

# ARTICLE 12

1. States Parties shall take all appropriate measures to eliminate discrimination against women in the field of healthcare in order to ensure, on a basis of equality of men and women, access to healthcare services, including those related to family planning.
2. Notwithstanding the provisions of paragraph 1 of this article, States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.

“It can happen that there’s a woman pregnant in the house, and she starts bleeding or she starts being in labor, and if the husband is not around, then she cannot go out of the house—even if she wants to go for medical advice or even if she thinks that her life is threatened by a medical situation.”

—Gala Melgar, a gynecologist in Khost Province on Taliban restrictions on women traveling without a *mahram*<sup>1</sup>

“We came only with the clothes we were wearing. We don’t have a heater, and we go to sleep hungry... My brother is my enemy, and my husband is my enemy. If he sees me and my children, he’ll kill us... I am sure they are looking for me because they know the shelter has closed.”

—A woman forced out of a battered women’s shelter closed by the Taliban, and in hiding with her children to avoid violence by her brother and husband<sup>2</sup>

## Introduction

Article 12 CEDAW centers on the promotion of women’s and girls’ health and mandates State Parties to adopt comprehensive measures aimed at eliminating gender-based discrimination within healthcare systems. It obliges States to guarantee equitable access to healthcare services for women and girls, encompassing areas such as reproductive health and family planning. The provision further recognizes the distinct healthcare needs of women and girls during pregnancy, childbirth, and the postnatal period, requiring States to offer suitable medical services, which

may include free healthcare and adequate nutrition throughout pregnancy and lactation.

Article 12 underscores the principle of gender equality in accessing medical care, urging States to remove systemic barriers that hinder women’s full participation in healthcare. This includes ensuring the availability of culturally appropriate services, improving transportation to healthcare facilities, and addressing economic constraints such as the absence of health insurance.

In addition, Article 12 advocates for the development and implementation of preventive healthcare

initiatives. These include health education programs for families, access to reliable family planning information and services, and broader strategies to reduce disease and malnutrition among women and girls. It highlights the importance of securing clean water and nutritious food, especially during critical periods such as pregnancy and breastfeeding. Through these measures, Article 12 of CEDAW aims to foster an inclusive healthcare environment that recognizes and accommodates the specific health needs of women and girls throughout their lives.<sup>3</sup>

In late 2001, the newly established Afghan government, supported by international donors, prioritized the reconstruction of the country's healthcare system. The 2004 Constitution provides that health services should be available and free for all people. Between 2001 and August 2021, the elected government of Afghanistan and the international donor community worked hard to bring adequate healthcare to Afghans.

Afghan women encountered significant obstacles in accessing adequate reproductive and sexual health services. Following prolonged periods of armed conflict, widespread poverty, and a lack of formal healthcare infrastructure—marked by frequent childbirths occurring without the presence of trained physicians or midwives—Afghanistan, in the early 2000s, recorded one of the highest maternal mortality rates globally. Cultural and legal constraints further limited access, as many women could only be treated by female healthcare providers, while male doctors were generally prohibited from attending to them.

Important gains in healthcare were made during the 20-year rule of the Republic. Healthcare initiatives aimed to extend primary healthcare services across the nation and contributed to measurable progress in women's health outcomes. Access to modern contraceptive methods also improved, with usage rates increasing from 10 percent in 2003 to 22 percent by 2010. Maternal mortality decreased substantially, falling from an estimated 1,450 deaths per 100,000 live births in 2000 to 638 in 2017. Over the same period, the share of births attended by skilled health personnel increased significantly, rising from 12.4 percent in 2000 to 58.8 percent in 2018.

Afghanistan's healthcare system was largely dependent on international donor funding, with approximately 95 percent of the healthcare budget coming from international organizations, and five

percent through the Afghan government.<sup>4</sup> Progress in healthcare began to regress following the announcement of U.S. and NATO withdrawal plans around 2010. As international aid diminished, the healthcare system experienced a marked decline. A 2018 report by the World Bank indicated that while Afghanistan had achieved substantial improvements in health service delivery between 2004 and 2010, the period from 2011 to 2016 saw a noticeable slowdown in progress. Poverty and insecurity from decades of armed conflict, which at times targeted health clinics and personnel, further reduced people's ability to seek care, and most health centers outside of the main urban areas continued to lack adequate staff and medicines.<sup>5</sup>

## Girls' and Women's Access to Health Under the Taliban

When the Taliban took control of Afghanistan in August 2021, the country's healthcare system was already weak, particularly in rural areas. Under the Taliban, healthcare institutions, intended as places of care and healing, became sites of discrimination and violence for women. The Taliban put into place bans, edicts, and laws that directly and indirectly prevent Afghan girls and women from accessing their right to healthcare. These same laws negatively impact Afghan women healthcare professionals' ability to carry out their work.<sup>6</sup>

Simultaneously, as the Taliban began systematically violating women's and girls' rights, international financial support to all sectors, including healthcare, was greatly cut or ceased altogether. The reduction in international assistance caused the closure of clinics and health centers throughout Afghanistan, with rural areas particularly negatively affected. Afghan doctors, nurses, and health professionals who remained working in Afghanistan went for months without receiving a salary.<sup>7</sup> Many Afghan healthcare professionals fled the country to avoid Taliban repression. In December 2022, the Taliban banned women from working in NGOs, which led to an immediate decrease in NGOs' ability to provide health, nutrition, and counseling services, especially for women and girls.<sup>8</sup> The result was the significant deterioration of the health sector due to a lack of staff, funding, equipment, supplies, medicine, and blocked access for women and girls.<sup>9</sup>

The Taliban ordered that women and girls cannot be treated by male doctors or health professionals.

At the same time, the Taliban systematically obstruct and prevent women healthcare professionals from providing health services to patients. Some women healthcare professionals who were already qualified and licensed before the Taliban takeover can continue working, but the Taliban forbids them from treating men or working beside their male colleagues.<sup>10</sup> Women who had completed medical school were denied the ability to take their medical exit exams. Additionally, girls were banned from attending secondary school, and girls and women were banned from attending universities, thus preventing a new pipeline of women healthcare professionals.<sup>11</sup> One of the remaining areas where women were allowed under Taliban rule to continue training and practicing was as midwives.<sup>12</sup> However, in December 2024, the Taliban closed all midwifery and nursing schools and programs to women and girls.<sup>13</sup>

Taliban restrictions on women's freedom of movement result in numerous obstacles for women health providers to arrive at their work and carry out their jobs.<sup>14</sup> The Taliban require a mahram<sup>15</sup> to accompany all female healthcare providers in transit to and from work. A mahram must also be present while these women perform their healthcare duties. Female patients seeking care must also travel with a mahram and have all medical care undertaken with their mahram present. Without a mahram, transport providers are banned from transporting older girls and women, including healthcare providers and patients.<sup>16</sup>

A woman healthcare worker speaking on the Taliban's mahram requirement explained:

“This is one of the really big problems, especially for a woman, because when I'm coming to the office, I am late every day. I am late even if I get out of my house one or two hours earlier. There is no taxi or any other car, no driver is ready to pick up a woman without Mahram or without any other person. So, I have to wait for a long time on the streets and on the roads for a car. I have to be ready to pay the rent of two or three people (the entire cab) and sit in back of the taxi, there is no woman allowed by Taliban in front of car.”<sup>17</sup>

The Taliban ordered health facilities to deny girls and women services if they seek care without a mahram present.<sup>18</sup> Even during medical emergencies, girls and women without a mahram are turned away. Explaining the gravity of such denials, one doctor

reported, “There was a woman who needed urgent surgery, but she was not admitted because she had no male relative.”<sup>19</sup>

In some provinces, women and girls are largely without access to health care facilities. On May 4, 2023, the head of the Ministry for the Promotion of Virtue and Prevention of Vice in Kandahar, Mawlawi Abdulhai Omar, ordered all the provincial departments to ban girls and women from going to health centers in the province. In his message, Mawlawi Omar claims that “women/girls wear makeup when they go to these places and pretend they are ill ... Anyone whose daughter or sister is like this, if she has a brother, arrest her brother. If she has a father, punish her father and punish him for not correcting her daughter.”<sup>20</sup>

On May 11, 2023, Taliban officials ordered media outlets not to produce content about women's hygiene issues. On November 11, 2023, the Taliban's Ministry of Public Health informed the Ministry of Economy that NGO programs related to public awareness, women's health centers, social behavior, and mental health offered outside of government-run health centers are prohibited.<sup>21</sup>

In 2023, Afghan girls and women were half as likely as men to access medical care within two hours of travel due to the mahram requirement. Economic hardship also affected girls' and women's access, as the mahram will need to sacrifice employment opportunities to accompany their female relatives. Because of the Taliban's restrictions, Afghan girls and women often do not seek out healthcare until their situations have reached a state of emergency.<sup>22</sup>

## Sexual and Reproductive Health

The Taliban severely restricted or eliminated sectors of healthcare; in particular, they have sought to strip away all sexual and reproductive health services for girls and women. The Taliban have denied older girls and women access to contraceptives, in part by banning their sale by pharmacies. They claim that contraceptives are against Sharia law. The Taliban have also prevented humanitarian organizations from distributing contraceptives.<sup>23</sup> Some Afghan women resorted to ordering contraception online without understanding what medication and dosage they are ingesting or being monitored by a qualified health professional. Lack of safe access to contraception only heightens health risks for

girls and women. To illustrate, one woman without access to requested contraceptives underwent repeated pregnancies, and without the ability to give her body time to recover before her next child. On giving birth to her tenth child, she and her child died when her uterus ruptured due to her repeated unplanned pregnancies, lack of birth control, and inadequate healthcare.<sup>24</sup>

Afghanistan has one of the highest maternal mortality rates in the world, with a girl or woman dying in childbirth every two hours.<sup>25</sup> Afghanistan's infant mortality rates are the highest in the world. High rates of child marriage and early pregnancies are one of the main reasons for Afghanistan's high rates of maternal mortality, child mortality, and premature births.<sup>26</sup> Sixty-four percent of Afghan women and girls deliver their children at home, with fewer than a third of those births attended by a skilled caregiver such as a midwife.<sup>27</sup> For families that attempt to travel to a health facility to give birth, mahram requirements for travel and the lack of health clinics create significant obstacles to reaching these facilities for safe deliveries. Some men attempt to carry their wives or pregnant daughters over their shoulders to reach healthcare professionals, and some of these girls and women die on the way to the hospital.<sup>28</sup> When women and girls can reach medical facilities, they are at times unable to access sexual and reproductive healthcare due to the presence of the mahram and the inability to speak about their reproductive issues with the men present.<sup>29</sup>

The Taliban have also restricted the distribution of menstrual health kits by health centers and humanitarian agencies, leaving women and girls without sanitary products. Media outlets are banned from discussing or advertising products for female hygiene.<sup>30</sup>

Given the situation created by the Taliban, some Afghan girls and women are undergoing dangerous abortions. Some of these abortions result in complications such as ruptured uteruses, permanent damage to their reproductive organs or death.<sup>31</sup>

Health providers who attempt to provide sexual and reproductive health services have received death threats, and, in some cases, the Taliban have set their clinics on fire.<sup>32</sup>

## Gender-Based Violence

During the Republic Period (2004-2021), Afghanistan already had one of the highest rates of gender-based violence in the world, with 9 out of 10 women experiencing violence in their relationships.<sup>33</sup> Domestic violence and gender-based violence in Afghanistan are serious public health issues that negatively affect girls' and women's physical, reproductive, sexual, mental, and emotional health.<sup>34</sup>

Under the Taliban regime, women and girls are increasingly exposed to gender-based violence in their homes and public without protection or redress. To illustrate, a service provider based in Nangarhar said that the cases they now see are very extreme, "We had a case where a man took the nails off his wife's fingers... [One] man took a crowbar and peeled off his wife's skin... There was one woman who faced a lot of abuse from her family. She couldn't even use the bathroom anymore."<sup>35</sup>

The Taliban closed nearly all gender-based violence response and prevention services at a time when violence against women and girls is rising. In many cases, the Taliban then looted or appropriated the shelters or offices of the service providers.<sup>36</sup> In some regions, women and girls reported no access to gender-based violence services.<sup>37</sup>

Afghan girls and women now account for over 80 percent of reported suicide attempts in the country.<sup>38</sup> Their increase in suicide is the result of high levels of domestic and Taliban violence, rising rates of forced and child marriages, and the Taliban's attempts to block women and girls from realizing their rights. A girl interviewed in a hospital after she narrowly survived her attempt to kill herself rather than be forcibly married stated: "If he comes back and my family tries to force me [into marriage] again, I will make sure I don't survive."<sup>39</sup>

## Mental Health

Women's and girls' mental health remains critically under-addressed, and mental health services are often viewed by the Taliban as nonessential.<sup>40</sup> 86 percent of women in one survey reported that they suffered from mental health problems, and of that group, 82 percent said that their access to mental health services was extremely restricted.<sup>41</sup> Severe mental stress due to the increasingly restrictive Taliban decrees, while also trying to provide for their

families, has led some women to take any medication they can obtain without proper instruction.<sup>42</sup>

While many in Afghanistan are facing a nutritional crisis, women and girls continue to be the most severely affected by malnutrition. To illustrate, according to the World Food Program, 40 percent of pregnant and lactating women in Bamyan province needed assistance with breastfeeding due to malnutrition.<sup>43</sup> In another study, 25 percent of mothers reported that they experienced difficulty

breastfeeding due to inadequate food or milk supply.<sup>44</sup> Due to the Taliban's mahram requirements, there are increased financial constraints regarding travel to medical facilities and healthcare costs.<sup>45</sup> Girls and women are less likely than men or boys to be taken to medical facilities because of issues of malnutrition, putting them at heightened risk for illnesses resulting in increased medical complications or increased likelihood of death over treatable illnesses.<sup>46</sup>

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