Insecurity and lack of funds hamper progress on Afghan health service

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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.

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 disor-

der,” 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 Interna-
tional 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 Govern-
ment and others,” said Ahmed Shadoul, a medical officer at WHO Afghanistan.

A good acute flaccid paralysis surve-

illance 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 ini-
tiative 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
non-governmental organization, and
Dutch non-profit group HealthNet
International and was funded by a dona-
tion from the Belgian Government. ■

Khabir Ahmad, Kanachi

Activists drive access to treat-
ment 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 heck-
lers 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 guar-
antee access to treatment for everyone.

Thailand, the host country, came
under fire as activists accused the Thai
and other governments of failing to pro-
vide 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 micro-
bicide 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 antiretro-
viral (ARV) treatment for developing
countries a long-term prospect.

Activists also raised concerns about
the way science has not kept pace with
viral (ARV) treatment for developing
countries a long-term prospect.

Dr Jim Yong Kim, head of WHO’s
HIV/AIDS programme, told the con-
ference 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 discrimina-
tion that discourage many Nigerians
from being tested for HIV and by fight-
ning 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 Move-
ment and writes a popular column en-
titled: “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