



Afghanistan: The Changing State of its Health System and the Contribution of NGOs and the International Community

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Abstract

In unstable or low-income states, incapacity to react to population demands typically derives from insufficient health systems. High-income countries have incentives to offer them health aid since a humanitarian catastrophe might damage global peace and stability. Diseases and epidemics heighten the hazard. International community and NGOs must intervene. Afghanistan is a country that needs this help, due to recurrent hostilities, unstable regimes, the covid epidemic, and the return of the Taliban. As a result, Afghanistan has been lacking a competent health system for years. Despite some successful initiatives to rebuild and enhance the Afghan health system following the Taliban's fall in 2001, it's significantly more chaotic now. The Taliban's return to power has harmed Afghanistan's health. Several causes have lowered Afghan residents' health, with women suffering the most since they are typically deprived from basic medical treatment. Moreover, socioeconomic changes have also been noticed after the overthrow of the previous government. The broader context of the health situation in Afghanistan looks increasingly ominous, prompting the international community to lift its sanctions and provide aid.

Keywords: *Afghanistan; Health System; Talibans; NGOs; International Community*

Introduction

Global Health constitutes a wide term with a variety of aspects and related issues directly being linked to it. It refers primarily to the transnational promotion of health equity in dealing with common health issues by cooperative and holistic action (Skolnik, 2019). The context in which global health action occurs is constantly changing along with the primary issues that have to be addressed and the number of stakeholders (International Organisations, NGOs, Governments, etc) who are involved (Sidiropoulos et al., 2021). While WHO forms the salient organization concerning response to global health threats (Gostin et al., 2020), a number of other actors both from the public and private sector are also engaged in various activities towards health optimization (Hill, 2011). In this way, it is more accurate to refer to a global health governance system that entails a multi-speed landscape with different technical approaches

and actors (Hill, 2011). In other terms, “Global health governance” (GHG) is shorthand for the rules, norms, and formal institutions that mediate and facilitate international interactions related to health (Batniji & Songane, 2014). Institutions involve mainly global civil society organizations and NGOs, public-private partnerships, professional associations, UN entities and intergovernmental organizations, national governments and the private industry (Hoffman & Cole, 2018; Sidiropoulos et al., 2021). Under this context, along with WHO, World Bank and the World Trade Organization have contributed in a significant way in the interconnection of financial aid and health development, while members of G8 play a substantial role too. Rising global health autonomy entails multilateral organizations getting a huge position in world health cooperation, at least in international health law and implementation. As global integration grows, international bodies with legislative capacity will become vital for improving and implementing public policy. Private players and worldwide health coalitions can't replace international institutions as global dispute and law-making hubs (Batakis et al., 2020).

The international engagement on health issues has been built on three basic frameworks since the late 1970s. The first one was developed within the goal of “Health for All” by WHO in 1977, which prioritized issues related to primary healthcare, nutrition and sanitation. “Health for All” was followed by the World Bank’s initiative “Global Burden of Disease” in late 1980s, which focused mainly on the handling of the most threatening diseases worldwide. The third framework was shaped in 2000 based on the Millennium Development Goals (MDGs), many of which correlated to health issues (Batniji & Songane, 2014). Later in 2015, the United Nations upgraded the context of global action with the integration of 17 Sustainable Development Goals (SDGs), consolidating a clear framework of goals to be achieved by 2030. In particular, Goal 3 focuses on good health and well-being, enumerating a number of goal targets among which are the end of numerous epidemics and the accomplishment of universal health coverage (United Nations Development Programme, 2022).

In this context the current research aims to acknowledge the way the present global health system has been formed but also to highlight the necessity of its enhancement, especially in favor of the fragile states such as Afghanistan. In the first place, a short analysis of the inadequacies that emerged during the Covid-19 pandemic is being presented along with the importance of DAH’s and NGOs’ action in fragile states. In the second place, the research focuses in the case of Afghanistan aiming to analyze on a great scale the changes its health system has undergone during the last 20 years. During this analysis, firstly the enumeration of the primary causes of death is being attempted and secondly the description of the basic changes Afghanistan has been through after the Taliban’s seizure of power in 2021 in the political, social and health sector. The research concludes with the presentation of the way the international community reacts to the needs of the Afghan population.

1. Development Assistance for Health (DAH) in Fragile States

The propagation of the Covid-19 pandemic created numerous challenges and disconcerted to some extent the credibility of the actors of the global health system. The urgent and unprecedented way that the radical ramifications of the pandemic had to be tackled, destabilized the international cooperation giving prominence to isolationist and unilateral policies (Gostin et al., 2020). In fact, no linear and common policy was implemented, despite the efforts by the United Nations and WHO to promote cooperative and collective action. Their ineffectiveness, in many cases, caused the dispute of their capacities by many governments. For instance, the establishment of the COVAX facility for the supply of vaccines by WHO was degraded by many developed countries who made their own agreements for the procurement of vaccines directly from the manufacturers (Biswas, 2021). In this way, a number of “self-regulatory mechanisms” were adopted unilaterally, provoking various conflicts between international organizations and states minimizing the principle of global solidarity (Gostin et al., 2020).

Certainly, Covid-19 gave prominence to the necessity of the establishment of a resilient health system that will be able to respond effectively to the burst of crises (Nomura et al., 2021). This necessity becomes even more urgent for middle- and low-income countries where authorities may prove incapable of assuring efficient access to health or the essential structures may be absent. For this reason and under the context of global health governance, certain states try to reap the rewards from providing assistance to poor countries in favor of the improvement of their health systems (Nomura et al., 2021). They are doing so through the funding framework of Development Assistance for Health (DAH) which is defined as “financial and in-kind resources that are delivered via major international development agencies to low and middle-income countries, with the aim to maintain and improve health status” (Zhao et al., 2020). In fact, DAH entails a large number of donors, from states and NGOs to individual philanthropists, who form a multilateral system of global health assistance (Sidiropoulos et al., 2022). Although, donor states are mainly high-income countries such as the USA, United Kingdom, Germany and Japan (Global Health, 2022), recent study reveals that BRICS countries emerge the last years in the field of global health funding while Saudi Arabia, United Arab Emirates and Kuwait provide assistance for many years, even if they do not report their aid officially (Zhao et al., 2020). Among the recipients, it turns out that during the last years a significant part of DAH’s funding was assimilated by Sub-Saharan African countries (Development Initiatives, 2020).

Conventionally, fragile states or in other terms states that fail to fulfill its population's basic needs and services (Fjeldstad et al., 2018) tend to have weak and insufficient health systems. Health inequity is a major challenge in these states especially when they constitute conflict affected areas when documentation on health status is submarginal (Bornemisza et al., 2010). High-income countries have incentives to provide health assistance in these states because the codependent structure of the international system permits the radical diffusion of the instability that fragile states provoke to neighboring countries (Newbrander et al., 2011). In this context humanitarian crises, threats to global security and health are some of the challenges that developed countries aim to avoid or to confront in time. It is clear that mortality and morbidity rates linked to diseases and epidemics can also affect other countries’ populations and that’s why DAH can be a mutually beneficial funding for involved states.

A vital role in strengthening health capacities in low-income countries is also attributed to NGOs. It is true that NGOs engage in a multidimensional way, as they are not only limited to funding but they contribute actively to other sectors such as research, training of health workers and support to Ministries of health (Health Alliance International, 2008). In recent years, NGOs have obtained a growing influence in both national and international level as they interact and cooperate effectively with governments, who verify their contribution to health services (Sanadgol et al., 2021). In this way, it is common that NGOs, international organizations and governments cooperate in fragile states in order to advance public health.

2. The Case of Afghanistan

An important example of this multilateral engagement was held in Afghanistan. Throughout the ages, Afghanistan has a long history of internal instability with various civil conflicts often happening by the galvanisation of developed countries in the name of their interests. Under the fear of the Taliban regime who seized power in 1996, the intervention of the USA in 2001 paved the way for the establishment of a new government that would gradually reconstruct a resilient and resistant state structure. An urgent challenge that had to be tackled promptly was the provision of health care services, 70% of which even under the Taliban Regime were provided by NGOs (Palmer et al., 2006). The development assistance for health addressed to Afghanistan was significant and involved a multilateral coordination among WHO, US Agency for International Development (USAID), EU and NGOs (Palmer et al., 2006). Although the effort by the international partnerships for the establishment of a resilient health system in Afghanistan has been notable, a long-lasting debate concerning their effectiveness still remains (Frost et al., 2016). Regardless of their efficiency, the failure of the establishment of a resistant

government and the revival of the Taliban regime in 2021 devastated the whole progress that had been made for years under the supervision of the international community and permitted the redux of the autocratic governance of Taliban.

2.1 Health Conditions in Afghanistan Since 2000

Afghanistan's health system has undergone many changes over the past two decades. This became much more intense in 2001, when US troops overturned the Taliban's dictatorship. Since then, the healthcare system depended on the action of non-governmental organizations.

Table 1: World Development Indicators: Afghanistan

<i>AFGHANISTAN</i>				
<i>INDICATOR / YEAR</i>	1990	2000	2010	2020
<i>Number of neonatal deaths</i>	48386	62285	55811	42758
<i>Number of infant deaths</i>	75864	90004	74623	54151
<i>Mortality rate, under-5 (per 1,000 live births)</i>	178,4	129,2	87,8	58
<i>Mortality rate, neonatal (per 1,000 live births)</i>	74,3	60,9	47,4	35,2
<i>Mortality rate, infant, male (per 1,000 live births)</i>	126,5	95,6	67,9	48,1
<i>Mortality rate, infant, female (per 1,000 live births)</i>	114,9	85	60,3	41,5
<i>Mortality rate, infant (per 1,000 live births)</i>	120,8	90,5	64,2	45
<i>Mortality rate, adult, male (per 1,000 male adults)</i>	396,086	333,875	271,299	230,214
<i>Mortality rate, adult, female (per 1,000 female adults)</i>	348,006	287,786	228,971	185,146
<i>Life expectancy at birth, total (years)</i>	50,331	55,841	61,028	65,173
<i>Number of maternal deaths</i>	..	15000	11000	..

Source: World Bank (2022a)

As it is evident from the above table, it is noticeable that some years after the Taliban's subversion some small improvements have been made. However, a variety of factors which burden the already under-collapse health system, hindered significant improvements in the health sector for many years now (Acerra, 2009). Namely, referring to these factors they mean infectious diseases like malaria, diarrheal diseases, typhoid fever or leishmaniasis and many others which downgrade even more citizens' living standards and almost each of them exists till today (Wallace et al., 2002). As it was previously mentioned, some positive steps were made after 2001 and some of them have to be highlighted. For instance, in 2003 an initiative for a package which will contribute a lot to the reconstruction of

Afghanistan's health system, gave a breath of life to the state's system. Specifically, it was about "the Basic Package of Health Services", whose fundamental goal would be to provide substantial medical assistance that would cover basic needs of the crumbling Afghanistan's health system (Frost et al., 2016). The construction of mechanisms which would also require NGOs' partnership would intensify the positive results of that project. Extensively, first and foremost, its primary aim was the protection of women, especially mothers, and children and improvise the offering of healthcare services. This was the logical, considering that from 1999 to 2002, the percentage of maternal mortality was so high that in some areas, like Maywand, from a number of 100.000 births they have 6.500 deaths, which, in its biggest percentage, is caused due to lack of qualified staff (Barlett et al., 2005). In addition, the Ministry of Public Health reinstated obstetric education and an increase in the relevant staff had been noticed. Thanks to BPHS, it was profound that between 2011-2012, a great percentage of women had access to healthcare and maternal services. Additionally, according to Frost et al (2016), who based their research on data from the ministry of Public Health, divulged that attempts had been made in order to achieve accretion of the number of midwives and generally of women health workers. It is also important to mention that the number of female workers in the health sector increased rapidly by 2014. Last but not least, a common phenomenon in Afghan society, the period in which the current paper is referred, since 2000, was that the majority of those seeking healthcare came from the upper and wealthier social status (Steinhardt et al., 2008). That also was one of the most fundamental objectives of the Basic Package of Health services which had an impact on around 60% of the poor population.

Moreover, in 2006, promises were made among the international community and Afghanistan, under Afghanistan Compact, so as to intensify their efforts for afghani health system and also a greater part of the state's budget should be invested there (Kondro, 2007). Generally, after the collapse of Taliban's regime, in 2001, a very important and positive step was that NGOs like UNICEF and WHO, created strong bonds among them in order to cooperate, so as to use in the most efficient way the limited resources which had been given from the Ministry of Public Health (Waldman et al, 2006). These resources were used for immunization campaigns against polio and measles. Generally, according to Waldman's paper (2006), it becomes profound that Afghan citizens wanted, on the one hand, more autonomy for the public health sector and on the other hand less involvement of private actors in it. That is to say, neither government nor citizens accepted the involvement of the private sector in health issues because the belief that it would cause the sector's utilization was dominant. Therefore, NGOs were acceptable only in the case that the government was insufficient to cover health needs. Although NGOs were a little bit hesitant to work in the health sector in cooperation with the Afghan government, because of the fear of losing the independence they had, during the years of the war. However, it became generally acceptable that the only way to deeply reconstruct afghani health system was a contribution of both. As it was evident, this had as a result, different advantages relative to the health sector. This could be verified by the fact that the percentage of GDP, which had been used for the health sector was constantly growing from 2002 to 2018 (World Bank, 2022b), while the percentage of deaths caused by communicable diseases and maternal, prenatal and nutrition conditions decreased from 60% in 2000 to 33% in 2019 (World Bank, 2020).

It is widely known that Covid-19 pandemic set the whole world in an alert state. It even affected the most organized and stable health systems globally. Therefore, it is profound that developing states like Afghanistan, were in an even worse position. Specifically, things had deteriorated a lot, despite the attempts which had been made for the reconstruction of Afghanistan's health system, during the first post-Taliban period (Essar, 2021). In the summer of 2020, it was estimated that around 10 million Afghans were infected by Covid-19 (Ariananews, 2020; Nemat et al., 2021). The already existing weaknesses in the Afghan health system have indulged its enormous shortcomings since the start of the new pandemic. This situation was further exacerbated because of the return of migrants from Iran and other friendly countries to Afghanistan, such as Pakistan (Radio Free Europe, 2019). This incident caused an outbreak

of covid cases. Despite the difficult condition, actions like opening of new hospitals or conversion of abandoned buildings, like Darulaman Palace, into areas appropriate to serve the state's needs in addressing the spread of covid cases (Lucero-Prisno et al., 2020; WHO, 2020). To understand the devastating situation during the pandemic, it has to be mentioned that in spring of 2020, options for visiting a diagnostic center were limited. As noted by Shah et al. (2020), there was only one center for this purpose, where no more than 50 tests could be carried out. Moreover, in Afghanistan 7.4 qualified staff corresponded to 10.000 citizens, while the desirable minimum was 28. This situation caused more fears after U.S troops withdrawal (Cousins, 2021).

According to Human Rights Watch (2021), as the international community froze its donations to Afghanistan, variable issues arised. It has to be highlighted that an important factor behind the deterioration of Afghanistan's health system is that the USA and World Bank froze vast amounts of money, which were destined for healthcare in Afghanistan. This amount is estimated to reach around 600 million dollars (The Straits Times, 2021). It constitutes a common ground that a mean for the debilitation of terrorists' groups is to "lash out" their economy (Navias, 2002). Therefore, as Taliban's have been recognized as a terrorist group, freezing their funds was deemed reasonable. Eventually, what kind of problems arised?

First and foremost, women were excluded from essential healthcare services. Generally, it is undeniable that women in Afghanistan have suffered a lot (Moreno, 2021; Kallini, 2021). Concentrated in the health sector, it is not the first time when women are deprived of equal rights in healthcare. First of all, between 1996 to 2001, it is confirmed that many women who belonged to the medical personnel of Afghanistan were fired and most of the hospitals of Kabul were characterized by their lack of staff. Beyond that, a more serious problem arose. In Afghanistan there is an obligation which forbids male doctors to examine women patients (OpIndia, 2021). According to the Islamic law of Afghanistan, it is considered immoral the exposure of a female patient to a male doctor while it is strictly forbidden for a woman to "share" the same hospital with a man. Therefore, there are few medical centers where women have access to medical care.

As a doctor from the Kapisa area revealed to Human Rights Watch (2021): "Clinics are far from where they live, so often women giving birth die or the baby dies.... People don't even have money for transport to the center, to a government hospital, and you still have to pay for medicines at the government hospital." With the "withdrawal" of international funds most of the hospitals could not cover essential medical needs and as a result each patient was charged with their own medical expenses. Afghanistan's strained health system becomes worse and worse after the Taliban's rise to power. A major problem that further complicates the situation in the health sector is that after the Taliban's return to power, the most fundamental health program, the Sehatmandi program, lost its funding. In order to understand, the purpose of the specific program is to cover the medical and pharmaceutical needs of the population in a greater quality and in a wider range as also to strengthen the work of the MoPH (Ministry of Public Health, n.d). Its primary aim was to make health services available to provisional areas and in general to upgrade the national health system, both in rural and urban areas. Furthermore, its contribution to the previously mentioned BPHS programme was great. Therefore, it is profound that the pause of the funding of this programme would affect millions of Afghans. Prior to this there was significant funding from the World Bank, European Commission and USAID (US Agency for International Development). Furthermore, according to the UN (2022), 500.000 jobs lost were noted. Among them, many individuals who belonged to the medical staff either fired or resigned because of the long-term withholding of their salaries. This shortage of staff confirms the dramatic increase in deaths in April 2022. The situation in afghani hospitals is lamentable and this can be confirmed by doctor Mohammad Sidiq who characteristically mentioned that "*We lack everything. We need double the equipment, medicine and staff*" (The Straits Times, 2021).

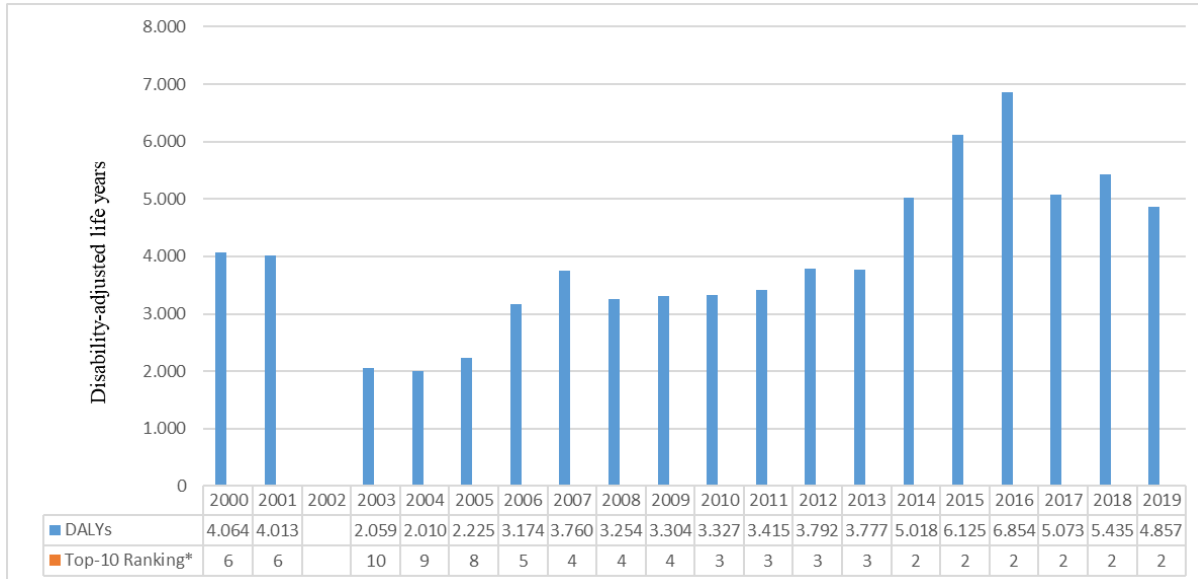
In conclusion, UN reports reveal that not only the mortality rate is high but also the shortages are so many that medical personnel have to make a choice between those who have to save and those who will be left helpless (Atalayar, 2021; WHO, 2022). Although for the last 20 years the mortality rate has been greatly reduced, today this positive development is in danger of being completely lost.

2.2 Analysis of the Causes of Death: Communicable Diseases, Non-Communicable Diseases, Injuries

Although some infectious diseases, like malaria, typhoid fever, viral hepatitis have been already mentioned, there are other factors which increase the rate of mortality in Afghanistan. According to World Bank's (2019) data, Afghanistan's life expectancy is 65 years, lower than that of Iraq, Iran and even Pakistan's. Nevertheless, there is a significant increase compared to 2000, at the end of the first period of Taliban rule, when life expectancy was only 56 years. Among the factors which contribute to the decrease of Afghan's life expectancy are non-communicable diseases, too. Diseases like cancer, respiratory diseases or cardiovascular disease, with the last one affecting around 17% of the women population and 14% of the men population respectively (WHO, n.d.a). Moreover, hypertension is one of the most common-noticed non-communicable diseases in Afghanistan, as it affects over 40% of afghani population (Saeed, 2017) .

Something which is strange on the one hand but logical on the other hand, considering the case of Afghanistan, is the high impact that violence and injuries have on Afghans' life expectancy (WHO, n.d.b). This will be more profound considering the data from the below table.

Table 2: DALYs caused by collective violence and legal intervention in Afghanistan, 2000 - 2019



Source: WHO (n.d.)

* Ranking of the top 10 causes of DALY in Afghanistan (for both sexes, all ages). In 2002 collective violence and legal intervention was not among the top 10 causes of DALYs.

Especially after the overthrow of the Taliban, in 2001, the factor of collective violence is in the sixth place among the factors that affect one's years of health. In other words, from 2001 onwards, the factor of collective violence is in a very low position, while in 2002 it completely disappeared from the

chart. This fact was due to the combination of the Taliban's turnover and the humanitarian aid that was provided to Afghanistan during that period (cfr, n.d). It should also be mentioned the fact that in 2002, President Bush, in one of his speeches, highlighted the necessity of Afghanistan's reconstruction while the US Congress provided 38 billion dollars for humanitarian aid and assistance from 2001 to 2009. Since 2007 collective violence has begun to occupy high positions again. In 2009, "Taliban friendly" Hamid Karzai won the presidential election (Boone, 2009). According to Boone (2009), Karzai's victory was announced after the withdrawal of his main political opponent, who considered that the electoral process was not carried out by legal means. The Western World was against the election of that particular President while President Obama was in a dilemma as to whether or not he should send an additional 40.000 troops in Afghanistan. Moreover, the US Secretary had warned that future humanitarian aid is in danger under Karzai's administration (Pleming, 2009). As it is profound from the above chart, from 2010 to 2013, the phenomenon of collective violence became more intense. A reason behind that was former President Obama's decision to reduce the American troops in Afghanistan (the White House, 2011). It is undeniable that collective violence has occupied the higher place among the previously referred factors. The most ominous is that from 2014 to 2019 collective violence consistently ranks second among elements reducing the healthy years of the Afghan population. On that note, in 2014 B. Obama announced the U.S troop withdrawal and in particular most of them should have left by the last months of 2016 (cfr, n.d). In 2017, under the presidency of Donald Trump, the Taliban are again in the spotlight, appearing stronger than ever. Despite some attacks against Islamic State's militias, president Trump declared that the US will not play such a radical role in Afghanistan anymore (NPR, 2017). Finally, in 2019, after the U.S - Taliban talks progressed in Doha, the withdrawal of a great part of American troops from Afghanistan was decided. One year later, the US declared that only a small proportion of troops will remain in Afghanistan, which gave ground to the Taliban.

The effects of violence and injuries have become more acute after the Taliban has taken over again in 2021, and this will be analyzed immediately. First and foremost, as Amnesty International (2021a) reports, there are well-founded concerns that the rate of women violence will increase. A main reason behind these concerns is the closing of most shelters for the protection of abused women after the Taliban's return. This had as a result the return of the victims to their offenders with the other solution being to stay homeless. In addition, the release from the prison of thousands of criminals is a major factor in increasing the incidence of gender violence, as convicted criminals will take revenge on their victims. An extreme example which also confirms the fact that violence increases the mortality rate, noted in 2022. Basically, in January 2022, Taliban, after the "occupation" of the city Mazar, followed the rape of 8 women (the Conversation, 2022). According to the ethical rule of Pashtunwali, these women should be killed. Generally, an emerging number of women murdered every year in the name of the "nang" (honour) (Khan, 2021). Moreover, as Laviertes (2022) unveiled, apart from women, LGBTQ society in Afghanistan has also been a victim of extreme violence. Testimonies show that Taliban treats with no mercy individuals who belong to this category. They denounce that Taliban abuses them with methods like gang-rapes or by beating them, while the "punishment" of their families follows. It is undeniable that these people are in the spotlight of Taliban's violence as right after they regained their power they started to create "kill lists" that included these people (Nordstorm, 2021). Last but not least, atrocities against Afghans with different than Taliban's creed noted. For instance, as reported by Amnesty International (2021b), the Taliban brutally killed members of Hazara society. According to Amnesty International's Secretary General, Dr. Agnes Callamard, these minorities are in jeopardy under Afghanistan's regime. Before almost every merciless execution, people, especially men, regardless of age were tortured with a way that shows how much abhorrence Taliban have for minorities.

2.3 Changes on the Socio-Economic, Political and Health Sector

After the government of Ashraf Ghani collapsed and the Taliban seized power, many dramatic changes were noticed (Jain, 2021). Among the dozens of people who left the country, was a great number of healthcare employees, too. On the other hand, those who stayed have not been paid for months. Therefore, a logical inference is that health services are at risk. According to Glinski (2022), reporter of the Guardian, millions of Afghans fled Afghanistan right after the withdrawal of the American troops. A part of the people who took the decision to stay there gave one more chance to the Taliban. Maybe, they did not have any option while Taliban were almost everywhere with great power, so resistance is hardly unachievable. Comprehensively, in 2019, through a survey, it arose that less than 15% of Afghans support the Taliban in contrast with 2009, when almost half of the Afghani population advocated them (Maizland, 2021). Moreover, as it was previously mentioned, the biggest social change concerned women (Ghaedi, 2022). Although, Taliban have pledged to pursue a more lenient way of governance, they have imposed really strict obligations to women. For instance, women are not allowed to travel farther than 45 km, without the presence of a man, and this have as a result their incompetence to leave the country in cases of facing domestic violence. A second example, which may have the most important impact not only on Afghan society but also on the economy too, is the exclusion of women from the labor market. In a country like Afghanistan, with rising inflation and a great proportion of women in the labor market, their exclusion will cost billions in the Afghan state, exacerbating its already weak economy (Najafizada, 2021). This is confirmed from UN reports, as Al Jazeera revealed.

Generally, a number of factors are worth mentioning in order to shape a wider image of the economic situation in Afghanistan. Continuing what was previously mentioned, a combination of two factors, the migration of skilled personnel in tandem with the exclusion of women from work, led to the disclosure of much more weaknesses of the Afghan economy (World Bank, 2022c). The general freeze of humanitarian and economic international aid caused an imbalance between the relationship of demand and supply and at the same time aggravated the county's socio-economic situation. As the Taliban arbitrarily designated the Head of Central Bank of Afghanistan without the approval of the international community, this resulted in the interruption of the financial relations of the international banking and financial sector with Afghani Central Bank (Human Rights Watch, 2022a). As a consequence, there was no adequate exchange stock available, which led to the lack of credibility and reliability of the Afghan economy. One of the major problems brought about by this situation was the drop in investor confidence (World Bank, 2022) due to the existing insecurity and the general inability to make payments and purchases due to the lack of foreign exchange. However, an additional factor behind this economic decline is the complicated relationship between economic crisis and humanitarian crisis (Human Rights Watch, 2022a). That is to say, the economic crisis led to a humanitarian crisis or the inverse? More likely they follow a circular pattern. Thus, the first one causes the other and vice versa. Nevertheless, it should be highlighted how the obstacles in humanitarian aid had affected the economy and widely the life conditions of an important percentage of Afghans citizens (Human Rights Watch, 2022b). Extensively, the sanctions imposed on the banking sector in Afghanistan mean that foreign currency is not accessible, while most coffers are empty of cash. Therefore, although funds from humanitarian organizations exist, the Afghan banking system is unable to utilize them, with consequences which will be mentioned right below.

The withdrawal of humanitarian organizations from Afghanistan and the beneficial aid which they provided, has deteriorated the living conditions of many Afghans and has affected the social norms in general (Byrd, 2021). For instance, the education system has gone some steps back since the Taliban's return, in conjunction with the freeze on humanitarian aid. In this way many teachers, especially women are fired or unpaid for months, exactly like the healthcare personnel. Therefore, schools and the education system in general, are left without the necessary staff. A second factor, which arose because of the

elimination of humanitarian aid and caused social upheaval, was the unprecedented levels of hunger (Mellen, 2022). According to the World Food Programme (2022), more than 50% of Afghans are uncertain about when they will have access to food again. As the Afghanistan director of WFP, M.E. McGroarty reported, “*malnutrition rates are doubling week on week. Emaciated children are coming into the hospitals.*” Last but not least, as it was previously mentioned, UN reports estimate that almost 1.000.000 jobs are going to be lost, because of the new Taliban regime (UN, 2022). This of course will further intensify the phenomenon of malnutrition. Actually, with most of the families having lost even the 100% of their income, the putting of their children in the labor market, working under terrible conditions, have become a common phenomenon (Cousins, 2022). The combination of all these factors reveals Afghanistan’s social decline.

Now, the health situation is getting worse in Afghanistan and this is primarily noticed in hospitals. For example, in various maternity hospitals, more newborn babies than the normal sleep in one bed without obeying the health rules thoroughly, while women give birth prematurely because of their bad nutrition daily life (Ferguson, 2022). These factors increase infant mortality. Generally, there is barely any provision for women healthcare (Cousins, 2022b), with gender-based violence being noticed in this area as well (UN, 2020). Perhaps, the biggest blow to Afghanistan’s health system was the termination of funding to the Sehatmandi programme (WHO, 2022). It was a programme with resources that came from the World Bank, European Commission or USAID, in order to manage radical improvements in the health sector. However, these institutions could no longer fund a state which is governed by a contested regime. Also, not only the long-term conflicts and the return of the Taliban, but also the pandemic burdened the health system of Afghanistan (UN, 2021; Brink, 2021). This is the reason why radical changes should be made, as Afghanistan has to face multiple threats. UN aid coordinator R. Alakbarov highlighted that NGOs have to stand by Afghan society and their contribution will be vital. Therefore, is it the time for the international community and NGOs to take more decisive measures in Afghanistan?

2.4 The Role of the International Community

In fact, a large number of donors withdrew their provision of funding and development assistance to Afghanistan after the Taliban came to power. As a result, WHO makes appeals to donors not to quit their support to the state's health system (Universal Health Coverage Partnership, 2022). Experts mention that UN agencies and NGOs hold currently the primary burden of the preservation of the Afghan health system (Dawi, 2022). Their active role can be life-saving for a great number of Afghan people, as it was during the American intervention the previous years (Jain et al., 2021). A significant inhibitory factor concerning the provision of assistance is the economic measures that have been imposed from the international community to hamper Taliban’s regime. These measures, including sanctions and counterterrorism regulations, have been degrading and complicating international assistance and they have burdened the already dysfunctional financial and banking sector of the country. As a result, physical cash inflows to meet the needs of the Afghan population have been especially challenging (Norwegian Refugee Council, 2022). According to UNAMA’s (2022) press release “*the tragic reality is that the scale of needs in Afghanistan far outstrips the response capacity of humanitarian actors to meet them*”. The United Nations Mission in Afghanistan indeed makes huge efforts to enhance liquidity and help other humanitarian actors and organizations to transfer funds into the country ensuring the provision of basic goods and services (UNAMA, 2022). However, the United Nations make clear that with the intention of limiting the negative ramifications and preserving human rights in Afghanistan, cooperation with the state’s de facto authorities is necessary (UN Press, 2022).

According to reports, the United States are currently negotiating with the Taliban regime in order to unfreeze stocks that belong to Afghanistan’s central bank but the progress of this engagement remains unknown. The United Nations also aspire to engage with the United States to a new initiative which is

called “Transitional Engagement Framework”. According to this new proposal, the UN along with the US will “take over the provision of basic services to the Afghan people, including education and health care, at an estimated cost of \$3.42 billion” (CAP, 2022). However, a lot of concerns related to corruption and the effectiveness of the involved actors are being raised. Other humanitarian actors are also publishing guidelines in order to assist and direct international aid destined for the Afghan population (CAP, 2022).

Conclusion

It is apparent that the global health system constitutes a complex framework that undergoes a variety of constant changes, while it entails the engagement of a great number of actors from individual contributors to international organizations. The spread of the Covid-19 pandemic made evident the fact that the international community is not always willing to engage collectively and in favor of developing and fragile states. This is the reason why civil society but also intergovernmental cooperation, under the context of DAH, play a significant part in contributing to the socio-economic growth of these states. Afghanistan constitutes an important example of how useful and necessary international engagement can be in cases where local authorities fail to reach the population's needs. The return of Taliban in Afghanistan's power in August 2021 was accompanied by the collapse of the partial progress that had been made in the health sector during the American stay in the country. The sanctions which were imposed by the international community in order to limitate the authoritarian regime, also negatively affect the life of afghan's population as the poverty rates remain really high and their rights are being violated. In this context, states, humanitarian actors and international organizations must act in a way that will deter the Taliban regime from defalcating humanitarian funds and at the same time will defend Afghans' rights.

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