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Bridging the Healthcare Gap in Afghanistan: A Primer on India's Role

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ABSTRACT An era of Taliban rule, followed by the 18-year-long war between the United States and the Taliban, has left Afghanistan in massive disorder: the country's infrastructure is dilapidated, the quality of life is poor, and basic amenities such as healthcare are absent. While the post-Taliban Government of Afghanistan has tried to rebuild the healthcare system, it remains largely dependent on foreign aid. Over the years, India has tried to help rebuild the Afghan health system. However, with the Taliban poised to return to power, Afghanistan's foreign aid might decline. Against this backdrop, this brief aims to understand India's contribution to improving the healthcare system in Afghanistan and estimate its future role.

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INTRODUCTION

Reeling under years of poverty[a,1] and war, Afghanistan's healthcare system is deteriorating and is often considered one of the world's most "inferior."[2] Basic amenities and infrastructure are absent, indicating poor quality of life. Indeed, Afghanistan is grouped in the "low human development category" and ranked 170 out of 189 countries in the 2019 Human Development Index (HDI)[b,3] of the United Nations Development Programme (UNDP).[4]

In the post-Taliban era, efforts have been made by the Government of Afghanistan to rebuild the healthcare system, mostly with the help of foreign aid owing to the country's struggling economy and lack of technological know-how. A 2019 study by the World Health Organization (WHO) found that of the four percent of the national budget allotted to the Afghan Ministry of Public Health (MoPH), 80 percent is funded by foreign donors.[5] Such dependence is likely to continue, as the MoPH has declared that it will depend "on the donor community for effective mobilization of funding necessary to realise the policy priorities of its National Health Strategy of 2016–2020."[6]

India has been one of the primary donors of reconstruction aid to Afghanistan, ever since the fall of the Taliban regime in 2001.[c,7] Since then, it has helped rebuild hospitals, provided medicines, and conducted trainings for Afghan doctors.[8] So far, however, India's direct involvement in Afghanistan's health sector has remained limited. In August 2019, the Afghan government announced its plan to expand the provision of quality healthcare. In response, three Indian health organisations signed contracts worth US$6.5 million with an Afghan health company under the country's MoPH.[9]

However, in light of the peace agreement signed between the US and the Taliban in February 2020,[10] Afghanistan may be on the verge of major shifts. There are apprehensions about the Taliban's return on the development scenario, particularly in the health sector, on which the Taliban holds restrictive views.[d] Moreover, depending on the Taliban's relationship with donor countries, the flow of foreign aid may be adversely affected, since most countries (including India) have never recognised the Taliban regime of 1996–2001 as a legitimate authority.

This brief has four objectives: to understand Afghanistan's need for foreign assistance in building its healthcare system; examine India's contribution in developing the system; identify improvements in Afghanistan's healthcare compared to the

a As of 2017–18, 55.9 percent of the Afghan population live in poverty.

b The Human Development Index is a summary measure for estimating the long-term progress in three basic dimensions of human development: a long and healthy life, access to knowledge, and a basic standard of living.

c India was the fifth-largest bilateral donor to Afghanistan in 2012, and the largest amongst the regional countries in 2015.

d There are apprehensions about the return of the Taliban because the health of women and children in Afghanistan had degenerated significantly during its regime (1996–2001) due to the group's repressive principles, which are discussed later in this brief.

Taliban era; and analyse the scope for India's continued involvement in Afghanistan in the event of the Taliban's return to power and its possible impacts on the health sector.

Reliable data on healthcare in Afghanistan is limited and difficult to obtain.[11] Therefore, the figures included in this brief have been formulated based on World Bank Data. Further, owing to linguistic limitations, only English-language sources have been used.

THE AFGHAN HEALTH SECTOR: IN DIRE NEED OF ASSISTANCE

By the time the Taliban era began in Afghanistan in 1996,[12] almost 18 years of intermittent warfare had devastated the infrastructure and economy of the country.[e,13] Only a fragment of the national budget was being allocated for healthcare, and the system remained ill-equipped and under-staffed.[14] However, the Taliban's rule, which was fundamentalist in nature and prohibitive in approach,[f,15] sounded the death knell for the health sector. The inadequacy of healthcare facilities was exacerbated, as women were denied access to such amenities[16] and female health practitioners were not allowed to work.[17] As outdated notions of "modesty" took precedence over medical intervention, maternal mortality soared.[18] Only one-third of Afghanistan's districts had a maternal or child health clinic,[19] and over 90 percent of all births took place at home. With poor maternal health, children suffered from birth defects, malnutrition and preventable diseases.[20]

Across the country, treatments were repressed, and the overall health of the people began to decline. This was compounded by injuries from landmines, insurgencies-related violence, and punishments meted out for "disobedience" to the Taliban.[21] Under this regime, there was no specific public-health policy or strategy, and a patent dearth of health infrastructure. Since most countries refused to recognise the Taliban regime,[g] foreign assistance was unavailable to develop the health sector.[22] Consequently, there was a brain drain of professionals,[23] most NGOs withdrew,[h,24] and there was a sudden shortage of healthcare professionals in Afghanistan.[25] In a 1997 study conducted by WHO[26] to measure how efficiency in health systems translated expenditure into health, Afghanistan was ranked 150 out of 191 countries on health and 173 out of 191 countries in the overall performance of healthcare systems.[i,27] By 2003, two years after the Taliban regime had collapsed, Afghanistan had only 11 physicians

e Before the Taliban takeover, Afghanistan had suffered the Saur Revolution in 1978, the Soviet–Afghan War in 1979–89, and Afghan Civil War between the Government of Afghanistan and the Mujahideens in 1989–96.

f The Taliban followed an extreme brand of "deobandism" and, in some cases, were also inspired by Wahabism or Salafism, which sought to revive ancient Islamic values and impose Sharia law.

g Only the United Arab Emirates, Saudi Arabia and Pakistan had recognised the Taliban rule in Afghanistan.

h While NGOs trained health workers in Afghanistan, some international health workers from international NGOs, e.g. Doctors Without Borders, also worked in the areas not dominated by the Taliban.

i The performance on the health level is measured as the ratio between achieved levels of health and the levels of health that could be achieved by the most efficient health system. The overall performance of the health system was measured using a similar process, by comparing achievement to expenditure.

and 18 nurses per 100,000 people; in 2004, there was one medical facility for every 27,000 people while some centres were responsible for as many as 300,000 people.[28]

INDIA'S ROLE

India's longstanding ties with Afghanistan collapsed under the Taliban regime for several reasons, primary of which was India's rejection of the Taliban ideology, the 1999 hijack of the Indian Airlines Flight 814,[29] and the destruction of the Bamiyan Buddhas in same year.[30] Before the Taliban era, India had been an active developmental partner of Afghanistan; in 1966, India built a children's hospital—the only one of its kind at the time of construction—which was later named Indira Gandhi Hospital for Child Health (IGHCH).[31]

In 2001, after the fall of the Taliban regime, the transitional government of Afghanistan ushered in an era of reconstruction. India began renewing its engagements,[32] since Afghanistan had the potential to act as its land bridge to Central Asia. A stable Afghanistan was also required to reduce the dangers of extremist violence, especially as India's ties with Pakistan remained acrimonious.[33]

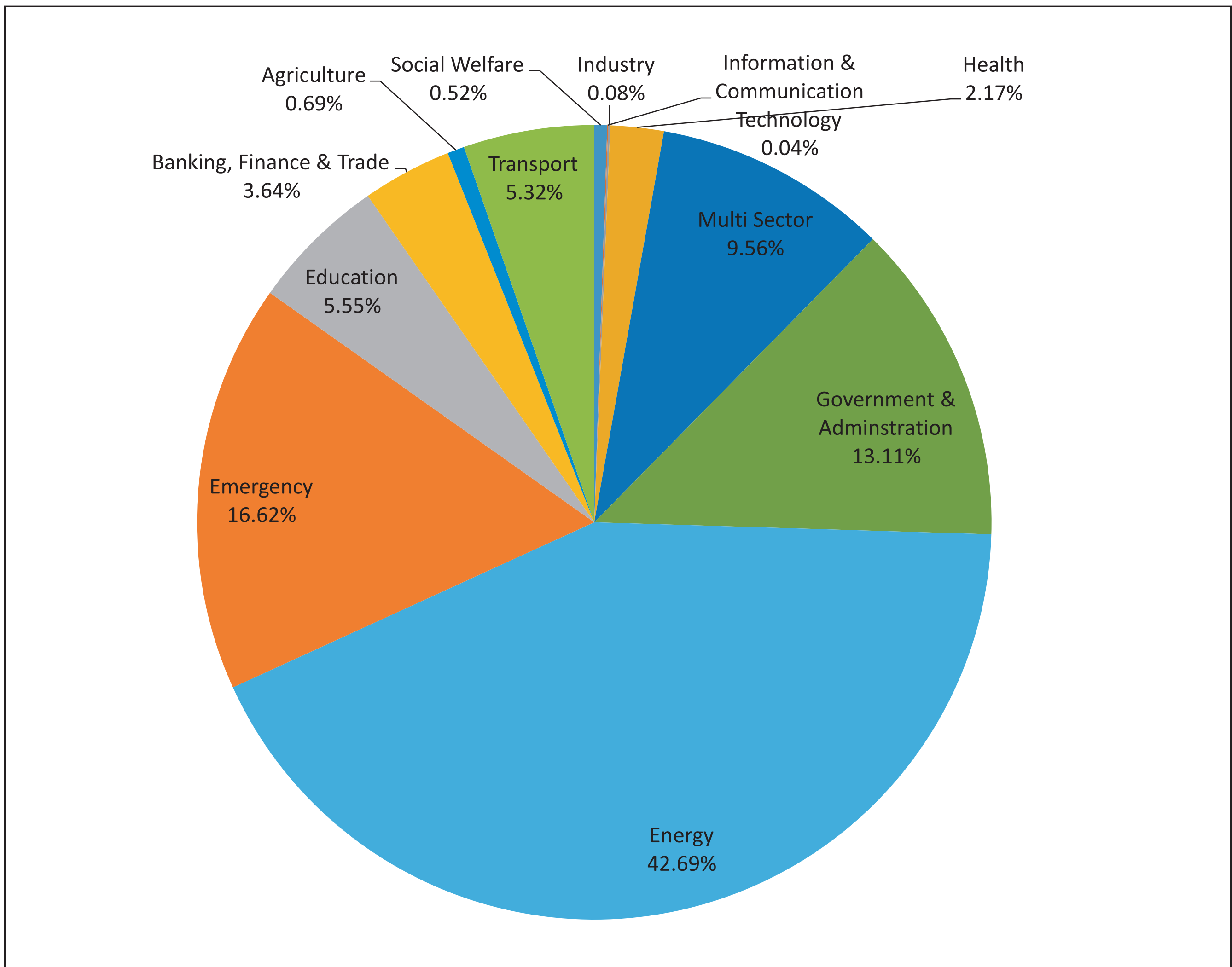
Within the purview of healthcare, India signed the "Agreement on Cooperation in the Field of Healthcare and Medical Sciences" with the Islamic Republic of Afghanistan in 2005, wherein both countries would cooperate on eight sectors: Family Welfare; Public Health and Nutrition; Communicable Diseases; Medical Research; Indigenous System of Medicine; Medical Equipment and Pharmaceutical Products; Hospital Management; and Nursing and Midwifery. Article 3 of the Agreement categorised five ways in which such cooperation would be carried out:[34] These included exchange of information in the field of health and medicine; exchange of health and medical experts; training in the mutually agreed identified areas; deputation of experts to attend international meetings organised in either country; and conducting symposia, academic meetings and working meetings.

Since India served as a developmental partner to Afghanistan,[35] not a donor country, no conditionalities were attached to the aid. Rather it was need-based,[36] focused on addressing the priority areas identified in the Afghanistan National Development Strategy.[37] The priority areas sought to remediate many of the wrongs of the Taliban era, leading to India's aid being directed to these concerns, which included the health sector. While India's involvement in the Afghan health sector has been limited compared to its engagement in other areas of development (See Figure 1), being demand-driven, the initiatives contributed significantly towards developing the country's healthcare system.

India's Direct Initiatives in the Afghan Health Sector

In 2001, based on the demand for urgent medical needs, India dispatched a team of 13 doctors and paramedics to Kabul. In 2002, camps were set up in several places for fitting artificial limbs for amputees victimised by landmines. A year later, Indian Medical Missions were set up in Kabul, Herat, Jalalabad, Kandahar and Mazar-e-Sharif, which continue to cater to nearly 30,000 patients every month.[38] At the height of

Figure 1: Sector-wise Division of India's Reconstruction Aid to Afghanistan (2006–07 to 2016–17)



Source: Author's own, using data from Rani D. Mullen, "India in Afghanistan: Understanding Development Assistance by Emerging Donors to Conflict-Affected Countries," Changing Landscape of Assistance to Conflict-Affected States: Emerging and Traditional Donors and Opportunities for Collaboration Policy Brief 10, Stimson (August 2017), https://www.stimson.org/sites/default/files/file-attachments/India%20in%20Afghanistan%20Understanding%20Development%20Assistance%20by%20Emerging%20Donors%20to%20Conflict-Affected%20Countries_0.pdf.

Taliban insurgency in 2008, India once again sent teams of doctors and paramedics to the vulnerable provinces of Herat, Mazare-Sharif, Shibergan and Kandahar.[39]

One of the most crucial problems during the Taliban regime had been the rising child and maternal mortality rates. India contributed significantly to address this concern by reopening the IGHCH in 2003, which had been closed in 1992 due to the war. Further, India added to the IGHCH a three-storey surgical block, followed by the polyclinic block in 2007, and later equipped the diagnostic block with modern facilities. India also set up neo-natal and maternity care units.[40] At present, the IGHCH is the largest paediatric hospital in Afghanistan and treats over 300,000 children annually.[41]

In addition to undertaking major infrastructural developments, under the

Small Development Project Scheme Phase I and II (US$20 million) and Phase III (US$10 million) India committed to undertake more than 200 projects, covering public health, education and community infrastructure.[42] It has built basic health clinics in several border provinces.[43] In 2008, India provided the Afghan MoPH with 10 ambulances, two each for use in Kabul and the regional hospitals in Jalalabad, Kandahar, Herat and Mazar-e-Sharif.[44] In January 2019, the two countries signed 11 Memorandums of Understanding (MoUs), worth US$9.5 million, for infrastructure and public services such as health clinics. These projects are part of the 577 development projects funded by India, slated for 2005–21 and worth US$120 million.[45]

Further, India conducts trainings of the IGHCH doctors and paramedics at the All India Institute of Medical Sciences in New Delhi. The IGHCH and the Malalai Hospital in Kabul have also been linked with reputed Indian hospitals through the SAARC (South Asian Association for Regional Cooperation) Telemedicine Project.[46] Many Afghan doctors have received fellowships at the Sir Ganga Ram Institute of Post Graduate Medical Education and Research in Delhi, in different specialities such as cardiac, cosmetic and reconstruction surgery; chest medicine; and liver transplant.[47] Additionally, India has promoted business for the Afghan health sector, with seven Afghan pharmaceutical distributors attending the 2014 Indian Pharmaceuticals and Healthcare Expo held in Mumbai. In 2015, a major Indian healthcare exhibition was held Kabul.[48]

Afghanistan suffers from an acute shortage of quality medicines, and annually imports foreign drugs worth around US$300 million, from Pakistan, Iran, India, Turkey and Bangladesh.[49] Since Afghanistan considers Indian pharmaceuticals and healthcare systems to be highly trustworthy,[50] India provides free medicines, consultations and funds to the Afghan Red Crescent Society (ARCS) Programme.[51] Part of the funds donated to the ARCS has been channelled to treating children suffering from congenital heart diseases.[52] India is also a major contributor to the Afghanistan Reconstruction Trust Fund, which along with the World Bank, supports the System Enhancement for Health Action in Transition Program (SEHAT) of the Afghan Ministry of Public Health.[53]

India's Indirect Enterprises That Benefit the Afghan Health Sector

While only around two percent of India's reconstruction aid to Afghanistan has been utilised specifically for the health sector, India has contributed significantly in this domain through indirect initiatives.

To improve child nutrition, in 2007, India participated in the School Feeding Programme and made provisions for almost one million school children to receive high-protein biscuits daily, through the World Food Programme.[54] It also expedited the supply of wheat to Afghanistan, as part of the 1.1 million MT wheat donation commitments.[55] Other indirect measures that India has undertaken include improving connectivity lines and promoting sanitation, which contribute to the development of the health sector, e.g. the Salma Dam Project, the Sahtoot Dam Project,

the drinking water project,[56] and the electricity transmission lines from Pul-e-Khumri to Kabul. Further, India has helped in upgrading the telephone lines in several provinces; dug tube-wells in others; and established toilet and sanitation complexes in Kabul.[57]

Over the years, India has also become a favoured destination for medical tourism amongst Afghan citizens, due to the cost-effective facilities, availability of specialist doctors and easy connectivity. Of the thousands of Afghans who visit India every month, 70 percent are medical tourists.[58] In 2017, India liberalised its visa regime to promote medical tourism. The validity of a tourist visa has now been increased to one year, and it allows a continuous stay of 90 days during each visit as against the previous provision of 30 days. The requirement for a gap of 60 days between two tourism visits, however, remains unchanged.[59] To facilitate medical tourism further, India has made provisions for guidance to Afghan medical tourists, initiated measures to eradicate fraud by Afghan interpreters acting as touts for various hospitals/doctors, and invited companies promoting medical tourism in trade fairs/exhibition in Kabul.[60] Interpreters have also been recruited to help the patients communicate with the hospital staff.[61] For the ongoing treatment of children at Artemis, Max and Fortis Hospitals (New Delhi), India has given financial assistance to the ARCS.[62] The significant influx of Afghan medical tourists in Lajpat Nagar in New Delhi, has made it the epicentre of Afghan life in India. The area also has pharmacies, travel agents, barbershops and moneychangers, all advertising in Afghanistan's lingua franca, Dari;[63] the neighbourhood is often called "Little Afghanistan."[64]

Recently, three Indian health organisations signed contracts worth an estimated US$6.5 million with an Afghan health company, with the aim of establishing a fully equipped diagnostic centre, an advanced dialysis centre, and a manufacturing plant for the production of pharmaceuticals in Kabul.[65]

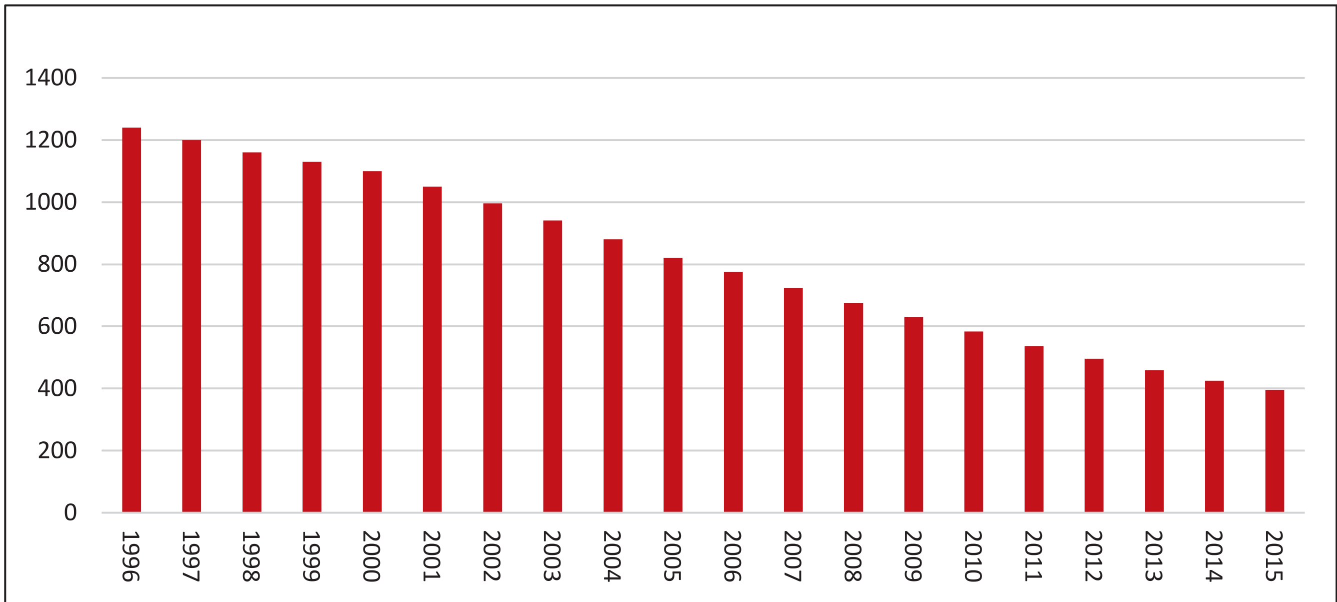
The Indian aid programme has been referred to as the "most focused and effective" assistance programme in Afghanistan.[66] Afghanistan is a prime example of India's aid and assistance programs,[67] and such initiatives have contributed towards improvements in the Afghan healthcare systems as well as in the health of Afghans in the post-Taliban era.

IMPROVEMENTS IN THE AFGHAN HEALTH SECTOR

From around 500 health facilities across Afghanistan in 2003, the number increased to more than 2,500 in 2018.[68] Currently, there are more than 23,000 volunteer health workers and 41,500 health professionals assisting the MoPH throughout the country.[69] There has also been an increase in the number of female doctors, which in turn has significantly improved antenatal care, post-natal care and immunisation levels.[70] Consequently, maternal mortality, infant mortality and the under-five mortality rates have dropped significantly since 1996 (See Figures 2, 3 and 4).

These graphs indicate that there has been a steady decline in the mortality rates for all three categories. Treating 1996 as the base year (i.e. the year that the Taliban took over Afghanistan), the maternal mortality rate dropped from 1,240 per 100,000 live births

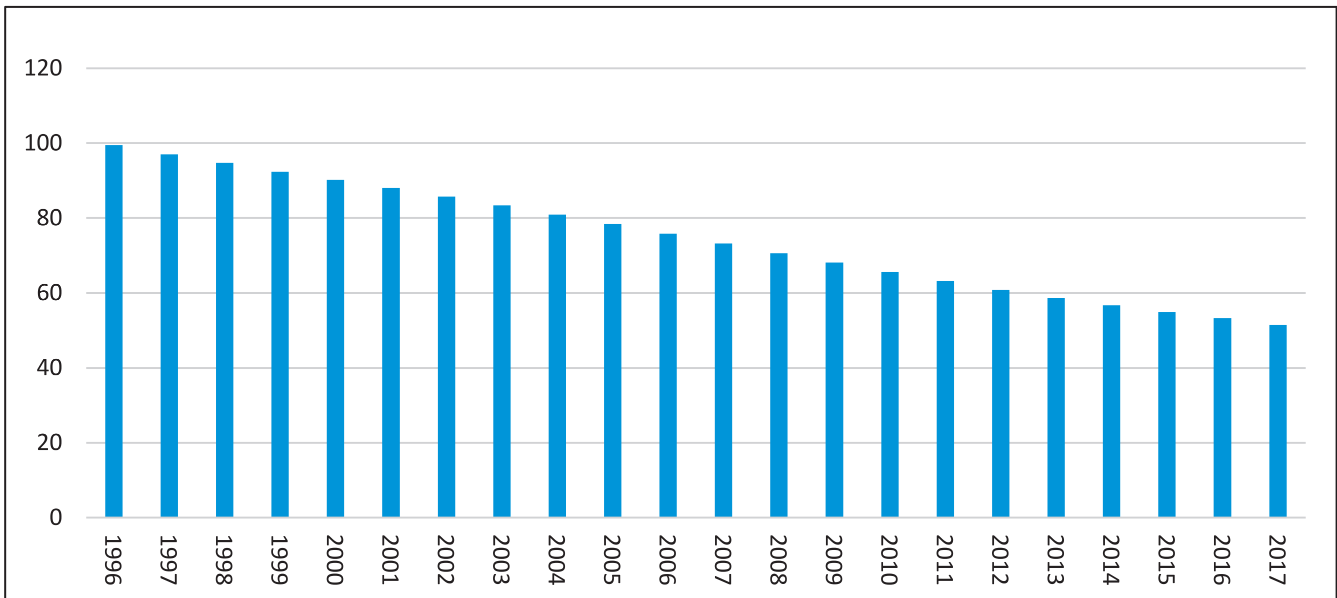
Figure 2: Maternal Mortality Rate



Source: "Maternal mortality ratio (national estimate, per 100,000 live births)," World Bank, https://data.worldbank.org/indicator/SH.STA.MMRT.NE?end=2015&locations=AF&start=2015&view=bar

Note: The graph has been created by the researcher using data collected from the given source.

Figure 3: Infant Mortality Rate

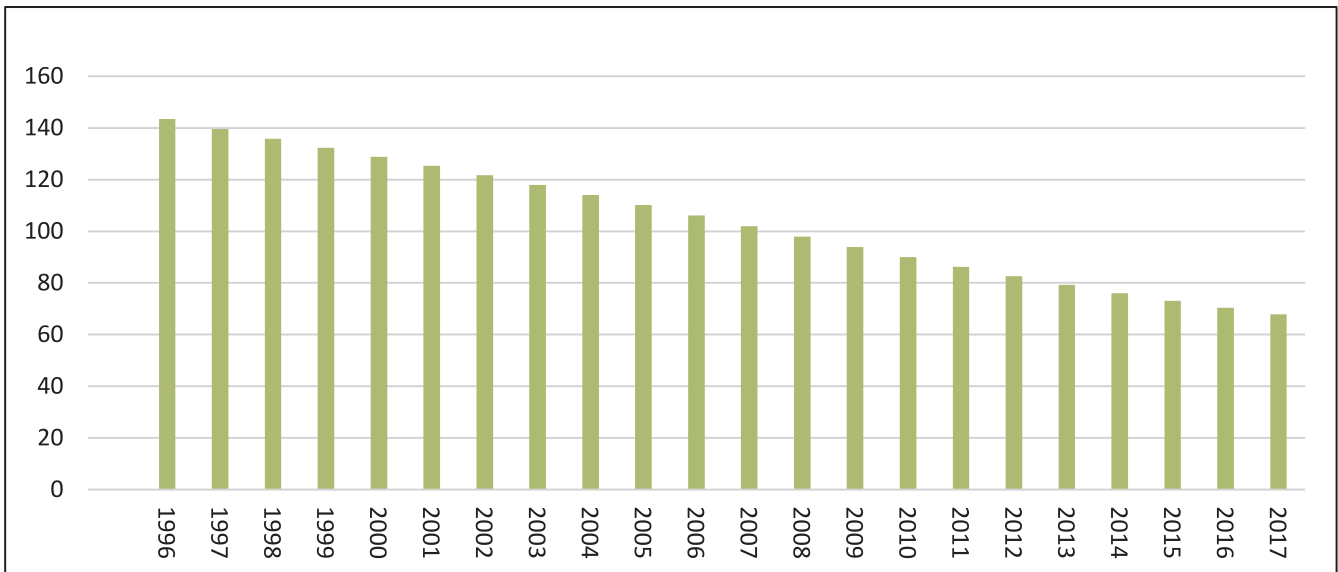


Source: "Mortality rate, infant (per 1,000 live births)," World Bank, https://data.worldbank.org/indicator/SP.DYN.IMRT.IN?end=2017&locations=AF&start=1996.

Note: The graph has been created by the researcher using data collected from the given source.

that year to 396 per 100,000 live births in 2015, or a drop of 32 percent (See Figure 2) over 19 years. Infant mortality rate fell from 99.5 per 1,000 live births in 1996 to 51.5 per 1,000 live births in 2017, or a drop of 52 percent (see Figure 3) over 21 years. The under-five mortality rate declined from 143.5 per 1,000 live births in 1996 to 67.9 per 1,000 live births in 2017, or a drop of 47.3 percent (see Figure 4) over 21 years. Thus, the period

Figure 4: Under-Five Mortality Rate



Source: "Mortality rate, under-5 (per 1,000 live births)," World Bank, https://data.worldbank.org/indicator/SH.DYN.MORT?end=2017&locations=AF&start=1996.

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of reconstruction brought about substantial improvements in infant mortality rate, closely followed by the under-five mortality rate.

Despite such progress, there remains an overwhelming scope for improvement, which will require foreign aid. However, recurring attacks by the insurgent groups threaten the security of donors and sabotage their eforts. In 2019 alone, the Taliban militants shut down 42 health facilities in the central province of Maidan Wardak[71] attacked hospitals[72] and held patients as hostages as a 'bargaining chip' against the counter-insurgency forces.[73] Indian consulates in Jalalabad have also sustained grenade attacks,[74] and the Indian Embassy in Afghanistan has been attacked twice.[75]

Interestingly, however, in some sections within the Taliban, a more positive attitude towards healthcare has emerged as a result of exposure to a broader field of ideas, the humiliation of defeat, and the consequent need to make themselves more acceptable to the Afghan citizens.[76] In the areas they dominate, the Taliban has created a parallel system of governance, through governing commissions responsible for administrative affairs including health. Currently, healthcare in Taliban areas is a hybrid of NGO- and state-provided services. The Taliban monitors clinics, checks staff attendance, and inspects equipment and medicine stocks. It has also been pressuring NGOs to expand healthcare access in rural areas and improve the quality of services. In a 2010 interview with the *Outlook* magazine, the Taliban stated that it understood India's role in Afghanistan to be different from those of other countries, since India had never sent in troops to occupy it. It believed that if it ever returned to power in Afghanistan, it was possible for the country to maintain relations with India.[77] Ten years later, the possibility of the Taliban's return is imminent, with the peace agreement being

signed between the US and Taliban on 29 February 2020.

The ground realities in Afghanistan are changing, leaving India's position of dissociation from the Taliban untenable.[78] The Taliban, too, is no longer averse to collaborating with India. There have been reports that it is seeking a possible dialogue with India, with its leaders stating that "like other countries, India too can be a dialogue partner."[79] However, the Taliban's commitment to peace and negotiations must stand the test of time.

AFGHANISTAN AT A CROSSROADS: THE FUTURE OF HEALTHCARE AND INDIA'S INVOLVEMENT

The US–Taliban Peace Agreement included a timeline of 14 months for all American and NATO troops to withdraw; a guarantee from the Taliban that Afghan soil will not be used to threaten US security; and negotiations with the Afghan government by 10 March 2020, which would lead to a permanent and comprehensive ceasefire.[80] However, while the terms are idealistic on paper, the situation is different on the ground. Amidst disputes between the Taliban and Afghan government over the potential release of Taliban prisoners (an essential part of the peace deal) and continued Taliban violence, the scheduled date of 10 March for intra-Afghan talks has long been passed and the negotiations are yet to be held.[81] It is also important to remember that India had refused to recognise the Taliban regime in the 1990s and that its stance towards engaging with the resurgent Taliban is yet to be established. Thus, the future scenario may be any of the following broad alternatives with regard to India's involvement in Afghanistan's health sector.

Scenario 1

While it appears that the Taliban have moderated their ideologies to some extent, it is impossible to guarantee that this will continue in the years to come. Since the outcome of the intra-Afghan negotiations over power-sharing arrangements promised in the US–Taliban Agreement, is yet to be determined and uncertainty remains about the next elected head of the government,[82] the Taliban could assume total control in Afghanistan. In such a scenario, at the helm of power and with no foreign troops stationed on Afghan soil, the Taliban may revert to their fundamentalist beliefs.

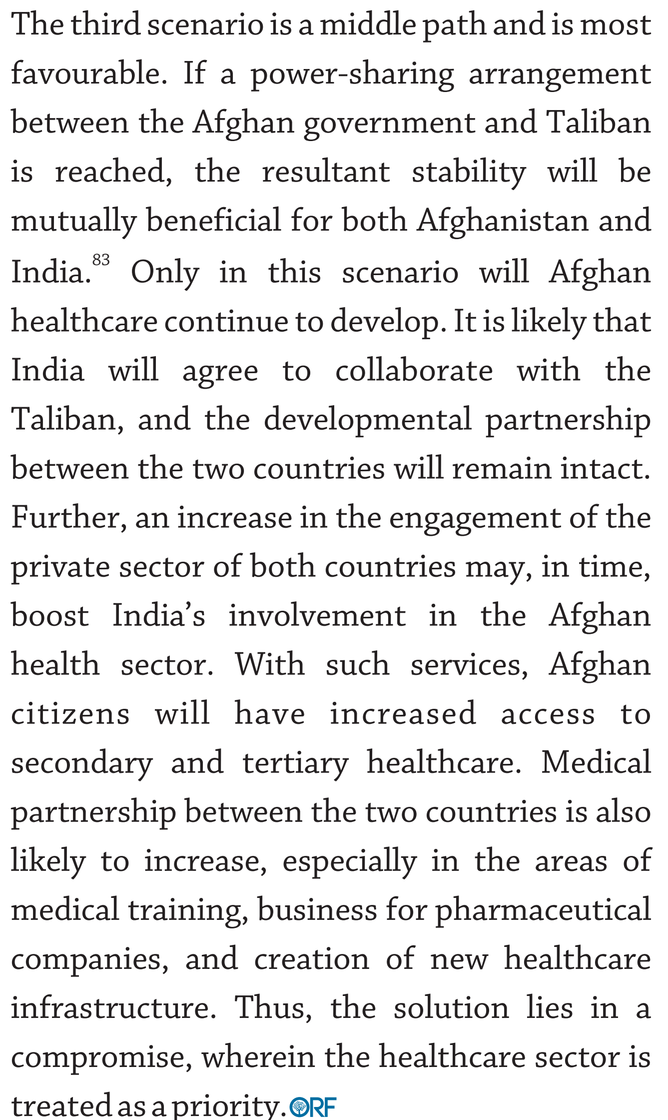
Consequently, Afghanistan's relations with other countries will likely deteriorate and foreign aid could be curtailed. The healthcare system will suffer directly as a result. Under such a totalitarian regime, India's developmental aid to Afghanistan could suffer a setback, adversely impacting the health sector. The IGHCH in Kabul had once been closed due to insurgencies. The growing partnership between Indian health organisations and Afghan health sectors, which is integral for the development of private-sector healthcare in Afghanistan, could also collapse. Medical tourism to India will be severely compromised, and the liaisons between Afghan and Indian hospitals for the training of doctors will eventually cease.

Scenario 2

If the intra-Afghan negotiations are delayed indefinitely, there could be continued uncertainty regarding the power-sharing

arrangement between the Taliban and other governmental stakeholders. In such a situation, while foreign aid will likely continue to flow in predictably, insurgency attacks from the Taliban as well as counter-insurgency strikes could rise. This would hamper the donor countries' ability to continue their reconstruction work. Moreover, with an increase in the number of attacks, healthcare facilities will be stretched beyond their capacity; in the long run, their functionality is likely to be affected. The problem of brain drain could also increase.

Afghanistan's relationship with India might suffer under such circumstances, since the latter would rightly be apprehensive of the heightened violence, leading it to withdraw its staff from Afghanistan. While the healthcare infrastructure that India has built in Afghanistan could continue to serve, there is likely to be a serious shortage of Indian medical staff and supplies. Over time, this may also affect medical tourism to the country and the relations between Indian and Afghan healthcare centres.



Scenario 3

The third scenario is a middle path and is most favourable. If a power-sharing arrangement between the Afghan government and Taliban is reached, the resultant stability will be mutually beneficial for both Afghanistan and India.[83] Only in this scenario will Afghan healthcare continue to develop. It is likely that India will agree to collaborate with the Taliban, and the developmental partnership between the two countries will remain intact. Further, an increase in the engagement of the private sector of both countries may, in time, boost India's involvement in the Afghan health sector. With such services, Afghan citizens will have increased access to secondary and tertiary healthcare. Medical partnership between the two countries is also likely to increase, especially in the areas of medical training, business for pharmaceutical companies, and creation of new healthcare infrastructure. Thus, the solution lies in a compromise, wherein the healthcare sector is treated as a priority. ORF

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