

BRUSSELS CONFERENCE ON AFGHANISTAN

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THE CONTEXT

Over the past forty years, Afghanistan has been ravaged by conflict, which provoked the state failure and tens of thousands of victims among the civilian population. Despite increased efforts to remove explosive devices and landmines, Afghanistan is still one of the world's most heavily land-mined countries. Moreover, foreign military interventions have left behind a huge number of explosive devices in the territory.

As UNAMA reports, civilian casualties kept increasing in 2016: "between 1 January and 30 June, UNAMA documented 5,166 civilian casualties (1,601 deaths and 3,565 injured), marking a one per cent decrease in civilian deaths and a six per cent increase in civilians injured, an overall increase of four per cent in total civilian casualties compared to the same period last year. [...] Nearly one in three casualties was a child".

However appalling these figures may seem, the perception on the ground is that the actual numbers of casualties remain underestimated.

The lack of security deprives the population of the access to health services and causes the disruption of the national health system, already affected by corruption, structural malfunctions and the lack of trained medical staff.

With the national economy collapsing and in the growing instability, opium poppy cultivation and trafficking massively increased: with 8,000 hectares in 2001, the cultivation extended to 183,000 hectares in 2015 (UNODC, 2015). Likewise, drug consumption and criminality are now major concerns.

With the spreading of the conflict all over the country, many people were forced to flee the violence, seeking refuge in the main cities. This phenomenon increased urban poverty and social marginalisation. Others went abroad, with the vast majority turning to the Islamic Republics of Iran and Pakistan, while some others took the route to Europe, embarking on dangerous journeys. According to Eurostat figures, Afghan refugees arriving in Europe greatly increased in recent years and now represent one of the three top nationalities of asylum seekers. Indeed, the number of applicants has nearly tripled in the first quarter of 2016 compared with the same quarter of 2015, accounting for 34,800 applications.

Not only does widespread violence affect the security of local communities, but it also prompts INGOs to leave, necessary security conditions failing.

Worsening humanitarian crises and conflicts have required an increasing deployment of aid workers to conflict-affected areas (PRIO, 2015). Over recent years though, security of

humanitarian staff has registered a progressive deterioration, each year marking a new record for attacks and violence against aid workers. 2013 statistics (Humanitarian Outcome) reveal that three quarters of the attacks against aid workers took place in five countries: Afghanistan, Syria, South Sudan, Pakistan and Sudan. In 2013, Afghanistan registered the highest number of aid workers' killings (81).

The national health system, as well as NGO-run medical facilities, have been particularly affected by the worsening security: many health facilities have been damaged because of the fighting, while others have been deliberately targeted. Human Rights Watch's 2014 statistics have shown that 41 incidents affected hospitals, clinics and health personnel in Afghanistan. In October 2015, the bombing of MSF's hospital in Kunduz shed light on the urgency of ensuring adequate protection of all medical facilities in the country.

The effects of violence against health care extend far beyond the moment of the attack and its immediate aftermath. Attacks on medical facilities not only affect the personnel and infrastructure directly targeted, but also the population depending on them for receiving adequate health care.

EMERGENCY'S ACTIVITIES IN AFGHANISTAN

EMERGENCY is an independent and neutral humanitarian organisation founded in Italy in 1994 in order to provide free high quality medical and surgical care to the victims of war, landmines and poverty. EMERGENCY also promotes a culture of solidarity, peace and respect for human rights.

From 1994 to the present day, EMERGENCY has worked in 17 countries, building hospitals, Surgical Centres, Rehabilitation Centres, Paediatric Clinics, First Aid Posts, Primary Health Clinics, a Maternity Centre and a Centre for Cardiac Surgery.

In line with the Sustainable Development Goals (SDGs), EMERGENCY works towards achieving universal access to health care. To this end, EMERGENCY advocates the development of comprehensive health systems devoted to preserve and improve the life of the people in need, based on the following principles:

- Equality - Every human being has the right to be cured regardless his economic and social condition, gender, race, language, religion and opinions. Healthcare standards, set by medicine progress, must be delivered equally and without discrimination.
- Quality - High quality health systems must be based on community's needs, up to date with the achievements of medical science, and not oriented or determined by lobbies and corporations.
- Social responsibility - Governments must have health of citizens as a priority and allocate adequate human and financial resources. Services provided by health systems and humanitarian health projects must be accessible to and free for all.

To ensure the effectiveness of this model, EMERGENCY is fully in charge of the management and supervision of all medical and non-medical activities necessary for the correction functioning of its hospitals.

EMERGENCY began its intervention in the country in 1999, treating over 5 million people since then.

Activities started with the opening of a Surgical Centre in Anabah, a village in the Panjshir valley. The Centre's services were gradually extended and now include: traumatology, general surgery, internal medicine and paediatrics.

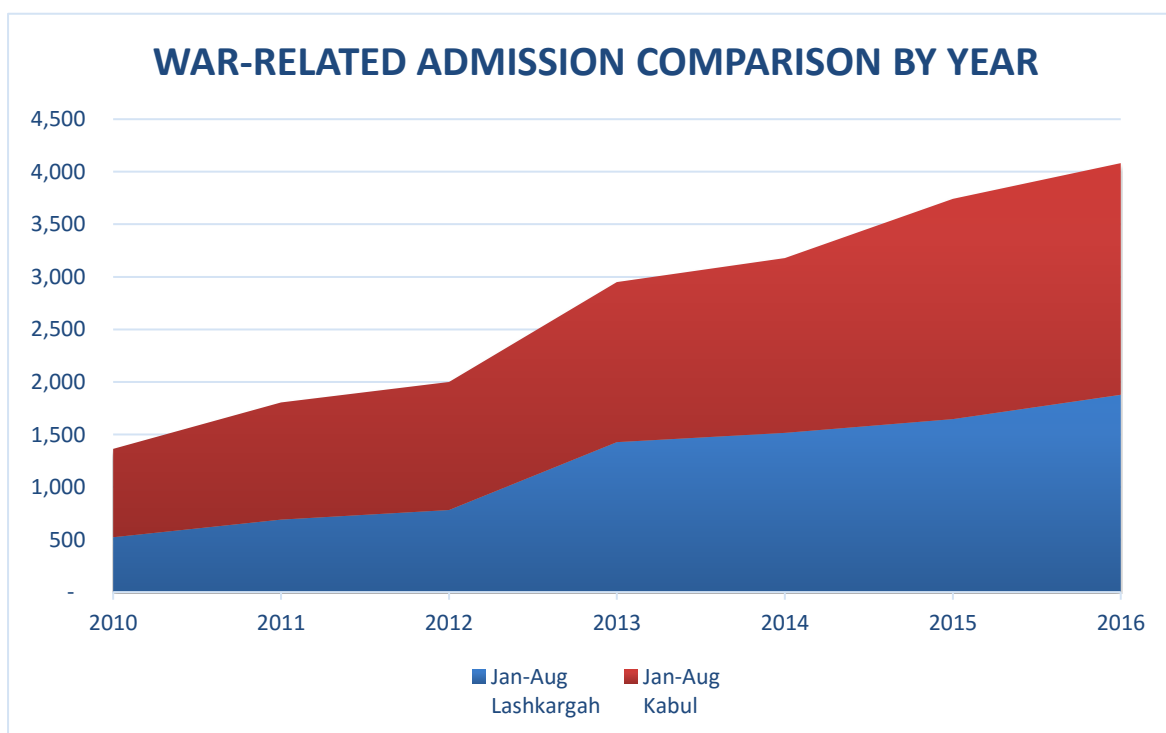
In 2003, a Maternity Centre was integrated at the hospital compound to respond to the increasing needs of the local population. Indeed, no other facilities in the region offer free-of-charge, high-quality gynaecological, obstetric, and neonatal care. Over 36,000 babies were born at the Centre (with a caesarean section rate of 9.2% in compliance with the range recommended by WHO).

Initially the catchment area of the Centre was limited to the Panjshir Valley but with time it came to include the provinces of Parwan, Kapisa, and also the capital city, Kabul, serving up to 1 million inhabitants.

The Surgical Centre for War Victims in Kabul opened in April 2001 and is specialised in war and trauma surgery. Over the last five years, the conflict in Afghanistan has intensified dramatically, resulting in an increasing number of people with war injuries in need of medical assistance. Because of this, admission criteria have been limited to war surgery only since 2010. In the first half of 2016, an average of eight war-victims were admitted to the Surgical Centre every day. This represented a 16% increase compared with admissions in 2015, and a 185% increase when compared with 2010.

In 2004, EMERGENCY opened the Surgical Centre for War Victims in Lashkar-gah, in the Helmand province, one of the deadliest provinces in the country. Initially, the main admission criteria selected war and trauma surgery of patients up to 14 years old. But, due to the dramatic conflict deterioration, this has been narrowed to war surgery only since June 2013.

Since 2010, EMERGENCY has treated over 27,000 war-wounded in Kabul and Lashkar-gah.



To respond to the growing needs for high quality surgical, neonatal and obstetric care, EMERGENCY has been gradually upgrading and enlarging its hospitals: a new Maternity Centre is currently under construction in Anabah, while substantive renovation and construction works enabled us to increase the number of beds in Kabul and Lashkar-gah.

Difficult terrain and a shortage of free healthcare facilities mean that access to healthcare for Afghans is extremely limited. In order to provide medical assistance to remote villages, EMERGENCY has established a network that as of September 2016 counts 38 First-Aid Posts (FAPs) and Primary Health Clinics (PHCs) across the country.

EMERGENCY's FAPs provide first aid, stabilisation and prompt referral to victims of warfare and landmines, road accident casualties, and trauma patients, EMERGENCY's FAPs provide first aid and prompt referral to victims of warfare and landmines, road accident casualties, and trauma patients, whilst the PHCs provide primary and antenatal care services.

Since the very beginning of its intervention in Afghanistan, EMERGENCY has been committed to provide medical assistance also to the population of detention facilities. Currently, EMERGENCY runs a PHC network in six prisons in Kabul, providing basic health care and referrals to secondary medical facilities.

With the aim of boosting local capacity and implementing sustainable, long-term programs, EMERGENCY constantly liaises with the local authorities and is committed to the professional training of Afghan staff. As a consequence of a fruitful and enduring cooperation, the Ministry of Health officially recognised our hospitals as training centres for emergency surgery, traumatology, paediatrics and gynaecology.

Four residents in gynaecology, four residents in paediatrics and thirteen residents in surgery are currently under training at EMERGENCY's hospitals. Seven doctors, two of them female, have already completed their specialisation program.

In acknowledgement of EMERGENCY's role in strengthening the national health care system, the Afghan Government also devolves an annual contribution in support of the Anabah Hospital. By fostering project ownership and avoiding aid-dependency, EMERGENCY ultimately aims at handing over its facilities to the national health system when complete operational independence is achieved.

In cooperation with the World Health Organization and the Ministry of Health, EMERGENCY expanded its training program to public facilities and organised courses on Pre-Hospital Trauma Care and Triage and Mass Casualty Management for over 200 health workers selected from across the country.

OUR PROPOSALS

1. Promotion of a Reconciliation Commission

Afghanistan is far from being a post-conflict country and the need for a resolution is becoming more and more urgent. Building on the paradigm of restorative justice and taking into consideration the role of the informal justice system in Afghanistan, the international community shall support the creation of a reconciliation commission adapted to the local judicial system and capable of bringing together the requests of all actors involved and promoting an effective and fair peace-building process.

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2. Ensured protection of civilians

Even though International Humanitarian Law (IHL) firmly distinguishes between civilians and combatants (principle of distinction), not enough measures are taken by the Parties to the conflict to ensure the protection of civilians and their properties. On the contrary, evidence and events like the bombing of the Kunduz hospital show that civilians are increasingly targeted by all Parties. Since January 2009, over 22,900 civilians have died and 40,900 have been injured due to the conflict (UNAMA, 2016).

We call upon the Parties to the conflict to respect the Geneva Conventions and the Additional Protocols to protect the civilian population and the civilian objects that are indispensable to its survival.

Recalling that the IHL prohibits employing “weapons, projectiles and material and methods of warfare of a nature to cause superfluous injury or unnecessary suffering” (Additional Protocol (I) to the Geneva Conventions, art. 35), we call for the ban of indiscriminate weapons and for accountability for the crimes committed by the Parties to the conflict.

3. Allocation of adequate financial resources to health and social services

The conflict persistence and exacerbation had severe repercussion on the population’s standard of living: both urban and rural poverty have increased over the past years. At the same time, medical facilities are insufficient to meet the needs of the population.

While the annual value of military expenditure in Afghanistan amounts to over \$ 12 billion, humanitarian aid remains underfunded (approx. 31% of what necessary for 2016, OCHA). The allocation of adequate financial resources aimed at creating an effective national health care system is key for the improvement of the standards of living of the Afghan population, also allowing tackling under-five and maternal mortality.

4. Revision of the model of humanitarian and medical intervention to contribute to a sustainable and long-term development

75% of the Afghan population lives in rural areas. To ensure access to proper health care services all over the country, the national health system shall consider establishing primary health care facilities in remote areas and provide an efficient referral system to larger hospitals.

The development of secondary and tertiary health care facilities is essential for the correct functioning of a comprehensive national health system: it allows the population to receive the level of care adequate to their needs and the medical and non-medical staff to receive proper specialised training.

In order to achieve this goal a shift in the model of humanitarian intervention shall be considered, bridging the gaps between emergency relief and development strategies.

By adopting a model based on the principles of equality, quality and social responsibility and ensuring the enduring presence of health and technical professionals in Afghanistan, humanitarian and medical programs will contribute to long-term and sustainable development. This will tackle brain drain, foster capacity building and contribute to empowering women through their training and involvement in the job market.

5. Ensured protection of humanitarian workers

The lack of security creates “medical deserts”, highlighting the importance of respecting key principles of the Geneva Conventions, stating that the wounded and the sick “shall be treated humanely and cared [...] without any adverse distinction founded on sex, race, nationality, religion, political opinions, or any other similar criteria” and affirming the “neutrality (inviolability) of medical personnel and medical establishments and units”.

The respect of guiding IHL principles - humanity, neutrality, impartiality and independence - gains more and more importance in order to guarantee patients’ access to health facilities, staff’s safety and the effectiveness of humanitarian programs in the field.

The Afghan government and the international community shall commit to ensure the protection of humanitarian operators working in Afghanistan, putting in place effective surveillance and accountability mechanisms.

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