**Regional Cooperation and Healthcare Improvement. India's role in supporting Afghanistan's Healthcare System**

**ABSTRACT**

**Aim:** To analyze the healthcare challenges and improvements in Afghanistan.To understand India's support and its possible influence on the healthcare system in Afghanistan through multifaceted engagement and its support post-2021.

**Methodology:** The information for this study was collected from various resources utilizing qualitative and quantitative approaches, national and international organization reports, as well as from printed and electronic media sources.

**Result:** Since 2001, India and Afghanistan have collaboratively worked across multiple fields. In the field of healthcare, India's efforts include infrastructure development, such as construction, capacity building, and training, pharmaceutical support and medicine supply, and public health initiatives. After the collapse of the Afghan government in 2021, India also remained a stable supplier of medications and humanitarian aid to Afghan society. Its support is rooted in transparency and long-term commitment.

**Conclusion:** Regional cooperation is essential for strengthening the healthcare system in conflict-affected settings. India’s bilateral relationship with Afghanistan indicated how strategic engagement impacts the overall improvement of public health.

**Keywords:** India-Afghanistan bilateral relations, humanitarian support, healthcare challenges, foreign aid, social welfare

**INTRODUCTION**

According to the United Nations Committee for Development Policy (2024), Afghanistan is one of the least developed countries due to its low human assets, high economic vulnerability and low-income levels. Its healthcare system has long been marked by insufficient infrastructure and unequal access to essential services. Decades of conflict and political and economic instability have left the country with weak institutions and minimal capacity to provide essential services. Afghanistan's healthcare system has historically been underfunded and understaffed, with significant disparities between rural and urban areas. Access to health services remained limited, particularly for women and children, and the country continues to have high child and maternal mortality rates compared to the regional and global averages (Pilsczek, 1996). During the previous Taliban regime in the 1990s, the healthcare system faced huge challenges, including shortages of healthcare professionals, deficiencies in public health infrastructure, and limited accessibility to services. In response to these systematic failures, a contracting-out model, particularly the Basic Package of Health Services (BPHS), was implemented by externally funded NGOs across 31 out of 34 provinces of Afghanistan in 2003. This initiative, supported by the European Union, the World Bank, and the U.S. Agency for International Development (USAID), addressed critical health issues influenced by years of conflict and civil wars. Its main goal was to deliver essential services, particularly in nutrition, maternal and newborn health, child health, and infectious diseases, to rural people through NGO partnerships (Mitchell, 2017; Strong, 2005). These services dramatically enhanced health coverage, especially in rural areas of Afghanistan.

While foreign funding from global institutions and donor governments has played a significant role in supporting and rebuilding Afghanistan's healthcare sector, regional partners have also made substantial contributions. Among them, India has been the most active partner consistent partner since 2001. Along with the history of political and cultural relations, India has chosen an engagement strategy based on soft power, people-to-people interactions, and nonmilitary forms of support. This country has also focused on reconstruction, humanitarian aid, and socio-economic development. This approach is shown in its investments in several sectors, including education, agriculture, infrastructure, and healthcare (Mullen, 2013; Zazai & Rahmani, 2024). Besides India’s major infrastructure projects in Afghanistan, its contributions to the health sector include the construction and renovation of health facilities. The most notable project is the Indira Gandhi Institute of Child Health, which has become the central pediatric hospital in the country. It also provided training for medical professionals, medical supplies and ambulances that were impactful for a conflict-affected and low-income country. Therefore, India continued its humanitarian assistance even after the Taliban returned to power in 2021, when the political situation in Afghanistan became complicated and international donors froze their funding (Shekhawat, 2023). This study contributes to a better understanding of India and Afghanistan's bilateral relationship by showing how regional collaboration and strategic cooperation could help conflict-affected countries, and also focuses on India’s health-related assistance as an example of development diplomacy and providing insight into how this relationship boosts vital areas like public health through multifaceted projects.

Picture 1: India’s support for Afghanistan.

**OBJECTIVES**

The study has tried to accomplish the following goals: To analyze the healthcare challenges and improvements in Afghanistan.To understand India's support and its possible influence on the healthcare system in Afghanistan through multifaceted engagement. To explore India’s support post-2021.

**METHODOLOGY**

This research employed a qualitative analysis of secondary data to observe India’s role in supporting the Afghanistan healthcare system. The study followed a descriptive and analytical method, including a historical overview, and content analysis of cooperation development initiative and policy evaluation.

Data collection: The data was collected from various resources utilizing qualitative and quantitative approaches, national and international organization reports, as well as from printed and electronic media sources.

Scope of data: The timeframe of the study analysis spans from 2000 to 2025, concentrating on two phases: pre-2021 and post-2021 periods. The analytical framework: Thematic analyses were used to organize the collected data into four categories: Afghanistan’s healthcare system challenges, India’s support, improvement of the healthcare system, and India’s contribution post-2021. This study illustrates India’s support through strategic engagement and regional cooperation. Themes such as health infrastructure development, capacity building, services delivery enhancement and emergency medical help were identified and analysed.

**AFGHANISTAN’S HEALTHCARE SYSTEM CHALLENGES**

Afghanistan has a long history of internal instability due to civil conflicts and wars (Bloch, 2021), and the healthcare system obstacles in this country are deeply rooted in its political instability and conflict, which have worsened long-lasting problems (Palmer et al., 2006; Richards & Little, 2002). Even before the soviet invasion in 1979, this country faced severe health challenges, including a shortage of medical professionals. In 2004, there was one medical facility for every 27,000 people, while some health centers were responsible for 28 as many as 300,000 people (Saikal,1985).

The healthcare infrastructure remains underdeveloped, with basic laboratory and radiological services and a lack of advanced technologies (Blanchet et al., 2019). The concentration and migration of medical workers from rural to urban areas like Kabul have further strained rural healthcare services. Historical disruptions, such as discontinuing postgraduate medical education programs, inadequate availability of essential medical supplies, and difficulties accessing remote and conflict-affected areas, have increased the issues. Adapting to these constraints has been particularly challenging, leaving the healthcare system insufficient in Afghanistan(Roien et al., 2021).

Therefore, according to Aljazeera (2019), insecurity and economic instability in many regions make it difficult to deliver healthcare services. Health workers face threats, and facilities are sometimes targets of violence, further shackling service delivery. The war conflict in Afghanistan continues to impact daily life and restrict access to sufficient healthcare. The ongoing insecurity and economic instability contribute to difficulties in accessing medical services and worsen the overall health crisis, particularly in remote areas. The lack of access to healthcare has had severe consequences, including the death of family members or close friends for one in five people within the last few years(Carthaigh et al., 2015). Consequently, the main reason Afghanistan relied heavily on foreign aid was to support its healthcare system. Decades of conflict, insecurity, weak infrastructure, instability, and a weak economy have limited the Afghan government's capacity to fund and sustain healthcare services independently. International donors, including countries, NGOs, and international organizations, have been the primary sources of funding for healthcare initiatives in Afghanistan (Maizland, 2022; Waldman et al., 2006).

According to the World Bank (2022), Afghanistan received $4,656.34 million in foreign aid in 2021, up from $4,208.49 million in 2020, while the world average was $973.45 million. From 1960 to 2021, Afghanistan’s foreign aid averaged $1,442.63 million, with a minimum of $2.65 million in 1986 and a maximum of $6,745.74 million in 2011 (See Figure 1).

Figure 1. Afghanistan’s foreign aid



 ***Note:*** *from “Net official development assistance and official aid received (current US$)-Afghanistan”, The World Bank Group. https://data.worldbank.org/indicator/DTODA.ALLD.*

*CD?name\_desc=false&locations=AF. CC BY-4.0.*

International donors' support has been essential in supporting Afghanistan's healthcare since 2001. Numerous bilateral, multilateral and non-government organizations helped to rebuild and expand the healthcare system. According to the World Health Organisation (2022), more than a dozen countries and organizations, including the United States, the European Union, Canada, Japan, Germany and Italy, the UN central emergency response fund (CERF), Afghanistan reconstruction trust fund (ARTF), and the Global Fund have consistently supported the Afghan healthcare system.WHO and UNICEF have also provided essential technical and operational support for the national vaccination campaign for health care services

These supports had a significant impact on Afghanistan's economic growth between 2001 and 2020. Studies show that foreign aid has an essential role in supporting the country’s growth by funding public services, fostering economic activities, and rebuilding infrastructure. Comparing domestic employment and investment, foreign aid was shown to be the most important driver for growth (Hamdard et al., 2023). Despite receiving foreign aid over the past decades, the healthcare system in Afghanistan has encountered many challenges. It is heavily dependent on external support due to a shortage of skilled healthcare employees and political instability.

**INDIA'S SUPPORT**

India and Afghanistan have a close political and cultural relationship shaped by the countries' historical links and regional interests. However, during the Taliban regime (1996-2001), India discontinued diplomatic relations as it did not recognize the Taliban authority. After the regime collapsed in 2001, India re-established its diplomatic presence and became a major donor to Afghanistan’s reconstruction and development initiatives (Pant, 2010). Its support included aid in health, education, banking, agriculture, and infrastructure projects like the Zaranj-Delaram highway, the Salma Dam, and the Afghan Parliament building (Bajoria, 2009).

 The below figure shows India's support for Afghanistan in different sectors, with the most considerable contributions going to energy (42.69%), emergency aid (16.62%), and government administration (13.11%). While the health sector receives only 2.17% of the total support, its impact is still significant. India's investment in healthcare has helped train medical workers, build hospitals, and improve access to essential medicines. Despite the smaller percentage, this contribution has significantly supported Afghanistan's healthcare system and public health (See Figure 2).

 Figure 2: Division of India's Reconstruction Support to Afghanistan Across Sectors.

(2006–07 to 2016–17)



***Note****: Deta adapted from SOHINI BOSE, “Bridging the Healthcare Gap in Afghanistan: A Primer on India's Role”, and Rani D. Mullen, “India in Afghanistan: Understanding development assistance by emerging donors to conflict-affected countries”.* *Changing Landscape of Assistance to Conflict-Affected States: Emerging and Traditional Donors and Opportunities for Collaboration Policy Brief # 10.*

In 1966, India built a children's hospital in Afghanistan. This hospital was later named the Indira Gandhi Hospital for Child Health (IGHCH), which significantly contributed to healthcare improvement in the region (Mullen, 2017). This hospital initially closed in 1992 due to war and reopened in 2003 with additional facilities, including a three-story surgical block and modern diagnostic equipment. Today (IGHCH) is the largest pediatric hospital in Afghanistan, treating over 300,000 children annually. This facility has been significant in addressing the high level of child and maternal mortality rates (Shanti, 2018). Therefore, Indian medical institutions were involved in training Afghan healthcare professionals. According to Drishti IAS (2019) report, the All-India Institute of Medical Sciences has conducted training programs for Afghan doctors, while telemedicine projects have connected Afghan hospitals with their Indian counterparts. These efforts have enhanced the skill set of Afghan medical personnel and improved healthcare delivery through remote consultations.

Additionally, this country provided the Women's Vocational Training Center (WVTC) in Bagh-e-Zanana for training Afghan women in nursery, garment making, plantation, food processing, and marketing. Moreover, India employed the Indian Medical Mission in Afghanistan in 2001, which involved teams working in different parts of the country to provide medical care. This initiative involved deploying teams of medical professionals to various regions of Afghanistan to provide much-needed healthcare services. The mission aimed to address the shortage of medical facilities and professionals (Simalti, 2009).

The country provided essential medical supplies and established facilities to address urgent health needs, including ambulances to regional hospitals. The successful implementation of these facilities was vital in treating patients with severe conditions (Singh et al., 2023). Besides Iran, Pakistan, and China, India's pharmaceutical industry plays an important role in providing medicines to Afghanistan. Indian pharmaceutical firms participated in Afghan health sector exhibitions and collaborations, ensuring the availability of essential drugs in the country (Kokabisaghi et al., 2022). India also contributes to the Afghan Red Crescent Society, supporting initiatives like treating congenital heart diseases in children (Roy, 2018).

India's approach to supporting Afghan healthcare through direct and indirect means has made a considerable impact. The rebuilding of healthcare infrastructure, the provision of emergency medical services, and the enhancement of medical training have collectively improved health outcomes in Afghanistan (Harkins, 2014). Before 2021, India was the primary destination for Afghan medical tourists due to its affordable healthcare services. The liberalization of visa policies facilitated this trend, allowing Afghans to receive medical treatment in India. It led to a substantial increase in medical tourism from Afghanistan, with India becoming a preferred location for treatment (Saifullah, 2021).

**IMPROVEMENT OF THE HEALTHCARE SYSTEM**

Afghanistan's healthcare system has experienced a significant improvement over the past two decades, particularly in maternity and child health. The bold decision made in Afghanistan in 2002 to provide public health services through donor-funded contracting of predefined healthcare packages was intended to support broader state-building efforts and generate a peace dividend (Michael et al., 2013). The extension of basic health services improved vaccination programs and extended access to qualified birth attendants, which have helped to reduce mother and child mortality (Akseer et al., 2016).

According to the Ministry of Public Health, "In 2003, only 9% of Afghans had access to healthcare services,". In contrast, today, up to 67% of Afghans have access to the Basic Package of Health Services and essential hospital services provided by over 2,200 health facilities across all 34 provinces, and more than 23,000 volunteer health workers assisted the MoPH throughout the country (World Bank, 2015).

According to a World Bank review, Afghanistan made significant progress in the healthcare sector from 2002 to 2017. The percentage of professional healthcare workers increased from 14.3% to 58%, and the number of healthcare centers nearly quintupled. Additionally, the rate of female healthcare workers rose from 22% to 87% (World Bank, 2017). Furthermore, the involvement of international agencies and India has significantly contributed to Afghanistan's healthcare system. Providing facilities such as supplying essential medicine, training health professionals, and enhancing nutrition awareness expanded access to health services throughout the country. These efforts have had an impact on maternal and child health. As a result, the overall and under-five mortality rates have notably reduced in recent years (Newbrander et al., 2014).

The figures below show a decline in the under-five mortality rate and maternal mortality rates in Afghanistan. This improvement is strongly linked to access to basic healthcare services and expanded vaccination programs. These data illustrate how the impact of international support, government health initiatives, and regional partnerships improved health outcomes (See Figures 3 and 4).

 Figure 3: Under-five mortality rate in Afghanistan

***Note:*** *adapted from* *United Nations Inter-agency Group for Child Mortality Estimation (2023).https://childmortality.org/all-cause mortality/data?refArea=AFG*

The graph displays that the number of children under five dying in Afghanistan has dropped from about 140 per 1,000 live births in 1999 to around 60 in 2022, which means fewer children were dying, likely due to better healthcare and services for mothers and children. It reflected progress in keeping more children alive during these years**.**

 Figure 4: Maternal mortality ratio (per 100,000 live births)

***Note:****data adapted from “Maternal mortality ratio (per 100,000 live births),” by World Health Organisation.https://www.who.int/data/gho/data/indicators/indicatordetails/GHO/maternal-mortality-ratio-(per-100,000-live-births).*

The data show a significant decline in Afghanistan's maternal mortality ratio between 2002 to 2023, illustrating consistent improvement in the healthcare system. In 2002, the rate exceeded 1200 deaths per 100,000 live births; however, by 2023, it had fallen to approximately 500. This decline is the result of access to essential maternal health services, more skilled health professionals and international donors' support.

**INDIA'S CONTRIBUTION POST-2021**

Afghanistan's health system has faced significant challenges since August 2021. Before, the country had made considerable progress in improving health services through the Basic Package of Health Services (BPHS) and the Essential Package of Hospital Services (EPHS), supported by international donors (Basij-Rasikh et al., 2024). Maternal and child mortality have decreased, and life expectancy has increased (Glass et al., 2023).

The government had planned to implement the Integrated Package of Essential Health Services (IPEHS) in 2021, aimed at expanding healthcare coverage. Still, this plan was derailed by the Taliban's rise to power (Safi et al., 2022). The World Bank reported that 43% of Afghanistan's GDP was generated by foreign help during President Ashraf Ghani's now-defunct, western-backed government. Grants from foreign aid accounted for almost 75% of state spending. Approximately 18.4 million Afghans, or about half of the population, required emergency aid, and 90% of Afghans lived on less than $2 per day (Boghani, 2021).

However, donors temporarily increased humanitarian aid, portions of which were allocated to the health sector, in response to the initial drop in foreign aid in August 2021, which triggered an economic collapse. However, since the end of 2022, funding for domestic and foreign humanitarian organizations has decreased, negatively impacting the healthcare system (World Food Programme, 2023b). The economic collapse led to widespread poverty and job losses, making it difficult for many Afghans to afford medical care. This deterioration in healthcare access has significantly affected the well-being of millions, especially women and girls, who face additional challenges due to some restrictions of the Taliban.

Restrictions on women's employment and education have further reduced access to healthcare services and hindered the training of future female healthcare workers. Afghan hospitals faced severe funding cuts and a loss of staff due to fear and salary cuts. In September 2021, the International Committee of the Red Cross (ICRC) intervened, supporting 33 provincial hospitals by covering salaries for 10,900 healthcare workers and funding essential services like drugs, medical supplies, and patient care. This support replaced funding previously provided by the Afghan government (International Committee of the Red Cross, 2023). The lack of medicine is particularly alarming, as many health facilities are also understaffed, with 63% of their staff unpaid for months. The World Health Organization (WHO) reported that only 3% of Afghanistan's health facilities were fully operational in 2021, and oxygen supplies, personal protective equipment (PPE), and other essential resources were critically low (World Health Organization, 2021).

Although India's involvement in Afghanistan's healthcare has been less since 2021, its contributions to humanitarian aid indirectly support the health of the Afghan people.

India supplied multiple tranches of medical aid, including 1.6 MTs of life-saving medicines in 2021. In January 2022, 500, 000 COVID-19 vaccines were sent to Kabul's Indira Gandhi Institute of Child Health (Meena, 2022). Additionally, India's assistance has been critical for maintaining healthcare facilities like the Indira Gandhi Institute of Child Health in Kabul, which continues to operate with Indian aid and supplies. Earlier medical shipments were handed over to the World Health Organization (WHO) and local Afghan hospitals (Laskar, 2022). The health sector, in particular, is in a very dire state in Afghanistan. Many hospitals and clinics depend on foreign aid for medical supplies (Shelton, 2021).

In the past one and a half years, the Government of India has gifted 50,000 metric tons of wheat grains to the United Nations World Food Programme (WFP) in Afghanistan. This donation has enabled WFP to support more than one million people this year and 4.7 million people in 2022(World Food Programme, 2023a). Moreover, in the wake of a recent tragic earthquake, India, as the first responder, supplied almost 28 tons of earthquake relief assistance in two relief flights. These relief consignments were handed over to the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), the UN World Food Program (WFP), and the Afghan Red Crescent Society (Ministry of External Affairs, Government of India, 2022a).

India maintained partnerships with the Afghan people by providing humanitarian aid through formal channels. By deploying a "technical team" to the embassy in 2022, India reopened its diplomatic post in Kabul, demonstrating its determination to continue helping while evaluating the changing circumstances in Afghanistan (Krishnan, 2023).

**DISCUSSION**

The findings of this paper revealed that Afghanistan’s health challenges run deep into the country's history of political and economic instability. Issues such as a lack of medical practitioners, poor healthcare access at the rural levels, and fewer facilities have persisted for a long time and therefore kept the Afghanistan healthcare sector undeveloped. Historical disruptions, such as a stop to postgraduate medical education, added to the shortage of trained personnel. Meanwhile, violence and insecurity stretched the system, making the delivery of health care in rural areas even more challenging (Reilley et al., 2004).

However, since 2000, after the Taliban era, Afghanistan has experienced significant progress in healthcare access and employment growth, which has been largely driven by international aid and policies led by the Ministry of Public Health (MoPH) between 2003 to 2020. Access to the basic package of health services increased from 9% of the population to 67% with over 2200 nationwide. The health workforce has also increased significantly, with over 41500 health professionals engaged in public and NGO run facilities. The percentage of professional healthcare workers increased from 14.3% to 58%, and the number of healthcare centers nearly quintupled. Moreover, the rate of female healthcare workers rose from 22% to 87% (WHO,2015).

Also, under-five mortality in Afghanistan has dropped from about 140 per 1,000 live births in 1999 to around 60 in 2022, and maternal mortality from 1200 deaths per 100,000 live births had fallen to approximately 500(UNIGME 2023; WHO 2024). These declines are the results of essential access to maternal and child health services, more skilled health professionals and international donors' support.

India's contributions to Afghanistan's development fill important gaps in construction, education, agriculture and workforce development. In terms of healthcare, the country's impact on the healthcare development of Afghanistan has been through; construction of IGICH, capacity building, training, pharmaceutical support and medicine supply, and public health initiatives.

Infrastructure development has been a central part of India's contribution, such as constructing and renovating health facilities like the Indira Gandhi Institute of Child Health in Kabul. Serving more than 300,000 children annually, such a hospital proved to be a key institution for reducing child and maternal mortality, demonstrating India's potential to meet urgent health needs while nurturing long-term health benefits ( Bose, 2020; Rachman, 2018).

India has also been active in the training and capacity-building of Afghan health professionals to develop Afghanistan's health infrastructure. Artificial limb/Jaipur foot fitment camps and the distribution of wheelchairs, crutches, hearing aids, and audiometers have also helped Afghan citizens. Moreover, Afghan doctors have had special training at India's premier institutions. Indian doctors and paramedics worked in different cities in Afghanistan to deliver essential health services. (Sibal, 2003).

Through scholarships and adapted training schemes, the government of India empowered Afghan healthcare workers to deliver optimal solutions for domestic health problems (Hasrat-Nazimi, 2013). Capacity building of Afghan healthcare providers becomes a symbol of India's aim to sustain healthcare in Afghanistan by fostering cooperation that would aid growth between both nations. Power transitions in mid-2021 influenced international assistance contributions, such as those made by India, into Afghanistan's structure, which further affected several sectors, including healthcare (Patil, 2022). India has also remained a stable supplier of medications and humanitarian aid, by furnishing surgical apparatuses and vaccines in crisis periods, under the political change during the reemergence of the Taliban in 2021 (Ministry of External Affairs, Government of India, 2022b).

Along with medicine and vaccines, India supplied 200 medical and 47500 tons of wheat in 2023, coordinated with the World Food Program and UN agencies, addressing both health and national needs (Sibal, 2023). Therefore, in a significant humanitarian gesture, India handed over 4,8 tons of vaccines, covering rabies, Hepatitis B, and tetanus, to support Afghanistan's disease prevention efforts (India Today Information Desk, 2025). These efforts demonstrate India's adaptability and continuous support to the Afghan people.

The scope of the analysis is also limited to the available data, which may not fully capture the breadth of India's contributions across all regions of Afghanistan. While this study pointed to key initiatives and healthcare projects, it is important to acknowledge that additional, less documented efforts may have strengthened Afghanistan's healthcare infrastructure. Furthermore, regional variations in the implementation and impact of India's support may exist, as some areas might have benefited more from India's assistance due to logistical, security, or other challenges. Thus, this analysis provides a partial view of India's comprehensive role in supporting Afghan healthcare, and further research could help uncover the full extent of its contributions.

**CONCLUSION**

In addressing the situation of healthcare in Afghanistan, this research focused on India’s support and its developmental relevance. Afghanistan's healthcare system has faced severe challenges due to decades of conflict, which consequently led to limited access, inadequate infrastructure and reliance on international aid. Since 2001, health care has improved significantly with expanded services coverage and reduced maternal and child mortality rates and enhanced healthcare worker capacity. India's engagement with the Afghan people has been diverse, driven by a range of strategic and humanitarian considerations. India has contributed through infrastructure development, capacity building, and humanitarian support, particularly in the construction of a paediatric hospital, the distribution of medical supplies, and the training of Afghan medical professionals. The country has also remained a stable supplier of medications and humanitarian aid post-2021. Such initiatives showed potentially influenced positively the overall progress of healthcare in Afghanistan.

**DISCLAIMER (ARTIFICIAL INTELLIGENCE)**

The authors declare hereby that generative AI Technologies, including Large Language Models (LLMs) and Grammarly, have been utilized for writing this article to assist with creating images, language refinement, and grammar checking.

**REFERENCES**

Aljazeera. (2016, August 10). Afghanistan's healthcare system struggles to rebound.AlJazeera.https://www.aljazeera.com/news/2016/8/10afghanistans-healthcare-system-struggles-to-rebound

Akseer, N., Salehi, A. S., Hossain, S. M., Mashal, M. T., Rasooly, M. H., Bhatti, Z., ... & Bhutta, Z. A. (2016). Achieving maternal and child health gains in Afghanistan: a Countdown to 2015 country case study. The Lancet Global Health, 4(6), e395-e413.

Bajoria, J. (2009). India-Afghanistan Relations - Council on Foreign Relations. https://www.cfr.org/backgrounder/india-afghanistan-relations

Basij-Rasikh, M., Dickey, E. S., & Sharkey, A. (2024). Primary healthcare system and provider responses to the Taliban takeover in Afghanistan. *BMJ Global Health*, *9*(2), 1–12. https://doi.org/10.1136/bmjgh-2023-013760

Blanchet, K., Ferozuddin, F., Naeem, A. J. J., Farewar, F., Saeedzai, S. A., & Simmonds, S. (2019). Priority setting in a context of insecurity, epidemiological transition and low financial risk protection, Afghanistan. *Bulletin of the World Health Organization*, *97*(5), 374–376. https://doi.org/10.2471/BLT.18.218941

Bloch, H. (2021). *A Look At Afghanistan's 40 Years Of Crisis — From The Soviet War To Taliban Recapture*. NPR-World. https://www.bpr.org/2021-08-19/a-look-at-afghanistans-40-years-of-crisis-from-the-soviet-war-to-taliban-recapture

Boghani, P. (2021). 'Brink of Collapse': How Frozen Assets & Foreign Aid Is Impacting Afghanistan. *Frontline*. https://www.pbs.org/ wgbh/ frontline /article/taliban-takeover-how-frozen-assets-foreign-aid-impacts afghanistan

Bose, S. (2020). Bridging the healthcare gap in Afghanistan: A primer on India's role. 355, 1–18. https://www.orfonline.org/research/bridging-the-healthcare-gap-in-afghanistan-a-primer-on-indias-role-64703/

Carthaigh, N. N., De Gryse, B., Esmati, A. S., Nizar, B., Van Overloop, C., Fricke, R., Bseiso, J., Baker, C., Decroo, T., & Philips, M. (2015). Patients struggle to access effective health care due to ongoing violence, distance, costs and health service performance in Afghanistan. *International Health*, *7*(3), 169–175. https://doi.org/10.1093/inthealth/ihu086

Chaudhury, D. R. (2023, August 16). India continues its humanitarian assistance to Afghanistan. *The Economic Times*. https://economictimes. indiatimes.com/news/india/india-continues-its-humanitarian-assistance-for-afghanistan/articleshow/102778756.cms

Drishti IAS. (2019, January 19). The Big Picture - India's role in Afghanistan. *Drishti IAS*. https://www.drishtiias.com/loksabha-rajyasabha-discussions/the-big-picture-indias-role-in-afghanistan

Glass, N., Jalazai, R., Spiegel, P., & Rubenstein, L. (2023). The crisis of maternal and child health in Afghanistan. *Conflict and Health*, *17*(1), 1–10. https://doi.org/10.1186/s13031-023-00522-z

Harkins, J. (2014). Afghan Medical Tourism Patients Find Welcome Mats in India. *Medical Tourism Magazine*. https://bioethics.com/archives/22458

Hasrat-Nazimi, W. (2013). *Seeking help in India*. DEUTSCHE WELLE. https://www.dw.com/en/afghans-turn-to-indias-hospitals-for-treatment/a-17260216

Hamdard, W. U., Mohabzai, A. U., & Stanikzai, I. U. (2023). The Impact of Foreign Aid on the Economic Growth of Afghanistan. International Journal of Latest Engineering Research and Applications (IJLERA), 8(12), 62-76.

International Committee of the Red Cross. (2023). *The ICRC continues to assist the massive humanitarian needs in Afghanistan.* https://www. icrc.org/en/document/icrc- continues-assist-massive-humanitarian-needs-afghanistan

India Today Information Desk. (2025, April 25). India donates 4.8 tons of vaccines to Afghanistan, bracing humanitarian commitment. https://www. indiatoday.in/information/story/india-donates-48-tons-of-vaccines-to-afghanistan-bracing-humanitarian-commitment-2715081-2025-04-25

Kokabisaghi, F., Hashemi-Meshkini, A., Obewal, A., Ghavami, V., Javan-Noughabi, J., Shabanikiya, H., Varmaghani, M., & Moghri, J. (2022). Availability and affordability of cardiovascular medicines in a major city of Afghanistan in 2020. *DARU, Journal of Pharmaceutical Sciences*, *30*(2), 343–350. https://doi.org/10.1007/S40199-022-00454-8/METRICS

Krishnan, M. (2023, October 12). India: What next after Afghan Embassy closure? *Deutsche Welle*. https://www.dw.com/en/india-what-next-after-afghan-embassy-closure/a-67078964

Laskar, R. H. (2022, January 29). India sends 3 tonnes of medicines as fourth tranche of aid to Afghanistan. *Hindustan Times*. https://www.hindustantimes.com/india-news/india-sends-3-tonnes-of-medicines-as-fourth-tranche-of-aid-to-afghanistan-101643470568822.html

Michael, M., Pavignani, E., & Hill, P. S. (2013). Too good to be true? An assessment of health system progress in Afghanistan, 2002-2012. *Medicine, Conflict and Survival*, *29*(4),322–345. https://doi.org/10.1080/13623699.2013.8408

Ministry of External Affairs Government of India. (2022a). *India's humanitarian assistance to Afghanistan*. Ministry of External Affairs, Government of India. https://www.mea.gov.in/pressreleases.htm?dtl/35381/Indias+humanitarian+assistance+to+Afghanistan

Ministry of External Affairs Government of India. (2022b). *India delivers 6 tons of medical assistance to Afghanistan*. Ministry of External Affairs, Government ofIndia.https://www.mea.gov.in/pressreleases.htm?dtl/35463/India\_delivers\_6\_tons\_of\_medical\_assistance\_to\_Afghanistan

Mitchell, D. F. (2017). NGO presence and activity in Afghanistan, 2000-2014: A provincial-level dataset. *Stability*, *6*(1), 1–18. https://doi.org/10.5334/sta.497

Mullen, D. R. D. (2013). *India-Afghanistan partnership. Indian Development Cooperation Program, Centre for Policy Research.*

*Meena, Shivani. (2022*, January 11*). India to Transport Vaccines and Wheat to Afghanistan Via Iran.* *https://krishijagran.com/news/india-to-transport-vaccines-and-wheat-to-afghanistan-via-iran/*

Mullen, R. D. (2017). *India in Afghanistan: Understanding development assistance by emerging donors to conflict-affected countries.* *Changing Landscape of Assistance to Conflict-Affected States: Emerging and Traditional Donors and Opportunities for Collaboration Policy Brief # 10*

Newbrander, W., Ickx, P., Feroz, F., & Stanekzai, H. (2014). Afghanistan’s Basic Package of Health Services: Its development and effects on rebuilding the health system. *Global Public Health*, *9*(sup1), S6–S28. https://doi.org/10.1080/17441692.2014.916735

Palmer, N., Strong, L., Wali, A., & Sondorp, E. (2006). Contracting out health services in fragile states. *Pediatrics*, *332*.

Patil, S. (2022). *India's Strategy towards Post-August 2021 Afghanistan*. Observer Research Foundation. https://www.orfonline.org/research/indias-strategy-towards-post-august-2021-afghanistan

Pilsczek, F. H. (1996). A visiting doctor's perspective in Afghanistan: Poverty, civil war, and private medicine. *Lancet*, *348*(9041), 1566–1568. https://doi.org/10.1016/S0140-6736(96)05460-8

Pant, H. V. (2010). India in Afghanistan: A test case for a rising power. *Contemporary South Asia*, *18*(2), 133-153.

Rachman, T. (2018). India and Afghanistan a Development Partnership. *Angewandte Chemie International Edition, 6(11), 951–952.*, 10–27.

Reilley, B., Frank, T., Prochnow, T., Puertas, G., & Van Der Meer, J. (2004). Provision of health care in rural Afghanistan: Needs and challenges. *American Journal of Public Health*, *94*(10), 1686–1688. https://doi.org/10.2105/AJPH.94.10.1686

Richards, T., & Little, R. (2002). Afghanistan needs security to rebuild its health services. *BMJ (Clinical Research Ed.)*, *324*(7333), 318. https://doi.org/10.1136/bmj.324.7333.318

Roien, R., Essar, M. Y., Ahmadi, A., Lucero-Prisno, D. E., Yousefi, A. A., Hasan, M. M., Hashim, H. T., Ahmad, S., Mehtarkhel, S., Zafar, M., Ahmadi, M. B., Makarem Nasery, A. A., Nazari, G. A., Arif, S., Madadi, S., & Mousavi, S. H. (2021). Challenges of drug supply: How Afghanistan is struggling. *Public Health in Practice*, *2*(May), https://doi.org/10.1016/j.puhip.2021.100129

Roy, S. (2018, May 7). From infrastructure to education, India's $2-billion role in Afghanistan.*TheIndianExpress*.https://indianexpress.com/article/india/infrastructure-to-education-indias-2-billion-role-in-afghanistan-5166145/

Safi, N., Anwari, P., & Safi, H. (2022). Afghanistan's health system under the Taliban: key challenges. *The Lancet*, *400*(10359), 1179–1180. https://doi.org/10.1016/S0140-6736(22)01806-2

Safi, N., Naeem, A., Khalil, M., Anwari, P., & Gedik, G. (2018). Addressing health workforce shortages and maldistribution in Afghanistan. *Eastern Mediterranean Health Journal*, *24*(9), 951–958. https://doi.org/10.26719/2018.24.9.951

Saifullah, M. (2021, May 21). COVID-19 in India is bad news for Afghan patients. *Deutsche Welle*. https://www.dw.com/en/india-afghanistan-covid/a-57599439

Saikal, F. H. (1985). Health care problems in Afghanistan. *The Medical Journal of Australia*, *142*(7), 385. https://doi.org/10.5694/j.1326-5377.1985.tb133147.x

Sediqi, A. Q. (2021, February 7). First doses of COVID-19 vaccine arrive in Afghanistan from India. *Reuters*. https://www.reuters.com/world/india/first-doses-covid-19-vaccine-arrive-afghanistan-india-2021-02-07/

Shanti, N. (2018, September 3). Development cooperation marks Afghan-India partnership. *The Times of India*. https://toiblogs.indiatimes.com/blogs/et-commentary/development-coop-marks-afghan-india-partnership/

Shelton, T. (2021, September 17). Donors pledging $1.6 billion caught between Afghan humanitarian crisis and legitimizing the Taliban. *ABC NEWS*. https://www.abc.net.au/news/2021-09-17/taliban-aid-afghanistan-billions-pledged-despite-donor-concerns/100463914

Sibal, K. (2003). *Fact sheet on Indian Assistance to Afghanistan Financial Assistance*.

Sidhant Sibal. (2023, August 16). India sends 47,500 MT of wheat and 200 tonnes of medical aid to Afghanistan. https://www.wionews.com/south-asia/india-sends-47500-mt-of-wheat-and-200-tonnes-of-medical-aid-to-afghanistan-626310

Simalti, A. K. (2009). Pediatric nephrology experience in Afghanistan. *Medical Journal Armed Forces India*, *65*(2), 197–198. https://doi.org/10.1016/S0377-1237(09)80156-1

Singh, B., Singh, S., Kaur, J., Singh, K., & Popalzay, A. W. (2023). Conflict and social determinants of health: would global health diplomacy resolve the Afghanistan healthcare conundrum? *Global Security - Health, Science and Policy*, *8*(1). https://doi.org/10.1080/23779497.2023.2223601

Strong, L. (2005). Health Policy in Afghanistan: two years of rapid change. A review of the process from 2001 to 2003. *World*.

Shekhawat, S. (2023). India Stakes in Taliban-Ruled Afghanistan.

Trani, J. F., Bakhshi, P., Noor, A. A., Lopez, D., & Mashkoor, A. (2010). Poverty, vulnerability, and provision of healthcare in Afghanistan. *Social Science & Medicine*, *70*(11), 1745-1755

Waldman, R., Strong, L., & Wali, A. (2006). *Afghanistan's health system since 2001: condition improved, prognosis cautiously optimistic* (pp. 1-22). Kabul: Afghanistan Research and Evaluation Unit.

World Bank (2022). Net official development assistance and official aid received (current US$) – Afghanistan. https://data.worldbank.org/indicator/DT .ODA.ALLD.CD?name\_desc=false&locations=AF

World Bank. (2015). *Afghanistan Builds Capacity to Meet Healthcare Challenges.* WorldBank.https://www.worldbank.org/en/news/feature/2015/12/22/afghanistan-builds-capacity-meet-healthcare-challenges

World Bank. (2017). *Strong Progress but Challenges Remain in Health Sector in Afghanistan*. World Bank. https://www.worldbank.org/en/news/press-release/2017/06/01/strong-progress-but-challenges-remain-inhealthsector-in-afghanistan

World Food Programme. (2023a). India's generous wheat contribution supports nearly five million Afghans in dire need of assistance. In *World Food Programme*.https://www.wfp.org/news/indias-generous-wheat-contribution-supports-nearly-five-million-afghans-dire-need-assistance

World Food Programme. (2023b). WFP Afghanistan: Situation Report, September 2023. In *World Food Programme*. https:// reliefweb. int/report/afghanistan/ wfp-afghanistan-situation-report-september-2023

World Health Organization. (2021). *Afghanistan Emergency Situation Report*. https://www.emro.who.int/images/stories/afghanistan/emergency-situation-report-february-2023.pdf?ua=1

world health organisations. (2022b). Contributions to WHO’s Afghanistan Global Health Emergency Appeal. https://www.who.int/emergencies/situations/

 afghanistan-crisis/funding

World Health organisation. (2024). Maternal mortality ratio (per 100,000 live births). https://www.who.int/data/gho/data/indicators/indicator-details/GHO/maternal-mortality-ratio-(per-100-000-live-births)

Zazai, A. K., & Rahmani, N. (2024). India and Afghanistan: dynamic relations since decades. *SSRN Electronic Journal*, *2387*, 58–63. https://doi.org/10.2139/ssrn.4877268