Shortage of physician care in Afghanistan because of war and local and social issues

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Abstract

The reconstruction of health institutions is exceedingly considered by policymakers, decision-makers, and globally operational NGOs and non-profit establishments, which have been working for the country for more than a decade. A huge population decided to move outside the country, and a considerably vast migration took place which affected the international economy and completely halted many international trades due to the war and unsustainable conditions of the country. There are many challenges which were the barriers to the creation of an efficient and sustainable system of health care in respect to primary care in the war-based Afghanistan. The prominent factors that are being addressed by this research are the lack of security, infrastructure, economics, coordination, facilities, suitable hospital conditions, and trained staff and women in the field. Due to the frequent policy shifts of the NGOs and the governments, the clauses between the policies are coming many ties which end up in the health care service from many regions. The working government and non-government organizations under discussion are ANA, ANP, UN, USAID, WHO, and direct international help. It was required to understand that there is a huge population which is not getting the proper health care because of war, religion and other local and social issues and the requirement of enhancement of the knowledge of the local community to protect them from diseases and other health issues.

Keywords: healthcare, Afghanistan, war, instability.

Shortage of Physician Care in Afghanistan

Introduction

Afghanistan has been suffering from war for sixteen years, and the regulation of life has been destroyed. There was a considerably vast migration seen which affected the economy of the country as well as the economy of all over the world including Pakistan, Tajikistan, Iran, Iraq, Kazakhstan, United States and the United Kingdom. The sudden start of the war has completely changed the living conditions of the country. The health sector is also wholly disturbed. In an overview of the country,

only three health institutes are operating to educate the medical staff and doctors, which do not meet international standards because of corruption and many other local influences. The rebuilding of the health institutes is highly considered by the policymakers, decision-makers as well as the internationally working NGOs and non-profit organizations which have been working for more than a decade for the country. The best-known non-government organizations are currently being discussed in international forums, such as the WHO, UN, and British Council. It was required to understand that there is a huge population which is not getting the proper health care because of war, religion and other local and social issues and the requirement of enhancement of the knowledge of the local community to protect them from diseases and other health issues. The main aim of the paper is to discuss policy improvement as well as to deliver a white paper which would help in understanding the shortage of physician care in Afghanistan because of the war and religion.

Background

The most highlighting points which are essential to consider before discussing the policies and the problems which are causing the shortage of medical care and physicians. Due to the influence of Russia and northern trade disturbance, Afghanistan was unable to develop that much accurately than comparatively the Iran, Pakistan and other neighbouring countries. As the Russian influence was over, Afghanistan was entirely under the pity of the international world because of a lack of modern resources and a workforce which would help to cover its expenses and development upon its resources (Tadjbakhsh, & Schoiswohl, 2008). In the meanwhile, the Taliban issue was highlighted in the international community, and this caused the United States to interfere as an international police and the emergency of War and this interference of US officially declared in the country (Trani et al., 2009). A considerable population decided to move outside the country, and a considerably vast migration took place which affected the international economy and completely halted many international trades. Many departments if the country were also destroyed and a good, loyal and peaceful community was replaced by the soldiers, Taliban and defenders of the nation. The US, UN, and UNO camps for the treatment of the patients, first aid work, food and necessities, and emergency management staff were the only ones to provide the services. The internal staff was completely missing and in very few regions like Kabul and borders where the healthcare staff was available.

After a decade, the war was over, and the reestablishment and reconstruction of the country were adequately initiated but still, the influence of the war as well as the massive gap of the population missing in the country as well as the soldier's influence has profoundly affected the area. The health sector has to be started entirely from scratch, which means that there are no currently working institutes that are working in the production of qualified staff with capabilities as international healthcare staff (Stewart & Brieger, 2009). The Ministry of Public Health (MoPH) also started to build institutes, hospitals, medical staff training centres and other departments to give necessary training to the local community as well as to register a considerable number of students. It will help in reestablishing healthcare and fulfil the needs of the country as required today and in the future. The current healthcare educational institutes for the education of the health workers and not only doctors

but the staff as well are built in corruption and are not complete enough to provide the necessary facilities to fulfill the needs of the country.

If concluded the facts and figures which are entirely vanishing the way of progress of healthcare and education are the government, political influence and the prebuild policies which are implemented forcefully on healthcare which are hindering the flow of development and the primary strategy of overcoming the shortage of the local healthcare providence in the country.

Afghanistan is a landlocked state, and there is no way that any international water could serve in providing the necessity of healthcare as required in the emergency as it is practised in Somalia, Palestine, and Syria in uncertain internal war conditions (Riddle et al., 2005). Moreover, Bangladesh, Thailand, Malaysia, Indonesia, Philippines, and India at the time of the Tsunami in the recent past. The MoPH has aimed to expand its own rebuilt and working educational institutes of medicine, but there are examples which explain that due to the political influence, Afghanistan is on the path of 14 years of progress, but the outcome is less than the expected one (Windle, 2011). The international NGOs fulfil the requirements and there, is no way that the country could replace them from their infrastructure. That's why it is highlighted many times in the UN conferences by Afghanistan and the WHO's representatives that the need for reestablishment is essential, and the main problem that limits the actions is the lack of policies.

Challenges to Overcome the Problems

The research was conducted by John R. Acerra and its affiliates in June 2009 under the International Journal of Emergency Medicine, which addressed the rebuilding of the healthcare and hospitals in Afghanistan for emergency and primary care services. The research focused on many challenges which were the barriers to the creation of an efficient and sustainable system of health care in respect to primary care in the war-based country, Afghanistan. The prominent factors that are being addressed by this research are the lack of security, infrastructure, economics, coordination, facilities, suitable hospital conditions, and trained staff and women in the field (Acerra et al., 2009).

Lack of Security

One of the main insecurities of the lack of international support for providing health care to Afghanistan is security. It is known that safety is the central factor in any work being started. The conflicts among the soldiers, Taliban, and the native community as well as the religion are the biggest problem in the country. There were many districts and regions where access was limited because of the untouched mines laid by Russians and US soldiers in the initial times of war. The UN missions broadly covered most of central Afghanistan, approximately 45% of the region. Many NGOs initially refused to work in the area because of the killings of the foreign health workers because of the conflicts among the locals and soldiers. This violence has caused up to a half million deaths of the workers. Lack of security also becomes a cause to the women and children who wish for a health care

service but are behind the doors because of the local authorities and religious communities (Mashal et al., 2008). The result of this problem caused millions of deaths in Afghanistan in which local communities, soldiers, health care workers and research workers focused on their jobs but still were targeted because of misunderstandings and misconceptions.

The policies are required to take necessary actions to provide security in the region. The absence of security is highly considered by the stakeholders who are willing to initiate the medical schools for the training purposes of the doctors, physicians and health care staff.

Infrastructure Absence

In the middle of the 20th century and before that time, Kabul was considered one of the most beautiful, modernized and well-structured cities in Asia and it was known that if this progress smoothened this city and the surroundings would be the centre of the land trade of Central Asian countries with China and South Asian Countries. The war was a true disaster to the area and completely ruined the area. In the targeted bombing, all the government buildings, schools, hospitals and complete towns vanished which caused a huge loss of lives as well as the disturbance of the manifestation of the area in many different ways. The absence of roadways is one of the great problems for international healthcare providers in accessing the areas that are away from the camps. In 2005, a report by one of the UN workers was published that they didn't have the certainty of returning from the same path through which they approached the problem areas (Mahmoodi, 2008). Only satellite phones were available for communication purposes. The railway was also absent in the areas where the workers and doctors were unable to travel through roads in the winter.

If the infrastructure problem is considered in the view of formal education than it would not be wrong to say that infrastructure is essential for education purposes. The way of communication, internet, roadways, railway, buildings, vehicles, staff and equipment is highly required and requested for years in the medical field. The policies are highly requested to make some string actions for this purpose. Since the basic necessity is not available for emergency usage, therefore the education purpose is hardly accomplished. In many ways, infrastructure absence counts as one of the main issues in the building of the local medical staff and physician's availability.

Lack of a Stable Economy

Afghanistan seems to be a place where many soldiers from different countries are available for many purposes. The soldiers accomplish NGOs, protection, local community, the supply of goods and many other functions (Lipson & Omidian, 1992). The economy is volatile, there is no stock exchange working stably, and no industry is available that is operating accurately according to international standards. It is known that the funds are the only source for the improvement of the health care system and the salary of the physician and health worker. These resources are mostly coming from outside the country. Initiated from the US, UK, UNO, WHO, CARE, Danish Refugee Council, Action Aid

and Afghan Health and Development Services. They are all based outside the country. The inside sources are not enough even after the start of the development and the end of the war. Still, ANA, ANP and other Afghan-Iran, Afghan-Pakistan and Afghan-Iraq administrations have worked for the health services but they are negligible and only specified to some specific regions (Fogarty et al., 2014). Due to the frequent policy shifts of the NGOs and the governments, the clauses between the policies are coming to many ties that end up in the health care service from many regions. The highlighted effects of these issues are on the economy of the country and the overall healthcare department of the area.

It is highly required that the policies must be made according to the current situation of the country, the requirements of the community and the healthcare providers so that the work would be stabilized. Also, the help of this change in policies would improve internal and external funding sources (Fogarty et al., 2014). The health sector must be enhanced by the scope of at least the next ten years so that a good number of local staff and physicians can be produced to work in their own country.

Job Satisfaction

Another critical research study about Afghanistan's population was conducted in 2013 by the Department of International Health, Bloomberg School of Public Health, Johns Hopkins University, Baltimore, United States of America. In this research, it is explained clearly that the local community has an insecurity of job satisfaction in their own country, which has resulted in their permanent immigration to different developed nations like Canada, Turkey, and the UK. Since the destruction has wholly vanished all the basic as well as other necessities of the local community, therefore there is genuinely no job security (Fogarty et al., 2014).

It is known that the crisis of quality human resources has affected the region completely, and the stakeholders are very rarely interested in making investments in the war zone. All over the country is surviving on the UN, WHO and other non-government as well as the government ones. People from all over the world as well as the local community are not willing to make any kind of commitment related to Afghanistan or any Afghanistan organization because of the terrible background and uncertain future of the country's economics and the development sector (Fluri, 2011).

There is a requirement for the reconstruction and reestablishment of the country's main systems, and policymakers are requested to rethink the issues so that the technical health care staff would find job satisfaction and a good intention of staying in the field as well.

Lack of Women

The healthcare department in Afghanistan highly requires female staff for operational purposes (Cutler, 1950). There are very few physicians and healthcare staff who would help in the regulation of providing healthcare services to the 50% community of the country which is the women and waiting

for the international world and the local authorities to make prominent steps for helping the local female students to enrol in the medical schools as well as an awareness of religious strictness which is not allowing male physicians for diagnosis and health care facilities.

Steps taken so far for the building and sustaining health care system in Afghanistan

The Afghan National Security Forces (ANSF), including the Afghan National Army (ANA) and the Afghan National Police (ANP), give some medicinal services, quite a bit of which is tertiary care; be that as it may, proceeded with global help for the ANSF is pivotal for its upkeep. The majority of the tertiary administrations given by the ANSF are in Kabul, with provincial healing facilities in Kandahar, Gardez, Mazar-e Sharif, and Herat. At present 82% of the whole populace lives in regions where essential care administrations are furnished by NGOs under contracts with the Ministry of Public Health of Afghanistan or through gifts. Much cash and exertion has been put into building up tertiary care doctor's facilities, however, a planned social insurance framework has not yet been created in this nation. Subsequently, numerous are as yet living without access to essential social insurance. An expected 70% of therapeutic projects in the nation have been executed by help associations. In spite of the fact that these associations are to some degree effective, access to social insurance remains an issue. There is a noteworthy deficiency in the social insurance workforce in Afghanistan. World Health Organization information demonstrates that there are just 6,000 doctors and 14,000 attendants for a populace of 28 million individuals (Acerra et al., 2009).

Fundamental Package of Health Services

In a statistical view it can be explained that, in March 2002, the Afghan Ministry of Public Health built up the Basic Package of Health Services (BPHS) as a guide for the wellbeing administrations that the Afghan government would resolve to accommodate every Afghan native. Administrations were recognized as having the best effect on significant medical issues, achievable given the confinements in framework, financially savvy, and giving level access to medicinal services in both rustic and urban regions. Centre territories included maternal and infant wellbeing, youngster wellbeing and vaccinations, sustenance, transmittable maladies, emotional wellness, inability, and pharmaceutical supply. The cost of conveying these BPHS was hard to decide as human services was and still is given by different gatherings, including the Afghan government, givers, and NGOs. Beginning WHO gauges put the cost at around US $40 per individual to begin a revamping program in Afghanistan. After cautious thought of the BPHS, a few NGOs later assessed the cost of giving these administrations to 80% of the populace at US $4.30– $5.12 per capita. Six years prior, just 9% of Afghanistan's population of 28 million individuals had a fundamental well-being scope. Today about 85% of the populace approaches (inside a 2-h stroll) to fundamental social insurance. The objective for 2010 is 90% (Acerra et al., 2009).

Future of Healthcare in Afghanistan

It is a challenge to establish a functional care system and in the era from 2001 to 2009 there was no certainty of life and a huge number of doctors, physicians and health specialists resigned from their designations in the country because of uncertain deaths of their colleagues (Ayyoubi et al., 2010). The loss for the NGOs was great and they didn't focus on Afghanistan at all and stepped back from the country. Since the US-Afghanistan war was the first most advanced and over-attempted war by the US there was no return point for any decision.

Now the war is completely over and development is being started it is highly required that the policymakers and the decision makers make some appropriate decisions and policies for the country's health care service providers and the future of this field so that the loss would be managed and lessened (Acerra et al., 2009). Corruption should be considered as the highlighted figure to discuss while making the policies because only three medical schools' outputs are observably below international standards. The long-term goal of quality health care for all people including men, women, rich, and poor will only be met by the combination of the goal-oriented projects as well as the external aid and domestic duty.

Conclusion

In a nutshell, it can be explained that the war states always have a lack of internal support from the local community, industry, agriculture, and healthcare. Afghanistan is a developing country in its very initial stages. The health services are not correctly installed, and the vast population is affected by many health issues. Women are the most affected by this problem, and the lack of female staff in the medical field in Afghanistan is the most prominent problem of not providing 50% of the community, with healthcare services. The shortage of Female staff, doctors, and physicians is causing the religious leaders and the Taliban movements to have a claim of being illegal camping in the area. The future of the country's health services is still dark, and there is no reliable move inside the region by the local community which would help in the rebuilding of the healthcare units, un-corrupt educational institutes and the departments without any domestic or international influence for the medical education and training. In conclusion, it should also be added that the steps must be taken by the policymakers and decision-makers of the country. It would at least stabilize the healthcare service unit for a healthy community in Afghanistan.

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