



EMERGENCY
MEDICINE, HUMAN RIGHTS AND EQUALITY

How to guarantee humanitarian aid to the Afghan people after August 2021? Briefing Paper - May 2022

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A humanitarian health organisation's perspective.

Afghanistan has been affected by conflict for over 40 years. Since 2009, UNAMA has counted 116,076 civilian war victimsⁱ; many were killed or injured by explosive devices, the devastating presence or remnants of which continue to endanger the life of civilians long after the end of fighting.

Following the Taliban's takeover of Kabul on 15th August 2021, Afghanistan's international assets have been frozen, the Taliban banned from international institutions, and diplomatic delegations evacuated. For a country that depended on international aid for 40% of public financesⁱⁱ, the impact on civilians, that bear the brunt of increased poverty and lack of essential services, is severe.

The heritage of a long war, the economic crisis, along with the worst drought in 30 years and the impact of the COVID-19 pandemic, created unprecedented levels of need. 23 million Afghans face acute food insecurityⁱⁱⁱ. Despite this, on 31st March 2022, the UN appeal of \$4.4bn to help Afghanistan fell massively short and raised \$2.4bn^{iv}.

Afghanistan is now out of the spotlight and risks becoming a neglected crisis. It is urgent to keep Afghanistan on the international agenda to contain the consequences that Western political stances vis-à-vis the Taliban have on civilians, and push for pragmatic solutions and lay the foundations for a healthier social fabric. In fact, according to UN High Commissioner Michelle Bachelet, "it is unacceptable and unconscionable that the people of Afghanistan have had to live with the prospects of either bombing or starvation, or both."

This briefing paper briefly discusses the operational constraints that are affecting the work of humanitarian actors in the field and proposes a set of recommendations to guarantee adequate and effective humanitarian aid to Afghan communities with a sustainable approach.

1. EMERGENCY IN AFGHANISTAN

EMERGENCY is a humanitarian organisation that provides free, high-quality healthcare to victims of war, poverty, and landmines, alongside building hospitals and training local staff.

EMERGENCY started its work in Afghanistan in 1999 by opening a Surgical Centre in the Panjshir Valley to offer free treatment to the victims of the war between the Taliban and the Northern Alliance, and of landmines laid since the Soviet occupation. A Paediatric Centre and Maternity Centre were later opened next to this Surgical Centre.

In April 2001, a Surgical Centre for War Victims was opened in Kabul, a city still in the hands of the Taliban at the time, and the Lashkar-Gah Surgical Centre in Helmand province followed in 2004.

All hospitals are linked to a network of 40 First Aid Posts and Primary Healthcare Centres. Spread across 11 provinces, this network ensures the stabilisation and referral of patients in need of urgent care via a 24/7 ambulance network, and also provide basic primary healthcare.

METHODOLOGICAL NOTE

This paper is the result of secondary data review, primary data analysis and interviews with EMERGENCY's relevant staff in the field and at head office. The analysis on operational constraints took the form of three surveys entitled "Logistics, supplies & pharmacy", "Administrative and financial management" and "Human resources". The surveys were circulated within the Logistic Cluster, the Pharmaceutical Supply Chain Management Sub-Group, the Cash & Voucher Working Group, and the Health Cluster, respectively.



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2. CURRENT STATUS

SECURITY & VIOLENCE

Over 23 years of activity, EMERGENCY has been able to observe the evolution of the Afghan conflict and its consequences on patients. Conflict deterioration impacted the workload of healthcare facilities as a result of the intensity of belligerence, leading to higher numbers of war-wounded patients, and its cruelty, which made wounds more severe. Indiscriminate attacks and access constraints greatly affected women and children, as well as medical personnel, facilities and vehicles.

Despite the increase in attacks against civilians – claimed by or attributed to ISIL-KP – and episodes of hostilities in border areas, the intensity of conflict has generally decreased since August 2021, significantly facilitating humanitarian access^v. However, the legacy of war persists. From September 2021 until March 2022, 549 patients were admitted to EMERGENCY's hospitals due to injuries caused by explosive violence; nearly 3 patients every day. In April 2022, EMERGENCY's Surgical Centre in Kabul received over 100 victims of attacks. Mines continue to be especially fatal for children, who represent half of the patients admitted with injuries due to these weapons: 63 out of 120 landmine victims received by EMERGENCY in the aforementioned period were under 18.

In Lashkar-Gah, a striking feature is that admissions for bullet injuries during the same period have reduced from an average of 144 to 21 a month. However in Kabul, the variation is almost undetectable. Indeed, the gun remains an ever-present feature of contemporary life in Afghanistan, representing the main cause of admission to EMERGENCY's hospital in the capital: on average 116 patients every month. Estimates of the number of arms circulating in Afghanistan range from 1.5 million to 10 million^{vi}.

In this regard, it is interesting to read hospital statistics together with the results of the World Bank Afghanistan Welfare Monitoring Household Survey. The latter revealed that unemployment rates have increased in urban areas, whereas in rural areas, employment has increased, possibly due to

improving security. A large contraction in employment stemmed from the security sector (armed forces, police and security services)^{vii}. The rampant economic crisis and unemployment are drivers of harmful and irreversible coping mechanisms to survive and, along with the widespread availability of firearms, can revive land and family disputes, and trigger criminal behaviour or extremism.

LIQUIDITY & BANKING CRISIS

The Taliban takeover in August 2021 marked a new phase of a complex and severe economic crisis. The de facto government's international isolation, the sudden cessation of grant inflows, freezing of central bank assets in the US (\$7bn) and in Europe (\$2.1bn), the imposition of sanctions, the subsequent paralysis of the Afghan Central Bank (DAB), and the breakdown of international banking relationships caused economic output over the last months of 2021 to decline by one-third^{viii}.

Humanitarian organisations report processing payments on a regular basis but face constraints and delays. Bank branches have been inactive for months, whereas domestic transfers take up to two weeks to be settled and must respect caps on the amounts. Withdrawal limits for both individual and corporate customers, as well as restrictions on banking transfers and operations, have compromised the capacity of individuals to get unhindered access to their sources of income, destroying customer confidence in the banks^{ix}. Restrictions also increased the burden of financial management on humanitarian actors. EMERGENCY's staff report that withdrawal limits vary from province to province – ranging from AFN 30,000 to 10,000 a week – and that for some time authorities in Lashkar-Gah also set a cap on the number of people to access banking per day.

The liquidity crisis ranks first in the list of constraints. One of the consequences is that workers across all sectors and in all regions described a significant decline in earnings^x. Humanitarian funds transfer options currently available are limited; most humanitarian actors resort to *hawala*¹ in order to

¹An informal money transfer system that carries out transfers through unregulated networks with no physical or electronic movement of money. The settlement takes place between two hawala dealers, the sender and the receiver. In the absence of other available channels, it represents a crucial source of liquidity, but requires extensive due diligence checks and cannot replace sustainable formal systems.



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overcome international sanctions and increase cash availability, incurring, however, higher transaction fees and not permitting the volumes or scale of transfers that is required^{xi}. Although extremely relevant in a crisis situation, informal financial services cannot represent a sustainable solution or provide impactful relief for Afghanistan's economic fabric.

Under these circumstances, and lacking alternatives to provide for one's livelihood, Afghanistan is experiencing an expansion of the already large informal economy and illicit markets. Increasing over the last two decades, the total value of opiates stood at between 9 to 14 per cent of 2021 Afghanistan's GDP^{xii} to the detriment of national lawful domestic revenues and overall governance. Lacking both state and market forces, rural households continue to invest in informal credit and marriage relations to secure their socio-economic security^{xiii}.

Since August 2021, the Afghanistan Joint Market Monitoring Initiative has observed that Afghans are not deprived from food and other essential items because of their scarcity. Items are available, but not affordable. Barriers to market access have shifted from insecurity to financial constraints^{xiv}, with WFP reporting wheat and cooking oil prices as having increased by over 40%, and diesel 49%, compared to June 2021. This is a crucial element to bear in mind when designing aid programmes.

LOGISTICS & SUPPLIES

The closure of Kabul International Airport makes it more difficult and costly to ensure the delivery of humanitarian supplies to Afghanistan than in the period pre-August 2021. After the initial closure of land borders, land transportations remain the best option to guarantee the supply chain, demanding, however, much longer delivery times and multiplying interlocutors. Sea transportation via Pakistan is also possible but requires the involvement of consular authorities, considerable paperwork and high storage costs.

Local suppliers appear able to continue responding to the demand of consumers; nonetheless, their purchasing power has decreased as a consequence of the deteriorating economic crisis, while transportation costs have risen due to higher petrol costs. Borrowing money or purchasing on credit are emerging coping mechanisms for

traders^{xv}. Local suppliers are also experiencing delays in importing from abroad.

Afghan importation rules remain unclear. Corruption, lack of control on customs clearance procedures, and thefts compromise the overall security of the supply chain. Particularly critical is the importation of pharmaceutical products, on which EMERGENCY relies to run its medical activities. The subdivision of competent authorities requires each delivery to be coordinated with the Pharmacy Department, the Food and Drug Authority, the Ministries of Economy and of Finance, and customs authorities. Recently, humanitarian organisations have also been asked to pay for quality tests on every imported pharmaceutical item - governmental laboratories should perform these tests but are short of equipment and capacity. Besides increasing operational costs, delays deriving from these procedures may severely affect the implementation of humanitarian health operations.

In light of importation constraints and delays, EMERGENCY has turned to local suppliers for some pharmaceutical items that the organisation used to purchase abroad. This choice never compromised the safety of patients' treatment, although some items were found to be of lower quality. Indeed, Afghanistan has lagged behind in regulating pharmaceutical production or quality, and to ensure they conform to international standards. For those items that are not locally available, in particular laboratory items, EMERGENCY had to rearrange activities, waiting for the very few options available to guarantee the cold chain (mostly flights operated by international agencies).

On a positive note, the decline in hostilities and the progress of demining operations improved security conditions country-wide. On the one hand, this has facilitated road movements of supplies within Afghanistan; on the other, it has allowed increasing access to the local market and conduct market assessment to identify reliable local suppliers.

BRAIN DRAIN & HUMAN RESOURCES

A key concern for the future of Afghanistan is brain drain. After August 2021, over 100,000 skilled professionals were evacuated. Over 3.5 million Afghans are displaced by conflict and 2.2 million refugees and asylum-seekers from Afghanistan are in neighbouring countries^{xvi}.

Whereas tens of billions of dollars have been spent on war costs over the past 20 years, investments in



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civilian grants were not able to improve livelihood opportunities because of the country's insecurity, poor governance, corruption and prosperous illicit markets.

The entire public sector is suffering from the lack of qualified professionals, including the much needed experts in monetary policy and banking matters. In addition to this, the payment of salaries to civil servants has been suspended for weeks and even months, thus pushing workers to look for better economic opportunities elsewhere.

Humanitarian health organisations do not report having suffered significant variations in their activities due to the lack of staff after August 2021. Increased security also allowed local humanitarian personnel to go to work as normal. Regarding access to the workplace for women, no variations have been recorded. Health is in fact one of the few sectors for which the new authorities have expressly allowed the active participation of female staff.

Around 30 of EMERGENCY's staff members resigned in the aftermath of August events. By comparing these data with the same period of 2020, a remarkable difference does not arise, and there is no clear evidence suggesting that resignations are linked to political developments. These data can be hence interpreted to represent the regular turnover to be expected within a workforce of nearly 1,600 Afghan staff. Nevertheless, some key senior staff left, including some senior surgeons. Hospital activities could continue smoothly counting on the presence of other senior and invaluable staff members, as well as a greater number of international staff.

Although the commitment and determination of local colleagues exceeded expectations over the past 8 months, the departure of senior surgeons that were supposed to take over a substantial portion of hospital management, and that were responsible for training that is officially recognised by the health authorities, represents a step backwards not only for EMERGENCY but for Afghanistan. Their seniority was the result of years of work side-by-side with experienced specialists, and the development of deep professional relationships and trust. In EMERGENCY's vision, skilled medical staff contribute to the projects' sustainability, but also have a spill-over effect within the national health system, making it more resilient and equipped to manage complex health needs and emergencies in the long-term.

3. RECOMMENDATIONS

- The international community should acknowledge the failure of the past 20-year approach that was unable to build public services, a functional economy or accountable institutions, and keep high Afghanistan on the priority agenda. The country's stability is decisive for the entire region. It is essential to support the UN Secretary General's appeal for a creative, flexible and constructive engagement with the de facto authorities, and call for a dialogue that places the needs of the Afghan people first.
- The international community should guarantee urgent humanitarian assistance to Afghan people – who should not pay the price of political decisions and economic sanctions – and fill the \$2bn funding gap left after the recent UN appeal. Funds should be integrated, multi-annual, fast and flexible to allow for swift response to the increasing and changing needs on the ground.
- Mine action should not be a neglected aspect of the humanitarian response plan and should receive adequate funding. In fact, landmines and explosive remnants of war do not just result in death and injury, but also in vast areas of land becoming inaccessible^{xvii}. Mine action programmes can also provide employment and improve technical capabilities to be employed in other sectors in the future.
- Humanitarian aid cannot replace the normal functions of the economy. Afghan reserve funds should be unfrozen and DAB should have limited, conditional and internationally monitored access to a small amount of external reserves to allow controlling inflation and basic financial transactions^{xviii}. Technical assistance to restore DAB's role as an independent institution and financial regulator should be guaranteed under the aegis of international financial and economic institutions, and UNAMA.
- De facto authorities should facilitate humanitarian fund transfers, increasing flexibility and easing operational restrictions to allow suppliers and employees to access their bank accounts, thus fostering bank payments rather than cash transactions. Policies and institutional



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conditions should be improved to stabilise the economy and build trust among Afghans towards the state and the banking system.

- It is urgent to reactivate Kabul International Airport for humanitarian and commercial purposes. Transportation and import/export infrastructure and services should be also reinforced in terms of facilities and procedures.
- Investing in health infrastructure is vital to make the healthcare system resilient. This encompasses building the technical capacity related to pharmacy management so that quality drugs are also available in Afghanistan. International stakeholders should advocate and engage with competent authorities to regulate the pharmacy manufacturing standards and empower local suppliers so that they comply with international standards for importations and quality to reduce dependency from international aid.
- Investing in health must be a priority in order to give the Afghan population a future, rebuilding essential services and offering jobs, including to women. It will be crucial to preserve this area to protect the rights of everyone to be treated.
- To create a resilient health system it is essential to join advocacy efforts and engage with the de facto government to make education at all levels accessible for all, including women and girls. Investments in higher education and capacity building programmes should be strengthened in

terms of quality and quantity, for all medical and technical professions.

- To tackle brain drain, it is critical to develop standards on labour laws, retirement and social security to improve the working environment and provide pull factors for qualified staff to remain in Afghanistan.

4. BEYOND HUMANITARIAN AID

Humanitarian aid is indispensable to provide relief, but does not address chronic structural deficits or the root causes of vulnerability. As described in previous sections, development programmes, technical assistance, and investments for economy stabilisation and recovery should be multiyear and multisector, in view to overcome the aid dependency that has characterised Afghanistan in the past.

Embracing the humanitarian, development and peace nexus, EMERGENCY dedicates its resources to provide life-saving care, while providing jobs and vocational training, as a key element in rebuilding a country devastated by conflict. It means creating development, restoring dignity and laying the foundations for a healthier social fabric.

The peace component will be harder to apply in a context where violence has become an intrinsic feature of daily life. In the long run, improved economic and social conditions, together with stronger institutions, would play a pivotal role to increase Afghans' sense of security and resilience.

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