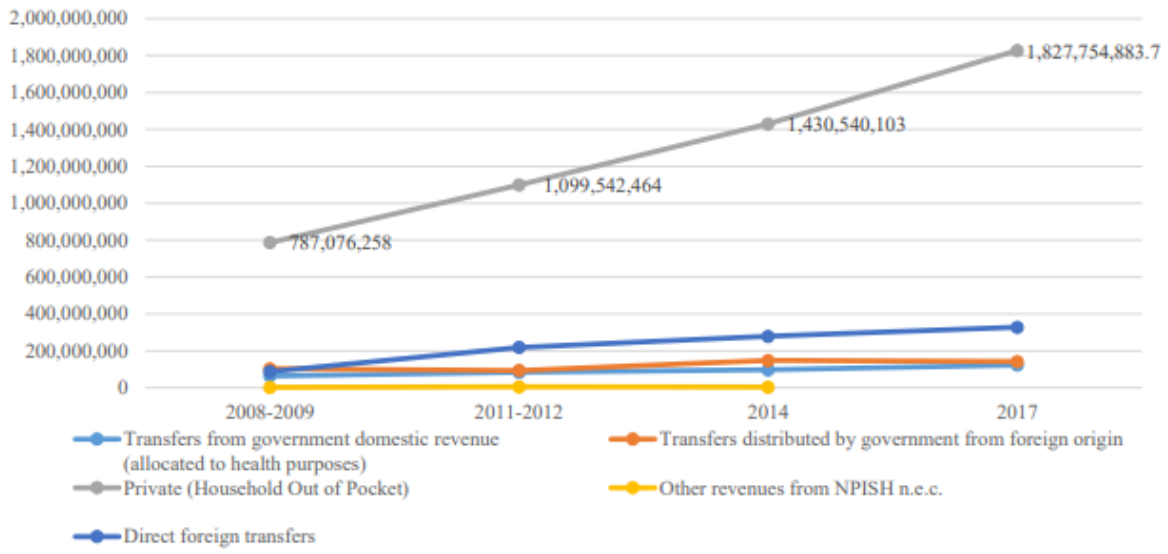
General NHA Indicators	2008-2009	2011-2012	2014	2017
Total population	25,011,400	27,000,000	28,100,000	29,724,323
Total real GDP (USD)	10,843,340,000	8,952,000,000	21,010,912,250	20,300,000,000
Average exchange rate (USD: Afs)	1:50	1:47	1:57	1:67
Total government health expenditure (USD)	63,892,239	84,148,093	97,128,992	123,391,485
Current Health Expenditure (CHE)			1,958,143,950	2,421,426,142
CHE as percentage of GDP			9.3%	11.9%
Total health expenditure (THE)	1,043,820,810	1,500,975,945	1,992,000,402	2,588,057,923
THE per capita (USD)	42	56	71	87
THE as % of real GDP	10.0%	8.0%	9.5%	12.7%
Government health expenditure as % total government expenditure	4.0%	4.2%	4.3%	5.1%
Financing Source as a % of THE 2008-9 / 2011-12 and CHE in 2014 and 2017				
Central government	6%	5.6%	5%	5.1%
Private	76%	73.6%	72%	75.5%
Rest of the World	18%	20.8%	23%	19.4%
Household (HH) Spending				
Total HH (OOP) spending as % of THE	75%	73%	72%	75.5%
Total HH (OOP) spending per capita (USD)	31	41	51	61
Financing Agent Distribution as a % of THE 2008-9 / 2011-12 and CHE in 2014 and 2017				
Central government	11%	12%	12%	10.2%
Household	75%	73%	72%	75.5%
Non-governmental organizations	6%	0%	0%	0%
Rest of the World	8%	15%	16%	14.3%
Provider Distribution as a % of THE 2008-9 / 2011-12 and CHE in 2014 and 2017				
Hospitals	29%	24%	40%	7.9%
Outpatient care centers	32%	25%	26%	14.6%
Retail sale and other providers of medical goods	28%	26%	24%	41%
Providers of Ancillary Services				26.2%
Other	11%	25%	10%	10.3%
Function Distribution as a % of THE in 2008-9 / 2011-12 and CHE in 2014 and 2017				
Curative care	59%	37%	32.9%	21%
Pharmaceuticals	28%	26%	41.6%	41%
Prevention and public health programs	5%	5%	6.7%	8%
Health administration	5%	6%	4.3%	3%
Capital formation	2%	1%	1.7%	
Ancillary Services	-	24%	12.6%	26%
Other	1%	1%	0.2%	1%

Source: Afghanistan National Health Accounts MoPH
https://moph.gov.af/sites/default/files/2020-01/Afghanistan%20National%20Health%20Accounts%202017-min.pdf

The total health spending in Afghanistan increased from $1.04 billion in 2008/09 to $1.99 billion in 2014, according to four rounds of NHA statistics. The health expenditure in Afghanistan was assessed at $2.58 billion in the 2017 cycle, reflecting a 30% rise above the yearly growth rate of 9.1% in 2014. In 2017, Total Health Expenditure per capita was $87, and Current Health Expenditure per capita after capital expenditure was $81.

Government expenditure on health is funded by domestic revenue and funds transferred from abroad. Government spending on health is about 20.8% of total government spending; about 23.9% of total government spending is transferred to health from donors; and 55.3% of government spending on health is financed and managed by international partners to provide health services to people for free on behalf of the government.

Figure 7: Trend of health expenditure by financing scheme



Source: Afghanistan National Health Accounts MoPH (2017)
https://moph.gov.af/sites/default/files/2020-01/Afghanistan%20National%20Health%20Accounts%202017-min.pdf

The patterns over four rounds of the NHA demonstrate how much each financier contributed to Afghanistan's health sector. This figure shows the trend in health spending by health plan,

which comprises household out-of-pocket expenses, government contributions from domestic revenue, transfers distributed by the government from foreign sources, and direct foreign transfers. The growth is seen in all funding strategies. Household OOP expenditure increased the most, from $787 million in 2008/2009 to $1.8 billion in 2017, while government domestic revenue transfers increased just little, from less than $100 million in 2008/2009 to $123 million in 2017.

In 2008/2009, direct foreign transfer was $87,694,612, but by 2017 it had climbed to $328,300,460. Except for government and donor expenditure on health, overall health expenditure has increased, with the share of the increase occurring in practically all components of financing programs. The most significant rise was on household OOP spending.

4.1. Budget Structure

Afghanistan's national budget has two components, a core budget and an external budget. All funds going through the government's accounts are included in the core budget. Expenditures in the core budget are split into two categories: operating and development. All civil servants' pay and pensions, as well as products and services for operations and maintenance, are included in operating expenditures. Small investment expenses are also included in this category. These expenditures are funded by both government revenues and external aid, including grants from the Afghanistan Reconstruction Trust Fund (ARTF) and the Law and Order Trust Fund for Afghanistan (LOTFA). Investments in capital goods (for example, building facilities) account for the majority of development spending, but it also includes a significant amount of recurrent spending, such as technical assistance, training, and on-budget awards. These costs are covered by direct budget support as well as external project funding that is channeled through the budget. Projects supported by the World Bank and Asian Development Bank, as well as investment projects backed by the ARTF, make up the majority of external project assistance. The US government's new health-care promises are also expected to be routed through this budget.

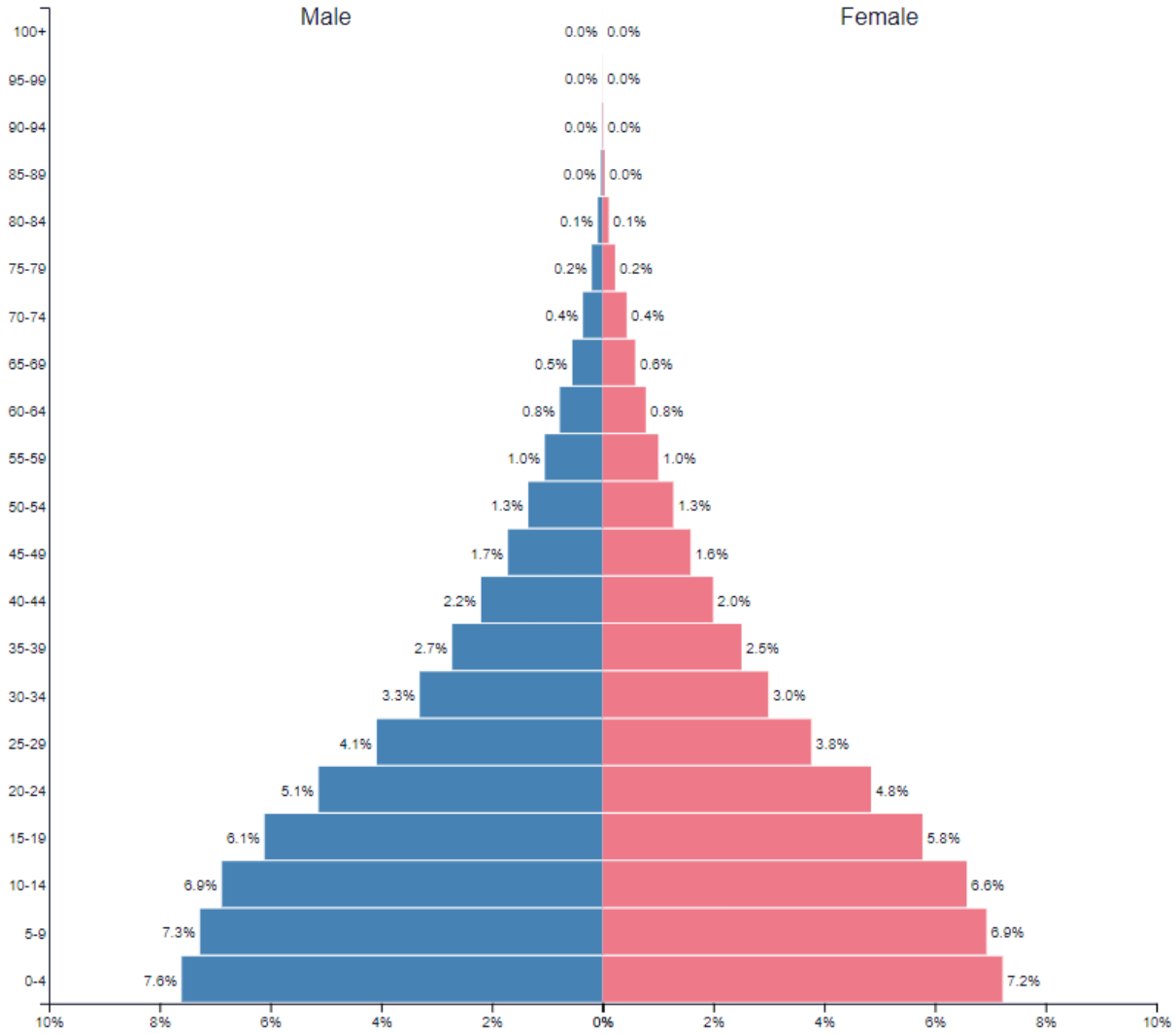
The external budget includes all external help funds not flowing through the government accounts, together with those directly disbursed by donors. External budget expenditures embrace technical help, most capital expenditures, and important donor-financed perennial expenditures. Support for the BPHS and EPHS from the EU Commission and USAID, further as most bilateral help, is additionally enclosed during this budget.

The process of preparing the MOPH budget is lengthy. The Ministry of Finance sends the MOPH its budget envelope for the following year at the end of July. Program managers must assess their needs and develop a thorough action plan. The cost of output and outcome indicators is then reviewed with program managers. Budget consolidation takes place at the ministry level, with priority given to initiatives that are already underway and have been allocated financing. The Ministry of Economy and the Ministry of Finance negotiate allocations to new projects. In October, a proposed budget is presented to the Ministry of Finance.

5. Population

Afghanistan is a central-Asian country and shares border with Pakistan, Iran, Turkmenistan, Uzbekistan, Tajikistan and China. One of the fastest growing countries in terms of population growth, according to world population statistics in 2020, population of Afghanistan is 39 million while in 2000, it was 20 million. Both fertility and mortality rates are high in this country, in 2000, fertility rate was 7.65 and in 2020 decreased to 4.56.

Figure 8: Population Pyramid of Afghanistan



Source: Afghanistan's Population Pyramid, https://www.populationpyramid.net/afghanistan/2019/

Afghanistan is a young country, according to statistics from UNFPA almost 63% of population are young generation and 47.5% are under 15 years of age. This population growth is projected to reach 80 million in next 50 years. Concerns have been raised about the population growth in Afghanistan.

Table 4: Population of Afghanistan (1955-2020)

Year	Population	Yearly % Change	Yearly Change	Migrants (net)	Median Age	Fertility Rate	Density (P/Km²)	Urban Pop %	Urban Population
2020	**38,928,346**	2.33 %	886,592	-62,920	18.4	4.56	60	25.4 %	9,904,337
2019	**38,041,754**	2.34 %	869,833	-62,920	17.4	5.26	58	25.2 %	9,582,625
2018	**37,171,921**	2.41 %	875,808	-62,920	17.4	5.26	57	24.9 %	9,273,302
2017	**36,296,113**	2.58 %	913,081	-62,920	17.4	5.26	56	24.7 %	8,971,472
2016	**35,383,032**	2.82 %	969,429	-62,920	17.4	5.26	54	24.5 %	8,670,939
2015	**34,413,603**	3.35 %	1,045,619	104,354	17.2	5.45	53	24.3 %	8,367,571
2010	**29,185,507**	2.61 %	706,246	-209,272	15.9	6.48	45	23.4 %	6,836,980
2005	**25,654,277**	4.30 %	974,865	148,839	16.0	7.18	39	22.2 %	5,691,836
2000	**20,779,953**	2.79 %	533,859	-173,508	15.5	7.65	32	21.3 %	4,436,282
1995	**18,110,657**	7.85 %	1,139,670	615,277	16.0	7.48	28	20.4 %	3,697,570
1990	**12,412,308**	0.78 %	94,820	-305,070	15.8	7.47	19	20.9 %	2,593,947
1985	**11,938,208**	-2.22 %	-283,661	-669,019	16.2	7.45	18	18.8 %	2,238,468
1980	**13,356,511**	1.03 %	133,470	-230,792	16.9	7.45	20	15.9 %	2,119,078
1975	**12,689,160**	2.58 %	303,104	-4,000	17.3	7.45	19	13.5 %	1,717,422
1970	**11,173,642**	2.33 %	243,464	-4,000	17.9	7.45	17	11.6 %	1,295,433
1965	**9,956,320**	2.05 %	191,869	-4,000	18.4	7.45	15	9.9 %	984,350
1960	**8,996,973**	1.70 %	145,196	-4,000	18.8	7.45	14	8.4 %	755,797
1955	**8,270,991**	1.30 %	103,775	-4,000	19.2	7.45	13	7.1 %	587,818

Source: Worldometer, Population of Afghanistan. https://www.worldometers.info/world-population/afghanistan-population/

Percentage of people living in urban areas are very low compared to rural, according to most recent data only 25.4% are living in urban areas. Poverty is one of the biggest problems in Afghan society, almost 50% of people have daily income of less than $1. There are many reasons that a household can fall into poverty, in Afghanistan families have 5 to 6 children on average. When the size and structure of a household gets bigger, the chances to fall into poverty become higher because the number of dependent children increases, and families must provide all the expenses. The composition of a household in terms of earner and non-earner members plays an important role as determinant of its well-being and risk of falling in poverty.[8]

[8] Lanjouw, P., & Ravallion, M. (1995). Poverty and household size. *The economic journal*, *105*(433), 1415-1434. http://dx.doi.org/10.2307/2235108

6. War and Health

War exacts a toll on the social structures that make everyday life predictable and livable, including healthcare systems. As several highly publicized cases in which the United States bombed hospitals in Afghanistan demonstrate, wars entail the random destruction and deliberate military targeting of clinics, hospitals, and laboratories, as well as destruction of the physical infrastructure (e.g., water treatment, electrical systems, transportation infrastructure) necessary to keep health facilities running. Wartime destruction of supporting infrastructure impacts the distribution of potable water, food, medicine, relief supplies, and ambulances to healthcare facilities and to refugee camps where populations may be in dire need. Beyond the damage to healthcare's infrastructure, war exacts a great toll on its personnel. Military forces often deliberately target doctors and other medical staff, killing and kidnapping them, in order to weaken the opposition. During times of conflict, healthcare providers must choose whether to stay and serve or depart with other exiles and refugees.[9]

In the aftermath of war, public health spending may be significantly compromised. Wars typically have a severe short- term (approximately five- year) negative impact on economic growth, reducing financial resources that private sector employers and citizens can devote to health spending. Economic factors both influence the risk of war and affect healthcare spending during and after wartime, as policymakers invest in military buildup with the stated purpose of security and military readiness but divert resources and funding away from environmental protection and restoration, and the development of healthcare systems.[10]

The United States of America military associated its international organization allies have maintained an on- the- ground presence in Afghanistan since 2001. The forces fighting that alliance work across the border with Asian country and to make sure that government's

[9] Donaldson, R. I., Hung, Y. W., Shanovich, P., Hasoon, T., & Evans, G. (2010). Injury burden during an insurgency: the untold trauma of infrastructure breakdown in Baghdad, Iraq. *Journal of Trauma and Acute Care Surgery*, *69*(6), 1379-1385. doi: 10.1097/TA.0b013e318203190f

[10] Ghobarah, H. A., Huth, P., & Russett, B. (2004). The post-war public health effects of civil conflict. *Social science & medicine*, *59*(4), 869-884. https://doi.org/10.1016/j.socscimed.2003.11.043

cooperation, the u. s. has spent billions of greenbacks to assist fund and provide the Pakistani military in its fight against Islamist insurgents, not least of during drone strikes within the border regions with Afghanistan that have killed tens of thousands of insurgents additionally as civilians.

National and international aid organizations and UN agencies have established a network of hospitals, clinics, and awareness- raising campaigns to provide information and healthcare to ill and injured civilians throughout Afghanistan and in the border regions between Afghanistan and Pakistan, in many respects filling a public health void carved by decades of war and underinvestment in human services in these regions. In Afghanistan and in the Pakistani border regions most affected by the wars, the humanitarian and public health situation remains dire.

Changes in attention for Afghan girls over many decades of war replicate larger sociopolitical instability occurring throughout the state. throughout the Nineteen Seventies and Nineteen Eighties, feminine physicians, scientists, civil servants, and educators served the Afghan public aboard their male counterparts. With the collapse of the Democratic Republic of Asian nation in 1992, and consequent integration of Gulbuddin Hekmatyar as prime minister of the Moslem State of Asian nation in 1996, the stature and visibility girls had gained within the public sector throughout the communist era quickly scoured. In 1998, the govt of Asian nation issued a decree ordering householder to blacken their windows, thus girls wouldn't be visible from the outside.

Under the state authority of the Taliban from 1996 to 2001, women were forbidden from working, attending school, or leaving the house without an appropriate male escort. They were instructed in how they should dress, behave, and interact, in order to preserve their honor and that of their families. Judgments about women’s movements and propriety were handed out by local thugs who threatened offenders with violent beatings on the street. This state of pervasive instability and extrajudicial violence had both direct and indirect effects on women’s ability to receive reproductive healthcare.

The Taliban's prohibition of girls attending school may have indirectly increased maternal mortality. One study found female secondary school education and trained delivery assistance to be the strongest predictors of national maternal mortality, even when controlling for income per capita.[11]

The more educated an Afghan woman is, the more likely she is to give birth with a skilled attendant, and therefore more likely to survive childbirth. She is also more likely to delay marriage and pregnancy, further reducing her maternal risk. In 2006, only 18 percent of Afghan females ages 15 to 24 were literate enough to understand short, simple written sentences on their everyday life.[12]

[11] Shiffman, J. (2000). Can poor countries surmount high maternal mortality?. *Studies in family planning*, *31*(4), 274-289. https://doi.org/10.1111/j.1728-4465.2000.00274.x

[12] Lutz, C., & Mazzarino, A. (2019). *War and health- The Medical Consequences of the Wars in Iraq and Afghanistan*. New York: New York University.

Conclusion

Afghanistan is poor country with unstable economy and victim of decades of war. The Soviet invasion of Afghanistan in 1979 destroyed all the infrastructures in all over the country and until now the war continued and still the future of this country is unknown. In these forty years, Afghanistan has not been able to stand on its own and take control over the country. Corruption has always been at its peak and people of Afghanistan always were struggling with poverty and hunger. Almost half of the country live under the poverty line.

In 2000s, after defeat of Taliban some progresses and improvements have been started, USAID, European Commission and World Bank started to support people of Afghanistan and provided financial assistance in order to rebuild the infrastructures across the country. Health system of Afghanistan had been successful during the last two decades but still cannot provide health care services to everyone across the country. The annual budget for health care system which is provided by government of Afghanistan is not sufficient, foreign partners of MoPH such as USAID, European Commission and World Bank have the major role in terms of financing the health care system. We can say that Afghanistan was relied on assistance of its foreign partners and will remain in near future. Without their financial assistance Afghanistan will not be able to progress and prosper in near future.

As mentioned, the society of Afghanistan is very restrictive and lack of women workforce is a big issue which must be solved in future, the government of Afghanistan must invest more on this area in order to motivate them and to convince their families to let them to go to schools and universities. Not only lack of women but lack of professional personnel at all, people must wait long in order to get appointment.

Afghanistan is a populous country, and its population is increasing, there are all kinds of diseases in this country that kill hundreds of people every day and it is natural that a bigger budget is needed to provide health care services across the country.

The war and the damage it causes increase costs much more, especially in areas where war has been continuing during these years. The hospitals and clinics do not have enough budget to provide health care services for the injured military forces which are brought from wars.

Taliban regime and other terrorist have always been attacking hospitals and clinics, lots of equipment and buildings were destroyed, even in recent years they attacked on hospitals inside the Kabul city.

Private hospitals made huge progresses during the last two decades, they have been able to provide much more better quality medication than public health facilities. Despite high poverty in this country, many Afghans feel compelled to get medical care in private facilities as they offer much better medication and they do not need to wait long. But some people have not been able to pay their expenses in private hospitals and left in huge debt.

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