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Khabir Ahmed

Aga Khan University, khabir.ahmed@aku.edu

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Recommended Citation

Ahmed, K. (2004). Insecurity and lack of funds hamper progress on Afghan health service. *Bulletin of the World Health Organization*, 82(9), 712-713.

Available at: http://ecommons.aku.edu/pakistan_fhs_mc_surg_surg/465

Insecurity and lack of funds hamper progress on Afghan health service

Ambitious Afghan Government plans to provide basic health-care services to 25 million Afghan people who have one of the lowest health standards in the world are being hampered by a lack of funds and mounting insecurity, government and humanitarian officials said.

Abdullah Sherzai, Deputy Minister of Public Health, told the *Bulletin* that his ministry was still waiting for almost half the funds needed for this year's budget alone.

Donors, like USAID and The World Bank, have approved the Afghan Government plan. But some donors are not providing enough funds for this, preferring more visible projects with more immediate results, such as building a big hospital in Kabul and other cities, officials say.

"Out of a total US\$ 200 million we budgeted for the provision of the Basic Package of Health Services (BPHS) this year, only 50–60% of the money has been disbursed," Mr Sherzai said, speaking from Kabul in August.

The Basic Package initiative, developed by the Afghan Government in cooperation with nongovernmental organizations (NGOs), and United Nations agencies including WHO, aims to provide a standardized set of basic health services at primary level to improve the health status of Afghans.

Maternal mortality is alarmingly high, with about 1700 women dying for every 100 000 live births because of complications that could easily be prevented. The situation is worse in remote areas.

The country has one of the highest infant mortality rates in the world — with 165 deaths per 1000 live births. One in four children die before their fifth birthday. Life expectancy at birth is only 46 years.

Most Afghans, particularly those in rural areas, do not have access to health care because more than two decades of war have destroyed or damaged the majority of health facilities and educational institutions, and many health-care workers have been displaced or killed.



WHO/H. BOWER

Therapeutic feeding centre, Regional Hospital in Herat, Western Afghanistan.

Dr Khalid Shibib of WHO's Emergency and Humanitarian Action Department said that although access to health care in Afghanistan has been improving slowly, it is not very different to many other underdeveloped countries.

A serious problem is a lack of mental health resources and a shortage of professional mental health care workers. A team of researchers warned in August that the prevalence of mental disorders in Afghanistan was alarming

and required immediate attention by donors and policy-makers (*JAMA* 2004;292:575-93).

"With decades of war, the people of Afghanistan have gone through uniquely traumatic experiences that have affected their mental health," said Dr Barbara Lopes Cardozo, a psychiatrist at the Centers for Disease Control and Prevention in Atlanta.

"In our study of the mental health, social functioning, and disability in postwar Afghanistan, we found

significantly high levels of depression, anxiety and post-traumatic stress disorder,” Dr Cardozo said.

“Sixty-eight percent of people showed signs of depression, 72% had symptoms of anxiety, and 42% had symptoms of post-traumatic stress. As a comparison, levels of depression in the United States are lower at 8–10% and 1–2% for post-traumatic stress,” Dr Cardozo said.

Increasing attacks on humanitarian workers — 32 aid workers have been killed since March 2003 — have put much of the country off-limits to international health-care workers and jeopardize much-needed investment.

“For quite some time we have been unable to get to people in rural areas mainly because of the security issue”, said Jessica Barry from the International Committee of the Red Cross (ICRC) which provides vital trauma and surgical services in Afghanistan.

“Because of insecurity in rural areas, our work remains limited to large urban centers”, Ms Barry said.

In July, a leading humanitarian organization, Médecins Sans Frontières pulled out of Afghanistan after five of its workers were killed in Badghis province.

But despite the lack of security and shortage of funds, major progress has been made in many areas including policy-making and measles vaccinations, and towards polio eradication.

“The number of polio cases in the country has been reduced to only three this year because of relentless efforts made by WHO, the Afghan Government and others,” said Ahmed Shadoul, a medical officer at WHO Afghanistan.

A good acute flaccid paralysis surveillance system to check for polio is in place all over Afghanistan with more than 450 sentinel sites and about 4400 reporting points.

In August, WHO launched an initiative to reduce in less than two years the incidence of leishmaniasis, a disabling disease transmitted by sand fly which often leads to facial disfigurement. Kabul has 67 500 cases, more than anywhere else in the world.

The project is in cooperation with the Massoud Foundation, an Afghan nongovernmental organization, and Dutch non-profit group HealthNet International and was funded by a donation from the Belgian Government. ■

Khabir Ahmad, *Karachi*

Activists drive access to treatment campaign at conference

At the international AIDS conference in Barcelona two years ago, activists smashed the stands of the Group of Eight (G8) richest countries and hecklers drowned out United States Health Secretary Tommy Thompson to press their demands for a sharp increase in AIDS funding.

Since then, donors — in particular the United States which has pledged 15 billion dollars — have increased spending on HIV/AIDS for developing countries and embraced the idea that treatment must go hand-in-hand with prevention.

Now that treatment is on the way, activists at this year's AIDS conference in Bangkok called on governments to guarantee access to treatment for everyone.

Thailand, the host country, came under fire as activists accused the Thai and other governments of failing to provide adequate treatment and support for HIV-positive intravenous drug users and other vulnerable HIV-positive groups.

Former South African president Nelson Mandela made an impassioned appeal for more support for HIV-positive people with tuberculosis — the chief cause of death for people with AIDS in Africa.

Activists called for more to be done to protect women and called for swift development of preventive microbicide products due to come on the market in the next few years.

Armed with banners and whistles, hundreds of activists marched through the Bangkok conference halls calling on the G8 to recognize AIDS is a life-long condition and make recent substantial financial commitments for antiretroviral (ARV) treatment for developing countries a long-term prospect.

Activists also raised concerns about the way science has not kept pace with the epidemic, underscoring lingering uncertainty over how to ensure rapid scale up and coordination of ARV treatment now that the funding is available.

Dr Jim Yong Kim, head of WHO's HIV/AIDS programme, told the conference that although the situation still looked bleak — six million people had died and there were 10 million new HIV infections — there had been “real progress”.

Dr Kim said 20 billion dollars had been pledged for AIDS — more than for any other global health campaign in history — the cost of ARV drugs has dropped significantly in two years and people in worst-hit regions are more likely to go for an HIV test.

Like many other activists Rolake Nwagwu, 34, an HIV-positive Nigerian attending the Bangkok conference, told the *Bulletin* that it was her own personal struggle to get treatment that spurred her to campaign for access to health care.

Rolake campaigns in her native country to raise awareness about AIDS by fighting the stigma and discrimination that discourage many Nigerians from being tested for HIV and by fighting for better access to ARV treatment.

Initially Rolake spent all her money on ARV drugs, but broke off treatment because she found — like most HIV-positive people in developing countries — it was too expensive.

“In the town where I live, AIDS is a taboo. For years I couldn't speak to anybody about how to deal with the disease,” Rolake said in reference to the Nigerian town of Kaduna.

Now, she is a campaigner with the Pan-African Treatment Access Movement and writes a popular column entitled: “In Moments Like This — Living with HIV” in Nigeria's most widely read newspaper, the *Sunday Punch*.

“I do what I do — not just to help other Nigerians — but first, to help myself, and then four million other infected Nigerians. Whatever I do or don't do now will haunt me later when my entire generation dies off and I have no access to affordable health care,” Rolake said. ■

Melanie Zipperer, *Bangkok*

Contributions are welcome for the Letters section, in response to articles that have appeared in the *Bulletin* or on matters of major public health importance. Letters are usually between 400 and 850 words, with a maximum of six references; they will be edited and may be shortened.

Manuscripts should be submitted to the *Bulletin* via our submissions web site accessed at <http://submit.bwho.org> or via a link from www.who.int/bulletin where there are “Help” and “FAQ” (frequently asked questions) buttons to assist authors.