

and child outcomes, this analysis decontextualises the maternal–neonate–child continuum, minimising the link between the health of mothers and the health of their children, and encouraging governments and policy makers to perpetuate siloed thinking regarding maternal, neonatal, and child health.<sup>5</sup> Although integrated analysis across this continuum might be unwieldy, it is important to recognise that by only looking at neonatal and child outcomes, important contextual factors that are important to understanding and addressing the bigger picture of the maternal–neonate–child continuum could be missed.

GBD 2019 data indicate that neonatal deaths accounted for 48% (2.42 million; 95% UI 2.06–2.86) of the 5.05 million (4.27–6.02) under-5 deaths, an increase from 39% (3.76 million; 95% UI 3.53–4.02) of 9.65 million (9.05–10.30) in 2000, re-emphasising the need to focus on improving neonatal outcomes. The Newborn Essential Solutions and Technologies (NEST360), an 8-year programme to improve the quality of neonatal care through tools and training in African hospitals, is one example of attempts to bend the curve of neonatal mortality. Multisectoral approaches that include not only the health-care sector, but also government, business, and education sectors are needed to ensure that families have the knowledge, resources, and support to ensure newborn baby and child survival.

A notable absence in the discussion of GBD data is any mention of the thrive agenda.<sup>6</sup> Although the GBD is admittedly focused on morbidity and mortality, meaningful change in neonatal and under-5 outcomes will require more than simple survival. How can newborn babies who survive their first months go on to thrive in childhood, adolescence, and early adulthood? And how

can we develop data systems that are sensitive to more subtle outcomes than the blunt tool of survival analysis? In summary, although GBD data have been an important policy and advocacy lever, we believe it is time to support efforts that are more country-led and country-focused than the GBD to better understand and address neonatal and under-5 mortality. This effort will require such tools as verbal and social autopsy,<sup>7</sup> facility-based quality assessments,<sup>8</sup> and equity-focused gap analyses<sup>9</sup> to ensure vulnerable populations are being reached.

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## Urgent health and humanitarian needs of the Afghan population under the Taliban

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During August, 2021, provincial capitals in Afghanistan and Kabul fell into the hands of the Taliban. For many Afghans within Afghanistan and in diaspora communities, the psychological trauma is palpable as they relive painful, unforgotten memories of 1996

onwards and face uncertainty about the country's future. Afghans who have fought to bring health and justice to the country in their roles as officials, health professionals, non-governmental workers, activists, artists, and journalists are being persecuted once

again through the Taliban's door-to-door and social media searches.<sup>1</sup> Afghan civilians continue to be direct and targeted victims of the armed conflict as violence soars<sup>2</sup> and there are substantial health, humanitarian, and protection needs in the country, which field reports from WHO highlight are increasing in areas where people have been seeking safety and shelter.<sup>3</sup>

Humanitarian and health organisations report large internal displacement of people in Afghanistan, with more than 500 000 people displaced in total<sup>4</sup>—250 000 of these since May, 2021—and 80 000 children displaced in the past 2 months alone;<sup>4,5</sup> decreased access to health care;<sup>6</sup> interruption to essential health services; and increased health needs directly generated by the conflict, which the UNHCR emphasised must not be forgotten.<sup>7</sup> These effects are felt disproportionately by the most vulnerable groups in Afghan communities, such as pregnant women, children, individuals with disabilities, and those belonging to other marginalised communities. From January to June, 2021, the UN Assistance Mission in Afghanistan reported that there were 1659 civilians killed and 3254 wounded in the country—a 47% increase compared with the same period in 2020.<sup>8</sup> During the first half of 2021, more women were killed and wounded in Afghanistan than in the first 6 months of any year since records began in 2009. These events unfolded in the context of women's increased likelihood of experiencing gendered forms of violence while living in conflict settings.<sup>9</sup> The health needs faced by those affected by conflict and displacement also come against the backdrop of a crisis of hunger from recent drought in Afghanistan, with 17 million people facing food insecurity<sup>10</sup> and 2 million children at risk of becoming malnourished.<sup>11</sup> The UN World Food Programme is warning of impending humanitarian catastrophe without improved humanitarian access.<sup>11</sup>

Among other urgent health needs are those of children in Afghanistan. Afghan girls already experience early forced marriage, honour killings, domestic abuse, and gender-based violence, and Afghan boys suffer conflict-related risks of violence as well as military recruitment and sexual exploitation.<sup>12</sup> The pre-existing impacts of conflict on child health in Afghanistan<sup>13–15</sup> are expected to magnify under the Taliban. Adding to these stressors is the strategic targeting by the Taliban of workers for non-governmental organisations (NGOs), which has been ongoing for many years.<sup>16</sup> Even while peace talks were underway in 2020, NGO personnel working in

areas such as prevention of child marriage or gender-based violence have consistently continued to work amid threats and violence. The work of these activists and organisations is essential since victims of gender-based violence are often silenced in Afghanistan.<sup>17</sup> Given the increasing control of the Taliban, any protections that were afforded are now obliterated, leaving these colleagues further exposed to violence from the Taliban.

Over the coming months, there is a significant risk that the collective efforts invested by successive ministers and others, including Afghanistan's Ministry of Public Health, provincial authorities, health-care providers, international donors, and NGOs, in humanitarian aid, service delivery, and strengthening of the health system in Afghanistan will be lost. As such, to ensure access even to basic health services, vital humanitarian health efforts need to be protected so that they can be safely continued. Currently, the ability to respond to the growing humanitarian needs has reduced substantially, as the UN and humanitarian agencies have been unable to effectively continue delivery

#### **Panel: Urgent actions to prevent worsening of the health and humanitarian catastrophe in Afghanistan**

- Ensure immediate evacuation of people trying to leave the country who are most at risk of persecution under the Taliban, including women who have been working within the health sector and with international non-governmental organisations.
- International governments should: provide sanctuary for refugees forced to leave Afghanistan, ensuring immediate effective routes to safety and urgent humanitarian visas; stop deportations to Afghanistan; not criminalise those who reach other countries in search of safety; and, in the longer-term, implement resettlement schemes.
- Continued action from the international community to protect all humanitarian and health-care workers, particularly those who are women, so that they can keep providing life-saving treatment, and to prevent attacks on civilians and health care in line with international humanitarian law.
- Guarantee sustained humanitarian access and an increase in international aid, with implementation of secure supply routes for humanitarian agencies, and continuity of projects, particularly those addressing health needs of women and children, mental health, and disability. An urgent ceasefire is therefore necessary that allows sufficient increase in the humanitarian response to meet the substantially increased need, and also to prepare stockpiles of food and medical supplies for the coming months. Alternative routes for provision of aid must be secured immediately to avert humanitarian disaster, and mechanisms put in place for the allocation of funds directly to humanitarian agencies in the country.
- The health service and international organisations should focus on meeting the health and humanitarian needs of those who are directly affected by the conflict, have been internally displaced within Afghanistan, or who are facing food insecurity.
- Ensure that past progress towards strengthening the health system and health services across Afghanistan is not lost, through continuation of provision of care by both national and international health organisations and ensuring sustainable funding of the health service.

of aid, including medical supplies and food,<sup>3</sup> due to the suspension of commercial flights into Kabul. Previously, NGOs continued to operate in Taliban-controlled areas with oversight from Taliban leaders,<sup>18</sup> but the future is uncertain for NGOs, especially those that advocate for women's health and rights, as to whether they will be able to safely operate, receive funds and supplies, or reach marginalised communities.

We highlight some key actions to prevent worsening of Afghanistan's health and humanitarian crisis in the panel. Without available and accessible health care or humanitarian aid, the health consequences of continued conflict and displacement, combined with the COVID-19 pandemic, are likely to be catastrophic. The violence experienced by populations and health-care workers will also affect their physical and mental health, compounding decades of previous trauma. Before August, 2021, mental health services in Afghanistan were limited in availability, under-resourced, and understaffed, especially for mental disorders related to gender-based violence.<sup>19</sup> The psychological trauma experienced will need to be addressed using culturally appropriate services<sup>20</sup> to prevent long-term mental health disorders and further psychological wounds of war.

With the freezing of Afghanistan's international assets,<sup>21</sup> the financial situation in the country is set to deteriorate rapidly, with civilians bearing the brunt of increased poverty. The extreme poverty in Afghanistan also has direct implications for health, and there is already catastrophic health expenditure from out-of-pocket payments for health in Afghanistan.<sup>22</sup>

There must be a sustained as well as an urgent focus by international governments and organisations on the humanitarian evacuation of women, children, health-care and NGO workers, and human rights defenders who are at risk under the Taliban that must continue after the deadline for the withdrawal of troops on Aug 31, 2021, to reach those most in need. In seeking a rapid and effective response by international governments and organisations to the urgent health and humanitarian needs of both those in Afghanistan and those trying to leave the country, there is the opportunity to show solidarity with the Afghan people. Additionally, it is important to acknowledge the complicity of many international governments' actions in the situation civilians in Afghanistan now find themselves in, and therefore the concurrent

responsibility of those governments to help protect civilians' health and human rights. Health-service providers and international organisations will probably need to engage and establish a dialogue with the Taliban authorities to ensure that health services are not further interrupted and that populations continue to access essential health and humanitarian services in non-judgmental ways that respect humanitarian and ethical principles. A first step in prioritising health would be demonstrated should the Taliban stop discouraging vaccination;<sup>23</sup> there have been reports that the Taliban have banned COVID-19 vaccination in Paktia province.<sup>24</sup> The health and lives of Afghans cannot be instrumentalised yet again through weaponisation and violence. To be healthy, Afghans need to be given the opportunity to live and flourish in a peaceful and non-violent society.

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## Truth and reconciliation in Canada's health system

The discoveries in 2021 of the remains of children on the grounds of former Indian residential schools across Canada has unearthed a truth about these schools that has long been known by Indigenous peoples in Canada. Many non-Indigenous peoples, including health-care providers, were shocked by the horrific findings and have a new understanding of the urgency for reconciliation.

Addressing the effects of the former Indian residential school system in Canada and other continuing colonial policies and practices is crucial to close the health gaps faced by First Nations, Inuit, and Métis peoples. We approach these issues as physician advocates for health equity, one of mixed Anishinaabe ancestry and one a first-generation born settler of the Iranian diaspora.

The unjust Canadian residential school system was developed in the late 19th century as a way to deal with the so-called "Indian problem" by assimilating Indigenous children and "killing the Indian in the child".<sup>1</sup> The pervasive sexual, physical, and emotional abuse and neglect that occurred in this residential school system inflicted severe trauma and an attempted erasure of Indigenous culture, language, and kinship systems.<sup>2</sup> In these schools substandard living conditions and nutritional deprivation, sometimes linked with experimentation for scientific research, created overall poor health for the children and led to the rapid transmission of infectious diseases such as tuberculosis.<sup>3</sup> In 1908, the annual all-cause

mortality rate among children in the Canadian Indian residential school system was 8000 deaths per 100 000 people compared with 430 per 100 000 for non-Indigenous children.<sup>4</sup> The disparities in the death rates narrowed by the middle of the 20th century, but the neglect and abuse within the schools persisted and have had lasting impacts on the health of survivors.<sup>5</sup> Although the last school closed in 1996, intergenerational and historical trauma from these residential schools continues to undermine the wellbeing of the children, families, and communities of the survivors.<sup>6</sup>



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