

Afghanistan's Intervention
Agenda Item – UHC - EB152/5

Madam Chair,

To be specific and answering the questions:

- While I appreciate the efforts of WHO and member states in joining forces to reorient health systems toward PHC as a foundation for UHC, we should also take this reality into account that we live in a diverse world, with diverse level of development, needs and capacities.

We experience an increase in the number of fragile and conflict affected countries, where either the national government does not exist or it is not capable of fulfilling its commitments toward its population's health especially at secondary and tertiary levels, humanitarian agencies are focusing on short term, project based lifesaving interventions through vertical programs which further undermines the national health systems, OOP reaches new records, violence against women is common and the main labor force is the 20-50 years old men already suffering from NCDs –the dominant theory is the sole focus on PHC, external aid is interested and focused solely on PHC, and private sector is unregulated and incompetent of providing quality health services – in such contexts it is important to think how can we ensure the health of the labor force already affected by NCDs, while the PHC as the screening point for NCDs will not help him with his back pain, diabetic foot or severe depression. Especially when they run the economy and safeguards the family.

Afghanistan health system is a valid example, while we do appreciate the contribution of the international community, the health system was designed to help mothers and children, but incapable of fulfilling the needs of the most productive role players the economy of a conflict affected, conservative and gender inequitable society.

Madam Chair - these are the realities on the ground.

- With that said, while we commend and support the current focus on PHC as the path toward UHC,
- First, I propose a balance in our resource allocation, not only financially, but in policy and strategy level as well to make sure we start our path with PHC toward UHC, but do not finish there and ensure a wholistic approach which covers the healthcare continuum as a whole, not in a fragmented approach. A balance between Sickness Systems and Preventive Systems to ensure we strengthen the Health Systems
- Second, we recommend context-oriented recommendations for fragility and conflict affected countries with above mentioned challenges where the fit for all designs will not help
- And my last point specifically related to the case of Afghanistan, universal health coverage in Afghanistan as the only country in the world where women and girls are not allowed to access education will remain a dream unless we address the issue of female healthcare workers education on which there is a ban by the de facto authority at the moment, WHO EB is expected to take the lead by forming a coalition and advocate for medical and paramedical education for Afghan girls as a step toward global access to education and work for Afghan women and girls.

I thank you, Madam Chair