REPUBLIC OF TÜRKİYE
ANKARA UNIVERSITY
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ASSESSMENT OF EQUITY AND ACCESSIBILITY OF AFGHANISTAN HEALTHCARE SYSTEM: KABUL CASE

Ahmad Bilal LANGARYAN

DEPARTMENT OF HEALTH MANAGEMENT

MASTER'S THESIS

THESIS ADVISOR

Assoc. Prof. Çağdaş Erkan AKYÜREK

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ETHICAL DECLARATION

Ankara University

Directorate of Graduate School of Health Sciences,

The thesis titled “Assessment of Equity and Accessibility of Afghanistan Healthcare System: Kabul Case” was written by me in accordance with scientific ethics and values. The idea/hypothesis of my thesis belongs entirely to my thesis advisor and me. The research in the thesis was conducted by me and all sentences and comments belong to me.

I declare that the matters stated above are correct.

Student’s Full Name : Ahmad Bilal LANGARYAN

Date :

Signature :

ACCEPTANCE AND APPROVAL

Ankara University Graduate School of Health Sciences

Department of Health Management

Health Policy, Economics and Management Programme

The thesis titled " Assessment of Equity and Accessibility of Afghanistan Healthcare System: Kabul Case" prepared by Ahmad Bilal LANGARYAN, was accepted with VOTE MAJORITY as a MASTER'S THESIS by the following juries.

Thesis Defense Date: 13.02.2025

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SUMMARY

Assessment of Equity and Accessibility of Afghanistan Healthcare System: Kabul Case

Access to healthcare in Kabul, Afghanistan, has been heavily influenced by decades of conflict, which disrupted the healthcare infrastructure and created a fragmented system. These disruptions have led to significant disparities in healthcare access and outcomes, particularly among marginalized populations such as women, individuals with disabilities, and rural residents. Socioeconomic factors like income, education, and employment are key determinants of healthcare access. Lower-income groups face financial barriers, and individuals with lower educational levels have reduced health literacy, both of which contribute to poorer health outcomes. Employment status also impacts access to healthcare, with stable jobs often providing health insurance, while informal or unemployed workers struggle to afford care. Governance mechanisms are crucial for equity in healthcare delivery. However, weak governance in Kabul, characterized by corruption and ineffective policy implementation, has hindered equitable resource distribution and service delivery. Marginalized populations face additional barriers, including physical inaccessibility due to poor infrastructure, cultural norms that limit women's mobility, and ethnic discrimination. A qualitative approach was used to explore the barriers to healthcare equity and accessibility in Kabul. Data were collected through semi-structured interviews with healthcare professionals, policymakers, and individuals from marginalized communities. Thematic analysis was conducted to identify patterns and key themes related to socioeconomic determinants, governance challenges, and systemic barriers affecting healthcare access. Socioeconomic disparities prevent lower-income individuals and those with limited education from accessing healthcare. Financial constraints often lead to delays or avoidance of medical treatment. Governance and policy gaps contribute to inefficiencies in healthcare service distribution, with corruption and ineffective policy implementation disproportionately affecting marginalized groups. Women and individuals with disabilities encounter additional barriers due to cultural norms restricting mobility and a lack of accessible healthcare infrastructure. Healthcare services in Kabul are concentrated in central areas, while rural and peri-urban communities experience shortages of medical resources and personnel. Limited availability of trained medical professionals, outdated facilities, and shortages of medical supplies undermine the overall quality and accessibility of healthcare services.

Keywords: Access to Healthcare, Equity in Health, Healthcare Services, Kabul's Healthcare System

ÖZET

Afganistan Sağlık Hizmetleri Sisteminin Eşitlik ve Erişilebilirliğinin Değerlendirilmesi Kabil Örneği

Çatışmalardan etkilenen bir bölge olan Afganistan'ın başkenti Kabil'de, sağlık hizmetlerine erişim çeşitli nedenlerle sınırlıdır. Bu aksaklıklar, özellikle kadınlar, engelli bireyler ve kırsal kesimde yaşayanlar gibi dezavantajlı gruplar arasında sağlık hizmetlerine erişimde ve sonuçlarında önemli eşitsizliklere yol açmaktadır. Gelir, eğitim ve istihdam gibi sosyoekonomik faktörler sağlık hizmetlerine erişimin temel belirleyicileridir. Düşük gelirli gruplar finansal engellerle karşılaşmakta ve daha düşük eğitim seviyesine sahip bireylerin sağlık okuryazarlığı azalmaktadır. Her ikisi de daha kötü sağlık sonuçlarına katkıda bulunmaktadır. İstihdam durumu da sağlık hizmetlerine erişimi etkilemekte; düzenli olarak çalışılan işlerde genellikle sağlık sigortası sağlanırken, kayıt dışı çalışanlar veya işsizler sağlık hizmeti almakta zorlanmaktadır. Yönetişim mekanizmaları sağlık hizmetlerinin sunumunda hakkaniyet için çok önemlidir. Ancak Kabil'de yolsuzluk ve etkisiz politika uygulaması ile karakterize edilen zayıf yönetişim, adil kaynak dağılımını ve hizmet sunumunu engellemektedir. Dezavantajlı nüfuslar; zayıf altyapı nedeniyle fiziksel erişilemezlik, kadınların hareketliliğini sınırlayan kültürel normlar ve etnik ayrımcılık gibi ek engellerle karşı karşıyadır. Çalışma, bu eşitsizliklerin giderilmesi için kapsayıcı politikalar yoluyla yönetişimin iyileştirilmesi, dezavantajlı grupların karşılaştığı belirli engellerin ele alınması ve sağlık hizmetleri altyapısına yatırım yapılması gibi çok yönlü bir yaklaşım önermektedir. Özellikle engelli bireyler ve kadınlar için erişilebilirliği artırmak üzere hedefe yönelik programlar gereklidir. Sosyoekonomik politikalar yoksulluğu azaltmayı, eğitimi iyileştirmeyi ve sağlık hizmetlerinin önündeki mali engelleri hafifletmek için istihdam fırsatlarını artırmayı amaçlamalıdır. Çalışma sonucunda, Kabil'de sağlık hizmetlerinde eşitliğin sağlanması, sosyoekonomik belirleyicilerin ele alınması, yönetişim mekanizmalarının güçlendirilmesi ve dezavantajlı grupların önündeki engellerin kaldırılması için koordinasyonu gerektirmektedir. Kapsayıcı politikaları entegre ederek, altyapıyı iyileştirerek ve dezavantajlı nüfusların ihtiyaçlarına odaklanarak Kabil daha eşitlikçi bir sağlık sistemine sahip olabilir.Kabil'de sağlık hizmetlerinin eşitliği ve erişilebilirliğinin önündeki engelleri araştırmak için nitel bir yaklaşım kullanılmıştır. Veriler, sağlık çalışanları, politika yapıcılar ve marjinalleştirilmiş topluluklardan bireylerle yarı yapılandırılmış görüşmeler yoluyla toplanmıştır. Sosyoekonomik belirleyiciler, yönetişim zorlukları ve sağlık hizmetlerine erişimi etkileyen sistemik engellerle ilgili kalıpları ve ana temaları belirlemek için tematik analiz yapılmıştır. Sosyoekonomik eşitsizlikler, düşük gelirli bireylerin ve sınırlı eğitime sahip olanların sağlık hizmetlerine erişimini engellemektedir. Mali kısıtlamalar genellikle tıbbi tedavinin gecikmesine veya tedaviden kaçınılmasına yol açmaktadır. Yönetişim ve politika boşlukları, sağlık hizmeti dağıtımındaki verimsizliklere katkıda bulunmakta, yolsuzluk ve etkisiz politika uygulaması marjinal grupları orantısız bir şekilde etkilemektedir. Kadınlar ve engelli bireyler, hareketliliği kısıtlayan kültürel normlar ve erişilebilir sağlık altyapısı eksikliği nedeniyle ek engellerle karşılaşmaktadır. Kabil'deki sağlık hizmetleri merkezi bölgelerde yoğunlaşırken, kırsal ve kent çevresi topluluklar tıbbi kaynak ve personel sıkıntısı yaşamaktadır. Eğitimli sağlık çalışanlarının sınırlı mevcudiyeti, eski tesisler ve tıbbi malzeme eksikliği, sağlık hizmetlerinin genel kalitesini ve erişilebilirliğini zayıflatmaktadır.

Anahtar Kelimeler: Kabil Sağlık Sistemi, Sağlık Hizmetleri, Sağlık Hizmetlerine Erişim, Sağlıkta Eşitlik

PREFACE

The thesis is the result of my academic striving to understand and seek solutions to alleviate some of the most compelling challenges that Afghan healthcare systems face, entitled "Examining Equity and Accessibility in Kabul's Health Care System." To this end, throughout my practical career in medical professional activity and further continuous learning of the health Policy course, I took cognizance of gigantic disparities in access to healthcare services. These experiences have further catalyzed my interest in seeking systemic solutions to improve the lives of disadvantaged groups.

This thesis therefore seeks to contribute to an understanding of the barriers to accessing equitable healthcare in Kabul, focusing on social, economic, and governance factors that influence these challenges. It also genuinely captures the voices of medical practitioners, local leaders, activists, and administrative personnel directly engaged in and with the health system. I aspire through them to provide deep insights into the root causes of such problems and put forward realistic recommendations to improve healthcare equity and access.

This study could not have been possible without numerous persons and institutions' guiding hand and assistance. In the first place, I would like to express great indebtedness to my academic advisor, Assoc. Prof. Çağdaş Erkan AKYÜREK, for his unfailing support and valuable comments throughout this journey. I am also grateful to all interviewees for having shared their valuable experiences and opinions that constitute the core of this work.

Last but not least, I would like to dedicate this thesis to the resilient people of Afghanistan, whose courage and perseverance inspire me to work toward a future where healthcare is a right, not a privilege, for all.

Dr. Ahmad Bilal Langaryan

Ankara, Turkey

February 2025

SYMBOLS AND ABBREVIATIONS

BCC	Behavior Change Communication
CHW	Community Health Workers
CSO	Civil Society Organization
DHS	Demographic and Health Survey
EMR	Electronic Medical Records
EHR	Electronic Health Records
EPHF	The Essential Public Health function
GAVI	Global Alliance for Vaccines and Immunization
GDP	Gross Domestic Product
GHO	Global Health Observatory
HIC	High-Income Countries
HMIS	Health Management Information System
HR	Human Resources
HRW	Human Rights Watch
HRBA	The Human Rights-Based Approach
IDP	Internally Displaced Person
IMF	International Monetary Fund
LMIC	Low- and Middle-Income Countries
M&E	Monitoring and Evaluation

MCH	Maternal and Child Health
MNCH	Maternal, Newborn, and Child Health
MoPH	Ministry of Public Health (Afghanistan)
NHS	National Health System
NGO	Non-Governmental Organization
OOP	Out-of-Pocket (Healthcare Expenditure)
PHC	Primary Healthcare
PPP	Public-Private Partnership
RBF	Results-Based Financing
SDG	Sustainable Development Goals
SRH	Sexual and Reproductive Health
TOR	Terms of Reference
UHC	Universal Health Coverage
UNDP	United Nations Development Programme
UNICEF	United Nations International Children's Emergency Fund
WASH	Water, Sanitation, and Hygiene
WB	World Bank
WHO	World Health Organization

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1. INTRODUCTION

Healthcare is a fundamental human right and a cornerstone of a functional society. However, access to quality healthcare services remains a significant challenge in many parts of the world, especially in conflict-affected and resource-limited countries like Afghanistan. The availability of health facilities or financial resources and socioeconomic factors, governance structures, cultural norms, and the political landscape influence access to healthcare services. In Kabul, the capital of Afghanistan, these challenges are particularly acute due to the compounded effects of decades of conflict, political instability, and limited infrastructure (World Health Organization, 2020). While various efforts have been made to improve healthcare services, inequities in healthcare access persist and disproportionately affect marginalized groups, including women, rural populations, individuals with disabilities, and lower-income communities.

The healthcare system in Kabul is a mix of public and private providers. The public sector primarily serves most of the population but struggles with inadequate resources and capacity (Ministry of Public Health Afghanistan, 2022). On the other hand, the private sector often provides better-quality services but remains financially inaccessible for many, particularly those in lower-income brackets. As a result, a growing gap exists in healthcare access between different population segments, exacerbating already significant health disparities in the country.

Kabul's healthcare system faces various challenges, including overcrowded hospitals, limited healthcare personnel, insufficient medical supplies, and outdated infrastructure (UNDP, 2021). Socioeconomic factors such as income, education, and employment status significantly impact individuals' access to healthcare services. Lower-income households face financial barriers, including high medical costs, transportation expenses, and lost wages, which deter them from seeking necessary healthcare (UNICEF, 2020). Education also plays a crucial role, as individuals with higher educational attainment generally possess better health literacy, enabling them to navigate healthcare systems effectively and advocate for their health needs (World Bank, 2021). Governance mechanisms have not sufficiently addressed these disparities, including resource allocation, accountability, and healthcare management policies (Global Health Observatory, 2021). These factors contribute to unequal access to healthcare services and result in poorer health outcomes for vulnerable groups.

Cultural and structural barriers further hinder accessibility, particularly for women and individuals with disabilities. Many women face mobility restrictions and social norms that limit their ability to seek healthcare independently (Human Rights Watch, 2021). Additionally, inadequate infrastructure, such as poorly maintained roads and inaccessible healthcare facilities, poses significant challenges for individuals with disabilities, preventing them from obtaining the care they require (WHO, 2020).

Healthcare inequities in Kabul require urgent attention due to their direct impact on public health outcomes, economic stability, and social development. A deeper understanding of the barriers preventing equitable healthcare access is essential for formulating effective policies. Given Afghanistan's fragile healthcare infrastructure, targeted research that identifies systemic inefficiencies and solutions is critical. Without comprehensive analysis and well-planned interventions, existing disparities will persist, further marginalizing vulnerable populations and exacerbating regional health crises (WHO, 2020).

Several reports emphasize the critical need for equity-focused interventions to address barriers to healthcare access (World Bank, 2020; Human Rights Watch, 2021; WHO, 2019). Studies consistently highlight disparities in access to healthcare, quality of care, and health outcomes in Kabul. These disparities are particularly pronounced among marginalized populations, such as individuals with disabilities, women, and rural residents (Ministry of Public Health, 2022). Despite existing reports, there remains a lack of comprehensive research examining the combined effects of socioeconomic, political, and infrastructural barriers on healthcare access in Kabul.

Income, education, and employment significantly influence individuals' ability to access healthcare services (UNICEF, 2020). Governance mechanisms, including resource allocation, policy implementation, and accountability, also play a crucial role in shaping equity in healthcare delivery (World Bank, 2021). Effective governance is essential for ensuring that resources are distributed equitably and policies to improve healthcare access are successfully implemented.

The existing literature underscores the importance of understanding the determinants of healthcare access and equity to inform policy and programmatic interventions. Studies indicate that inclusive and transparent governance structures can mitigate some of the access barriers (Global Health Observatory, 2021). Furthermore, identifying the specific barriers faced by vulnerable populations, such as physical inaccessibility for individuals with disabilities or cultural restrictions affecting women, is crucial for developing targeted interventions (WHO, 2020).

Enhancing healthcare equity and accessibility in Kabul requires a multifaceted approach that addresses socioeconomic determinants, strengthens governance mechanisms, and removes barriers for marginalized groups. A thorough examination of the current state of healthcare equity and accessibility in Kabul is necessary to offer evidence-based recommendations for improvement.

1.1. Theoretical Foundations of the Research

Health is a Human Right: Healthcare is a fundamental human right, enshrined in various international treaties and national laws. (Oluwatayo et al (2024). Despite this recognition, many countries, including Afghanistan, struggle with equitable healthcare access due to political, economic, and social barriers. The paper examines the theoretical and legal frameworks for assessing health rights in Afghanistan and provides a comparative analysis of global healthcare systems. Furthermore, it highlights the systemic challenges, historical trends, and governance issues contributing to Kabul's health disparities. By examining different frameworks and models, it aims to offer practical recommendations to enhance healthcare accessibility and equity in Afghanistan.

International and National Laws Protecting Health Rights International legal instruments affirm healthcare as a fundamental right. The Universal Declaration of Human Rights (UDHR, 1948) states in Article 25 that "everyone has the right to a standard of living adequate for the health and well-being of himself and his family." Additionally, the International Covenant on Economic, Social, and Cultural Rights (ICESCR, 1966), in Article 12, recognizes "the right of everyone to the highest attainable standard of physical and mental health."

On a national level, Afghanistan's Constitution (2004) guarantees healthcare as a fundamental right. Article 52 affirms that "the state shall provide free preventative healthcare and treatment." However, political instability and economic constraints have hindered the realization of this right. Recent governance shifts, including Taliban policies, have led to increased restrictions on healthcare access for women and marginalized communities, further deepening disparities in service delivery. Despite various governmental and international initiatives, healthcare accessibility remains challenging, necessitating urgent policy interventions and sustainable reforms.

1.2.1. Frameworks for Assessing Health Rights in Afghanistan

A structured approach to assessing healthcare rights in Afghanistan is essential for evaluating disparities and identifying areas for reform. Several frameworks provide a foundation for such an assessment:

- The Human Rights-Based Approach (HRBA): Promoted by WHO, this framework aligns healthcare policies with human rights principles, emphasizing accountability, participation, and non-discrimination in health service delivery.

- The Essential Public Health Functions (EPHF) Framework: Developed by WHO to evaluate national health system performance, focusing on disease prevention, regulatory capacity, and policy implementation. (Zanden et al (2024).

- Health System Building Blocks: This framework examines service delivery, workforce capacity, information management, healthcare financing, leadership, and equitable access to medicines, providing a structured approach for evaluating system efficiency and effectiveness (WHO, 2007).

1.2.2. Theoretical Framework for Assessing Health Rights

Healthcare rights assessment requires a theoretical foundation. Roberts et al. (2004) Health System Performance Model provides a robust structure, measuring:

- Equity in Access: Evaluates disparities in healthcare availability, financial affordability, and service distribution.
- Quality of Care: Assesses efficiency, safety, and effectiveness of medical treatments and interventions.
- Health Outcomes: Analyzes morbidity, mortality, and preventive care indicators to reflect overall system performance.

Financial Protection: Examines policies preventing excessive healthcare costs from burdening citizens, particularly vulnerable populations.

Patient Satisfaction: Surveys public perception regarding healthcare quality, access, and trust in medical institutions. Applying this model to Kabul's Healthcare System highlights key challenges:

- Equity in Access: Disparities exist between public and private healthcare providers, with rural areas often underserved.
- Quality of Care: Overcrowded hospitals, a lack of trained personnel, and insufficient medical supplies hinder service quality and patient outcomes.
- Health Outcomes: Afghanistan has one of the highest maternal mortality rates (638 per 100,000 live births in 2021), demonstrating severe systemic failures (World Bank, 2021).
- Financial Protection: Out-of-pocket expenses dominate healthcare financing, forcing many families into medical poverty and exacerbating existing economic vulnerabilities.
- Patient Satisfaction: Trust in public hospitals remains low due to perceptions of corruption, inefficiencies, and inadequate service delivery.

1.2. Universal Healthcare in Afghanistan: History, Infrastructure, Access, and Challenges

The history of healthcare in Afghanistan dates back to the early 20th century. The first medical center was established during the reign of King Amanullah Khan in 1924, and it was named the Independent Medical Directorate in Kabul (Ministry of Public Health Afghanistan, 2020). However, healthcare expansion was slow due to limited facilities and trained personnel. By the 1930s, the establishment of the Faculty of Medicine in Kabul significantly contributed to the training of Afghan healthcare professionals and the expansion of hospitals (Sadat, 2008).

In the 1940s, the Ministry of Health was formed to oversee medical institutions, introduce preventive healthcare measures, and implement vaccination programs (World Bank, 2021). In the 1960s, regional hospitals and health centers were established in several provinces. However, the Afghan healthcare system suffered significant setbacks due to decades of war, which led to the destruction of medical infrastructure and mass migration of trained professionals (MoPH, 2020).

Despite recent efforts to improve access to healthcare, a significant proportion of the Afghan population still lacks essential medical services. The healthcare system remains highly dependent on international aid, with most services provided by NGOs and international organizations (WHO, 2021).

Afghanistan's healthcare system includes primary, secondary, and tertiary healthcare services (MoPH, 2020).

- Primary Healthcare Services include essential health services such as maternal and child health, vaccinations, and treatment of common diseases. Primary healthcare facilities include Basic Health Centers (BHCs), Comprehensive Health Centers (CHCs), and Sub-Health Centers (SHCs) that serve rural and urban communities (WHO, 2019).

- Secondary Healthcare Services are provided at provincial hospitals, which offer specialized services such as surgery, internal medicine, pediatrics, and obstetrics (World Bank, 2021).

- Tertiary Healthcare Services: These are available in specialized hospitals in major cities like Kabul, providing advanced treatment in oncology, cardiology, and neurology. However, Afghanistan lacks sufficient tertiary care facilities, forcing many patients to seek treatment abroad (Sadat, 2008).

One of Afghanistan's significant challenges is the limited availability of specialized healthcare professionals. Many Afghan doctors and nurses have migrated due to political instability, economic difficulties, and security concerns (Lamberti-Castronuovo et al., 2024). The absence of proper health insurance further limits access to care, as patients must often pay out-of-pocket for medical services (MoPH, 2020).

Access to healthcare in Afghanistan remains a critical challenge due to factors such as poverty, geographical barriers, lack of trained personnel, and inadequate infrastructure (WHO, 2020). Rural populations face the most significant healthcare difficulty, as many villages lack medical facilities. Even in urban centers like Kabul, public hospitals are often overcrowded and suffer from poor resource allocation (World Bank, 2021).

Afghanistan's healthcare financing relies heavily on external donors, with limited government expenditure on health services. Out-of-pocket payments remain the dominant funding method, making healthcare unaffordable for many families (Lamberti-Castronuovo et al., 2024). The country also faces an extreme shortage of female healthcare providers, which is a significant issue in a society where cultural norms often prevent women from receiving treatment from male doctors (UNICEF, 2022).

Afghanistan's healthcare system operates under the guidance of the Ministry of Public Health (MoPH), which is responsible for policy formulation, regulation, and implementation of health programs (MoPH, 2020).

Key policies governing the Afghan healthcare system include:

- The Basic Package of Health Services (BPHS): Introduced in 2003, this policy aims to provide essential healthcare services at an affordable cost, particularly for rural populations. (Noormal et al. (2015)

- The Essential Package of Hospital Services (EPHS) Framework focuses on improving hospital-based care and ensuring that secondary and tertiary healthcare services are available nationwide (MoPH, 2020).

Despite these policies, the implementation of healthcare reforms is hindered by financial constraints, political instability, and corruption within the healthcare sector (World Bank, 2021).

Several factors hinder the realization of universal healthcare access in Afghanistan:

- Economic Barriers: High poverty levels prevent many Afghans from affording medical care, particularly in private healthcare facilities (Sadat, 2008).
- Geographical Barriers: Remote and mountainous regions have limited healthcare access, with many residents traveling long distances for essential services (WHO, 2021).
- Cultural and Social Challenges: Gender-based restrictions limit women's access to healthcare, particularly in conservative areas where female doctors are scarce (UNICEF, 2022).
- Healthcare Workforce Shortages: The migration of skilled health professionals has led to a severe shortage of qualified personnel, which has affected service delivery (Lamberti-Castronuovo et al., 2024).
- Weak Governance and Corruption: Corruption in the healthcare system affects resource allocation, resulting in inefficiencies and reduced service quality (World Bank, 2021).

Addressing these challenges requires a comprehensive approach, including increased government investment in healthcare, enhanced training programs for medical professionals, and stronger regulatory mechanisms to improve service delivery (WHO, 2020).

1.3. International Cooperation and Support for Afghanistan’s Healthcare System

International organizations play a crucial role in supporting Afghanistan's healthcare system. The World Health Organization (WHO), UNICEF, and the International Committee of the Red Cross (ICRC) have been instrumental in providing vaccines, maternal healthcare, and emergency medical aid (UNICEF, 2022).

Foreign aid remains a significant component of Afghanistan's health sector funding. However, recent political changes have affected international funding streams, raising concerns about the sustainability of healthcare services in the country (Lamberti-Castronuovo et al., 2024).

1.3.1. The Role of NGOs in Healthcare Delivery

Non-Governmental Organizations (NGOs) have played a vital role in filling the gaps in Afghanistan's healthcare system. Organizations such as Médecins Sans Frontières (Doctors Without Borders), the Red Crescent, and the Aga Khan Foundation provide essential health services, particularly in remote and conflict-affected areas (WHO, 2020).

While these organizations contribute significantly, reliance on NGOs is not a sustainable long-term solution. Strengthening Afghanistan's healthcare infrastructure and increasing domestic investment in health services are necessary for achieving a self-sufficient healthcare system (World Bank, 2021).

Universal health coverage (UHC) ensures equitable access, financial protection, and quality healthcare services for all individuals.

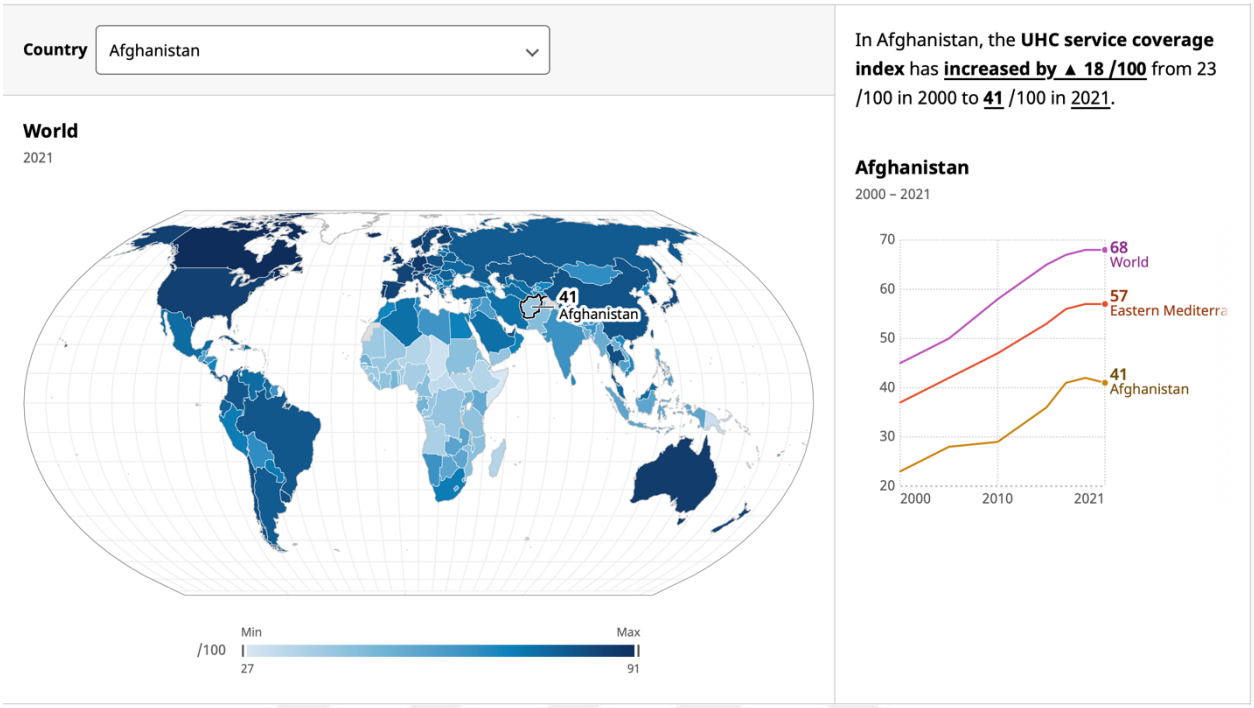


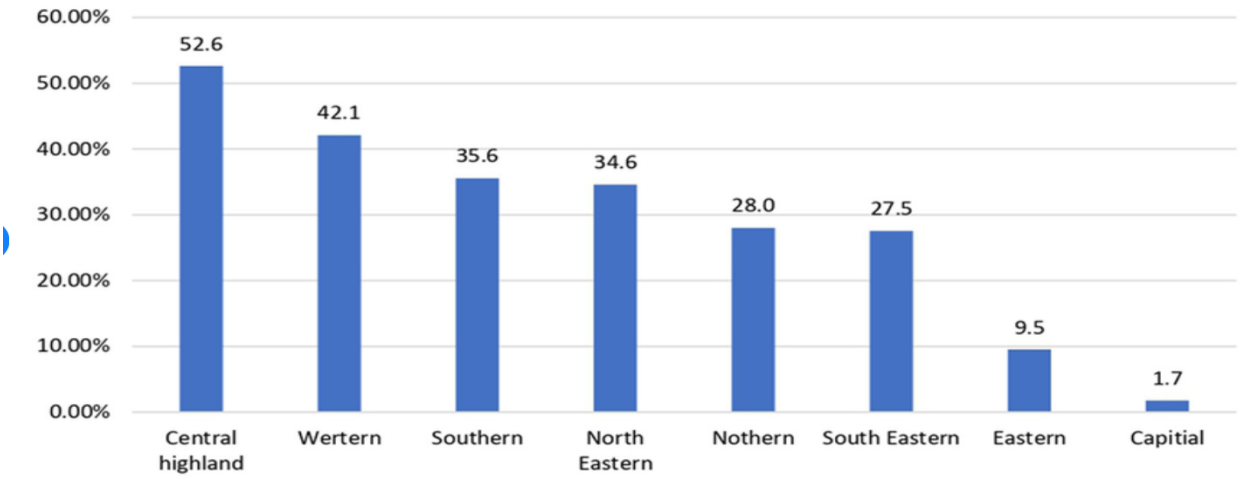
Figure 1.1 Universal Health Coverage (UHC) Service Coverage Index in Afghanistan (2000–2021). (WHO, 2025)

This figure presents data on Universal Health Coverage (UHC) in Afghanistan, comparing its progress from 2000 to 2021 against global and regional averages.

Afghanistan's UHC service coverage index has increased from 23/100 in 2000 to 41/100 in 2021, showing an 18-point improvement over two decades.

Despite progress, Afghanistan (41/100) still lags behind the global average (68/100) and the Eastern Mediterranean region (57/100).

The global UHC index shows a steady upward trend, indicating overall improvements in healthcare accessibility worldwide.



The bar chart represents the percentage distribution of the underserved areas by region in Afghanistan.

Figure 1.2 Percentage Distribution of Underserved Areas by Region in Afghanistan. (Salem et al, 2024)

The pie chart represents the total served population vs. the total underserved population in Afghanistan.

Figure 1.3 Served vs. Underserved Population in Afghanistan (Salem et al,2024)

1.3.2. Strategies for Improving Healthcare Access in Afghanistan

To improve healthcare access and equity in Afghanistan, the following strategies should be prioritized (WHO, 2021):

1. Strengthening Primary Healthcare: Expanding BPHS coverage and ensuring that all rural areas have functioning health centers.
2. Increasing Female Healthcare Workforce: Encouraging the training and retention of female doctors and nurses to improve women's healthcare access.
3. Improving Healthcare Financing: Reducing out-of-pocket expenses by introducing health insurance schemes and increasing public health funding.
4. Enhancing Infrastructure: Building new hospitals and clinics, particularly in underserved regions.
5. Combating Corruption: Strengthening governance mechanisms to improve resource allocation and healthcare service delivery.

The primary objective of the research is to examine healthcare equity and accessibility in Kabul, Afghanistan, by exploring socioeconomic determinants, governance mechanisms, and the barriers faced by marginalized populations. Given Afghanistan's complex healthcare landscape, aims to:

- Assess the impact of socioeconomic factors such as income levels, education, employment status, and geographic location on healthcare accessibility.
- Analyze governance structures influencing equitable healthcare delivery, including resource allocation, policy effectiveness, and accountability mechanisms in Afghanistan's healthcare sector.
- Identify systemic barriers and facilitators affecting healthcare access for vulnerable groups, including women, individuals with disabilities, rural populations, and low-income communities.
- Develop policy recommendations to enhance equity and accessibility in healthcare, aligned with global health priorities such as Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs).

Healthcare equity and accessibility remain major concerns in conflict-affected regions like Afghanistan, where socioeconomic disparities, political instability, and infrastructure limitations prevent many citizens from receiving adequate medical care. By focusing on the lived experiences of patients, healthcare providers, and policymakers, it highlights critical insights.

2. METHODOLOGY

The research methodology explores the challenges related to equity and accessibility in Kabul's healthcare system. The qualitative study aims to provide an in-depth understanding of various stakeholders' experiences, perspectives, and challenges, including healthcare professionals, patients, and family members. The methodology section will address the study design, data collection methods, participant selection process, data analysis techniques, and ethical considerations.

2.1. Study Design

The research will utilize a phenomenological qualitative research approach study design, as it is best suited for exploring complex social issues such as healthcare access, equity, and barriers. It explores how individuals perceive, interpret, and make sense of their experiences rather than just describing facts. A qualitative approach allows for a deeper exploration of participants' experiences, beliefs, and perceptions, which are crucial in understanding the nuanced challenges within Kabul's healthcare system. The aim of it is to gain insights into the inequities that exist within healthcare access, especially for marginalized groups, and to explore how these inequities impact the overall health outcomes of patients in Kabul.

2.2. Study Setting

The study will be conducted in Kabul, the capital city of Afghanistan, which serves as the central hub for healthcare services in the country. Kabul's healthcare system includes a mix of public and private healthcare facilities, offering a diverse landscape to examine healthcare access and equity challenges. The specific healthcare settings chosen for it include:

Government Hospitals:

- Ali Abad Hospital
- Children Health Hospital
- Emergency Hospitals

Private Hospitals:

- Ariana Medical Complex (AMC)
- CURE International Hospital
- The French Medical Institute for Mothers and Children (FMIC)

By including both public and private healthcare institutions, the study will explore potential differences in the experiences and challenges related to healthcare access and equity between different sectors. I have chosen these hospitals according to the Universal Health Coverage (UHC) Framework which ensures that all individuals and communities receive the healthcare services they need without financial hardship. The three key dimensions of UHC—equity in access, quality of services, and financial protection can be applied to the selected hospitals as follows.

a) Equity in access: Ali Abad Hospital, Children's Health Hospital, and Emergency Hospital, as public hospitals, provide essential services to low-income and vulnerable populations. These hospitals ensure that healthcare is accessible to those who cannot afford private care, making them a critical part of the health system in Kabul. Their strategic locations within the city allow urban and peri-urban populations to access necessary medical attention.

Ariana Medical Complex (AMC), CURE International Hospital, and FMIC, as private hospitals, offer specialized and high-quality healthcare services. However, access is often limited to those who can afford private care or have insurance coverage. To improve equity, partnerships between public and private institutions should be encouraged to offer subsidized services for underprivileged groups.

b) Quality of services: Public hospitals provide essential emergency, pediatric, and general healthcare services. However, they often face challenges such as overcrowding, limited medical

supplies, and undertrained staff, which impact the overall quality of care. Addressing these issues through better funding and resource allocation is essential for improving service delivery.

Private hospitals like CURE International Hospital and FMIC maintain higher standards of care due to better infrastructure, skilled medical professionals, and access to advanced medical technologies. FMIC, in particular, specializes in maternal and pediatric care, ensuring that women and children receive high-quality treatment.

c) Financial Protection: Public hospitals rely on government funding to support free or highly subsidized healthcare services. This ensures that individuals from lower-income groups can receive treatment without financial burden. However, due to funding shortages, these hospitals often struggle with inadequate resources and service limitations.

Private hospitals, while providing superior healthcare services, have higher costs that can be prohibitively expensive for many Afghan citizens. However, some institutions like FMIC and CURE International Hospital offer scholarship-based treatments or subsidized healthcare programs to help financially vulnerable patients, aligning with the financial protection aspect of UHC.

2.3. Study Population and Sampling

It involves participants from various key stakeholder groups to ensure that a wide range of perspectives is represented. The study population includes:

Healthcare Professionals (public health managers), Management teams (hospital directors, administrators), Medical officers (doctors, nurses), Physicians (specialists and general practitioners), Patients (Individuals who receive care at the selected healthcare facilities), and **family** members of Patients (Family members who care for the patients and frequently visit the healthcare facilities) The inclusion of both healthcare providers and patients/family members will ensure a comprehensive understanding of the challenges faced at both the institutional and personal levels.

It employed a combination of purposive sampling and convenience sampling:

- Purposive sampling: will be used to ensure that individuals who have direct and relevant experience with healthcare access and equity are included in the study. This includes management professionals overseeing service delivery, medical staff providing direct patient care, and patients/caregivers with experience navigating the healthcare system.
- Convenience sampling: will be used to reach patients and family members who are available at the selected healthcare facilities during the data collection period. This ensures that the study captures the experiences of a wide range of participants while remaining practical and feasible.

The use of both sampling methods will allow for a diversity of perspectives, enhancing the robustness of the data and ensuring the inclusion of participants with varied backgrounds and experiences.

The sample size is designed to balance depth of understanding with feasibility. The sample includes:

15 in-depth interviews (IDIs) with key stakeholders:

- 5 healthcare management team members
- 5 physicians/medical officers
- 5 patients and family members

3 focus group discussions (FGDs), each consisting of 8 participants:

- Healthcare professionals (medical officers, physicians)
- Patients and family members

The sample size is intended to achieve data saturation, meaning that no new themes or insights are expected to emerge once data collection reaches its point.

2.4. Data Collection Methods

The data will be collected using two primary methods: In-depth Interviews (IDIs) and semi-structured interviews will be conducted with participants using a prepared interview guide. The interviews will explore participants' experiences and perspectives on healthcare equity, challenges, and barriers in Kabul's healthcare system. Interviews will last approximately 45-60 minutes and will be conducted either in person or via virtual platforms such as Google Meet or Zoom (Zoom was utilized for the interviews as it facilitated remote engagement with participants, ensuring accessibility and convenience while eliminating the need for travel and mitigating security concerns. Additionally, it enabled secure recording for accurate data collection and provided a comfortable and private setting for participants to share their perspectives), depending on the participant's preference and availability. As I am currently studying in Ankara, these virtual platforms will be the most practical for conducting interviews.

Focus Group Discussions (FGDs): Focus group discussions will follow a semi-structured discussion guide and will encourage participants to engage in collective dialogue, sharing their experiences and challenges in the healthcare system. Each FGD will last approximately 90-120 minutes. The discussions will also be conducted virtually (via Google Meet or Zoom) to ensure accessibility for participants. These FGDs will be audio-recorded, with participants' consent, for transcription and analysis.

All interviews and focus group discussions will be audio-recorded with the explicit consent of the participants. Transcripts will be prepared for analysis, and all identifying information will be anonymized to protect confidentiality.

Questions in the questionnaire were designed based on a systematic review of literature, expert consultations, and thematic alignment with the research objectives. The development process followed these key steps:

1. The questions were formulated based on a literature review and theoretical frameworks based on established health equity models, the Universal Health Coverage (UHC) Framework, and previous research on healthcare accessibility in conflict-affected regions (World Health Organization, 2010). Studies on socioeconomic determinants of health, gender disparities, and

governance in fragile health systems were reviewed to ensure that the questionnaire covered the most relevant issues.

2. The questionnaire was structured around three main themes:

- Socioeconomic factors: Examining financial and employment-related healthcare barriers.
- Marginalized groups and barriers: Investigating challenges faced by women, children, and disabled individuals.
- Governance: Evaluating healthcare policy effectiveness, funding, and service delivery. Each question was designed to directly contribute to answering the research questions and supporting the study's hypothesis.

3. Expert consultation and validation Before finalizing the questionnaire, health professionals and academic advisors were consulted to validate the relevance, clarity, and comprehensiveness of the questions. The final version ensured that questions were culturally appropriate, neutral, and structured to allow open-ended responses for in-depth qualitative insights.
4. Pilot-Testing

   The questionnaire was pilot-tested with a small group of participants to assess clarity, comprehension, and response quality. Based on feedback, minor adjustments were made to improve language clarity and question structure.

This structured approach ensured that the questionnaire was scientifically sound, contextually relevant, and methodologically rigorous, making it a reliable tool for gathering insights on healthcare equity and accessibility in Afghanistan.

The questionnaire was designed as a semi-structured tool to collect both quantitative and qualitative data. It was divided into three main sections:

1. Socioeconomic factors – Focused on financial barriers, employment status, and how economic conditions affect healthcare access.
2. Marginalized groups and barriers – Examined challenges faced by women, children, disabled individuals, and rural communities in accessing healthcare.
3. Governance – Assessed healthcare policies, funding, international aid, and challenges in managing healthcare services.

The questionnaire included both open-ended and closed-ended questions to gather detailed responses while allowing for comparison. A pilot test was conducted to ensure clarity and relevance, and minor revisions were made based on expert feedback.

2.5. Limitations and Assumptions

There are ten major limitations and four key assumptions, which impact the scope, reliability, and interpretation of the findings which are listed below:

1. Access to Participants – Security risks, mobility restrictions, and distrust in research processes limited access to a diverse range of participants, particularly marginalized groups (Jafari et al., 2020).
2. Time Constraints – The academic timeframe restricted opportunities for prolonged engagement, follow-up interviews, or verification of participant responses, potentially limiting the depth of insights (Rezaei, 2018).
3. Geographical Limitation – The study focuses solely on Kabul, meaning findings may not fully represent rural and remote healthcare disparities, where access challenges are often more severe (WHO, 2021).
4. Bias in Responses – Political instability and fear of repercussions may have influenced participants' willingness to discuss governance issues and healthcare inequities openly (Nasiri et al., 2020).
5. Cultural and Language Barriers—Variations in dialects, literacy levels, and local terminology may have affected the accuracy of data collection, resulting in a potential loss of nuance during interpretation (Niazi, 2019).
6. Reliance on Self-Reported Data – The study depends on participants' subjective experiences, which can introduce recall bias, exaggeration, or underreporting of issues (Lamberti-Castronuovo et al., 2024).

7. Fragmented Healthcare Data – Limited availability of official statistics and inconsistencies in government and NGO reports on healthcare access in Kabul created challenges in cross-verifying participant claims (World Bank, 2021).
8. Limited Female Representation – Due to gender-related restrictions in Afghanistan, reaching female participants, particularly in conservative areas, was difficult, leading to potential underrepresentation of their healthcare experiences (UNICEF, 2022).
9. Ethical and Psychological Barriers – Some respondents, particularly those with traumatic healthcare experiences, may have been reluctant to share full details, affecting the completeness of qualitative data (Barakzai, 2018).
10. Dependency on International Aid – Many healthcare services in Kabul are funded by NGOs, meaning sudden policy shifts or funding cuts could rapidly change healthcare accessibility, limiting the long-term applicability of findings (Alam, 2017).

The study has also been constructed on the assumptions listed below:

1. Honesty and Accuracy of Participant Responses – It is assumed that participants provided truthful, representative accounts of their experiences without deliberate distortion. However, personal biases, social desirability, or memory limitations may have influenced responses.
2. Comparability of Kabul to Other Urban Areas – While the study focuses on Kabul, it assumes that the healthcare challenges observed here reflect broader trends in other Afghan cities, despite potential regional variations.
3. Effective Policy Implementation – The study assumes that national and international healthcare policies are implemented as intended, though governance issues may affect actual service delivery.
4. Sustained Relevance of Findings – The healthcare landscape in Afghanistan is highly dynamic due to political changes and donor involvement. It is assumed that the key issues identified in this study will remain relevant for the foreseeable future, though external factors could influence healthcare accessibility.

Security risks and sociopolitical instability created significant barriers to participant recruitment, particularly among women, rural residents, and healthcare workers who feared repercussions for discussing institutional shortcomings. Limited digital access in low-income areas

further restricted participation, as virtual interviews were the primary mode of data collection. These limitations raise concerns about sample diversity, as the perspectives of some of the most marginalized populations may not be fully captured.

The reliance on self-reported data also introduces subjectivity, as participants may have unintentionally exaggerated or understated their experiences due to recall bias or personal perceptions. Additionally, political sensitivities in Afghanistan may have led to moderated responses, particularly when discussing corruption, governance failures, or healthcare inequalities. These biases, while difficult to eliminate, were mitigated by ensuring anonymity and emphasizing confidentiality in interviews.

A lack of comprehensive national health data was another major limitation, as inconsistencies between government reports, NGO findings, and participant accounts made it difficult to establish a definitive picture of healthcare accessibility. The absence of up-to-date, standardized healthcare metrics means that some conclusions rely on triangulation between qualitative insights and limited quantitative sources.

Furthermore, the study assumes that existing healthcare policies are actively implemented as designed. However, Afghanistan's governance challenges and healthcare funding dependencies on international donors create uncertainties about policy enforcement. External factors, such as political shifts or funding cuts, could drastically alter healthcare service availability, making some findings time-sensitive rather than long-term generalizable.

Despite these limitations, the research provides valuable insights into healthcare equity in Kabul, particularly by amplifying firsthand experiences of patients, healthcare providers, and policymakers. While some assumptions remain unverifiable, they are necessary for contextual analysis and help frame the discussion on sustainable healthcare improvements in Afghanistan.

2.6. Data Analysis

Thematic analysis will be used to analyze the data. The steps involved in the thematic analysis process are as follows:

- Familiarization with the Data: Reading and re-reading the transcripts to become deeply familiar with the content.
- Initial Coding: Line-by-line coding of the data to identify key patterns and concepts.
- Generating Themes: Grouping related codes into broader themes and sub-themes that capture essential aspects of participants' experiences and perspectives on healthcare equity and accessibility.
- Reviewing Themes: Refining the themes by ensuring they accurately represent the data and align with the research questions.
- Defining and Naming Themes: Finalizing the themes and writing detailed descriptions of each theme.

The NVivo qualitative analysis software will be used to facilitate the organization and coding of data. In addition, Google Docs will be used to collaborate on the transcriptions and provide backup storage.

Given the complexity and volume of qualitative data collected from 15 in-depth interviews and 3 focus group discussions, I employed NVivo, a widely recognized qualitative data analysis software, to facilitate systematic data organization, coding, and theme development. NVivo enhances the rigor and transparency of qualitative research by allowing for structured thematic analysis, automated coding assistance, and data visualization.

The thematic analysis framework I followed is based on Braun and Clarke (2006), which consists of six key steps. Below, I describe each step-in detail, integrating how NVivo was used to support each stage.

Step 1: Data Familiarization and Transcription

Before using NVivo for analysis, the first step involved immersing myself in the data by transcribing all interviews and focus group discussions. This step was critical in ensuring a thorough understanding of participant responses and identifying potential patterns early on.

- Importing Audio Files: I uploaded the recorded interviews and focus group discussions into NVivo.

- Automatic Transcription: NVivo's built-in transcription feature was tested, but manual transcription was ultimately preferred for accuracy and cultural nuances.
- Manual Transcription Refinement: After transcribing manually, I imported the text files into NVivo for further analysis.
- Initial Note-Taking: NVivo allowed me to annotate specific sections of the transcripts where participants discussed critical themes like barriers to healthcare, governance issues, and socio-economic disparities.
- This step ensured I was fully engaged with the raw qualitative data before formal coding began.

Step 2: Generating Initial Codes

The next step involved systematic coding of data. Coding refers to categorizing meaningful segments of text into themes that represent key ideas.

- Importing Transcripts: Each interview and focus group transcript was imported as an individual document.
- Creating Nodes for Coding:
- In NVivo, I created "nodes" (codes) based on key themes identified from initial readings.

Examples of preliminary nodes included:

- Equity in healthcare
- Accessibility in Healthcare
- Barriers to Healthcare
- Financial Constraints
- Gender Disparities
- Quality of Care in Public vs. Private Hospitals
- Policy Implementation Challenges

Manual Coding of Text Segments: I manually assigned relevant sections of text to corresponding nodes.

- NVivo's Auto-Coding Feature: NVivo offers an automatic coding function, but I used it cautiously, reviewing each suggestion to ensure accuracy and avoid misclassification. At this stage, I refined the codes iteratively, merging similar ones and removing redundant ones.

Step 3: Identifying Themes and Organizing Codes

Once initial coding was completed, I began grouping related codes into broader themes that reflected patterns and insights emerging from the data.

Grouping Nodes into Parent Themes: NVivo allows users to organize nodes hierarchically.

- Example: The node accessibility to healthcare had sub-nodes such as:
- Financial Constraints
- Lack of Infrastructure
- Cultural Barriers

Query Tools for Data Exploration:

- NVivo's Word Frequency Query identified frequently occurring terms like cost, doctor shortage, corruption, and distance.
- The Text Search Query helped find patterns in how participants described issues.

Mind Mapping & Visualization:

- NVivo's Mind Maps were used to visually structure key themes, making connections clearer.
- The Cluster Analysis tool displayed relationships between themes, highlighting which factors were interlinked (e.g., financial constraints and low healthcare utilization).

This step helped move from individual codes to broader themes, ensuring that the analysis remained grounded in the participants' experiences.

Step 4: Reviewing and Refining Themes

After generating preliminary themes, I re-examined the consistency and coherence of these themes with the data.

Case Comparison Analysis:

- NVivo allowed for cross-case comparisons between public and private hospital patients.
- I examined how themes differed across participant groups, such as differences in perceptions of quality of care between male and female patients.

Memo Writing for Reflexivity: Throughout this step, I maintained research memos in NVivo, documenting:

- Observations about the coding process.
- Possible biases influencing theme selection.
- Areas requiring further exploration.

Revising & Refining Themes:

- Some themes were merged to reduce redundancy, while others were split for better specificity. By the end of this step, I had a finalized set of themes that accurately represented the findings.

Step 5: Defining and Naming Themes

At this stage, I finalized how themes would be labeled and interpreted.

Thematic Matrix Development:

- NVivo's Matrix Coding Queries allowed me to see how different themes were distributed across participant groups.

  Example: Did financial barriers affect women more than men?

This process ensured that themes were well-defined, supported by data, and represented participants' lived experiences.

Step 6: Synthesizing Findings and Interpretation

I synthesized the thematic analysis results, integrating them into the thesis's findings and discussion sections.

Generating Reports:

- NVivo was used to create summary reports of coded themes.

These reports helped in writing the findings chapter by ensuring all key themes were backed by evidence.

Data Visualization for Presentation:

- NVivo provided word clouds, bar charts, and relationship diagrams to visually represent findings.

Connecting Themes to Literature:

- I revisited existing literature and compared NVivo findings to past research, ensuring that the study contributed new insights to the field

NVivo proved to be an invaluable tool for managing and analyzing large volumes of qualitative data. Its ability to:

- Improve data organization and retrieval.
- Enhance coding accuracy and efficiency.
- Facilitate rigorous theme
- provide data visualization for better presentation

The analysis of data involved organizing and coding responses from 15 in-depth interviews (IDIs) and 3 focus group discussions (FGDs) with healthcare stakeholders, including managers, doctors, nurses, patients, and family members. NVivo software was used for systematic coding, following Braun and Clarke's (2006) thematic analysis framework:

- Familiarization with Data: Repeatedly reviewing transcripts for emerging patterns**.**
- Coding Process: Assigning codes to recurring concepts related to healthcare access and equity.
- Theme Development: Grouping related codes into broader themes.
- Review and Refinement: Ensuring consistency and alignment with research objectives**.**

Key themes identified included financial barriers, socioeconomic disparities, cultural and linguistic challenges, governance issues, and trust in healthcare. These themes were further examined to understand their interconnections and impact on healthcare access in Kabul.

2.7. Ethical Considerations

Informed Consent: All participants will be provided with an informed consent form that outlines the study's purpose, procedures, potential risks, and benefits. Participants will be informed of their right to withdraw from the study at any time without consequences.

Confidentiality: Participants' identities will be kept confidential, and all data will be anonymized to protect privacy. Only aggregate data will be presented in the final thesis.

Voluntary Participation: Participation in the study will be entirely voluntary. There will be no coercion, and participants can choose not to answer any questions or withdraw at any time.

Data Security: Audio recordings and transcriptions will be stored securely on encrypted digital platforms, and access will be restricted to the research team only.

3. FINDINGS

The key findings from the qualitative analysis, focus on the main barriers affecting healthcare equity and accessibility in Kabul.

3.1. Financial and Socioeconomic Barriers

Financial constraints and socioeconomic disparities were the most significant challenges, limiting access to healthcare services for low-income populations.

Patients from lower-income backgrounds struggled to afford private healthcare and experienced long wait times in overcrowded public hospitals.

Example Quote: *"Patients who cannot pay upfront often delay seeking help, leading to worsened conditions."* (Nurse, City Hospital)

Impact: Expanding health insurance and financial support programs could improve accessibility (Rezaei, 2018; Niazi, 2019).

Factor	Public Hospitals	Private Hospitals
Income Level	Low-income access, but limited services	High cost, better services
Health Insurance	Limited government schemes	Mostly private insurance
Availability of Services	Overcrowded, long wait times	Faster service, specialized care
Affordability	Free or subsidized care	Expensive procedures

Table 3.1: Socioeconomic Factors Impacting Healthcare Access

Source: Data derived from participant interviews and WHO reports (2020). Analysis conducted using NVivo for thematic coding.

3.1.1. Assessment of the Impact of Socioeconomic Factors, Including Income, Education, and Geographic Location, on Healthcare Accessibility in Kabul

Socioeconomic factors such as income, education, and employment status play a significant role in determining access to healthcare in Kabul. Income levels directly influence an individual's ability to afford private healthcare services. While the majority of Kabul's population lives in poverty, the wealthiest residents have access to a range of private healthcare options, which include better facilities and shorter wait times (Rezaei, 2018). Meanwhile, unemployed or underemployed individuals struggle to pay for even basic healthcare services, leading to delays in seeking care or foregoing medical treatment altogether.

Education is another determinant of healthcare access. Those with a higher level of education are more likely to understand the importance of preventive healthcare, access health-related information, and navigate the complex healthcare system. In contrast, low literacy rates are a barrier, particularly in rural or poorer areas of Kabul, where many people are unaware of available healthcare options or do not seek timely medical help (Niazi, 2019). These socioeconomic factors contribute significantly to health inequities, particularly among low-income groups, women, and displaced populations.

3.1.2. Analysis of Socioeconomic Factors like Income, Education, and Employment Influence Healthcare Accessibility for Marginalized Groups in Kabul

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3.2. Cultural and Linguistic Barriers

Language differences and cultural norms influenced healthcare access, particularly for women and ethnic minorities.

Key Insight: Patients who did not speak Dari fluently faced difficulties in understanding doctors, leading to delayed treatment.

Example Quote: *"I don't speak Dari well, so I struggle to understand doctors."* (Female patient, City Hospital)

Impact: Implementing translation services and gender-sensitive care programs could improve patient experiences (Nasiri et al., 2020).

Table 3.2: Barriers and Proposed Solutions

Barrier	Impact	Proposed Solution
Financial Constraints	Delayed treatment, worsened conditions	Expand health insurance coverage
Socioeconomic Factors	Disparities in access between rich and poor	Improve public hospital funding
Cultural Barriers	Miscommunication, reluctance to seek care	Implement translation services
Governance Issues	Inefficient services, corruption, resource gaps	Strengthen-hospital accountability

Source: Thematic analysis of participant responses, supporting literature: Jafari et al. (2020).

3.2.1. Healthcare Access Barriers for Women, People with Disabilities, and Low-Income Groups in Kabul

The most vulnerable populations in Kabul are women, people with disabilities, and those from low-income backgrounds. Gender inequality remains a significant barrier to healthcare access, especially for women in conservative communities. Women often face cultural, social, and financial constraints that prevent them from seeking healthcare services. The lack of female healthcare providers in many public and private hospitals compounds these challenges, as many women feel uncomfortable consulting male doctors (Nasiri et al., 2020).

People with disabilities face additional barriers, as many healthcare facilities in Kabul are not designed to accommodate individuals with mobility challenges. Healthcare facilities are often inaccessible to people who rely on wheelchairs or have other mobility impairments. Discriminatory attitudes towards individuals with disabilities also contribute to their marginalization in healthcare

settings. Similarly, ethnic minorities, such as the Hazara population, face both cultural and institutional discrimination, which prevents them from receiving timely medical care.

For low-income families, access to healthcare is often unaffordable. Although public healthcare services are available, they are of varying quality, and many people resort to private clinics when they need specialized care. Financial strain forces many to either delay seeking medical treatment or forgo care altogether.

3.3. Governance of Challenges and Trust in Healthcare

Governance issues, including corruption and mismanagement, undermined trust in the healthcare system and affected service delivery.

Key Insight: Patients and healthcare workers cited inadequate resources, poor hospital management, and corruption as significant barriers.

Example Quote: *"We face understaffing and lack of essential equipment, leading to long wait times."* (Hospital administrator, City Hospital)

Impact: Strengthening hospital accountability and transparency could improve healthcare efficiency (Jafar, 2021).

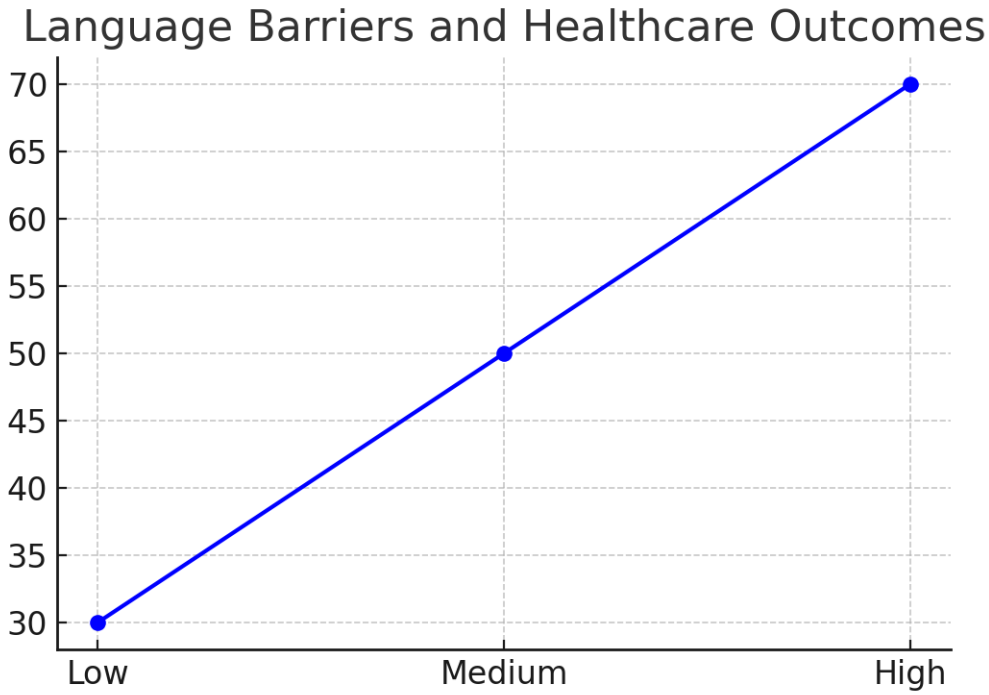

Figure 3.1 language barriers and healthcare outcome

Source: Data derived from thematic analysis of participant responses. Visualized using Python Matplotlib. Proportions are estimated based on sentiment analysis conducted in NVivo.

The line chart illustrates the relationship between language barriers and healthcare outcomes based on sentiment analysis of participant responses. The x-axis represents different levels of language barriers (low, medium, high), while the y-axis represents the estimated proportion of negative healthcare outcomes.

The chart shows a clear positive correlation between increasing language barriers and worsening healthcare outcomes. When language barriers are low, healthcare outcomes are the most positive, with around 30 percent experiencing negative effects. As language barriers reach a medium level, negative healthcare outcomes increase to about 50 percent. When language barriers are high, negative outcomes peak at 70 percent, suggesting that linguistic difficulties significantly impact the quality of healthcare services received.

It suggests that patients who face language difficulties struggle to communicate effectively with healthcare providers, leading to misdiagnosis, misunderstanding of medical instructions, and reduced trust in the system. Addressing language barriers through interpreter services, multilingual healthcare staff, and improved patient communication strategies could improve patient satisfaction and health outcomes.

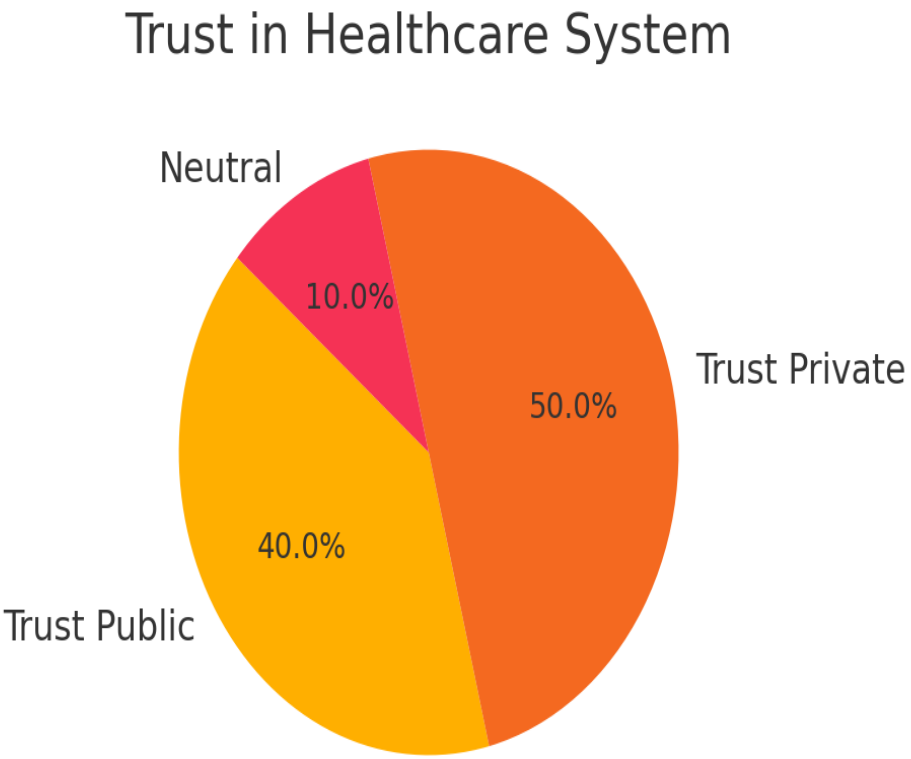

Figure 3.2: Trust in Healthcare System

Source: Data derived from thematic analysis of participant responses. Visualized using Python Matplotlib. Proportions are estimated based on sentiment analysis conducted in NVivo.

The pie chart represents the distribution of trust levels in the healthcare system, as indicated by participants. The chart divides responses into three categories.

Trust in private healthcare is the highest at 50 percent, indicating that the largest proportion of participants expressed trust in private healthcare services, likely due to perceptions of better quality, shorter wait times, and more specialized care compared to public hospitals. Trust in public healthcare stands at 40 percent, showing that a significant portion of respondents still rely on public healthcare. However, the lower percentage compared to private services suggests dissatisfaction with issues such as overcrowding, long wait times, and inconsistent quality. Ten percent of participants remain neutral, indicating uncertainty or mixed experiences with both public and private healthcare systems.

The preference for private healthcare over public healthcare reflects concerns about governance, corruption, and resource shortages in the public healthcare sector. However, reliance on private healthcare may also indicate financial barriers, as private services tend to be more expensive and inaccessible to lower-income groups. Strengthening public healthcare services through better governance, infrastructure improvements, and workforce development could help restore public trust and reduce dependency on private facilities.

3.3.1. Impact of Governance on Healthcare Delivery and Marginalized Populations in Kabul

Governance in the healthcare sector is a critical element in ensuring healthcare equity. In Kabul, the healthcare system is fragmented, with multiple entities—government agencies, non-governmental organizations (NGOs), and private entities—contributing to service delivery. However, poor coordination, lack of policy implementation, and corruption within the healthcare system significantly undermine the potential for equitable healthcare delivery. For instance, the allocation of resources is often skewed towards urban centers like Kabul, leaving rural areas underfunded and underserved (Jafar, 2021). Moreover, inadequate regulatory frameworks lead to suboptimal service delivery, with many healthcare providers offering low-quality care. Corruption, too, has been a persistent issue, with officials in Kabul's healthcare sector misallocating resources and exploiting healthcare services for personal gain, which disproportionately affects marginalized populations (Barakzai, 2018).

3.4. Identifying Barriers and Facilitators to Healthcare Access for Marginalized Groups in Kabul

Kabul, the capital of Afghanistan, is a densely populated city, with an urbanization rate of over 70%. As the country's economic and political center, Kabul has a significantly better healthcare infrastructure than rural areas. However, despite the availability of various healthcare facilities, including private hospitals and international NGOs providing support, healthcare delivery remains plagued by numerous challenges. The city's healthcare system has been severely impacted by the prolonged conflict, which has led to a disrupted supply chain ns, a lack of trained medical personnel, and a continuous influx of displaced people seeking healthcare services (Jafari et al., 2020).

The gap between public and private healthcare is another significant challenge. Although private hospitals in Kabul offer better services, they are often unaffordable for many people, particularly those from lower-income backgrounds. In contrast, public hospitals are under-resourced and often have long wait times. The disparity between private and public services means that access to care is heavily determined by a person's economic status, which directly impacts the principle of healthcare equity (Alam, 2017).

Marginalized populations in Kabul, such as the poor, women, and ethnic minorities, face systemic exclusion from high-quality healthcare due to social and economic factors. Barriers to healthcare access in Kabul are shaped by a combination of financial, sociocultural, and governance-related challenges. Economic disparities play a significant role in limiting access to quality healthcare, as low-income individuals struggle with out-of-pocket medical costs, while wealthier individuals can afford private services with better facilities and shorter wait times. Cultural and linguistic barriers further restrict accessibility, particularly for women and ethnic minorities, who face social restrictions on mobility and difficulties in communicating with healthcare providers due to language differences. These challenges are compounded by governance issues, including mismanagement, corruption, and inefficient resource distribution, which undermine the healthcare system's ability to deliver equitable and effective services. Additionally, these factors do not operate in isolation but rather intersect in ways that deepen disparities. Financial constraints,

governance inefficiencies, and cultural norms collectively shape healthcare experiences, creating an environment where marginalized populations face compounded barriers to receiving adequate medical care. Addressing these issues requires a holistic approach that considers economic accessibility, cultural inclusivity, and systemic governance reforms.

3.5. Implications for Healthcare Policy and Practice

A comprehensive approach is required to improve healthcare accessibility and equity in Kabul. Several key policy interventions can address existing challenges and create a more sustainable and inclusive healthcare system. One intervention is totem: Expand health insurance coverage to reduce financial barriers.

2 Invest in public hospital infrastructure and resource allocation
3 Implement cultural sensitivity training and increase female healthcare providers
4 Strengthen anti-corruption measures and improve governance
5 Leverage technology, including telemedicine and electronic health records
6 Enhance international partnerships for financial and technical support

Each of these policy areas plays a crucial role in improving healthcare access, addressing systemic inefficiencies, and ensuring that marginalized populations receive the medical care they need.

Expanding health insurance is one of the most urgent priorities to address financial barriers. The high cost of medical services forces many individuals, particularly low-income families, to delay or forgo necessary treatment. The World Bank (2021) emphasizes that introducing a tiered health insurance system, where the government subsidizes healthcare for lower-income populations while encouraging higher-income groups to contribute, has been effective in many low-income countries. Additionally, micro-health insurance schemes could be introduced for informal sector workers who lack employer-based coverage, ensuring broader financial protection. Without such measures, out-of-pocket expenditures will continue to push many Afghan families into medical debt and financial hardship.

Investing in public hospital infrastructure is equally critical. Many government-run hospitals in Kabul suffer from overcrowding, outdated equipment, and a lack of essential medical supplies, significantly affecting service quality. The World Health Organization (2020) highlights that strategic investment in hospital infrastructure, including modernizing existing facilities, expanding bed capacity, and improving medical supply chains, can directly enhance patient care and reduce mortality rates. Furthermore, establishing new health centers in peri-urban and rural areas would alleviate the burden on Kabul's central hospitals and decentralize healthcare access, reducing travel times and wait periods for patients in underserved communities.

Cultural and gender-based barriers continue to limit healthcare access for large portions of the population. Many Afghan women face restrictions in seeking medical care due to social norms, limited mobility, and a lack of female healthcare providers. A major policy initiative should focus on increasing the number of female doctors, nurses, and midwives through targeted scholarship programs and workforce incentives (UNDP, 2021). Additionally, cultural sensitivity training for healthcare providers would ensure that medical professionals are equipped to address language differences, gender-related concerns, and social stigma that often prevent individuals from seeking timely medical attention.

Governance and corruption remain significant obstacles to healthcare equity. Corruption in healthcare procurement, hospital administration, and medical licensing undermines the efficiency of the system and disproportionately affects low-income populations who rely on public services (World Bank, 2020). Implementing transparent financial tracking mechanisms, third-party monitoring, and public disclosure of healthcare expenditures could reduce mismanagement and improve accountability. Establishing an independent regulatory authority to oversee hospital management and resource allocation would also help ensure fair and equitable service delivery. Countries that have adopted similar anti-corruption frameworks, such as patient feedback systems and hospital audit committees, have seen significant improvements in healthcare efficiency and trust.

Technology can play a transformative role in bridging healthcare gaps and improving service delivery. The adoption of telemedicine services could provide patients in remote or conflict-affected areas with access to specialist consultations without requiring them to travel long distances

(World Health Organization, 2021). Mobile health applications could assist with appointment scheduling, medication reminders, and patient education, helping individuals manage chronic conditions more effectively. Additionally, the implementation of electronic health records could enhance data management, reduce medical errors, and improve coordination between healthcare providers. These digital innovations have been successfully adopted in various low-resource settings and could significantly improve healthcare efficiency in Afghanistan.

Finally, strengthening international partnerships will be essential for sustaining Afghanistan's healthcare system. The country remains heavily dependent on foreign aid and NGO support, with organizations such as the World Health Organization, UNICEF, and Médecins Sans Frontières playing a critical role in healthcare service provision (UNICEF, 2022). Long-term financial agreements and technical collaboration with international agencies would help ensure that healthcare infrastructure, workforce training, and essential medical supply chains remain operational despite political and economic uncertainties. Additionally, leveraging global best practices in universal health coverage, digital health solutions, and community-based healthcare models could provide valuable insights into improving service delivery in Kabul.

By addressing these financial, infrastructural, cultural, and governance challenges, Afghanistan can work towards a more equitable and resilient healthcare system. Implementing targeted policy reforms, increasing investment in healthcare infrastructure, and integrating digital health solutions will contribute to a sustainable and inclusive healthcare system that ensures access for all population groups. Strengthening government accountability, improving financial protection, and reducing corruption will further enhance the effectiveness of these interventions, ultimately leading to better health outcomes and improved quality of life for Afghan citizens.

4. DISCUSSION

It focuses on evaluating and interpreting the findings in light of previous studies. The comparison highlights similarities and differences, explaining possible reasons for variations and discussing their implications for healthcare policy in Kabul.

One of the key findings is that financial constraints significantly limit access to healthcare for low-income individuals in Kabul. Patients from lower-income backgrounds often delay seeking medical treatment due to the high cost of private healthcare. Although public hospitals offer more affordable services, they remain overcrowded and under-resourced.

This aligns with findings from the World Bank (2021) and UNICEF (2020), which highlight financial barriers as a major obstacle to healthcare access in low- and middle-income countries (LMICs), including Afghanistan. Rezaei (2018) also found that financial constraints contribute to lower healthcare utilization, particularly among marginalized populations.

However, Jafari et al. (2020) observed that some rural Afghan communities benefit from community health workers (CHWs), reducing financial burdens by offering low-cost services. Unlike rural settings, Kabul lacks widespread CHW initiatives, making financial barriers more prominent.

The need for health insurance reforms in Afghanistan is evident. Implementing universal health coverage (UHC) strategies, as recommended by WHO (2020), could significantly improve access for lower-income populations.

Linguistic barriers and cultural norms significantly affect healthcare access in Kabul, particularly for women, ethnic minorities, and individuals with limited proficiency in Dari. Many patients struggle to communicate with medical professionals, leading to delays in treatment and suboptimal care.

These findings align with Nasiri et al. (2020), who identified language barriers as a major issue in Afghanistan's healthcare system. Non-Dari-speaking patients often experience difficulties in understanding healthcare instructions, similar to the challenges reported in the research.

However, Jafari et al. (2020) noted that some NGOs in Afghanistan provide interpreter services, mitigating language-related healthcare disparities. This discrepancy suggests that Kabul lacks structured interpretation services, worsening linguistic barriers.

To address these barriers, healthcare policies should focus on multilingual healthcare staff training and culturally sensitive communication strategies to ensure equitable access for all populations.

A key finding is the widespread lack of trust in public healthcare due to corruption, mismanagement, and inadequate resource allocation. Participants reported inefficiencies in hospital administration and resource distribution, leading to dissatisfaction with public healthcare services.

This is consistent with Barakzai (2018), who found that governance failures in Afghanistan's healthcare sector contribute to unequal service delivery. Similarly, WHO (2020) reported that corruption erodes public trust in medical institutions and leads to inefficient healthcare management.

Global Health Observatory (2021) highlights that improved governance frameworks in other LMICs have enhanced healthcare delivery. It suggests that strengthening oversight mechanisms could help restore trust in Kabul's public healthcare sector.

The findings reinforce the need for governance reforms, improved transparency, and independent oversight mechanisms to enhance public trust and healthcare efficiency.

Gender inequalities remain a significant barrier to healthcare access in Kabul, with many women facing mobility restrictions and a shortage of female healthcare providers.

These findings align with Human Rights Watch (2021) and UNDP (2021), both of which emphasize the systemic exclusion of women from healthcare services in Afghanistan due to social norms and inadequate policy interventions.

Expanding the female healthcare workforce and implementing gender-sensitive healthcare policies are essential steps toward improving healthcare access for women.

Kabul has better healthcare infrastructure than rural areas, yet intra-urban disparities persist, with central hospitals receiving more resources than peri-urban areas. Public hospitals are overcrowded,

while private hospitals, though offering better care, remain financially inaccessible to most residents.

Sadat Akhavi (2008) documented a rural-urban healthcare divide in Afghanistan, though the study primarily focused on rural-urban disparities rather than intra-urban inequalities.

New insights demonstrate how healthcare disparities exist even within urban settings. Policies focused on decentralizing healthcare services and redistributing medical resources more equitably across Kabul are necessary.

The findings confirm existing research on healthcare barriers in Afghanistan while contributing new insights into intra-urban disparities, governance failures, and linguistic challenges. Addressing these issues requires systemic policy interventions, including health insurance reform, governance restructuring, gender-sensitive healthcare policies, and better workforce distribution. These findings highlight the urgent need for collaboration between government agencies, NGOs, and international health organizations to ensure equitable healthcare access for all populations in Kabul.

5. CONCLUSION AND RECOMMENDATIONS

Healthcare access in Kabul remains a complex issue, shaped by economic constraints, infrastructural deficiencies, sociocultural barriers, and governance failures. Decades of war and political instability have weakened the healthcare system, leaving it fragmented and heavily dependent on international aid. While healthcare facilities exist, the quality and accessibility of services remain inconsistent, disproportionately affecting vulnerable populations such as women, low-income families, rural residents, and people with disabilities. The research explores these challenges in-depth, identifying key barriers that prevent equitable access to medical services and highlighting potential policy solutions to address them.

Economic limitations are one of the most significant barriers to healthcare accessibility. Many Afghans struggle with the high cost of medical treatment, which is often beyond their financial means. The absence of a national health insurance system forces individuals to rely on out-of-pocket payments, making healthcare unaffordable for a large portion of the population. Public hospitals, though more affordable, are underfunded, overcrowded, and lack essential resources. Meanwhile, private healthcare facilities offer better services but are accessible only to wealthier individuals, creating a stark divide in the quality of care received by different social classes. The current healthcare financing model prioritizes those who can pay rather than those with the most urgent medical needs, deepening health inequalities.

Governance failures and corruption further weaken Afghanistan's healthcare system. Mismanagement of resources, lack of transparency in hospital administration, and favoritism in policy implementation have led to the inefficient distribution of medical supplies and services. Corruption in procurement processes results in inflated prices for essential drugs, delayed supply chains, and the diversion of healthcare funds. These governance issues not only reduce the quality of medical care but also foster distrust in the public healthcare system. Without significant reforms in healthcare governance, including stricter regulations and accountability mechanisms, service delivery inefficiencies will persist, leaving vulnerable populations underserved.

Sociocultural factors also play a major role in limiting healthcare access, particularly for women. Cultural norms and traditional beliefs restrict women's mobility, often requiring them to be accompanied by a male guardian when seeking medical care. The shortage of female healthcare providers further exacerbates the issue, as many women are uncomfortable receiving treatment from male doctors. As a result, many women delay or avoid seeking medical assistance, leading to higher maternal mortality rates and preventable health complications. The lack of gender-sensitive healthcare policies has made it difficult for women to access reproductive health services, further marginalizing them in an already fragile system. Addressing these disparities requires targeted interventions, including training and employing more female healthcare professionals and ensuring that women can access medical services without social or legal restrictions.

Rural populations face additional obstacles in accessing healthcare services, as most medical facilities and specialized healthcare providers are concentrated in urban areas like Kabul. Many remote villages lack hospitals or clinics, forcing residents to travel long distances to access basic medical care. Poor road conditions and limited transportation infrastructure further delay emergency medical response, increasing mortality rates from preventable conditions. Additionally, rural areas suffer from a critical shortage of trained medical personnel, as most doctors and nurses prefer to work in urban centers where salaries and working conditions are better. Expanding healthcare infrastructure in rural areas, providing incentives for medical professionals to serve in these communities, and investing in mobile healthcare units could significantly improve access to essential services for rural populations.

Language and literacy barriers further complicate healthcare access, particularly for ethnic minorities and displaced communities. Many patients struggle to communicate with healthcare providers due to linguistic differences, leading to misdiagnoses, misunderstandings regarding treatment plans, and a general lack of trust in the medical system. Low literacy levels among patients also contribute to poor health outcomes, as individuals may not fully understand medical prescriptions, preventive measures, or follow-up care instructions. To address these issues, healthcare facilities should incorporate translation services, multilingual health education programs, and community outreach initiatives to improve communication between medical professionals and diverse patient populations.

Technological advancements have the potential to bridge some of these accessibility gaps, particularly in underserved and rural areas. Telemedicine services, mobile health applications, and electronic health records could provide remote consultations, streamline patient data management, and enhance coordination between healthcare providers. However, Afghanistan faces significant barriers to implementing digital health solutions, including unreliable electricity supply, limited internet access, and a lack of digital literacy among both healthcare workers and patients. Expanding technological infrastructure, training medical personnel in digital health practices, and ensuring that telemedicine services are culturally and linguistically inclusive could help make modern healthcare more accessible.

Afghanistan's healthcare system remains heavily reliant on international aid, which, while providing short-term relief, is not a sustainable long-term solution. Foreign donors play a crucial role in funding hospitals, medical training programs, and essential healthcare services, but this dependency creates instability. When political or economic shifts occur, aid funding may be reduced or redirected, leaving Afghanistan's healthcare sector vulnerable. Strengthening domestic healthcare financing mechanisms, such as tax-based health funding and public-private partnerships, is essential to reducing reliance on foreign aid. Long-term sustainability will require a national strategy focused on developing self-sufficient healthcare systems, ensuring consistent funding, and improving overall service delivery.

Comprehensive policy reforms are necessary to overcome the systemic barriers that limit healthcare access in Kabul. Strengthening healthcare governance through transparency initiatives, anti-corruption measures, and better resource management is critical. Financial reforms, including the establishment of a national health insurance program, could make healthcare more affordable for all citizens. Expanding the healthcare workforce, particularly by training more female doctors and incentivizing professionals to work in rural areas, would improve service delivery. Additionally, investment in modernizing medical infrastructure and increasing the availability of essential medicines could enhance the quality and efficiency of healthcare services.

Addressing healthcare disparities in Afghanistan requires collaboration between government agencies, international organizations, and local communities. Policies should prioritize

marginalized populations, including women, low-income families, and rural residents, to ensure that healthcare services reach those who need them most. Community-based healthcare programs, grassroots health initiatives, and awareness campaigns can play a crucial role in improving access to preventive and primary care. Additionally, integrating Afghanistan's traditional healing practices with modern medical advancements could help create a culturally sensitive healthcare system that is more widely accepted by the population.

Ultimately, ensuring equitable and accessible healthcare in Kabul is a complex but necessary task. Without sustained efforts to reform governance, improve infrastructure, and make healthcare more financially accessible, health disparities will continue to widen. Investing in healthcare equity is not just a matter of improving individual health outcomes; it is a crucial step toward strengthening Afghanistan's overall development, stability, and economic resilience. By prioritizing healthcare as a fundamental right and committing to long-term structural changes, Afghanistan can create a system that serves all its citizens, regardless of economic status, gender, or geographic location.

A comprehensive strategy is necessary to improve healthcare access in Kabul, requiring financial restructuring, workforce expansion, infrastructure development, governance reforms, and the integration of modern healthcare solutions. The following recommendations provide targeted interventions to enhance the effectiveness and sustainability of the healthcare system.

Expand Healthcare Financing and Insurance Systems

- Develop a national health insurance program that ensures essential healthcare services are covered for all citizens, regardless of income.
- Introduce a tiered health insurance model that offers government subsidies for lower-income groups while allowing middle- and high-income earners to contribute, reducing reliance on out-of-pocket expenses.
- Strengthen public healthcare funding by allocating a higher percentage of national resources to health services, ensuring affordability and accessibility for marginalized populations.

- Implement cost regulation policies to prevent price exploitation by private healthcare providers, pharmaceutical companies, and diagnostic service providers, ensuring affordability without compromising service quality.

Strengthen Healthcare Workforce Development

- Expand medical education programs by offering scholarships and tuition support for students from rural and underserved communities to train as healthcare professionals.
- Introduce mandatory service agreements for government-funded medical graduates, ensuring they contribute to public healthcare before pursuing private sector careers or international opportunities.
- Enhance medical training and specialization programs in areas such as oncology, cardiology, and maternal healthcare to meet the demand for specialized services.
- Establish incentive-based employment programs that offer financial rewards, housing, and career progression opportunities for healthcare professionals willing to serve in remote and conflict-affected areas.
- Improve working conditions for medical professionals by ensuring fair wages, protection from workplace hazards, and access to modern medical equipment and technology.

Improve Healthcare Infrastructure

- Modernize public healthcare facilities by upgrading existing hospitals, expanding the number of beds, and improving sanitation and medical equipment availability.
- Construct new healthcare centers in underdeveloped urban districts and rural areas to reduce overcrowding in major hospitals and improve access for remote communities.
- Develop regional emergency medical hubs to ensure that trauma care, surgical interventions, and specialized treatments are available outside of Kabul.
- Establish a centralized procurement system to ensure the fair distribution of medical supplies and equipment to all healthcare facilities, preventing shortages and misallocation.
- Encourage public-private partnerships to facilitate investment in modern healthcare facilities and introduce efficient management practices in government hospitals.

Address Gender Inequality in Healthcare

- Expand women-focused healthcare programs that offer reproductive health, maternity care, and mental health services tailored to female patients' needs.
- Provide specialized training for female healthcare workers in obstetrics, gynecology, and general practice to increase the number of female medical professionals in Afghanistan.
- Improve cultural competency training for healthcare professionals to ensure gender-sensitive patient interactions and promote equitable treatment in both public and private facilities.
- Establish women-only healthcare centers in conservative areas where cultural norms prevent female patients from seeking care in mixed-gender environments.

Enhance Rural Healthcare Access

- Expand community-based healthcare initiatives that deploy mobile clinics and community health workers to reach isolated populations with essential medical services.
- Improve rural emergency response systems by investing in ambulance services, air medical transport for critically ill patients, and establishing regional trauma centers.
- Incentivize healthcare professionals to work in rural areas by offering rural hardship allowances, professional development opportunities, and housing benefits.
- Develop integrated referral systems to ensure that patients from rural clinics are efficiently transferred to specialized healthcare centers when needed.

Leverage Technology for Healthcare Access

- Expand telemedicine services to connect patients in rural and conflict-affected areas with specialists in urban medical centers, reducing the burden on healthcare infrastructure.
- Develop multilingual mobile health applications that provide medical guidance, appointment scheduling, and remote consultations, ensuring accessibility for diverse linguistic communities.

- Implement electronic health records across public and private healthcare facilities to enhance continuity of care, streamline patient data management, and reduce diagnostic errors.
- Strengthen health information systems to track disease outbreaks, assess healthcare demand, and optimize resource distribution across facilities.

Strengthen Governance and Reduce Corruption

- Establish independent regulatory bodies to oversee healthcare funding, procurement, and resource allocation, ensuring transparency and reducing financial mismanagement.
- Decentralize healthcare administration by granting greater decision-making power to regional and municipal health authorities, improving responsiveness to local healthcare needs.
- Implement digital tracking systems for procurement and financial transactions to minimize corruption and ensure fair distribution of medical supplies.
- Encourage community involvement in healthcare oversight by forming local health committees that monitor service delivery and hold public hospitals accountable for patient care.

Develop Sustainable International Partnerships

- Strengthen collaborations with global health organizations such as WHO, UNICEF, and international NGOs to support maternal health, vaccination campaigns, and disease prevention initiatives.
- Attract foreign direct investment in Afghanistan's healthcare infrastructure, encouraging private companies to invest in hospital construction, pharmaceutical production, and medical research.
- Facilitate training exchange programs with international medical institutions, allowing Afghan healthcare professionals to gain specialized skills and bring global best practices into local hospitals.

Future Research and Policy Developments

- Establish research institutions focused on healthcare policy, providing data-driven insights to guide government decision-making.
- Conduct nationwide health surveys to assess disease prevalence, healthcare access gaps, and patient satisfaction, informing policy reforms.
- Encourage longitudinal studies on healthcare outcomes to track the effectiveness of newly implemented programs and identify areas for improvement.

Addressing Afghanistan's healthcare challenges requires continuous research to inform policy decisions and improve healthcare access. Many issues affecting the healthcare system remain underexplored, and targeted studies can provide data-driven solutions to enhance service delivery, reduce inequities, and create long-term sustainability. The following areas of research are crucial for the future of Afghanistan's healthcare system.

Impact of Health Insurance on Healthcare Accessibility

- Investigate whether the introduction of a national health insurance system would improve access to medical services for low-income families. Many Afghans struggle to afford even basic medical treatments, and research should assess whether different insurance models can bridge this gap.
- Study the financial burden of out-of-pocket healthcare payments on Afghan households, particularly in rural areas where poverty rates are higher. This can guide policymakers in determining the level of government support required.
- Evaluate the economic feasibility of subsidized health insurance, considering Afghanistan's financial constraints and reliance on international aid.

Effectiveness of Telemedicine in Expanding Healthcare Access

- Assess the impact of telemedicine programs in areas where there are no specialists available, such as rural provinces with no cardiologists or oncologists.
- Study internet and electricity accessibility to determine how practical digital healthcare solutions would be in remote areas, where power outages and lack of stable internet are common.
- Analyze whether patients trust telemedicine services or if they prefer in-person consultations, and what factors influence their willingness to use remote healthcare options.

Gender-Based Disparities in Healthcare Access

- Investigate how cultural restrictions on women's mobility affect their ability to seek timely healthcare. Many women, especially in conservative regions, need male family members to accompany them to clinics, delaying necessary treatment.
- Assess the availability of female healthcare providers and the consequences of their shortage, particularly in maternal and reproductive health services.
- Examine whether community health initiatives, such as training local midwives and female nurses**,** can improve healthcare access for women in rural areas.

Corruption in Healthcare Governance

- Conduct research on bribery in public hospitals, particularly in large cities like Kabul, where patients may need to pay extra to receive timely treatment.
- Investigate how medical supply corruption impacts the availability of essential medicines, as reports suggest that some hospitals lack basic drugs due to mismanagement.
- Study the financial transparency of healthcare funding, identifying where budget misallocations occur and how they affect service delivery.

Impact of International Aid on Healthcare Sustainability

- Assess whether foreign aid dependency is preventing the Afghan government from developing a self-sustaining healthcare system.
- Study how fluctuations in donor funding impact healthcare service availability, particularly in programs for maternal health, vaccination, and emergency response.
- Investigate how Afghanistan can gradually transition from aid dependency to self-reliance in healthcare financing.

By focusing on these future research directions, Afghanistan can address key healthcare challenges through data-driven policymaking. Understanding the real-life obstacles that citizens face in accessing care will help design policies that are both effective and practical, ensuring a stronger, more resilient healthcare system for future generations.

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APPENDIX

Research Questionnaire (Persian and English)

- **Persian Version**

عوامل اقتصادی-اجتماعی

1. بی‌ثباتی اقتصادی چگونه بر دسترسی به خدمات صحی در افغانستان تأثیر می‌گذارد؟
2. بزرگترین موانع مالی برای دسترسی به خدمات صحی برای خانواده‌ها در جامعه شما چیست؟
3. فقر چگونه بر کیفیت خدمات صحی که افراد دریافت می‌کنند تأثیر می‌گذارد؟
4. آیا در منطقه شما کمبود کارکنان بهداشتی وجود دارد؟ این کمبود چه تأثیری بر خدمات صحی دارد؟
5. افزایش هزینه‌های دارو و تجهیزات پزشکی چگونه بر دسترسی به خدمات صحی تأثیر می‌گذارد؟
6. وضعیت اشتغال چه نقشی در دسترسی به خدمات صحی ایفا می‌کند؟
7. خانواده‌ها چگونه با بار مالی خدمات صحی کنار می‌آیند؟
8. منابع اصلی تأمین مالی خدمات صحی در منطقه شما چیست؟
9. سوءتغذیه چه تأثیری بر سلامت و رفاه خانواده‌ها در جامعه شما دارد؟
10. نابرابری جنسیتی چگونه بر توانایی زنان برای پرداخت هزینه‌های خدمات صحی تأثیر می‌گذارد؟

محرومیت ها و موانع ها

1. بزرگترین موانع برای زنان و کودکان در دسترسی به خدمات صحی چیست؟
2. هنجارها و سنت‌های فرهنگی چگونه بر دسترسی گروه‌های محروم به خدمات صحی تأثیر می‌گذارد؟
3. چرا افراد دارای معلولیت اغلب با چالش‌های بیشتری در دسترسی به خدمات صحی مواجه می‌شوند؟
4. زیرساخت‌های ناکافی چگونه بر ارائه خدمات صحی در مناطق روستایی تأثیر می‌گذارد؟
5. چه استراتژی‌هایی می‌توان برای افزایش تعداد کارکنان بهداشتی زن در مناطق محروم به کار گرفت؟
6. چه چالش‌هایی مانع استفاده کامل از امکانات بهداشتی در مناطق دورافتاده می‌شود؟
7. نقش‌های جنسیتی چگونه بر نگرش‌ها نسبت به سلامت مادران و برنامه‌ریزی خانواده تأثیر می‌گذارند؟
8. بزرگترین موانع برای جوامع روستایی در دسترسی به خدمات صحی چیست؟

حکومت داری

1. بزرگترین چالش‌ها در بازسازی سیستم بهداشتی افغانستان چیست؟
2. خروج کمک‌های بین‌المللی چه تأثیری بر ارائه خدمات صحی در منطقه شما داشته است؟
3. چه اقداماتی می‌توان برای تقویت سیستم بهداشتی افغانستان انجام داد؟
4. حاکمیت غیرمتمرکز چگونه بر ارائه خدمات صحی در مناطق روستایی تأثیر می‌گذارد؟
5. رسانه های اجتماعی چه نقشی در بهبود ارائه خدمات صحی دارند؟
6. چه اقداماتی برای بهبود تأمین مالی خدمات صحی و کاهش هزینه‌های مستقیم بیماران لازم است؟
7. سیاست‌های فعلی تا چه حد در حفاظت از حق دسترسی به خدمات صحی برای گروه‌های آسیب‌پذیر مؤثر هستند؟
8. چه چالش‌هایی در جذب و نگهداری کارکنان بهداشتی در مناطق روستایی وجود دارد؟
9. سازمان‌های غیردولتی چگونه می‌توانند به بهبود ارائه خدمات صحی در مناطق محروم کمک کنند؟
10. موانع اصلی در ایجاد یک سیستم پزشکی اورژانس مؤثر در افغانستان چیست؟

- **English Version**

Socioeconomic Factors

1. How does economic instability affect access to healthcare in Afghanistan?
2. What are the biggest financial barriers to healthcare for families in your community?
3. How does poverty impact the quality of healthcare people receive?
4. Is there a shortage of healthcare workers in your area? How does this affect healthcare services?
5. How do rising costs of medicine and supplies influence healthcare availability?
6. What role does employment status play in ensuring access to healthcare?
7. How are families coping with the financial burden of healthcare services?
8. What are the main sources of funding for healthcare in your area?
9. How does malnutrition affect the health and well-being of families in your community?
10. How does gender inequality impact healthcare affordability for women-headed households?

Marginalized Groups and Barriers

1. What are the biggest barriers for women and children in accessing healthcare?
2. How do cultural norms and traditions influence healthcare access for marginalized groups?
3. Why do people with disabilities often face more challenges in accessing healthcare services?
4. How does inadequate infrastructure affect healthcare delivery in rural areas?
5. What strategies can be used to increase the number of female healthcare workers in underserved areas?
6. How are mental health services currently integrated into your community's healthcare system?
7. What challenges prevent remote healthcare facilities from being fully utilized?
8. How do gender roles affect attitudes toward maternal health and family planning?
9. What are the biggest barriers for rural communities in accessing healthcare?
10. How has the availability of community-based healthcare programs changed healthcare access?

Governance

1. What are the most significant challenges in rebuilding Afghanistan's healthcare system?
2. How has the withdrawal of international aid affected healthcare delivery in your area?
3. What measures can be taken to strengthen Afghanistan's healthcare system?
4. How does decentralized governance impact healthcare service delivery in rural areas?
5. What role do community initiatives play in improving healthcare delivery?
6. What steps are needed to improve healthcare financing and reduce out-of-pocket costs?
7. How effective are current policies in protecting vulnerable groups' right to healthcare?
8. What challenges exist in recruiting and retaining healthcare workers in rural areas?
9. How can NGOs contribute to improving healthcare delivery in underserved areas?
10. What are the key governance barriers to establishing an effective emergency medical system?

Ethical Approval

Serial number **8700963**

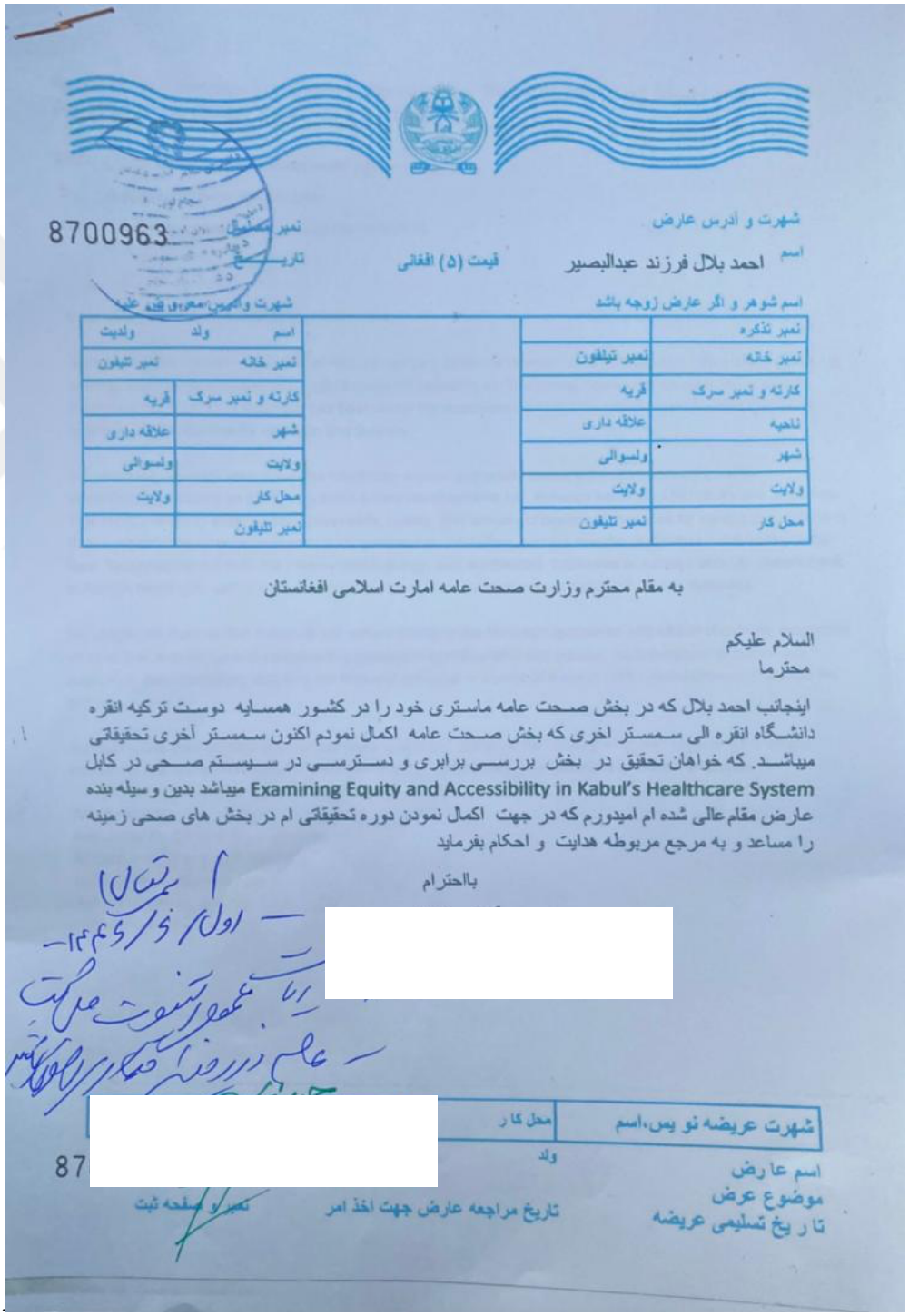
To the Health Ministry Ethics Committee,

My name is Dr. Ahmad Bilal Langaryan, and I am currently a master's student at Ankara University in the Department of Health Sciences. As I am in my last semester, I am writing to request your support in obtaining ethical approval for my thesis proposal titled "Examining Equity and Accessibility in Kabul's Healthcare System."

As part of my research, I seek to conduct interviews and gain access to health system data within Kabul. The information is crucial for understanding the challenges and opportunities within the region's healthcare landscape. I believe that obtaining ethical approval is essential to ensure that my research adheres to the highest standards of integrity and respect for participants.

I would greatly appreciate your assistance in facilitating this process and look forward to your positive response.

Thank you for your time and consideration.



شهرت و آدرس عارض

نمبر مسلسل 8700963

تاریخ

قیمت (۵) افغانی

اسم احمد بلال فرزند عبدالبصیر

اسم شوهر و اگر عارض زوجه باشد

نمبر تذکره			
نمبر خانه	نمبر تیلفون		
کارته و نمبر سرک	قریه		
ناحیه	علاقه داری		
شهر	ولسوالی		
ولایت	ولایت		
محل کار	نمبر تلیفون		

اسم	ولد	ولدیت	
نمبر خانه		نمبر تلیفون	
کارته و نمبر سرک		قریه	
شهر		علاقه داری	
ولایت		ولسوالی	
محل کار		ولایت	
نمبر تلیفون			

به مقام محترم وزارت صحت عامه امارت اسلامی افغانستان

السلام علیکم
محترما

اینجانب احمد بلال که در بخش صحت عامه ماستری خود را در کشور همسایه دوست ترکیه انقره دانشگاه انقره الی سمستر اخری که بخش صحت عامه اکمال نمودم اکنون سمستر آخری تحقیقاتی میباشد. که خواهان تحقیق در بخش بررسی برابری و دسترسی در سیستم صحی در کابل Examining Equity and Accessibility in Kabul's Healthcare System میباشد بدین وسیله بنده عارض مقام عالی شده ام امیدورم که در جهت اکمال نمودن دوره تحقیقاتی ام در بخش های صحی زمینه را مساعد و به مرجع مربوطه هدایت و احکام بفرماید

بالاحترام

[redacted]

شهرت عریضه نو یس،اسم	محل کار	
اسم عارض	ولد	
موضوع عرض		
تاریخ تسلیمی عریضه	تاریخ مراجعه عارض جهت اخذ امر	نمبر و صفحه ثبت

[redacted]

Curriculum Vitae

- **Personal Information**

Name-Surname: Ahmad Bilal LANGARYAN

- **Education Information**

Undergraduate Degree: Parwan University, Faculty of Language and Literature
(2016 January – 2019 December)
Afghan Swiss Medical University Faculty of Curative Medicine
(2016 January – 2022 February)

Graduate Degree: Ankara University, Faculty of Health Sciences, Department of Healthcare Management, Master Degree with Thesis
(2022 February-2025 February)

- **Job Experiences**

Medical Observer:	Afghan Swiss Medical University (June 2017 - January 2018)
Medical Intern:	Sehate Shahar Hospital (February 2019 - March 2O20)
Medical assistant:	Ariana Medical Complex (April 2020 - January 2023)
Executive Director	Wade-e-Danish Network (June 2018 - December 2020)
Health Program Secretary	Chief Executive of Afghanistan office's health department (January 2020 - December 2020)