

## 3.5. Healthcare

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The development of Afghan healthcare has been impeded by decades of war,<sup>945</sup> leaving it heavily dependent on foreign aid to deliver basic health services.<sup>946</sup> In the absence of quality healthcare, many Afghans have been travelling abroad to seek medical care, for example in Pakistan, India, Türkiye<sup>947</sup> or Iran.<sup>948</sup> This option has reportedly become increasingly unattainable in recent years, amid border closures with Pakistan and Pakistan's restricted visa policy.<sup>949</sup> Afghanistan is experiencing a deepening healthcare crisis, exacerbated by dwindling international aid and the de facto authorities' minimal state budget allocation on health.<sup>950</sup> Meanwhile, life expectancy has reportedly declined,<sup>951</sup> and mortality rates among children under five<sup>952</sup> and mothers have reportedly increased.<sup>953</sup>

Amid the Taliban takeover in August 2021, major donors cut their development funding which severely impacted the healthcare system.<sup>954</sup> Aid organisations have tried to fill the gap in donor cuts for public health,<sup>955</sup> but have not been able to replace the former scale of international donor support.<sup>956</sup> About 33 % of the population (over 14 million people) are underserved in terms of healthcare access,<sup>957</sup> and rural communities in particular.<sup>958</sup> The situation has been further exacerbated by subsequent aid cuts, prompting many organisations to shift priorities from *inter alia* healthcare to immediate relief efforts.<sup>959</sup> 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.<sup>960</sup> 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.<sup>961</sup>

Amid the Taliban takeover, many healthcare professionals left the country or quit their jobs.<sup>962</sup> 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 thresholds<sup>963</sup> for 'critical shortage'.<sup>964</sup> There were about 10.3 health workers per 10 000 individuals in Afghanistan in 2023 and 2024.<sup>965</sup> This figure can be put in relation to the WHO's recommended 44.5 key health workers per 10 000 population.<sup>966</sup> There is a particular shortage of female health staff, exacerbated by the de facto government's restrictive policies on women,<sup>967</sup> and gender segregation in medical facilities.<sup>968</sup> The prohibitions on women taking university courses and medical training furthermore blocks new generations female doctors,<sup>969</sup> nurses and midwives from graduating.<sup>970</sup> There are also shortages in specialists.<sup>971</sup> Furthermore, many healthcare personnel lack necessary qualifications.<sup>972</sup> For example, research published in Conflict and Health in 2024, outlined how medical personnel across Afghanistan generally lacked awareness of common noncommunicable diseases (NDCs),<sup>973</sup> which includes chronic diseases such as heart attacks, stroke, cancer, chronic respiratory diseases, and diabetes.<sup>974</sup> Meanwhile, in 2025, WHO estimated that NDCs accounted for 43 % of deaths in Afghanistan.<sup>975</sup> There are moreover shortages in medicines,<sup>976</sup> and the provision is highly reliant on NGO support.<sup>977</sup> However, stocks sometimes run out within days when there are many patients.<sup>978</sup>

As mentioned, rural areas in particular face gaps in accessing quality healthcare<sup>979</sup> and are disproportionately affected by shortages in clinics, health staff,<sup>980</sup> and medicine.<sup>981</sup> 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 Afghanistan[984](#) 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 diseases[993](#) such as measles, acute watery diarrhoea, and malaria[994](#) 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 services[1004](#) or delay care until their condition becomes urgent.[1005](#) Women and children (in particular women in poor and rural areas and with disabilities[1006](#)) 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 department, 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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