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NOTE

From:	General Secretariat of the Council
On:	9 September 2026
To:	Delegations
Subject:	Humanitarian needs in Afghanistan, a focus on food insecurity - presentation by Médecins Sans Frontières International

Following the meeting of the Working Party on Humanitarian Aid and Food Aid (COHAFA) on 8 September 2026, delegations will find in Annex the presentation made by Médecins Sans Frontières International (MSF) [1][2].

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1 Médecins Sans Frontières International, identification number in the EU Transparency Register: 928308827208-10.

2 This document contains a presentation by an external stakeholder and the views expressed therein are solely those of the third party it originates from. This document cannot be regarded as stating an official position of the Council. It does not reflect the views of the Council or of its members.

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

Afghanistan: A Health System under Strain

MSF Activities, Humanitarian Needs and Gaps

08 September 2026

Shahbaz Israr Kahn, Head of MSF Operations for Central Asia and Europe

CALLS TO EU MEMBER STATES

1 Reverse the funding

Ahead of a projected 2027 cut of up to 63% to health-sector funding, member states should ring-fence and front-load sustained development aid to avoid the collapse of the health sector, and ensure humanitarian funding are not decreased.

1 Address barriers to women's access to healthcare and support the female health workforce education

This should be accompanied by sustained funding for practical education and professional development opportunities for women, support to women and girls' focused health activities, and context-adapted alternatives that help preserve the availability of female health workers and ensure women and girls can safely access essential healthcare.

MSF PRESENCE ACROSS AFGHANISTAN

Where MSF works (2025)

- Mazar-i-Sharif
- Bamyan
- Herat
- Lashkar Gah
- Kunduz
- Kunar (project region)
- Khost
- Kandahar

3,600
MSF staff in Afghanistan

€69M

2

2025 MEDICAL FIGURES

429,200
Emergency room admissions

307,400
Outpatient consultations

129,400
Patients admitted to hospital

54,300
Births assisted (incl. 3,210 C-sections)

43,900
People treated for measles

16,300
Surgical interventions

10,300
Children in inpatient feeding programmes

120
People started on DR-TB treatment

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OVERBURDENED HEALTH FACILITIES

Increased Malnutrition Despite a **35%** **expansion in therapeutic feeding capacity (57 beds)**, admissions of severely malnourished children in southern Afghanistan increased by **more than 30%**, pushing health facilities beyond capacity and leaving critical needs unmet.

Infants in Khost NICU in 2025-26 Most with Sepsis, low birth or birth asphyxia.

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WHAT MSF FACILITIES ARE OBSERVING

+23%	+21% | 160%	+56% | 100%
Khost normal deliveries, 2025 vs 2024	Lashkar Gah ITFC increase | BOR	Kandahar ITFC increase | BOR

Khost Q1 2026	+8.5% vs Q4 2025; +19% vs Q1 2025
Herat ITFC	95% under 1 year; 50% under 6 months
Balkh paediatrics	160% BOR in Q1 2026
System constraints	Reduced EPREP capacity; shortages in WFP nutrition products; medicine ruptures in BPHS/EPHS facilities.
Patient impact	User fees imposition; children and maternal deaths from delayed access to care.

Scaling up the activities

1 **Khost**	Expand health-facility coverage for BEmONC
2 **Eastern Region**	Third project in Nangarhar
3 **Balkh**	June/July assessment to initiate decentralised primary healthcare
4 **Women's access**	New initiatives on access to health
5 **Capacity**	Increase the number of beds

5

AN HEALTHCARE SYSTEM UNDER STRAIN

440+ clinics closed since 2025

Major donors, including the US and European countries, cut or reduced funding, pushing demand at MSF facilities beyond capacity, particularly for paediatric and maternal care.

Health facilities across provinces face issues related to medicines supply

Some types of healthcare services and medicines are unreachable, either because they are scarce or unavailable.

Delayed critical assistance

Weak local access means people delay seeking help until complications set in; poor rural vaccine coverage has driven a surge in measles outbreaks among children.

Returnees add further strain

Large-scale returns are expected to place additional pressure on a health system that is already over capacity.

€ Funding shortfall ahead

up to 63%

possible cut to Afghanistan's health-sector funding from 2027

From a baseline of $270M/year in primary and secondary health funding - putting primary healthcare, immunisation, maternal and child health, and nutrition further at risk.

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WOMEN FACING INCREASED EXCLUSION

Mahram requirement strengthened

New decrees expand the male-guardian (mahram) requirement, restricting women's independent movement to access care.

Nov 2025 burqa mandate — Herat

A mandate for patients, caregivers and staff at Herat's public health facilities caused an almost immediate drop in patients at the regional hospital.

Women's rights and autonomy under increasing pressure

There are broader challenges experienced by women beyond access to healthcare: increasing discrimination and exclusion, especially since 2021, which limit women's autonomy, freedom, safety, and participation in public life.

Female health workforce shortages threaten continuity of care

Critical challenges in recruiting and retaining qualified female nurses are putting women-only medical services and quality of care at risk.

6 June 2026

An MSF staff member detained

A female MSF staff member was accused of not complying with the imposed dress code and detained for two days by the Ministry for the Promotion of Virtue and Prevention of Vice, at Herat Regional Hospital where she works in the MSF-supported paediatric department.

A COMPOUNDING, PREDICTABLE PATTERN

What's converging

- Funding cuts
- Closure of community-level services
- Mass returns
- Supply disruptions
- Restrictions on women and the female workforce
- Disease outbreaks and poverty

The bottom line

Infrastructure or equipment alone are not sufficient. The priority is preserving service functionality:

- Staff, medicines and supplies
- Outreach, transport and referral systems
- Community-level screening
- Pathways for the female health workforce and access to education
- Continuity of care from community to inpatient level