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The Health of Afghanistan

Afghanistan is the 21st least developed country in the world, according to the Human Development Index (“Least Developed Countries 2021,” n.d.). Although Afghanistan’s health has been steadily improving in the past few decades, it still remains poor by international standards. Afghanistan’s average life expectancy at birth is about 64 years, about eight years below the global average of 72.6 years (The World Bank, 2019). The World Bank estimates that the country’s infant mortality rate per 1,000 live births is 46.5, much greater than 29 deaths per 1000 live births globally (WHO, 2018). In addition, maternal mortality rate per 100,000 live births in Afghanistan is 638, which is significantly higher than the global average of 152 per 10,000 live births (The World Bank, 2019b; Bill & Melinda Gates Foundation, 2020). The country is also one of the two remaining countries that has not eradicated polio (CDC, 2021). Currently, one of Afghanistan’s most pressing issues is its hunger crisis (USA Today, 2021). Several factors have contributed to Afghanistan’s national health issues, most notably is the country’s long history of political instability and the Taliban’s recent rise to power. However, three key challenges directly affect the country’s health and deserve top priority investments. Afghanistan’s economy, health care system, and education of women and girls are in dire need of aid in order to improve the health of the country.

Four decades of war and continued political instability in Afghanistan have contributed to the various challenges the country has yet to overcome. In the late 1970s and early 1980s, Afghanistan was invaded and controlled by the Soviet Union. Afghan fighters against the

communist government, the mujahideen, were aided by the United States. Further conflict ensued, as Mohammad Najibullah, groomed by the Soviets, became president of Afghanistan. In 1988, the Geneva Peace Accords were signed by the Soviet Union, Afghanistan, Pakistan, and the United States, and Soviet forces began to withdraw (Bloch, 2021). Six years later, the Taliban, an ultraconservative Afghan group that emerged from the mujahideen, took over southern areas in Afghanistan, promising to restore order. They swiftly enforced their harsh interpretation of Islam. Al-Qaida leader, Osama bin Laden, soon aligned himself with the Taliban. Throughout the late 1990s, the Taliban continued to gain control over most of the country, imposing their strict rules and punishments. The U.S. launched missile strikes in 1998, in retaliation for al-Qaida attacks on U.S. embassies. A year later, the U.N. Security Council imposed terrorist sanctions on the Taliban and al-Qaida (Bloch, 2021). Rejecting international pleas, the Taliban furthered its anti-western campaign and killed two American women accused of preaching Christianity, a capital offense according to the Taliban. In 2001, al-Qaida attacked New York City and Washington. The U.S. demanded that the Taliban hand over bin Ladin, but they refused, resulting in a U.S.-led coalition, Operation Enduring Freedom, that targeted the Taliban and al-Qaida with military strikes. In December of 2001, the Taliban fled, and their regime was overthrown.

The constant political instability, conflict, and change of power left Afghanistan's economy in shambles. Between 2002 and 2017, the United States government sought to help stabilize Afghanistan's government. The U.S. spent almost \$4.7 billion in stabilization funds in the years after 2009, but the country has yet to be stabilized (SIGAR, 2018). The U.S. government overestimated its ability to build and reform Afghanistan's institutions as a part of its stabilization strategy. Unfortunately, programs to rebuild the economy were not properly tailored

to the “Afghan context” and successes in stabilizing were not sustained (SIGAR, 2018). There was immense pressure to quickly stabilize Afghanistan, so U.S. backed agencies and organizations “spent far too much money, far too quickly, in a country woefully unprepared to absorb it” (SIGAR, 2018). In addition, finding qualified and experienced Afghans that understood how to navigate local economies, posed a problem. As a result, programs and interventions often aggravated conflicts, fostered corruption, and supported insurgents (SIGAR, 2018). U.S. troops have been present in Afghanistan for almost 20 years, until President Biden moved to withdraw them in April 2021. In the latest chapter of the country’s instability, the Taliban recaptured power August 2021. Before the collapse of the government, Afghanistan faced overwhelming economic challenges due to COVID-19 and droughts. Widespread droughts have destroyed Afghanistan’s agriculture, which was the biggest source of employment. According to the United Nations Development Programme, “as much as 97 percent of the population is at risk of sinking below the poverty line unless a response to the country’s political and economic crisis is urgently launched” (UNDP, 2021). The economic crisis has created a hunger crisis in Afghanistan. The United Nations estimates that nearly 60 percent of the population currently suffers from acute hunger and “an estimated 3.2 million children under the age of 5 are expected to suffer from acute malnutrition by the end of the year” (as cited in USA Today, 2021). Health effects such as stunting and wasting can result from severe acute malnutrition. Afghanistan has already been deemed one of the world’s highest rates of stunting and wasting in children under five, and the ongoing economic crisis is increasing undernutrition (UNICEF, 2021a). Nutritional status is essential to the mental and physical growth of children and their health as adults. Sufficient nutrition while young establishes health as an adult. Insufficient amount of food and nutrients can weaken a person’s body, allowing them to become

more susceptible to illness and infection, and can lead them to longer and more frequent illness. UNICEF and the World Food Programme are working to provide food and nutrition assistance, including treatment and prevention of malnutrition to millions. The UN reports that almost four million people were reached in September alone (UN, 2021c). Although organizations and programs helping the hunger crisis are important, investment must be given to the fundamental cause. Stabilization of Afghanistan's economy can help address the widespread poverty, unemployment, and failed production, and therefore aid the hunger crisis. The U.S.'s previous attempt to stabilize the country's economy was rushed, expensive, and unsustainable. Even under the best circumstances, stabilization takes time and planning (SIGAR, 2018). Investments must be made to have qualified and experience people in the right positions, and stabilization of the economy requires a tailored approach and local knowledge.

Afghanistan's decades of political instability and conflict have also devastated its health care system. Specifically, the Taliban's recent assumption of power has had a negative effect on the country's health care system. Afghanistan's health care has been heavily supported by international aid. In 2018, the World Bank created the Afghanistan Sehatmandi Project to "increase the utilization and quality of health, nutrition, and family planning services" (The World Bank, n.d.). Sehatmandi was a \$600 million project that spanned 3 years. Its goal was to improve service delivery, strengthen the performance of health systems and service providers, and raise health awareness of rights and specific health behaviors (The World Bank, n.d.). The project was administered by the World Bank and funded by the U.S. Agency for International Development, the European Union, the World Bank, and other organization donors (Mandavilli, 2021). Approximately two-thirds of the country's health facilities are a part of the Sehatmandi project, providing 20,000 health care workers at 2,309 health care facilities (WHO, n.d.).

However, after the Taliban seized power in August, the World Bank and other organizations froze the \$600 million in health care aid. As a result of the Sehatmandi project, Afghanistan has made major strides in reducing maternal and child deaths by more than 50 percent, increasing life expectancy, and delivery basic health care to more Afghans than in previous years (Mandavilli, 2021). However, the loss of funding towards the project has caused detrimental effects. Dr. Wahid Majrooh, who was the health minister under the government before the Taliban, explains that “we are losing [health] personnel, we are losing lives, and the morale and momentum we had...The crisis is very, very extensive” (as quoted in Mandavilli, 2021). Immunizations for polio, tuberculosis, tetanus, measles, and COVID-19, cesarean sections, diagnoses and treatment of TB, malaria, and HIV, childhood nutrition, surgeries, and routine health services are all at risk without the Sehatmandi project (Mandavilli, 2021). In addition, supply chains for medicines, oxygen, and food for health facilities have been constricted as a result of the loss of aid. If not immediately addressed, this loss of access to health care could lead to “thousands of preventable illnesses and deaths” (WHO, n.d.). In addition, the closing of the Sehatmandi health facilities has caused other clinics and hospitals funded by other means to become overwhelmed. A Doctors Without Borders hospital in Herat has reported treating nearly three times as many children as usual, and many of which had travel hours for treatment (Mandavilli, 2021). Patients are not only suffering, but the lack of funding has affected health care workers as well. Many doctors, nurses, and other providers have not been paid in months and work overtime to accommodate the overflow of patients. Without funding for salaries and supplies, continuation of services has become impossible. Dr. Majrooh has said that he communicated the urgency of the health care crisis to Taliban leaders, but no plan had been made. The World Bank and the Biden administration are hesitant to resume funding to the

Sehatmandi project, however Afghanistan's health care is in dire need of the aid. The health of the country needs to surpass political concerns. Alternative funding to the project, as opposed to through the Afghanistan Ministry of Public Health, may be necessary to resolve this issue.

Investments into the health care system, through the Sehatmandi project, are crucial to improve the health of the country.

Similarly, to the economy and health care system, Afghanistan's education of women and girls has been hindered by the resurgence of the Taliban. For many Afghan children, completing primary school is thought of as unattainable, especially for girls (UNICEF, 2021b). In 1996, the Taliban began to issue edicts prohibiting women and girls from attending school. For almost their entire rule between 1996 and 2001 nearly all education was banned for girls and women. For the past twenty years, women and girls have enjoyed more educational freedom than they have in the past, with some going so far as to attend universities and medical schools. The Taliban's recent seizure of power has caused growing concern that Afghanistan's progress will regress back to their Draconian rules, leaving severe consequences for women and girls' health and well-being, as well as for the country. A particular health issue correlated with the lack of education for women and girls is maternal mortality. Girls with a lack of education or who drop out of school prematurely are more likely to marry and have children early. Child marriages are illegal but prevalent in Afghanistan, with many girls marrying and having children before they are physically and emotionally ready (Wodon et al., 2018). This may affect their health and also the health of their children. Giving birth at a young age increases the risk of maternal mortality and morbidity (Wodon et al., 2018). Educating and keeping girls in school reduces the likelihood of child marriage and early childbearing. Years of schooling has a positive effect on the level of health services a woman may receive, birth spacing, family planning, and overall health

(Najafizada, Bourgeault, & Labonté, 2017). Education is a key predictor of physical and mental health status, showing correlations between morbidity and mortality. It allows individuals to make informed decisions regarding health practices, health services, health professionals, and participation in treatments (Iacopino & Rasekh, 1998). Furthermore, education enables individuals to participate in society, develop an understanding of their rights and the rights of others, promote appreciation of diversity, make important life choices, and empower them to “break the cycle of poverty and human misery while improving health of communities” (Iacopino & Rasekh, 1998). According to the World Bank, limiting educational opportunities for girls costs countries between \$15 trillion and \$30 trillion in lost lifetime productivity and earnings (The World Bank, 2021). In order to fulfill the development potential of Afghanistan and to improve women’s health, it is essential for girls and women to attain a high education level. Investments in support of keeping women and girls in school are critical to Afghanistan’s progress and women’s health. A Taliban spokesperson has said they will respect women’s rights “within Islam,” which unfortunately leaves much to interpretation (Nader et al., 2021). The Taliban has already expressed that they will enforce their severe version of Shariah law and that some education for girls and women will be permitted, but the constraints of those have not yet been defined (Blue et al., 2021). It is important for the international community to participate in the discussion and advocate for girls’ education. Investments towards building new schools, particularly girls’ schools, hiring and training teachers, and reaching out to girls and their families to encourage them to attend school are critical for Afghanistan to reach its health potential.

Forty years of conflict and instability has attributed to Afghanistan’s major challenges. The economy, health care system, and education of women and girls need the most attention. The

continuation of the lack of investment in the economy, health care system, and girls' education have resulted in a health emergency in Afghanistan. The ongoing economic crisis in Afghanistan has led to a hunger crisis that has left 60% of the population suffering from acute hunger (USA Today, 2021). Investing in stabilizing Afghanistan's economy could help reduce poverty, and therefore combat the hunger crisis. Unfreezing funding for the Sehatmandi project would help keep the vital health facilities in Afghanistan open. Thousands of Afghans rely on the project to get their basic health needs and services, as well as for jobs for health care workers. Without the project, many Afghans are more vulnerable to preventable diseases and death. The lack of education for women and girls negatively affects the health, productivity, and development potential of a country. Investing in the building of schools, training of teachers, and especially the promotion and recruiting of girls could reduce mortality and morbidity, as well as foster the country's development. Addressing these root causes could allow Afghanistan to progress towards the Sustainable Development Goal 3: Ensure healthy lives and promote well-being for all at all ages (UN, n.d.). The economy, health care system, and girls' education affect all aspects of health from physical, social, emotional, and mental. Investments for these issues are top priority and would ultimately help improve health in Afghanistan tremendously.

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