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Capacity Building and Human Resource Development in Afghanistan's Health Sector: Challenges, Strategies and Future Directions

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Abstract

Afghanistan has spent two decades rebuilding a broken health system. The country made progress in saving lives from 2002 to 2021. However, the system relied heavily on foreign aid. The government worked with outside groups to run clinics and hospitals. This method helped reach remote areas. Yet, the system faces deep problems today. There are shortage of doctors, nurses, midwives, and trained health workers. Most health workers live in cities, leaving villages without care. Cultural rules make it hard for women to work or seek care. The political changes in 2021 made these problems worse. Many skilled workers left the country. Restrictions on female education threaten the future supply of female staff. This paper examines how Afghanistan built its health workforce. It reviews the strategies that worked. It also identifies current risks and future needs for the health sector.

Keywords: Basic Package of Health Services, Contracting Out, Human Resources for Health, Donor Dependency, Maternal and Child Health, Community Health Workers, Conflict and Insecurity, Healthcare Access

1. Introduction

In 2001, Afghanistan had a ruined health system. The country had some of the worst death rates for mothers and children in the world [1]. The Ministry of Public Health needed a plan to fix this problem quickly. It created the Basic Package of Health Services. This package focused on the most urgent health needs. It prioritized mothers, children, and infectious diseases [1].

The government had not enough staff to run this system alone. It hired non-governmental organizations to run clinics. This approach is called contracting out [2]. Donors such as the World Bank paid for many of these contracts. This allowed services to grow quickly. Access to basic care increased from 9% in 2003 to 57% by 2012 [3].

However, buildings and medicine are not enough. A health system needs trained people. Afghanistan faces a critical shortage of health workers. The World Health Organization has written global guidance on health workforce needs [4]. Afghanistan remains far below the level required for strong service coverage [5]. The crisis is worse in rural areas. Most qualified staff prefer to live in big cities such as Kabul. Security, schools, and better pay draw them there [6].

The events of August 2021 changed everything. International funding stopped suddenly. The Taliban takeover led to an economic crash. Many health workers left the country [7]. New rules restricted

women's ability to work and study [8]. This paper examines the history of Afghanistan's health workforce. It looks at the specific challenges of gender and geography. It also suggests ways to keep the system from total collapse.

2. Research Methodology

This paper utilizes a qualitative review method. It is based on published research, policy documents, and reports on Afghanistan's health sector. The review focuses on human resources for health, contracting out, community health workers, midwifery training, donor funding, and post-2021 health system risks. Sources were selected, because they directly discuss Afghanistan's health workforce, service delivery, public health policy, and access to care. The analysis is organized around three main themes: workforce shortages, capacity-building strategies, and future policy needs.

3. The Health Workforce Crisis

3.1 Shortages and Maldistribution

Afghanistan has very few health workers compared to its population. In 2018, there were only 8.7 doctors, nurses, and midwives for every 10,000 persons [5]. The global need is much higher [4]. This shortage is not the same everywhere. Cities have more doctors than villages. For example, Kabul has eight times more doctors than the rural province of Kunar [6].

This imbalance hurts poor communities. About 77% of Afghans live in rural areas [6]. They have traveling long distances for care. Many cannot afford the trip. The shortage of staff in rural clinics means patients sometimes find empty buildings instead of working services.

3.2 The Gender Gap

Female health workers are essential in Afghanistan. Cultural norms often separate men and women. Women may not be able to see a male doctor. They need a female provider. In 2002, very few clinics had female staff. By 2017, this improved to 92% of facilities [6].

However, the numbers are still low. Women make up only 35% of the total health workforce [5]. Restrictions on girls' education are a major threat. If girls cannot finish school, they cannot study medicine, nursing, or midwifery. This will create a gap that may affect for years [8].

3.3 Brain Drain

Political instability has caused brain drain. Skilled workers leave the country for safety. They also leave for better pay. After August 2021, many senior health managers and doctors left [9]. Those who stayed faced salary cuts. For months, many worked without pay. This caused stress and burnout among staff [10].

4. Strategies for Capacity Building from 2002 to 2021

The Ministry of Public Health used several strategies to build its workforce. These methods aimed to reduce staff shortages and improve rural services.

4.1 Contracting Out Services

The government realized it could not run all clinics itself. It paid non-governmental organizations to deliver services. This created competition. Organizations had to show evidence that they could deliver services. This method improved access rapidly [1]. It also allowed local organizations to grow. By 2014, these groups managed health services in 31 out of 34 provinces [2].

4.2 Community Midwifery Education

Afghanistan had one of the highest maternal death rates in the world. And it needed midwives in villages. The Community Midwifery Education program became a major solution. The program selected women from rural communities. These women trained for two years. Then, they returned to their own communities to work. This helped keep trained staff in rural areas [11]. The community supported them. This program became a major success story and increased the number of midwives in the country [6].

4.3 Community Health Workers

Volunteer workers are the base of the system. A man and a woman work as a pair in their village. They are called community health workers. They provide basic advice and medicine. They refer sick patients to clinics. There are nearly 30,000 of these volunteers [9]. They bridge the gap between the people and the clinics. They are vital for vaccination drives and health education [12].

4.4 Pay for Performance

In 2019, the government tried a new payment method. It was called Sehatmandi. Contracts paid organizations based on results. If they served more patients, they received more money. This approach focused on services for mothers and children. It improved service delivery by about 20% [13]. It proved that financial incentives can improve performance even in difficult conditions.

5. Current Challenges

5.1 Economic Collapse and Funding

The health system relied on foreign aid. Donors paid for about 75% of public spending [8]. When the Taliban took power, this money was frozen. The system nearly collapsed. International groups such as the Red Cross stepped in to pay salaries. This was an emergency fix. It is not a long-term solution [9]. Funding is now shrinking again. Clinics are closing. Patients must buy their own medicine. Many cannot afford it [8]. Resource limits also affect the efficiency of primary health facilities [14].

5.2 Barriers for Women

Women face new rules that make work hard. They often need a male relative, or mahram, to travel. This makes it hard for female staff to get to work. It is expensive to pay for an extra person to travel. Some areas enforce strict dress codes. These rules vary by province. This creates fear and confusion [8].

The ban on education is the biggest threat. Universities are closed to women. Medical schools cannot train new female doctors. This will cause a shortage for decades. Without female doctors, many women will not seek care. This will increase deaths among mothers and babies [8].

5.3 Quality of Training

Many private schools opened to train health workers. However, regulation was weak. Some schools produced workers with poor skills. The government tried to fix this with a new medical council. It introduced exit exams to test knowledge. Yet consistent quality remains a challenge [3].

6. Future Directions

The health sector is at a turning point. It needs immediate and long-term actions to survive.

6.1 Sustainable Financing

The system cannot rely on emergency aid forever. The country needs a stable budget. Donors should find ways to fund basic services directly. They must support the cost of running hospitals and clinics. This includes paying staff salaries on time [9].

6.2 Supporting Female Workers

The ban on female education must end. The international community must continue advocacy on this issue. In the meantime, mid-level training should continue where possible. Community nursing and midwifery programs must remain open. Local leaders can help negotiate safe working conditions for women [8].

6.3 Strengthening Community Care

Community health workers deserved for more support. They are volunteers, but they have expenses. They should receive fair payments for travel. They also need regular supplies. Their role is critical when clinics are far away. They can treat simple illnesses at home. This saves lives when travel is hard [12].

6.4 Data and Monitoring

Good data helps make good decisions. The system needs to track health workers better. It is important to know where workers are and what skills they have. A national registry would help. This data can guide where to send resources. It can show which areas have the biggest shortages [5].

6.5 Focus on Non-Communicable Diseases

The health needs of the population are changing. Many people suffer from heart disease and diabetes. These are called non-communicable diseases. They cause many deaths. The current system focuses mostly on infections and childbirth. It must expand to treat chronic conditions. Staff need training on how to manage these diseases [9].

7. Conclusion

Afghanistan built a functional health system from the ruins of war. It used strategies such as contracting out services and community-based health work. These efforts saved thousands of lives. Maternal and child death rates dropped significantly. This was a major achievement.

However, the system is fragile. It depends too much on outside money. The events of 2021 exposed this weakness. Current restrictions on women threaten to undo years of progress. A health system cannot function good without women. They are half the workforce and half the patients.

The future depends on two things. First, the flow of funds must stabilize. Second, women must be allowed to learn and work. Without these steps, the health system will fail. The international community and local authorities must work together. They must place the health of the Afghan people above politics. The lives of millions depend on it.

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