Federal Office for Immigration and Asylum

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Research Paper

Afghanistan: The State of Healthcare in Afghanistan

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Contents

1 About the author

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This research paper was written by an Afghan citizen with expertise in this field.

For security reasons, his identity is concealed and not disclosed. Information on his person is available to the Staatendokumentation.

The information provided is, if not specifically referenced, personal expertise and observations of the author who is involved with various people and organizations on a daily basis. He assures that the information is correct.

2 Executive Summary

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The healthcare system in Afghanistan is facing massive challenges. Although it is struggling, it still tries to help patients with the limited tools available. Years of war and economic changes have put the medical network under a lot of pressure, but the good news is that the healthcare system has not completely failed yet.

Today, many people in Afghanistan live in poverty and need humanitarian aid to survive. Local professionals have observed that the medical system is struggling with several major problems. Most healthcare facilities are in big cities, which means people in rural areas are often neglected. In these rural areas, buildings are decaying and lack basic needs like diagnostic tools, reliable electricity, and clean water. Furthermore, a decrease in international aid has forced many local clinics to close, leaving the public healthcare system unable to meet the basic needs of most citizens.

Healthcare professionals explain that the system lacks advanced diagnostic tools and reliable utilities, which makes it hard to handle complex emergencies. At the same time, extreme poverty, political shocks, and the return of millions of Afghans have caused a food crisis and malnutrition. Many Afghans believe that this has led to more diseases among children and mothers. Because there is no strong national healthcare budget, the government cannot support these disadvantaged citizens, forcing many families to go into deep debt just to pay for medical care.

Furthermore, due to the limited domestic capacity, seeking overseas treatment has become a desperate necessity for severe cases. However, the frequent closure of borders between Pakistan and Afghanistan and the strict medical visa policies of neighbouring countries have trapped thousands of critically ill patients inside the country, turning medical tourism into a highly complicated and expensive hurdle. In the light of these facts, the situation for women and children seems exceptionally dire. Moreover, the restriction imposed by the de facto authorities on female medical education will create a severe shortage of female doctors and midwives in the years to come. This has made the ordinary people concerned, as cultural norms require women to be treated by female practitioners, largely impacting the vital maternal care.

3 Introduction

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This report examines the current state of Afghan healthcare by looking at data and the experiences of frontline medical staff. It explores the barriers that prevent people from getting effective care. To make the information clear, the report is organized into six main themes that describe healthcare conditions in the country.

The first part, ‘Distribution and Quality of Medical Facilities,’ looks at the physical state of healthcare. It discusses the gap between city and rural care, the decay of hospital buildings, the lack of equipment, and the challenges of managing medical staff schedules.

‘Costs and Accessibility for Patients,’ looks at the financial struggles patients face. It explains how the lack of a national health budget and high travel distances make it very hard for the average person to get formal medical help.

Following that, ‘Availability of Treatment Options and Medication,’ focuses on shortages of medicine and specialized services. It covers the lack of treatments for conditions like cancer and eye diseases, and the difficulties surgical wards face without proper postoperative care.

The fourth chapter, ‘Medical Tourism,’ examines why patients travel abroad for care. It discusses the high costs, border restrictions, and logistical problems that make seeking treatment in other countries very difficult.

‘Situation of Women and Children,’ looks at the specific challenges for mothers and paediatric patients. This includes child malnutrition, the shortage of female workers, and rules that limit women’s ability to visit clinics independently.

The final part, ‘Outbreaks of Infectious Diseases,’ addresses public health threats. It looks at how the country monitors diseases like polio and tuberculosis and the system’s ability to manage viral outbreaks.

4 Methodology

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The findings in this report are created from primary qualitative data collected anonymously from active, frontline healthcare professionals operating within Afghanistan. The respondent pool encompasses a diverse cross-section of the medical community to ensure a holistic view of the systemic challenges impacting the country’s medical network. Specific clinical and operational insights have been drawn directly from key informants whose pseudonyms are used throughout the report. To provide a comprehensive view of the humanitarian and administrative hurdles, these clinical perspectives are integrated with the field observations of NGO employees. In addition, informal conversations were conducted with ordinary people which helped illustrate healthcare challenges in the country. Besides, supplementary information was obtained through friendly talks and hearsay with relevant individuals, allowing the study to capture perceptions and community narratives that may not appear in formal datasets. By centring their direct, on-

the-ground experiences, this report accurately maps the systemic failures and humanitarian outcomes currently defining the Afghan health sector.

5 Distribution and Quality of Medical Facilities

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The healthcare infrastructure in Afghanistan is becoming more unbalanced, with services mostly available in cities while rural areas are left behind. Mr. Naser[1] noted that cuts in international funding have forced more than 420 health clinics and hospitals to close in 2025 alone. Mr. Najibullah[2] emphasized that without these funds, people in rural provinces must rely on temporary NGO camps and public centres that cannot handle the high number of patients. As a result, city hospitals are overcrowded with patients who have travelled long distances, often arriving with complications that could have been prevented with early care.

Within these surviving facilities, the physical quality of the infrastructure and the clinical environment are described by professionals as inadequate. Dr. Qurban[3] highlighted that the critical lack of advanced diagnostic tools, specifically citing the absence of functioning MRI machines, modernized laboratory testing, and advanced imaging equipment in provinces, acts as a primary barrier to effective treatment, completely affecting complex medical interventions from the moment of intake. Dr. Rasool[4] noted that hospitals frequently struggle with highly unreliable basic utilities, facing regular shortages of electricity, clean running water, and medical-grade oxygen. He argued that these chronic logistical failures force surgeons and physicians to operate in dangerous, unsanitary conditions, jeopardizing patient safety and preventing the establishment of a sterile, supportive healing environment.

On the other hand, Dr. Qurban criticized the public sector reliance on an exhaustive 24-hour duty system, noting that these unstructured, tough shifts have drastically exacerbated professional burnout and critically reduce clinical efficiency across all functioning wards. This administrative failure is magnified by the broader economic problems; as private healthcare becomes completely unaffordable, destitute populations are flooding the crumbling public facilities. Mr. Naser pointed out that this surge is pushing an already depleted medical staff beyond its breaking point. Besides, Dr. Rasool warned that without immediate structural reforms to shift schedules and the restoration of training pipelines for all Afghans, the systemic quality of care will continue to freefall, rendering the remaining infrastructure little more than a hollow shell.

6 Costs and Accessibility for Patients

1 Mohammad Naser *[Name changed by the author]* works for an international NGO. He has strongly contributed to this report through an informal interview.
2 Mr. Najibullah *[Name changed by the author]* is one of the local NGO employees who has also contributed to this report by filling a questionnaire.
3 Dr. Qurban *[Name changed by the author]* is a specialized doctor and surgeon, based in Kabul. He contributed to this report by filling a questionnaire.
4 Dr. Rasool *[Name changed by the author]* is an MD. He also contributed to this report by filling a questionnaire.

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The biggest hurdle to healthcare is cost. Economic shocks and the loss of international grants have left most of the population in poverty. Mr. Naser explained that because there is no national health budget, the system depends on humanitarian aid. When this aid is cut, the government does not step in to help. Dr. Rasool noted that this forces families to choose between buying food or paying for life-saving medical treatment.

At clinics, patients face high out-of-pocket costs for check-ups, tests, and medicine. Mr. Naser identified these costs as a major challenge. Because public hospitals often run out of supplies, patients must often buy their own surgical tools, anesthesia, and antibiotics from private pharmacies before they can be treated. This can leave families in deep debt.

Beyond direct clinical costs, geographic distances and transportation expenses physically prevent thousands of Afghans from accessing the few remaining functional facilities. Mr. Najibullah pointed out that for populations residing in remote, underserved rural provinces, the nearest secondary hospital is often located hours or even days away over unpaved terrain. The indirect costs associated with this travel, including hiring private transport, securing temporary accommodation in urban centers, and compensating for lost daily wages, often exceed the cost of the medical treatment itself. Furthermore, Mr. Naser noted that navigating these distances is highly dangerous due to severely degraded infrastructure, particularly during harsh winter months or flash flood seasons.

7 Availability of Treatment Options and Medication

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The domestic availability of essential medicines and specialized treatments remains inconsistent in most areas across Afghanistan, dictating that survival often depends entirely on a patient's proximity to a well-funded health facility and/or an NGO-supported clinic. Mr. Naser declared that recent governmental efforts to abruptly overhaul the pharmaceutical market, specifically by restricting drug imports from Pakistan, have unconsciously triggered massive supply chain disruptions and price hikes. Though, the de facto authorities observe that while these regulatory shifts aimed to boost domestic production and source alternatives from new regional partners, the immediate reality for local clinics is a chronic deficit of life-saving drugs. Consequently, Mr. Najibullah pointed out that public hospitals are frequently unable to guarantee even foundational medications like antibiotics and intravenous serums, forcing disadvantaged patients to navigate an inflated, unpredictable private market. The resulting scarcity means that what should be straightforward pharmaceutical interventions frequently escalate into prolonged suffering, as the system remains fundamentally incapable of securing a reliable, national supply chain.

There is also a lack of specialized care for conditions like cancer or eye diseases. Mr. Najibullah noted that these treatments are almost non-existent in public facilities. Although some international projects have tried to help in Kabul, they cannot handle every case. Mr. Naser stated that patients with chronic illnesses are often left without options unless they can afford to go abroad;

though, there are still many brilliant and dedicated specialists in city hospitals working in fields like cardiology, orthopedics, and internal medicine.

8 Medical Tourism

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The internal referral pathway for critically ill individuals highlights the fragmented nature of domestic care, serving as the primary catalyst that drives families toward medical tour. Mr. Naser explained that patients frequently visit nearby local health facilities to get quick, basic treatments for minor or acute ailments; however, they are immediately forced to travel to provincial city capitals or centralized zonal provinces when confronting severe cases and complex diseases. In the event that these zonal provinces are completely unable to provide adequate treatment, the patients are occasionally referred to Kabul, the capital of the country. Yet, this final domestic tier offers little relief or resolution. He also stated that for those who can somehow afford the excessive costs of overseas treatment, leaving the country entirely becomes the only viable option to secure quality clinical intervention.

On the other hand, the desperate search for international care has been severely complicated by regional geopolitics, transforming a medical necessity into a dangerous logistical hurdle. Mr. Naser said that thousands of Afghans have crossed seamlessly into neighboring Pakistan to access the critical oncology, cardiovascular, and advanced surgical care that is entirely absent within the domestic public sector. However, Mr. Naser highlighted that profound border clashes and subsequent total closures of major cross-border transit points – including Torkham and Chaman-Spin Boldak – have largely trapped thousands of critically ill individuals inside the country. This border blockade, compounded by Pakistan's suspension of medical visas for Afghan nationals, has caused immense, unprecedented suffering for families dealing with late-stage terminal conditions.

9 Situation of Women and Children

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The healthcare reality for women and children is dire, compromised by workforce shortages and restrictive educational policies that severely limit equitable access to care. Mr. Naser highlighted that after the closure and restriction of medical institutes for female students, most hospitals will struggle with an acute lack of female nurses, midwives, and doctors in the near future.

He also stated that this shortage would put ordinary people in a state of dire concern, as Afghan female patients would increasingly be forced to refer to male doctors for intimate consultations, while cultural and religious norms dictate they are supposed to seek such consultations exclusively from female practitioners. Dr. Rasool noted that women have limited access to essential maternal and preventative care, drastically worsening patient outcomes by the time they finally seek help. Consequently, it's widely believed among Afghan youth that without an immediate reversal of these educational bans to replenish the female medical workforce, the public health-

care system will remain structurally incapable of providing safe, culturally appropriate care for half of the Afghan population.

Parallel to the maternal health crisis, the paediatric population is enduring a devastating wave of widespread malnutrition and preventable childhood disease. Dr. Qurban noted that this profound nutritional deficit severely compromises children's immune systems, leaving them highly susceptible to endemic infections and viral outbreaks that a healthy paediatric population could otherwise withstand. Ultimately, Dr. Rasool warned that without massive, targeted international interventions focusing heavily on localized paediatric nutrition and the rapid establishment of dedicated child healthcare facilities, the country faces the grim reality of losing a massive demographic cohort to fully preventable childhood morbidities.

Finally, while the Indira Gandhi Children's Hospital in Kabul offers 24-hour paediatric services, families continue to face significant challenges regarding the accurate diagnosis of complex and advanced medical conditions. Mr. Naser recounted the case of a five-year-old boy who tragically passed away after local paediatricians failed to provide a correct diagnosis. The child was later identified in Pakistan as suffering from bone cancer - a condition that had been misdiagnosed by medical professionals in Kabul.

10 Outbreaks of Infectious Diseases

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Afghanistan remains highly vulnerable to infectious disease outbreaks due to porous borders, frequent internal displacement, and a fundamentally fragile health system that is ill-equipped to monitor or contain pathogenic threats. Mr. Najibullah stated that ongoing challenges in the field with endemic diseases such as tuberculosis and polio have continued to evade national eradication efforts due to interrupted vaccination campaigns and limited rural access. Mr. Naser corroborated this grim reality, noting that the extremely limited logistical and financial support provided by the government leaves regional health departments entirely dependent on fragmented international aid to manage localized epidemics.

Despite these systemic failures, the frontline response is sustained by the extraordinary dedication of the medical workforce, as Afghan doctors are widely recognized by their peers and patients as brave and fearless in the face of overwhelming odds. Mr. Naser recalled witnessing this remarkable resilience firsthand during the COVID-19 pandemic, observing how incredibly supportive and fiercely determined the doctors were as they desperately did their best to save lives, even when they literally had nothing at hand. While the human capital within the medical sector is immensely strong and deeply committed, Mr. Najibullah pointed out that their relentless efforts are structurally undermined; their only true challenge is not a lack of clinical skill or willpower, but rather the severe lack of quality medical facilities and highly limited operational support from the government.

11 Conclusion

The findings in this report illustrate that the Afghan healthcare system is suffering from critical breaking points. Years of economic instability, combined with the sharp reduction of international humanitarian funding, seem to have crippled medical infrastructure, leaving rural populations largely neglected and basic diagnostics inaccessible. This crisis is further exacerbated by restrictive policies that have depleted the female healthcare workforce, directly jeopardizing maternal and paediatric care. Furthermore, the reliance on outbound medical tourism – now severely limited by border closures and geopolitical tensions – forces many critically ill patients to face deteriorating conditions domestically without a safety net. While the nation's medical professionals demonstrate remarkable resilience and skill, their efforts are fundamentally undermined by a lack of operational support and systemic reform. Without immediate, targeted interventions to revitalize training pipelines and stabilize the pharmaceutical supply chain, the country faces a persistent humanitarian crisis that will continue to disproportionately affect its most vulnerable citizens.