

EMERGENCY's Position paper on Afghanistan

27 and 28 November 2018, Geneva Conference on Afghanistan

Background

Afghanistan is one of the world's most complex humanitarian emergencies, characterised by escalating violence and increasing civilian casualties. Once concentrated in rural areas, the war has steadily moved to cities, where population densities are higher and separating military targets from civilians is particularly difficult. Indiscriminate attacks are more frequent and lethal. Afghanistan has never been as insecure as it is now and the population continue to live in fear with no prospects for a better future.

Despite the appalling living conditions of the civilian population, in 2016 the European Union and Afghanistan signed the Joint Way Forward on migration issues, which defined a plan for the return of Afghan asylum seekers to Afghanistan in exchange for economic support.

The effects of protracted conflict have long-term consequences. Conflict not only produces wounded people and deaths, but also provokes the collapse of the healthcare system, creating 'medical deserts', with the overall population lacking adequate healthcare assistance. Recent estimates reveal that 10 million Afghans have limited or no access to essential health services. 100 health facilities were affected by conflict in 2018; 88 were closed or destroyed¹. On average, only three health workers are available every 10,000 people, substantially below minimum international standards.

Highly dependent on humanitarian aid, Afghanistan has also become one of the most dangerous countries for humanitarian workers. In the first nine months of 2018, 115 incidents were recorded against aid workers, assets, activities and related to humanitarian access; with 25 aid workers killed so far this year, the 2017 total has already been surpassed².

EMERGENCY in Afghanistan

Since 1999, EMERGENCY has been operating humanitarian programmes in Afghanistan. EMERGENCY currently runs Surgical Centres for War Victims in Kabul and Lashkar-Gah and a Surgical, Paediatric and Maternity Centre in Anabah. EMERGENCY's hospitals are connected to a network of 45 First Aid Posts (FAPs) and Primary Healthcare Centres (PHCs) located in 31 districts, in addition to 6 detention centres and 2 orphanages in Kabul.

EMERGENCY's hospital data confirms UNAMA's statistics on civilian casualties, revealing a 263% increase in war wounded patients compared to 2010. This alarming trend prompted EMERGENCY to expand its presence and upgrade its operating capacity in the country (e.g. restriction of admission criteria to war surgery, increase in bed capacity and number of operating theatres, expansion of the FAPs network).

Since the beginning of its activities, EMERGENCY has treated over 6.2 million people in Afghanistan.

¹ Humanitarian Response, Health Cluster Afghanistan, Attacks on health trends in Afghanistan

² Humanitarian Bulletin Afghanistan, Issue 78, 1 July – 30 September 2018, UN OCHA

Increased insecurity and war wounded patients

In the first nine months of 2018, UNAMA reports extreme levels of harm to civilians from the armed conflict. From 1 January to 30 September 2018, UNAMA documented 8,050 civilian casualties (2,798 deaths and 5,252 injured), reflecting the same trend as 2017.

However appalling these statistics may be, the impression on the ground is that they in fact underestimate the actual numbers. In the first nine months of 2018, EMERGENCY admitted 5,159 war-injured patients³ in its Surgical Centres in Kabul and Lashkar-Gah, almost reaching the total number of war wounded admitted in 2017. 40% of patients were children under 18 years of age and women.

In the first nine months of 2018, EMERGENCY saw an increase in the number and ferocity of mass casualty attacks in Kabul. Until early September, EMERGENCY treated 405 patients during 21 mass casualty situations, as opposed to 390 across the whole of 2017. On 27 January 2018, the Surgical Centre in Kabul received 119 wounded patients, the highest number of admissions ever recorded from a single mass casualty incident.

EMERGENCY's hospitals are connected to a network of FAPs, which provide 24/7 first aid, stabilisation and referral services to war-related trauma patients. Thanks to this widespread presence in the country, EMERGENCY has witnessed the conflict's deterioration in many provinces and rural areas. In particular, in 2018 EMERGENCY's FAP in Ghazni City recorded a 65% increase in the number of referrals of war wounded patients as compared with the same period in 2017. Patients referred from Ghazni account for one in five admissions at the Surgical Centre in Kabul. The increased activity at the Ghazni FAP resulted from growing tension in the province and fighting in the city. On 10 July, whilst the FAP ambulance was driving to Kabul to transfer two seriously injured patient, it was hit by stray bullets from ongoing fighting.

Recommendations:

- I. We call upon the Parties to the conflict to respect IHL to protect the civilian population and the civilian objects that are indispensable to its survival. Recalling that IHL prohibits employing "weapons, projectiles and material and methods of warfare of a nature to cause superfluous injury or unnecessary suffering" (Article 35 of the Additional Protocol (I) to the Geneva Conventions), we call for the ban of indiscriminate weapons and for accountability for the crimes committed by the Parties to the conflict.
- II. The Parties to the conflict and the international community should guarantee that "civilian hospitals organized to give care to the wounded and sick, the infirm and maternity cases, may in no circumstances be the object of attack but shall at all times be respected and protected" (Article 18 of the 1949 Geneva Convention IV). The Parties to the conflict should ensure that the civilian buildings are not used for any purpose, which would deprive them of protection, and safeguard their human, neutral and impartial nature.
- III. The Parties to the conflict should assure that the transport of wounded and sick or of medical equipment is respected and protected in the same way as mobile medical units (Article 35 of the 1949 Geneva Convention I). The Parties to the conflict and the international community should implement specific training programmes on IHL addressed to the military and the police officers working at checkpoints to ensure the respect of the Geneva Conventions and Additional Protocols.

³ As a medical humanitarian organisation, EMERGENCY respects the principles of neutrality, humanity and impartiality. EMERGENCY guarantees access to its facilities without any form of discrimination and applies no distinction between civilians and combatants in terms of clinical assistance or when collecting data. The vast majority of recorded injuries are conflict-related, and only a small minority is due to more typical criminality. Patients that fall into the war-related injury category have suffered injuries caused by either bullets, shells, mines or knives.

A comprehensive and free-of-charge trauma care system

According to the 2018 Humanitarian Response Plan, 1.5 million people are in critical need of trauma care and emergency primary health care in the most acutely under-served areas of Afghanistan. The population suffers from insecurity, displacement, public service disruption and poverty, which restrict or even prevent access to healthcare. Accessibility, timely stabilisation and treatment are key factors in a life-saving approach. The tri-modal distribution of death in trauma demonstrates that some deaths are preventable if there is immediate action: patient stabilisation and timely referral with medics present on ambulances are the goals to be achieved in order to assist victims in a prompt and safe manner.

Thanks to its widespread presence in the provinces, professional ethics and the quality of care provided, EMERGENCY has been able to guarantee patients' stabilisation and a quick connection between primary and secondary care through ambulances. This service reduces waiting times that might lead to complications or death, and increases clinical safety. This approach has achieved outstanding results: in Kabul, 42% of admitted patients were referred from FAPs in 2017, with a very low mortality rate during transportation (1%). This is despite the fact that the average travel time between FAPs and EMERGENCY hospitals is 2 hours.

To meet the increasing needs of the population, EMERGENCY's FAP network has recently expanded to reach the most heavily conflict-affected areas. In July 2018, EMERGENCY opened a FAP in Mehtarlam, Laghman province, and another in Sangin, Helmand province, in October 2018.

Recommendations:

- I. For the Afghan health system to be accessible for all people in need, it has to be free-of-charge. Coordination and interlinkage between the different levels of healthcare is crucial to improve patient outcomes and aid effectiveness. The Health cluster has received 30% of the amount requested for 2018⁴, which severely compromises the capacity to respond to the health needs of the local community. To fulfil the right to healthcare, the Government of Afghanistan and the international community should allocate a rising portion of funds to create an efficient and comprehensive health system, ranging from primary to secondary and tertiary level of care.
- II. To effectively reduce mortality and morbidity, the level of care has to be of high quality. The Government of Afghanistan and the international community should monitor and evaluate the performance of health facilities in both quantitative and qualitative terms. To this end, medical data collection systems should measure severity and type of injuries, quality of care, follow-up and outcomes. This will allow providing a full picture of the medical needs on the ground and longer-term health consequences (e.g. disabilities).

Capacity building: humanitarian and development nexus

Health facilities are increasingly damaged by the conflict and often lack adequate equipment or technical staff to effectively provide life-saving measures. Children and women are the most vulnerable in a country where only 50 percent of birth deliveries take place in health facilities where post-natal care can be provided by trained health staff⁵.

EMERGENCY strongly believes that it is necessary to build a system capable to deal with complex health conditions. This can be achieved by investing in the training of health workers and specialised health professionals. For this reason, EMERGENCY is committed to providing on-the-job training to all national personnel - from FAPs to hospitals.

⁴ OCHA's Financial Tracking Service (FTS)

⁵ Humanitarian Needs Overview 2018, OCHA.

EMERGENCY has also advocated for the creation of postgraduate training opportunities for Afghan doctors. Thanks to its advocacy, in 2014 the Afghan Ministry of Public Health recognised EMERGENCY's hospitals as training centres. In 2018, 20 surgical residents worked in EMERGENCY's Surgical Centres, while 13 paediatric residents and 7 gynaecological residents participated in the training programme at EMERGENCY's Hospital in Anabah.

EMERGENCY, in cooperation with the WHO and the Afghan Ministry of Public Health, has been involved in training programmes addressed to governmental health workers from remote areas. Thanks to this initiative, 667 participants were trained countrywide in pre-hospital care and mass casualty management.

It is worth mentioning the experience of EMERGENCY's Maternity Centre in Anabah for the inclusion of women in training activities. The workload of the hospital has steadily increased over previous years. Considering the particular social circumstances of Afghanistan, this was made possible thanks to EMERGENCY's efforts to create a friendly and secure environment for female patients and staff. Indeed, Afghan women account for the majority of personnel: 70 obstetricians, midwives and nurses, and 25 auxiliary staff. These female staff members come from a wide catchment area including Panjshir, Parwan, Kapisa and Kabul provinces.

Recommendations:

- I. In Afghanistan's protracted crisis, it is paramount to implement a comprehensive plan to coordinate humanitarian and development programming. The Government of Afghanistan and the international community should promote actions that create the basis to support Afghan society, fostering the ownership of the Afghan population vis-à-vis the provision of humanitarian aid and development projects.
- II. The role of education is particularly crucial in the health sector. On the one hand, the presence of qualified staff responds to the urgent needs of the local community; on the other, the creation of working opportunities boosts the local labour market, triggering a virtuous cycle for economic development in the country. The Government of Afghanistan and the international community should invest human and financial resources to build the future generation of Afghan health professionals.
- III. The Government of Afghanistan and the international community should promote an inclusive and accessible healthcare system that overcomes cultural and social barriers. The provision of high quality services encourages Afghan women to seek medical care, which in turn fosters female workers to be involved in the health sector. The spill over effect of the involvement and training of women is the empowerment of one of the most vulnerable categories of Afghan society.

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