

3.5. Healthcare

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The development of Afghan healthcare has been impeded by decades of war,945 leaving it heavily dependent on foreign aid to deliver basic health services.946 In the absence of quality healthcare, many Afghans have been travelling abroad to seek medical care, for example in Pakistan, India, Türkiye947 or Iran.948 This option has reportedly become increasingly unattainable in recent years, amid border closures with Pakistan and Pakistan's restricted visa policy.949 Afghanistan is experiencing a deepening healthcare crisis, exacerbated by dwindling international aid and the de facto authorities' minimal state budget allocation on health.950 Meanwhile, life expectancy has reportedly declined,951 and mortality rates among children under five952 and mothers have reportedly increased.953

Amid the Taliban takeover in August 2021, major donors cut their development funding which severely impacted the healthcare system.954 Aid organisations have tried to fill the gap in donor cuts for public health,955 but have not been able to replace the former scale of international donor support.956 About 33 % of the population (over 14 million people) are underserved in terms of healthcare access,957 and rural communities in particular.958 The situation has been further exacerbated by subsequent aid cuts, prompting many organisations to shift priorities from *inter alia* healthcare to immediate relief efforts.959 According to AAN, the number of operative health facilities had declined to 1 500 by 2024, down from a 'peak' of 3 000 facilities in 2010.960 Due to the cuts in US foreign aid, 422 additional health facilities had been suspended by 31 August 2025, impacting over 3 million people in 30 provinces, according to Health Cluster and WHO.961

Amid the Taliban takeover, many healthcare professionals left the country or quit their jobs.962 Already under the previous government, there was a significant shortage of healthcare staff, with the number of doctors, nurses, midwives, dentists, and pharmacists in relation to the population size being well below WHO's thresholds963 for 'critical shortage'.964 There were about 10.3 health workers per 10 000 individuals in Afghanistan in 2023 and 2024.965 This figure can be put in relation to the WHO's recommended 44.5 key health workers per 10 000 population.966 There is a particular shortage of female health staff, exacerbated by the de facto government's restrictive policies on women,967 and gender segregation in medical facilities.968 The prohibitions on women taking university courses and medical training furthermore blocks new generations female doctors,969 nurses and midwives from graduating.970 There are also shortages in specialists.971 Furthermore, many healthcare personnel lack necessary qualifications.972 For example, research published in Conflict and Health in 2024, outlined how

medical personnel across Afghanistan generally lacked awareness of common noncommunicable diseases (NDCs),973 which includes chronic diseases such as heart attacks, stroke, cancer, chronic respiratory diseases, and diabetes.974 Meanwhile, in 2025, WHO estimated that NDCs accounted for 43 % of deaths in Afghanistan.975 There are moreover shortages in medicines,976 and the provision is highly reliant on NGO support.977 However, stocks sometimes run out within days when there are many patients.978

As mentioned, rural areas in particular face gaps in accessing quality healthcare979 and are disproportionally affected by shortages in clinics, health staff,980 and medicine.981 Provincial hospitals reportedly often only had supplies of basic medications and referred patients in need of other medication (including for NDCs) to private pharmacies.982

Moreover, health facilities suffer from poor infrastructure and a lack of medical equipment.983 This includes health facilities across Afghanistan984 and 'on all levels', as reported by Doctors Without Borders (MSF).985 For example, according to a 2024 study, a large maternal centre in Kabul City only had one ultrasound machine, and, due to the lack of basic laboratory equipment, hospitals in all of Kabul's neighbouring provinces referred patients in need of CT scans to the capital.986 There are also generally high bed occupancy rates, with up to three patients sharing beds in some facilities.987 The 2024 study found that many health facilities were built about 40 years ago and are in need of refurbishment as they were designed for a significantly lower number of patients, as well as a significantly lower number of beds per room.988 Some facilities moreover lack reliable electricity supply,989 struggle to heat the facilities during winter,990 and lack ventilation systems to cool the facilities during summer.991 According to the 2024 study, some child patients had died due to lack of heating.992

The health system is also burned by outbreaks of infectious diseases993 such as measles, acute watery diarrhoea, and malaria994 as well as natural disasters causing severe injuries.995

Many Afghans face economic barriers to access healthcare.996 In some provinces, the de facto authorities have introduced fees for public healthcare,997 but also in public institutions that are supposed to provide free healthcare, patients may have to pay for basic services, including child delivery, surgeries,998 and medicines if supplies are short.999 Although the general security situation has improved in recent years which facilitates travel to health centres,1000 distances 1001 and costs associated with travelling may also impact household decisions whether to seek healthcare.1002 Meanwhile, the general ability to pay for healthcare has worsened since the takeover.1003 Some incur debts to fund health services1004 or delay care until their condition becomes urgent.1005 Women and children (in particular women in poor and rural areas and with disabilities1006) have been disproportionately affected by the deterioration in healthcare accessibility.1007 Restrictions on women's travel have furthermore limited women's mobility, 1008 and have hampered the work of mobile health teams.1009 Moreover, the requirement of both female medical staff and female patients to be accompanied by a *mahram* in some areas impact women's access to healthcare,1010 as well as the general shortage in female staff in areas where women are only permitted to be seen by female health personnel.1011

Mental health needs have increased in Afghanistan in recent years, and have become more noticeable at health clinics amid an increase in people seeking help.1012 In 2025, WHO estimated that one in five Afghans live with a mental health condition.1013 The de facto

government’s restrictions on women have also reportedly driven up the rates of mental health issues among women.1014 Meanwhile, many provincial hospitals and primary healthcare services lack mental health services, as reported by WHO,1015 and mental health services have not been prioritised among donors.1016 According to a representative of the de facto Ministry of Public Health’s mental health deportment, cited in local media, Afghanistan would need 3 000 mental health counsellors to meet the national demand, while 1 100 were active in May 2025. Meanwhile, the representative stated that there were about 130–150 mental health specialists across Afghanistan, while the double would be needed.1017 These figures could not be corroborated with other sources within the time constraints of drafting this report. According to United Nations Population Fund (UNFPA), the absence of local mental health services is a primary barrier to seeking help, and there is also a lack of specialised professionals. Travel distances to access services also pose a barrier for many, especially for conditions requiring multiple sessions.1018 Another barrier to seeking help is the stigma surrounding mental health issues.1019 In some communities, individuals with mental health issues may be ridiculed, humiliated and ostracised,1020 why many conceal their issues.1021

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