

### OVERVIEW

Healthcare access in Afghanistan has become a major concern. The regime change of August 2021 has compromised the improvements made over two decades (2001–2021) in healthcare infrastructure, capacity, and health indicators (Safi et al. 23/09/2022).

In 2021, total health expenditures under the Interim Taliban Authority (ITA) and the former Government amounted to around USD 3 billion. The main financial sources were out-of-pocket household expenditures (77.2%), followed by donor contributions (19.3%). Government domestic revenue accounted for 3.3% of expenditures. In the same year, 24% of the expenditure was spent on children under five and 6.3% on the treatment of nutritional deficiency diseases (MOPH 03/2023). These expenditures also supported 729 mobile health and nutrition teams, 1,382 sub health centres, 1,017 basic health centres, 439 comprehensive health centres, 93 district hospitals, 27 provincial hospitals, 28 zone hospitals, and 36 specialised hospitals across the country (GMIC Afghanistan YouTube 20/08/2023).

The freezing of Afghan central bank assets, UN and US sanctions, the drastic reduction in international aid following the August 2021 regime change, and the ITA's prioritisation of public expenditures in the security sector over social services have left the healthcare system in a precarious state (TWP 17/08/2021; CSIS 09/02/2022; AAN 16/03/2023). The brain drain of trained healthcare staff has also long been a concern; after the Taliban takeover, many female nurses left the country to seek further education and job opportunities. As at October 2021, there were 9.4 health workers per 10,000 patients in Afghanistan, much lower than the WHO recommendation of 22.8 health workers per 10,000 patients (Tao et al. 11/01/2023). Finally, the ITA's policies restricting women's movement have limited women's and children's healthcare access (ACAPS 21/04/2023; Safi et al. 23/09/2022). In March 2023, the MOPH ordered for humanitarian organisations to reduce the number of mobile health and nutrition teams and transform them into static health centres, further reducing health access not only for women but also for other groups with potential health vulnerabilities, such as older people and people with disabilities (WHO 25/04/2023; RFE/RL 07/05/2023). In the context of inadequate access to basic healthcare, it is unsurprising that adequate access to specialist healthcare services is even more challenging.

This report focuses on the impact of this situation with regard to the three healthcare issues cited above: increasing malnutrition, inadequate access to specialist cancer care, and barriers to mental health services.

### About this report

The spotlight on social impact in Afghanistan is a report released every four months to shed light on issues emerging from information about the country that have or are likely to have a significant social impact. This report focuses on issues with a direct effect on Afghans' daily lives and that may have profound yet overlooked consequences on the humanitarian response. Where possible, the report makes considerations for specific groups and locations with increased vulnerability to protection threats.

This edition of the spotlight on social impact (July–October 2023) focuses on three specific healthcare-related concerns in Afghanistan: the effects of malnutrition, inadequate capacity to treat cancer patients, and insufficient services for people with mental health disorders. Within the larger problem of shrinking humanitarian funding expected for 2024, these issues will have a growing impact on the future of individuals, households, and the country and should be highlighted.

### TABLE OF CONTENTS

Methodology .....	2
Limitations .....	2
Theme 1: malnutrition, particularly among children under five.....	2
Theme 2: insufficient access to specialised and affordable cancer treatment .....	5
Theme 3: insufficient services for people with mental health disorders .....	6

## METHODOLOGY

ACAPS' membership as an observer in various clusters and working groups, as well as its presence in specific contexts, allows it to monitor issues with a significant impact on Afghans. The regular monitoring of issues discussed at humanitarian cluster and working group meetings, preliminary interviews with affected people, and internal ACAPS discussions led to the identification of the three health issues that this report brings to the attention of humanitarian stakeholders.

The analysis presented in this report is based on a desk data review of available literature and media reports and confidential discussions with people dealing with cancer. To develop an initial list of issues with significant social impacts, the report used a rapid literature review, recommendations from members of humanitarian clusters, discussions with ACAPS analysts and advisors, and preliminary conversations with the affected population. The ACAPS research team discussed and shortlisted these issues during joint analysis sessions before coming up with the three themes presented in this report based on their potential or actual impact on people's daily lives.

## LIMITATIONS

This spotlight on social impact report focuses on health issues. Up-to-date data was unavailable from the Ministry of Public Health (MOPH), which is responsible for developing Afghanistan's health policies, procedures, and guidelines disaggregated by gender, age, or disability. As a result, it was difficult to compare responses and outcomes for people who have cancer, mental health problems, or malnutrition and assess the specific needs and vulnerabilities of different population groups. The unavailability of figures and information on affected populations from different periods also limited the ability to identify trends related to these specific populations over time. There is a lack of existing literature and research examining the specific social and economic impact of the high prevalence of mental health disorders on Afghan society. Similarly, suicide figures are difficult to establish in the country because families tend to conceal cases involving members given the attached stigma (Amu TV 30/08/2023; Azadi Radio 04/11/2021). At the same time, it is important to note that given the diverse audience of humanitarian responders targeted, the discussion regarding the social impact of increasing malnutrition, inadequate access to specialist cancer care, and barriers to mental health services is presented broadly, without delving into specific details or technical intricacies.

## THEME 1: MALNUTRITION, PARTICULARLY AMONG CHILDREN UNDER FIVE

Afghanistan's prolonged armed conflicts, economic challenges, inadequate infrastructure, and the adverse effects of climate change, including recurring droughts, have resulted in longstanding poverty and food insecurity. According to WFP, Afghanistan is facing Emergency (IPC Phase 4) food insecurity levels, with 15.3 million people projected to face acute food insecurity between May–October 2023 (WFP 19/10/2023).

Food insecurity is a major driver of malnutrition, with strong effects particularly on pregnant and lactating women and children under the age of five, making it a significant problem in Afghanistan (IPC 30/01/2023). According to the 2023 Humanitarian Response Plan (HRP), 7.2 million people were projected to be in need of assistance to address malnutrition, roughly 5.5 million of whom (2.9 million women and 2.6 million children) required emergency nutrition assistance to avoid preventable morbidity and mortality (AAH et al. 08/06/2023; OCHA 09/03/2023). Based on IPC projections from November 2022 through April 2023, four million children under the age of five and pregnant and lactating women needed urgent malnutrition intervention. Among these, an estimated 2,347,800 children suffered from moderate acute malnutrition (MAM) and 875,200 from severe acute malnutrition (SAM) (IPC 30/01/2023). Both MAM and SAM referred to weight-for-height scores compared to a reference population and were, if left untreated, related to higher mortality rates (Manary and Sandige 13/11/2008).

Combined with other factors, such as poor access to clean water and adequate sanitation, malnutrition leads to the deterioration of the health of children under five and pregnant and lactating women, directly endangering their lives (AAH et al. 08/06/2023). UNICEF reported that in February 2023, more than 1.2 million children were screened for acute malnutrition, and 47,635 (55% of whom were girls) received life-saving treatment for SAM (UNICEF 28/03/2023). Save the Children also reported a 47% increase in the number of dangerously malnourished children admitted to their mobile health clinics between January–September 2022 (STC 31/10/2022).

The level and severity of malnutrition vary between provinces and according to season and gender. From September–October 2022, the IPC's Acute Malnutrition Classification listed Paktika and Badakhshan provinces as Critical (Phase 4) and 22 other provinces as Severe (Phase 3). The different phases were linked to different priority response objectives (Table 1). From November 2022 to April 2023, the acute malnutrition situation was projected to deteriorate from Phase 2 to 3 in nine provinces and from Phase 3 to 4 in 15 provinces (IPC 30/01/2023).

Gender is another strong factor affecting malnutrition likelihood. Data from facilities supported by Médecins Sans Frontières (MSF) in Kandahar shows that 55% of admissions to feeding programmes involved girls. Although the data is unlikely to be statistically

representative, it could indicate that malnutrition is higher among girls than boys and that women and girls may be at a disadvantage when household food availability is limited given inequitable gender norms. Healthcare access may also vary according to the gender of the child, with families seeking healthcare more quickly for boys than for girls, which could mean that malnutrition rates may be higher among girls than suggested by recorded patient figures (MSF 06/02/2023).

Table 1. IPC malnutrition phases and priority response objectives

IPC ACUTE MALNUTRITION ANALYSIS PHASES	DESCRIPTION % OF CHILDREN EXPERIENCING ACUTE MALNUTRITION	PRIORITY RESPONSE OBJECTIVE
Phase 1	<b>Acceptable: less than 5%</b>	Maintain low prevalence.
Phase 2	<b>Alert: 5–9.9%</b>	Strengthen existing response capacity and resilience. Address contributing factors. Monitor conditions and plan response as required.
Phase 3	<b>Serious: 10–14.9%</b>	Scale up treatment and prevention among affected populations.
Phase 4	<b>Critical: 15–29.9%</b> Mortality and morbidity are elevated or increasing. Individual food consumption is likely compromised.	Significantly scale up and intensify treatment and protection activities to reach additional affected populations.
Phase 5	<b>Extremely Critical: over 30%</b> Widespread morbidity and/or very large individual food consumption gaps are likely evident.	Address widespread acute malnutrition and disease epidemics by all means.

Source: (IPC 2021)

As per Table 2, projections on the number of children under five with SAM and MAM decreased substantially from around 4.6 million in 2022 to 3.2 million in 2023 (IPC 15/05/2023 and 09/05/2022). The decline in malnutrition from the estimated 4.6 million in 2022 to four million in 2023 is attributed to decreased food insecurity in Afghanistan. Food insecurity is a major contributor to malnutrition among children under five and pregnant and lactating women. Regardless, the need for a substantive malnutrition response remains high, since the

drivers of malnutrition – inadequate dietary intake, poor healthcare and sanitation, poverty, lack of education and awareness, conflict and displacement, water and sanitation issues, and gender inequality – remain significant (UNICEF 01/09/2022; OCHA 09/03/2023).

As indicated above, the drastic reduction in international on- and off-budget grants to the Afghan government following the regime change of August 2021, in combination with the ITA's focus on public expenditures in the security sector over social services, led to the Afghan public and private healthcare systems not allocating sufficient resources to address the effects of MAM and SAM (as discussed further below) (AAN 16/03/2023).

Table 2. MAM and SAM prevalence projections

DATE	REPORTING FOCUS	PREVALENCE	SOURCE
2015	MAM in children under five	700,000	(AAN 07/07/2023)
	SAM in children under five	500,000	(AAN 07/07/2023)
	Acutely malnourished pregnant and lactating women	250,000	(AAN 07/07/2023)
2022	MAM in children under five	2.8 million	(AAH et al. 08/06/2023)
	SAM in children under five	1.8 million	(AAH et al. 08/06/2023)
	Combined number of under-five children with MAM and SAM	4.6 million (In 2022, the total number of children under five was 6.61 million.)	(AAH et al. 08/06/2023)
2023	MAM in children under five	2,347,802	(IPC 30/01/2023)
	SAM in children under five	875,224	(IPC 30/01/2023)
	Acutely malnourished pregnant and lactating women	804,365	(IPC 30/01/2023)
	Combined MAM and SAM among children and women	4 million	(IPC 30/01/2023)

## Access to services to address malnutrition

The main responder addressing malnutrition through various programmes is the MOPH, which works with UN agencies and NGOs. The 2023 Afghanistan HRP includes programmes and activities to address malnutrition (both MAM and SAM). Support programmes include the implementation of universal supplementary feeding programmes, vitamin A supplementation, and home fortification with multi-nutrient powder. Preventive services encompass supplementary feeding, infant and young child feeding counselling, and micronutrient interventions. Integrated services include collaboration with the Health, WASH, and Food Security and Agriculture Clusters to strengthen the overall response, provide nutrition-sensitive interventions, and prevent malnutrition and micronutrient deficiencies. Screening methods include routine passive screening at health facilities, active house-to-house screening, and family mid-upper arm circumference screening. The HRP also emphasises community outreach, strengthening referrals and addressing barriers for marginalised groups (OCHA 09/03/2023).

In February 2023, the ITA issued a directive to phase out mobile health and nutrition teams in favour of investing in static health infrastructure (ACAPS 31/07/2023). ACAPS expects this decision to result in reduced access to services for malnutrition prevention, screening, and treatment, particularly in remote areas.

## Social impact of malnutrition

Malnutrition has far-reaching social impacts on affected people and their families. These include increased risks of morbidity and mortality, various social impacts (including the potentially impaired development and cognition of children), and intergenerational malnutrition cycles.

## Increased morbidity and mortality risks for under-five children with malnutrition

Afghanistan has one of the highest under-five mortality rates in the world (AAN 07/07/2023). The high morbidity (severe, chronic illnesses) and mortality (number of deaths) rates are also consequences of untreated malnutrition, as child mortality is linked to malnutrition directly (often preceded by diarrhoea, fever, and acute respiratory infections) or indirectly, as the weakened body's immune system is more vulnerable to illnesses such as pneumonia and measles (AAH et al. 08/06/2023; Gamal et al. 05/08/2023). A National Nutrition SMART Survey in 2022 found that the under-five mortality rate in Afghanistan was 0.371 deaths per 10,000 people. In 2023, 167 children were dying every day from preventable diseases (AAH et al. 08/06/2023). A report from Helmand province stated that the spread of the highly contagious measles disease aggravated child mortality rates (BBC 16/03/2022).

## Impact of malnutrition on child development and cognition

Malnutrition can affect a child's development, including their cognitive and emotional development (Saleem et al. 15/07/2021). Children experiencing MAM and SAM are more susceptible to illnesses and may find it more challenging to do well at school. Chronic malnutrition not only affects children's physical growth but also hinders brain development, leading to cognitive limitation that delays learning, which in turn limits their potential as adults (UNICEF accessed 22/11/2023).

## Intergenerational malnutrition cycles

A high malnutrition rate among children under the age of five can have a long-lasting impact on their lives and the lives of succeeding generations. For example, girls who experience malnutrition are more likely to experience malnutrition in motherhood and subsequently give birth to children with malnutrition. This perpetuates the cycle of malnutrition, creating a continuous intergenerational impact that worsens the problem. The intergenerational link highlights the importance of addressing maternal undernutrition to break the cycle and improve child nutrition outcomes (UNICEF 03/2023).

## THEME 2: INSUFFICIENT ACCESS TO SPECIALISED AND AFFORDABLE CANCER TREATMENT

In 2020, cancer was the second leading cause of mortality related to non-communicable diseases in Afghanistan (Shayan et al. 09/2023). According to a 2020 WHO survey, 16,018 people (8,003 men and 8,015 women) died of cancer that year out of 22,817 new cases diagnosed. The same survey found that there were slightly more cancer cases diagnosed in women (54% of total new cases) than in men (WHO 03/2021). Using data from neighbouring countries, WHO estimated that the most common cancers among the Afghan population were stomach, lung, lip/oral cavity, leukaemia, and colorectal cancer; among women, the most common were breast, cervix uteri, stomach, corpus uteri, and ovarian cancer (WHO 03/2021; Shayan et al. 13/08/2023).

The cancer treatment infrastructure in Afghanistan is inadequate. Jamhuriat Hospital in Kabul inaugurated the country's first cancer centre in 2016 and currently includes 60 beds; two other cancer treatment centres with 15 beds each were established in Herat and Balkh provinces. In 2022, approximately 26,000 cancer patients visited Jamhuriat Hospital for treatment (Pajhwok 24/01/2023). In 2023, more than 1,000 women were referred for treatment to the Herat Provincial Cancer Center. The Herat Cancer Treatment Center reported that over five years, more than 12,000 cancer patients, including a significant number of breast cancer cases, sought treatment at the centre (TOLOnews 12/06/2023).

The existence of these facilities is encouraging, but they are inadequate to meet the demand for cancer care in Afghanistan. The three centres are also difficult to reach for patients in remote or rural areas, making timely diagnosis and treatment less likely. Prior to 2021, foreign donors played a critical role in supporting these centres and the financing of expensive medicine. Since the regime change of August 2021, the International Committee of the Red Cross (ICRC) has taken over most funding, while other donors have ended their financial support. Consequently, despite the ICRC's efforts, the three functioning cancer centres in Afghanistan lack adequate financial support and essential medicine availability (BBC 21/04/2022).

There are urgent needs for programmes that raise awareness about cancer, allow for its early detection, and provide accessible treatment options in terms of location and costs. The early detection of cancer is critical to patients' recovery, but the lack of infrastructure, including widespread cancer screening, prevents a timely diagnosis for many cancer patients, leading to delayed intervention and poorer chances for successful recovery. This is particularly the case with certain types of cancer, such as breast cancer. Unfortunately, of the 1,000 women with breast cancer registered with the cancer centre in Herat with a late diagnosis, more than 70% lose their lives (TOLOnews 12/06/2023).

### Economic and social impact of inadequate cancer care infrastructure on patients and households

Insufficient access to specialised, affordable cancer treatment has various social and economic impacts on affected people and their families. These include the high economic impact of treatment costs on patients and their families and the increased risk of mortality for cancer patients lacking timely diagnosis or the required treatments. In most cases, Afghans prefer to access the better treatment facilities in Pakistan given the inadequate healthcare facilities in Afghanistan (Chatham House 08/07/2019). In such cases, barriers to travelling to Pakistan for cancer treatment amplify other impacts.

The lack of cancer care centres outside the three major population centres (Herat, Kabul, and Mazar-e Sharif) contributes to an increased risk of patient mortality for those living in rural areas, who have highly limited access to adequate supportive care services. This is compounded by other factors, such as social taboos surrounding cancer and low awareness about cancer symptoms, which contribute to patients being diagnosed at advanced stages of the disease. Social taboos are linked to notions of shame, secrecy, and avoidance of discussing the illness, limiting timely support to those affected (Chandrasekaran et al. 17/01/2023). Late diagnosis increases the mortality rate of cancer patients in the country (Mahmoon et al. 03/03/2023).

A major impact of inadequate public cancer treatment facilities is the social and economic burden put on individual households. Patients admitted to Afghan cancer treatment centres are confronted with the limited resources of the centres, manifesting mainly as shortages of medical equipment and medicine. Inadequate financial support to the three cancer centres implies that patients must fund their own treatment and purchase some of the medicine themselves, which is significantly challenging for many families given how costly cancer treatment is (BBC 21/04/2022). Cancer treatment can also chronically affect household incomes. In some cases, cancer patients must be treated in Pakistan for one year, incurring a financial burden of over AFN 400,000 (approximately USD 5,725) (KII 15/10/2023). This can lead families of cancer patients to adopt coping mechanisms with potentially harmful consequences, such as selling productive assets (BBC 21/04/2022). If the person with cancer is a significant income earner or carer in the family, this widens the economic gap in the household income.

The lack of adequate in-country facilities requires those patients who can afford it to travel long distances out of the country, resulting in additional travel documentation and delays in receiving care, which can impede health outcomes (Mahmoon et al. 03/03/2023). Travelling to Pakistan for treatment, even with legal documentation, is fraught with difficulties, as the police often create obstacles for Afghans even when they have the necessary documents. Occasional border closures and lengthy paperwork in Pakistan also pose significant

challenges and delays throughout the trip (KII 22/10/2023). A report from the Shaukat Khanum Memorial Cancer Hospital & Research Centres in Pakistan showed that 6,370 Afghan patients were registered for cancer treatment between December 1995 and June 2022, 43% of whom were women and 57% were men (Mahmoon et al. 03/03/2023). This highlights the significant role that the facility has played in expanding healthcare services to Afghan patients despite the recent difficulties associated with crossing borders and obtaining visas (UICC 05/07/2022). The centre provides free treatment for Afghan patients with cancer without the financial ability to pay the hospital (KII 15/10/2023).

That said, seeking healthcare in Pakistan poses significant challenges for Afghan patients, whether they attempt to do so legally or illegally (without proper travel documents). Obtaining a passport can be a lengthy process in Afghanistan, often taking at least a year. Additional steps are required for patients seeking medical treatment abroad, including obtaining confirmation from the MOPH (KII 22/10/2023).

Political tensions and border closures between the two countries further complicate matters, creating obstacles and difficulties for Afghan patients seeking medical care outside the country. Those who cross the border illegally may face arrest by the police. A 2022 report found that approximately 2,000 Afghans were arrested specifically for lack of legal documentation, complicating their access to healthcare services in Pakistan (Arab News 31/01/2023). The closure of the Torkham border in September 2023, for example, left Afghan patients (whether for cancer or not) stranded for days, resulting in financial losses and a deterioration in their health (The Express Tribune 12/09/2023; KII 22/10/2023). This highlights the critical need for consistent and uninterrupted access to cross-border healthcare services to prevent the worsening of illnesses and improve outcomes for Afghan patients (Amu TV 18/02/2023). Patients and their carriers potentially face the significant costs associated with travelling and staying in Pakistan during treatment (KII 22/10/2023).

### THEME 3: INSUFFICIENT SERVICES FOR PEOPLE WITH MENTAL HEALTH DISORDERS

Afghanistan's population has experienced four decades of armed conflict and poverty and has been exposed to stressors related to climate change. According to an EU study, 85% of Afghans have experienced at least one traumatic event in their lives (HRW 07/10/2019). Repeated exposure to such events and disruptions increases the risk of mental health disorders (WHO 17/06/2022). In 2018, a National Mental Health Survey found that almost half of all Afghans (48%) reported symptoms indicative of mental health disorders, potentially driven by decades of conflict, recurrent natural disasters, and continuing political and economic turmoil (MOPH 03/2019; HealthNet TPO 07/10/2021).

Humanitarian responders are aware of the need for action on mental health. A UNICEF situation report that cumulated data from 1 January to 31 August 2022 estimated that 4.5 million children and adults accessed mental health and psychological support services (UNICEF 17/09/2022). This number, however, does not imply that the offer of such services was sufficient and that people received the right level of support. Insufficient financial and human resources, stigma against people with mental health disorders, and the low prestige of the psychiatric profession in Afghanistan restrict the provision of adequate mental health and psychological support.

#### Inadequate financial and human resources as barriers to accessing mental health services

In 2003, the MOPH integrated mental health into the Basic Package of Health Services and the Essential Package of Hospital Services for primary healthcare (MOPH 03/2019; WHO 08/10/2021). Basic services for psychosocial support existed even at the district level. In 2020, however, mental health allocations were only 3.4% of the Afghan Government's total health budget. Since the regime change of August 2021, assessing the ITA's priorities has become difficult, since the budget does not specifically mention mental health. A recent ITA directive regarding unauthorised mental health services does not forbid psychosocial counselling per se but limits it to static clinics, in line with other health services, and requires a memorandum of understanding for said projects as for all NGO activities (MOPH 13/11/2023; No: 439620). One of the intentions of the directive appears to be the prevention of 'ghost projects', where NGOs operating in Afghanistan get funds from donors without implementing any projects (KII 09/12/2023).

Afghan healthcare responders lack the financial and qualified human resources to offer adequate mental health services and meet the needs of the population (New Lines Magazine 03/04/2023; STC 10/10/2022). There are few specialists, for example, that deal with deep-rooted trauma, and psychosocial counsellors have limited professional capacity to adequately

diagnose and treat complex mental health disorders (New Lines Magazine 03/04/2023). Anecdotal but credible accounts suggest that many medical doctors, including mental health specialists, have left the country since August 2021, putting further pressure on Afghanistan's already weakened mental health sector (Psychologists YouTube 19/03/2021; IWPR 13/06/2023). Qualified staff for mental health services is inadequate, with 0.23 psychiatrists, 0.10 mental health nurses, and 0.30 psychologists per 100,000 patients (Kovess-Masfety et al. 08/2022). Healthcare workers themselves are also increasingly suffering from mental health challenges as a result of inadequate resources, insecurity, and traumatic experiences (Islam et al. 18/02/2022). The lack of mental health professionals and the limited availability of facilities across the country remain key factors limiting the population's access to mental health treatment centres.

Beyond the question of financial resources, the fields of psychology, psychiatry, and psychotherapy have historically been neglected professions in Afghanistan (New Lines Magazine 03/04/2023). These professions enjoy little prestige, and there is even stigmatisation of psychiatrists and psychiatry students by medical doctors in other fields (Psychologists YouTube 19/03/2021). The low prestige of psychology and psychiatry is the result of a lack of awareness about the profession, the stigmatisation of mental health disorders, and the treatment of those dealing with such disorders in Afghan society. This makes the profession unattractive for many and limits the development of professional mental healthcare in the country.

Stigma may prevent many people with symptoms of mental health disorders from seeking professional support and even from disclosing problems to family members (HealthNet TPO 06/10/2021). It also creates difficulties in accurately estimating the number of people with mental health disorders in the country, as people may not report cases (New Lines Magazine 03/04/2023). Part of the stigma includes other community members labelling those diagnosed as 'mad', and the discrimination can extend to other family members (Shafaqna 15/01/2022; DW Dari YouTube 07/06/2021; Al Jazeera YouTube 15/10/2010). There is ample anecdotal evidence of the use of folk medicine for people with symptoms of mental health disorders. In such cases, the people concerned may be sent to shrines and religious places for treatment, as it is a common belief that mental health disorders represent the wrath of god or are linked to possession by evil spirits (DW Dari 07/06/2021).

Other mental health disorders appear to be the result of abuse of illegal substances or over-the-counter medicine at pharmacies, which appears to be a growing phenomenon in Afghanistan (The Guardian 10/03/2022). For example, the legal import of tramadol (used for pain relief, such as severe headaches) increased almost tenfold in the three years prior to the fall of the republic in August 2021 (Pajhwok 21/02/2021). Similarly, pharmacists in Afghan provinces have complained about the increase in the use of addictive medicine not necessarily linked to the treatment of mental health disorders but other health problems, such as pregabalin, which is used to treat pain from fibromyalgia or nerve pain for diabetes patients and other

types of chronic diseases (AREU 10/2008; Pajhwok 25/04/2023 and 26/10/2022). Substance abuse is a problem in Afghanistan. Based on estimates, around 3.5 million people have substance addictions (New Lines Magazines 03/04/2023; ACAPS 26/06/2023; AREU 10/2008).

## Gender, age, and mental health disorders

Mental health disorders do not express themselves or affect social groups in the same way. For example, children are more at risk of developing behavioural symptoms (e.g. attention deficit, anxiety), while some symptoms develop later in life in relation to hormonal changes (WHO 17/06/2022; Riecher-Rössler 14/11/2016). Substance abuse of illicit and over-the-counter medicine, which is linked to mental health disorders, is much more prevalent for adults than children. This section describes symptoms of mental health disorders for different social groups.

### Women

A study conducted between 10 November and 25 December 2021 in the provinces of Herat, Kabul, Mazar-e Sharif, and Samangan, which focused on the period following the regime change of August 2021, found that 80.4% of urban women showed signs of depression and 81% showed signs of anxiety (Neyazi et al. 03/08/2023). This high prevalence of mental health disorders resonates with anecdotal evidence, media reports, and personal stories, which suggest a steep rise in the incidence of mental health disorders, especially among girls and women, since the August 2021 regime change. One doctor speaking to BBC explained that she received 170 calls for help within two days after the ITA's announcement that women could not attend universities anymore (BBC 05/06/2023). Another psychiatrist added that 80% of the patients in the mental health ward of Herat provincial hospital were women (TOLOnews 09/01/2023). Some professionals put this figure at 90%, highlighting that it was especially young girls admitted as mental health patients (TRT 25/08/2023).

Considering that many ITA policies limit women's access to education, employment, and the public sphere, it is plausible for women and girls to be at increased risk of mental health disorders (ACAPS 21/04/2023). Uncertainty about the future, limited employment opportunities, the ban from schools and universities, multiple other restrictions that limit mobility and access to public life, domestic disputes, the migration of loved ones, and forced marriages are factors increasing women's and girls' increased risk of mental health disorders (TOLOnews 09/01/2023; The Guardian 10/03/2022; RFE/RL 27/10/2021; TKG 03/12/2022; Independent 08/07/2023). Concerning the latter, the ITA decree banning forced marriages seems to have had little effect on its actual practice and number (ACAPS 21/04/2023).

## Children and youth

According to MOPH estimates based on the national mental health survey of 2018, 40% of children in Afghanistan were affected by behavioural disorders, which constitutes one type of mental health disorder, and 16% were dealing with lack of attention (SWN 10/10/2022). Save the Children found that one in four girls displayed signs of depression or anxiety, and according to some parents, children were showing signs of reduced psychosocial wellbeing given the financial pressures on their families (STC 10/10/2022). Lack of independence, freedom, and choice, which usually results from poverty, was also cited as a reason for the mental health crisis among Afghan children. Boys are usually sent to work as the breadwinner of the family, and failure to comply with the situation has negative consequences for them (Qamar et al. 18/08/2022). Girls may be forced into marriage to provide resources to feed other family members for a period, increasing their risk of developing a range of mental health disorders, including post-partum depression or psychosis (Psychologists YouTube 19/03/2021). Other factors cited threatening girls' mental health included the bans on going to secondary school and public parks (Qamar et al. 18/08/2022; Sputnik 08/11/2022).

Many of the youth in Afghanistan, similarly to children, struggle to make sense of the drastic changes in their country and the limited opportunities made available to them. While forced marriage is a problem for young women, young men may not be able to get married and start a family given the high costs of dowry (Pajhwok 03/09/2022). Some humanitarians have reacted to this situation. For example, UNFPA launched the 120 hotline in 2012, which people could call to discuss with a counsellor free of charge. The health line's activities have increased since the regime change of August 2021, and it currently employs seven male and seven female psychiatrists. In November 2022, the hotline received 90,888 calls from 41,457 men and 49,0431 women, with the numbers increasing over time (Salaam Times 02/12/2022). The number of calls would probably be higher if there were more awareness about the programme.

## Men

Mental health disorders are widespread among Afghan men. In Afghan society, as elsewhere, men are expected to be strong and to provide for their families. There are few alternative and positive role models for masculinity. In the current economic situation, many men cannot live up to these expectations and provide financially for their families, which has strong negative effects on their mental health (BBC 05/06/2023). As stated in an Afghanistan Analysts Network report, the salaries of government officials have been reduced by 50%, and benefits (overtime pay, contribution to transport and lunch) have been slashed. "[W]hen an employee's [take-home pay] goes down about 70 per cent while the cost of living is so high...it affects all family members mentally and economically." (AAN 03/2023)

The ITA's regulatory regime has also recruited men into 'policing' their female family members' adherence, lest they be held responsible. This has added pressure on men, and they may struggle with navigating outside rules with harmony at home (AAN 03/2023). At the same time, masculinity ideals make men less likely to seek help, keeping symptoms of mental health disorders undetected or leading them to adopt potentially harmful normalising strategies. Violent behaviour and attitudes, which many Afghan men normalise as cultural norms, could be indicative of mental health issues. Few programmes raise awareness about this issue (Khorasan Zameen 12/06/2011).

## Social impact of mental health disorders

The high rate of exposure of Afghanistan's population to stressors related to armed conflict and natural disasters results in a high number of people with symptoms of mental health disorders. These disorders can have significant and far-reaching impacts on individuals, families, public health, and overall Afghan society and economy. Although many people with such symptoms maintain healthy social relations, there is a risk for others to be dealing with more severe mental health disorders, which can have negative economic and social impacts. A person's compromised mental health can affect their ability to function at work, maintain healthy relationships with friends, family, and neighbours, and diminish their overall quality of life (Our World in Data accessed 2023). This situation may endure even after treatment, although the impact can be minimised with access to effective, appropriate care. This section discusses the social impact of mental health disorders.

## Substance abuse

Anecdotal evidence suggests that people with symptoms of mental health disorders may resort to self-medication and buy illegal substances or over-the-counter medicine at pharmacies to cope. Some of these substances are easily accessible in local markets without a doctor's prescription (New Lines Magazines 03/04/2023; Pajhwok 25/04/2023). A particular problem related to this is the slippage from self-medication to substance abuse (New Lines Magazines 03/04/2023; Psychreg 01/02/2023).

## Increased risk for people to end their own lives

Mental health disorders are a leading contributory factor for suicidal thoughts, leading people to end their own lives. Other challenges include financial problems, unemployment, and isolation (WHO 28/08/2023; CDC accessed 2023; WHO 2021). In Afghanistan, quantifying the number of people who end their own lives is challenging because the ITA does not record these figures and because of underreporting, which is in turn related to the associated stigma and shaming of the families related to the people concerned (BBC 05/06/2023; RFE/



RL 01/08/2023; AA 01/08/2023). In Afghanistan, ending one's own life is considered haram (unlawful or illegal in Islam) and carries its own stigma and disgrace, leading families to deny or misrepresent the cause of death (RFE/RL 01/08/2023).

Despite challenges in recording accurate figures, experts believe that suicide rates in Afghanistan, especially among women, have risen significantly since the regime change of August 2021, driven by complex sociocultural issues and restrictions (UN 01/07/2022; RFE/RL 04/11/2021). According to testimonials given to the Human Rights Council, one to two women end their own lives in Afghanistan every day (UN 01/07/2022). Some experts argue that the rate for women in Afghanistan is higher than that of men, citing evidence, for example, that 80% of the estimated 3,000 such deaths in 2017 were women (RFE/RL 04/11/2021). Women end their own lives for a variety of reasons, such as depression related to lacking perspectives, the bans on education and employment, forced marriage (including traditional practices such as *bad*, which refers to the exchange of women between conflict parties as part of dispute resolution, and gender-based violence (UNAMA 06/05/2009; AA01/08/2023; Tharwani et al. 05/10/2022).

The impact on families can be severe, causing additional mental health disorders and feelings of guilt. The act of taking one's life has the potential to affect the lives of seven to ten people, also increasing their risk of committing suicide (WHO 2021).