# 4.2.1. Healthcare

COMMON ANALYSIS
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After the Taliban takeover, the already weak public health system was heavily impacted by the halt in aid flows. The few private healthcare options that remained have often been too expensive for people to afford. At the same time, working conditions and the availability and quality of care deteriorated due to the lack of skilled staff, shortages in medical supplies and medication, and harassment by the Taliban against staff members and against women seeking care. In August 2023, 21 provinces were identified as having critical/extreme health needs and the remaining 13 provinces as having severe health needs [Country Focus 2023, 3.5., pp. 53-55]. In February 2022, gunmen reportedly killed eight health workers of the polio vaccination teams, including four women, in three separate incidents in Kunduz and Takhar province, leading the UN to suspend the vaccination campaign in these provinces [Targeting 2022, 9.1.1., p. 176].

Women with more complex health needs, such as pregnant women, have reportedly been facing major issues with regard to access to healthcare, including fear and insecurity, mobility restrictions due to the need to be accompanied in public by a *mahram* or the need to travel long distances to reach health services, some rural areas being described as 'white areas' – areas without any healthcare structures in place. Female patients were also reportedly allowed to be attended only by women healthcare professionals.

In Afghanistan, people with mental and physical disabilities are often stigmatised. Their condition is at times considered to have been 'related to God's will'. Mistreatment of those people by society and/or by their families has occurred. Women, displaced persons and returned migrants with mental health issues are particularly vulnerable. There is also lack of appropriate infrastructure and specialist care that covers the needs of people with disabilities. The existing structures were largely concentrated in a few urban centres [KSEI 2020, 2.6., pp. 56-57, 59].

It is important to note that serious harm must take the form of conduct of an actor (Article 6 QD). In itself, the general unavailability of healthcare is not considered serious harm meeting the requirements of inhuman or degrading treatment under Article 15(b) QD in relation to Article 6 QD, unless there is intentional conduct of an actor, such as the intentional deprivation of the applicant of appropriate healthcare.

The actor requirement may be satisfied in specific cases of denial of healthcare, such as in the case of women denied access to healthcare due to not being accompanied by a *mahram*, not wearing a *hijab*, or not being allowed to be seen by a male healthcare professional, or in the case of some persons with physical disabilities or mental health problems, who may experience stigmatisation. In such cases, a nexus to a reason for persecution may also be substantiated and refugee status may be granted (see 3.15. Women and girls and 3.19. Persons living with disabilities and persons with severe medical issues). If nexus to a raeson for persecution is not substantiated, Article 15(b) QD would apply.