Refugee Documentation Centre (Ireland)
LEGAL AID BOARD

Afghanistan – Researched and compiled by the Refugee Documentation Centre of Ireland on 22 February 2018

Information regarding the difficulties in accessing medical care in Afghanistan

A report from Al Jazeera states:

> "Afghanistan has one of the worst healthcare systems in the world, with many having little or no access to medical treatment. Years of civil war have devastated the healthcare infrastructure, and unlike other countries in the region, Afghanistan has seen increasing rates of preventable diseases such as diarrhoea and respiratory infections." (Al Jazeera (10 August 2016) *Afghanistan's healthcare system struggles to rebound*)

A Medical COI Project response to a request for information on the healthcare system in Afghanistan, in answer to the question "How does the patient gain access to the public healthcare system and medical treatments?", states:

> "According to the Constitution of Afghanistan, 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.' In the Health Financing Policy 2012–2020 the MoPH has planned secondary curative services to be provided at specified fees established by Law. Public healthcare in Afghanistan is officially free of charge. However, this is not the case in many public facilities. Patients can be asked to pay for medicines, doctor's fees, laboratory tests and in-patient care. The MoPH established a Basic Package of Health Services (BPHS) and an Essential Package of Health Services (EPHS) to ensure that a standardised package of health services is available at primary healthcare facilities and at hospitals. Healthcare services from the BPHS and some services from the EPHS are legally exempt from user fees. But in reality many services in the EPHS are reported to still request user fees from the patients." (Medical COI Project (MedCOI) (4 January 2018) *General information on the healthcare system*)

A report published by the International Organization for Migration, in a section titled "Health-care challenges", states:

> "The health-care system in Afghanistan has improved in the last decade. However, availability, accessibility and affordability of health care are not guaranteed. In terms of availability, services and medication are not always present, in both public and private health-care facilities. For some diseases, like cardiovascular problems, Afghans who can afford medication resort to treatment outside Afghanistan – in India, the Islamic Republic of Iran, or Pakistan – due to the lack of diagnostic tools and quality drugs in the home country.

> The private health-care sector is more advanced than the public health-care system. According to a physician in Kabul who agreed to be interviewed, “the returnees’ income is far too low to permit their referral to private-sector service providers, so we can only refer them to the public hospitals. There, however, because of the low salaries and the lack of equipment, the services are unacceptable. In the private sector, services are good, but they cost too much for the patient.”
>
> Of course, there is a need for medicine, but I don’t have money to buy them.[. . .] I am borrowing money just to meet my subsistence needs. (Return migrant, male, 54, Afghanistan)
>
> Availability of medication is not always guaranteed. Although generic drugs might be available, their quality is often poor due to fake labels smuggled from abroad.” (International Organization for Migration (2014) *Challenges in the Reintegration of Return Migrants with Chronic Medical Conditions*, p.23)

A report from the Norwegian Refugee Council, in a section titled “Health”, states:

> “The percentage of respondents who reported illness or injury in their households in the last three months increases according to their number of displacements, from 63 per cent for those who been displaced once to 75 per cent for those who have been displaced more than three times. Forty-four per cent of those who sought medical attention did so at a hospital, 28 per cent with a private doctor and 22 per cent at a clinic or mobile clinic.
>
> Mobile clinics are most widely used in Kandahar, Kunduz and Nangarhar, and they have a special role in the provision of health services to women across Afghanistan. Significantly more women than men attend them, possibly because their access to other types of provider is restricted. According a UN Population Fund official, women and girls face ‘limited access to services [and] emotional violence. [They are] not allowed to go out … not allowed to access schools or basic health services.’
>
> Respondents in some areas covered by this study said the health facilities they required were not available. In Nangarhar’s Daman neighbourhood, one focus group participant said: ‘We have no hospital. Many patients are dying of heart attacks. We cannot reach hospitals on time. We die on the way to the hospital.’ Returnees, returnee-IDPs and IDPs all face the same constraints, and land allocation sites for returnees tend not to have health facilities.” (Norwegian Refugee Council (January 2018) *Escaping War: Where To Next? A Research Study On The Challenges Of IDP Protection In Afghanistan*, p.35)

A report from the World Health Organization states:

> “As the conflict in Afghanistan escalates and expands, healthcare comes under attack. Since January this year, 164 health facilities have been forced to close temporarily due to insecurity and conflict and 45 facilities remain closed. In 2017, 24 health facilities have been attacked and damaged either deliberately or as collateral damage. The forced closure of health facilities is currently affecting around 3 million people’s access to healthcare in

> Afghanistan." (World Health Organization (19 August 2017) *Attacks on health care on the rise in Afghanistan*)

An article from UK newspaper The Guardian states:

> "It's dangerous to be a doctor in Afghanistan. This is what the staff deal with most days at a hospital in the country's north-west: physical attacks by patients' relatives; gun-wielding soldiers inside the wards; and verbal assaults and threats of bodily harm against doctors and nurses who are only trying to help. An Afghan surgeon I've met keeps a gun at home for protection, and I understand why. Assailants recently attacked two female nurses, causing cervical spine injuries. Another nurse responding to a mass casualty event arrived at the hospital to be assaulted and choked by relatives of a wounded patient who were demanding immediate service… Doctors and nurses, ambulance drivers and paramedics, hospitals and health centres have all come under attack in Afghanistan. This disrupts the delivery of medical care when people need it most. Patients – both civilians and combatants – die because they are prevented from receiving needed care. The disruption can be so severe that the entire system collapses." (The Guardian (5 October 2016) *Healthcare in Afghanistan: 'Doctors are threatened at gunpoint, even by civilians'*)

A report from IRIN states:

> "Throughout Afghanistan, however, an increasingly violent struggle for control is threatening access to vital healthcare. Pressure from a web of armed groups, including a resurgent Taliban, has seen medical workers targeted and health clinics commandeered or shut. This has obstructed access to lifesaving care for hundreds of thousands of Afghans this year – and heightened the risk from deadly but treatable diseases like Ihsanullah's tuberculosis." (IRIN (26 October 2017) *Afghan healthcare under siege as escalating conflict cuts off access*)

In a paragraph headed "Clinics shut, health workers killed" this report states:

> "The conflict is gaining momentum, engulfing parts of the country that had been relatively secure and placing added pressure on healthcare providers.
>
> In Uruzgan Province to the north of Kandahar, the Taliban are accused of forcing the closure of medical facilities in a bid to control healthcare in disputed areas. The United Nations says more than 80 percent of the health facilities in the province were shut through September, cutting off some 420,000 people from healthcare. MSF says many patients are arriving in Kandahar from Uruzgan and Helmand because treatment isn't available in their home areas.
>
> Similarly, combatants forced a Swedish NGO to shut the majority of its health facilities in eastern Afghanistan's Laghman Province in June and July, affecting half a million people and causing 70,000 children to miss a polio immunisation campaign.
>
> OCHA, the UN's emergency aid coordination body, reported more than 100 incidents against health workers and clinics through September – more than

> double the amount for the whole of 2016. Aid groups estimate that 36 percent of Afghanistan's population has no access to primary healthcare." (ibid)

This response was prepared after researching publicly accessible information currently available to the Research and Information Unit within time constraints. This response is not and does not purport to be conclusive as to the merit of any particular claim to refugee status or asylum. Please read in full all documents referred to.

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