



Financial Status of Afghan Citizens in Accessing Healthcare: Barriers, Challenges and Implications for Policy

*Kifayatullah Mamozai¹, Specialist Dr. Mujeeb Hakimi², Shaista Khan Ghorzang¹, Samiullah Seerat²

¹Para-Clinic Department, Faculty of Medicine in Dentistry, Bayazid Rokhan University, Kabul, Afghanistan

²Clinic Department, Faculty of Medicine in Dentistry, Bayazid Rokhan University, Kabul, Afghanistan

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| Corresponding Author Email: kifayatullah.mamozai@gmail.com

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Abstract

Financial status denotes the prevailing economic condition of an individual or organization, encompassing the assessment of assets, liabilities, revenues, and expenditures. It serves as an indicator of overall financial capacity and offers a concise overview of one's ability to meet fiscal responsibilities. Gaining a comprehensive understanding of the financial circumstances of Afghan citizens in relation to healthcare access is essential for identifying the structural and socioeconomic constraints that hinder the attainment of adequate medical services. Accordingly, this study sought to examine the financial conditions of Afghan citizens in accessing healthcare, with a focus on identifying barriers, challenges, and policy implications.

Methodology: a descriptive cross-sectional design inspects the financial challenges Afghan citizens face in accessing healthcare services in Kabul's 12th district.

Result: The results of this study highlight important financial blocks that Afghan residents face in receiving healthcare services. The majority of participants (69.5%) are adults aged between 18 and 25 years, with a majority of male residents (60.5%) and a high number of single persons (52.6%). Employed individuals were (24.4%), and unemployed individuals were (37.7%). In terms of revenue, supreme defendants receive between 10,000 and 20,000 Af per month (75.9%), and their principal domestic costs are focused in the direction of important living costs, with 56.7% of the economy owed for general costs, including rent, foodstuffs, and services. The revision also creates the fact that a substantial number of participants (70.5%) finance healthcare through individual investments, with only a small part trusting in advances or administrative supports. While 71.3% report seldom facing problems in retrieving healthcare, 22.1% encounter repeated challenges, often because of financial restrictions. conclusion, the financial state of Afghan citizens has a gigantic impact on their ability to access healthcare, with many barriers making it tough for people to get the care they need. Economic struggles, high medical costs, the lack of health security, and ongoing political and security issues make it even harder for many to access vital health services. Low-income families, women, and people living in rural areas face the greatest challenges, as financial limitations hit them the hardest. On top of this, poor infrastructure and inadequate government funding leave many unable to afford even basic health services.

Keywords: Assets, Barriers, Costs of Health Care, Financial



Introduction

Health is a condition of whole physical, mental and social welfare and not just the lack of illness or weakness [1]. Health service workers are really the human joining that brings data to health deed, avoiding sickness, supervision the perils, curing, and caring for people, and relieving pain and suffering. Hence, human resources for health (HRH), i.e., doctors, nurses/midwives, and other groups of the expert health staff, are vital for improving population health [2].

Health services were slight, with most formal health care supplied by non-governmental organizations (NGOs) in a disharmonic fashion. Health indicators are among the poorest in the world, with nearly one-fifth of children dying before their fifth birthday [3]. Life anticipation at birth is estimated to be 46 years [4]. And maternal mortality ratios are among the highest ever measured at 1600 deaths per 100000 live births [5].

The Ministry of Public Health, in collaboration with donors and NGOs, introduced the Basic Package of Health Services (BPHS) in 2002, which has since become the cornerstone of Afghanistan's healthcare system. The BPHS was developed to tackle the country's major disease burdens by providing a cost-effective, integrated range of services aimed at maternal and newborn health, child health and immunization, public nutrition, communicable diseases, mental health, and disabilities. This framework remains central to the Ministry's healthcare strategy and operates through four distinct levels of services. At the first level, Health Posts are staffed by two Community Health Workers (CHWs) who each cover between 100 and 150 households, serving a population of approximately 1,000 to 1,500 individuals. Basic Health Centers (BHCs) form the second level, delivering preventive and basic curative care to populations ranging from 15,000 to 30,000 people. At the third level, Comprehensive Health Centers (CHCs) are equipped to manage more complex outpatient and some inpatient care, covering areas with 30,000 to 60,000 residents. Finally, District Hospitals provide both outpatient care and more advanced inpatient services to larger populations of 100,000 to 300,000 people (Islamic Republic of Afghanistan 2005a). In line with the BPHS, the Essential Package of Hospital Services (EPHS) was later developed to standardize services at regional, provincial, and district hospitals. The BPHS is delivered through various mechanisms. In some provinces, the Ministry of Public Health directly provides the services, while in others, the responsibility is contracted out to NGOs. Since its introduction, Afghanistan has made remarkable progress in extending the BPHS to a significant portion of the population. By 2007, 82% of Afghanistan's population resided in districts with established administrative and financial arrangements to support BPHS delivery [6].

Despite this substantial progress in expanding service coverage, there remains a significant lack of information regarding actual utilization rates and the equity of current healthcare access patterns. Ensuring equity is a critical concern for the Ministry of Public Health and is one of the eight guiding principles outlined in the country's national health strategy (Islamic Republic of Afghanistan 2005b).

Healthcare services are not typical public goods since they can be both financed and provided by public and private sectors. However, due to the imperfections in the health service market, public authorities in most countries assume at least partial responsibility for ensuring the healthcare system functions effectively. It is also important to recognize that health expenditure, from the State's perspective, can be considered a



worthwhile investment rather than merely a cost. This perspective is supported by arguments based on public health benefits, economic growth, and social welfare [7].

The development of healthcare infrastructure has shifted the focus away from ensuring physical access to services and has instead highlighted challenges related to financing healthcare. Advances in medical technology have expanded the range of available treatments, but these advancements have also increased costs. Demographic shifts in society, coupled with pressures to enhance service quality, compel decision-makers responsible for the healthcare system to make challenging economic choices. Another factor driving rising healthcare costs is inflation in the sector, which tends to outpace inflation in other areas [8].

People in poorer countries often have less access to healthcare services compared to those in wealthier nations. Within individual countries, the poor face additional barriers to accessing healthcare services. A lack of financial resources or information can impede access, but the relationship between healthcare access and poverty is bidirectional. When healthcare needs are unmet or delayed, individuals' health deteriorates, leading to lost income and increased healthcare expenses, both of which further entrench poverty [9].

The relationship between poverty and healthcare is a frequent focus of research and policy discussions, often employing varying definitions of poverty and healthcare access. Although a detailed exploration of the concept of poverty is beyond the scope of this discussion, poverty is increasingly recognized as extending beyond income or material deprivation. It is also understood as the lack of freedom to live the kind of life people value [10].

A variety of factors influence care-seeking behaviors, including the characteristics of the healthcare system, demographic and social attributes of the population, health beliefs, and enabling resources such as financial means, community support, and proximity to providers. Both perceived and actual healthcare needs also play a role in shaping care-seeking behaviors [11].

The poor encounter additional obstacles in utilizing healthcare services, such as financial and geographic barriers and other constraints. Factors that affect care-seeking behaviors can be grouped into geographical (e.g., physical access to healthcare services), financial (e.g., affordability of care, including direct and indirect costs), and social factors. Social factors include cultural knowledge and attitudes, household dynamics, socio-demographic characteristics, and perceptions of care quality [12].

This research aims to study financial status, barriers and challenges for Afghan citizens in accessing healthcare services, with a specific focus on the 12th district of Kabul, Afghanistan. As a low-income country, Afghanistan's population faces several challenges in daily life, principally in the realm of healthcare. This study explores how financial restrictions, including both direct and hidden costs, affect people's capacity to access and use healthcare services in this district. It investigates that how financial status shape care-seeking behaviors and highlights the main challenges individuals face. This study also considers how factors like location and social circumstances make these difficulties even tougher to overcome. By probing the interaction between financial hardships and other barriers, the research aims to provide valuable insights for improving healthcare access and quality for communities in Afghanistan.

Methodology

This descriptive cross-sectional research studies the financial challenges Afghan citizens face when accessing healthcare services in Kabul's 12th district. Since the total population size in this area is not precisely known, the sample size was calculated using Cochran's formula, which is ideal for studies with an unknown population size. The formula used is:

$$N = \frac{Z^2 \cdot P \cdot (1 - P)}{E^2}$$

Where:

- N = Required sample size
- Z = Z-score for a 95% confidence level (1.96)
- P = Estimated proportion of the population (0.5, for maximum variability)
- E = Margin of error (0.05, or 5%)

Using this formula, the calculated sample size was approximately 384 respondents. To confirm a 95% confidence level with a 5% margin of error, participants were chosen using a random sampling method. This method made sure that people from diverse demographic groups, including different income levels, age ranges, and educational backgrounds, were well-represented. This study was conducted from September to December 2024. Data collection was carried out through a structured questionnaire with 18 questions divided into six components: demographic particulars, financial status, healthcare access, out-of-pocket expenses, insurance and support systems, as well as opinions and recommendations. The gathered information has been analyzed by SPSS 26(Statistical package for social sciences), focusing on descriptive statistics to highlight key aspects like access to healthcare, personal healthcare expenses, and insurance coverage. Additionally, thematic analysis was applied to open-ended responses to identify recurring themes related to perceptions of the healthcare system. Ethical standards were strictly followed, ensuring informed consent, confidentiality, and voluntary participation for all respondents.

Result

Table 1 presents a breakdown of various demographic characteristics of a sample group. The age distribution reveals that the majority of individuals (69.5%) are between 18-25 years old, followed by 21.0% in the 26-33 age group (figure 1). Smaller proportions are seen in the 34-40 age group (5.6%) and those above 40 (3.8%). Gender-wise, 60.5% of the respondents are male, while 39.5% are female. In terms of marital status, most participants are single (52.6%), with married individuals accounting for 44.9%, and a small minority (2.6%) being divorced. Regarding employment, the largest group is unemployed (37.7%), followed by students (35.1%), employed individuals (24.4%), and retirees (2.8%) (Figure 2). According the participants' education level, 59.0% have a university degree, 18.5% are uneducated, 14.9% are school students, and 7.7% hold a Master's or PhD degree.

Demographic Characteristics	Participants	Percentage
Age	18-25	271
	26-33	82
	34-40	22
	above 40	15
		69.5%
Gender	Male	236
	Female	154
Marital status	Single	205
	Married	175
	Divorced	10
		52.6%
Jobs	Student	137
	Employed	95
	Unemployed	147
	Retired	11
		35.1%
Education	University	230
	Master or PHD	30
	School Student	58
	Uneducated	72
		59.0%

Table 1 Demographic Characteristics

Table 2 presents data on income distribution and monthly household expenses. In terms of income, the majority of respondents earn between 10,000 and 20,000 (75.9%), with smaller groups earning between 21,000 and 30,000 (12.6%), 31,000 and 40,000 (8.5%), and above 40,000 (3.1%) (Figure 3). Regarding household expenses, the largest portion of the budget is spent on all expenses combined (56.7%), followed by house rent (14.6%), groceries (10.5%), healthcare (8.2%), electricity and water charges (7.2%), and transportation (2.8%). These figures highlight the significant allocation of resources toward essential living costs, particularly rent and groceries.

Income Distribution and Monthly Expenses	Participants	Percentage
Incomes / Salary	10000-20000	296
	21000-30000	49
	31000-40000	33
	Above 40000	12
		75.9%
Monthly Household Expenses	House Rent	57
	Electricity and Water charges	28
	Transportation	11
	Health care	32
	Grocery	41
	All	221
		56.7%

Table 2: Income Distribution and Monthly Household Expenses

Table 3 provides insights into how individuals finance healthcare expenses, the percentage of their income spent on healthcare, and the frequency of difficulties faced by households in accessing essential healthcare

services. In terms of payment methods, the majority (70.5%) cover their healthcare expenses from their own budget, while 21.5% rely on loans, 5.1% receive governmental aid, and 2.8% benefit from NGOs. Regarding healthcare spending, 34.4% of individuals allocate between 10-20% of their income, 27.9% spend 21-50%, and 22.8% spend 10% or less, and 14.9% allocate 50% or more. When it comes to accessing healthcare services, 71.3% of respondents report rarely facing difficulties, 22.1% face challenges frequently, and 6.7% have never encountered such issues. This data reflects varying approaches to financing healthcare and the challenges individuals face in accessing it.

Healthcare Financing, Income Allocation and Access to Healthcare Services		Participants	Percentage
How do you pay healthcare expenses	Self-Budget	275	70.5%
	Loans	84	21.5%
	Governmental Aids	20	5.1%
	NGOs	11	2.8%
What percentage of your income is spent on healthcare	10%	89	22.8%
	(10-20) %	134	34.4%
	(21-50) %	109	27.9%
	50%	58	14.9%
How often have you faced difficulties in accessing essential healthcare services	Always	86	22.1%
	Generally	278	71.3%
	Never	26	6.7%

Table 3: Healthcare Financing, Income Allocation, and Access to Healthcare Services

Table 4 presents an overview of healthcare access and affordability in Afghanistan, highlighting key challenges and preferences. A majority of respondents (76.4%) report yes, they do face difficulty in covering medication or treatment costs, while a smaller percentage (23.6%) do not. When assessing the cost of healthcare services, 37.9% view it as bad, with 13.1% considering it worse. Health insurance coverage is limited, with only 12.6% having insurance. In terms of healthcare spending, treatment (46.2%) takes the largest share, followed by diagnosis and medical procedures (26.9% each). Public hospitals (41%) and private clinics (43.1%) are the most commonly accessed healthcare sources, while traditional medicine is minimally used.

		Participants	Percentage
Have you faced difficulties in covering the costs of medication or treatment?	Yes	298	76.4%
	No	92	23.6%

How do you assess the cost of accessing healthcare services in Afghanistan?	Best	64	16.4%
	Good	127	32.6%
	Bad	148	37.9%
	worse	51	13.1%
Do you have health insurance?	Yes	49	12.6%
	No	341	87.4%
Which area do you spend the most when accessing healthcare services?	Diagnosis	105	26.9%
	Treatment	180	46.2%
	Medical procedures	105	26.9%
What is your primary source of healthcare services?	Public hospitals	160	41.0%
	Private clinics	168	43.1%
	Community health centers	52	13.3%
	Traditional Medicine	10	2.6%

Table 4: Healthcare Access and Affordability in Afghanistan: Challenges, Costs, and Preferences

Table 5 provides insights into concerns and challenges related to healthcare access, particularly focusing on future needs and financial barriers. A significant majority of respondents (85.9%) express concern about meeting their future healthcare needs, while only 14.1% are not worried. When asked about awareness of financial assistance programs for healthcare, a large proportion (82.6%) are unaware, and just 17.4% are familiar with such programs. Additionally, over half of the respondents (54.1%) report that they or their families have avoided seeking healthcare services due to financial difficulties, highlighting the impact of economic constraints on healthcare access.

		Participants	Percentage
Are you concerned about meeting your future healthcare needs?	Yes	335	85.9%
	No	55	14.1%
Are you aware of the financial assistance program(s) for healthcare?	Yes	68	17.4%
	No	322	82.6%
Have you or your family avoided seeking healthcare services due to financial difficulties?	Yes	211	54.1%
	No	179	45.9%

Table 5: Concerns and Barriers to Healthcare Access: Financial Challenges and Awareness of Assistance Programs



Discussion

The financial status of Afghan citizens significantly affects their access to healthcare. Due to economic instability, poverty, and limited resources, many Afghans face barriers in affording essential healthcare services. The lack of adequate infrastructure, combined with limited health insurance coverage and high out-of-pocket expenses, further exacerbates the situation. As a result, a large portion of the population struggles to access necessary medical treatments, leading to poorer health outcomes. Addressing these financial barriers is crucial for improving healthcare accessibility and ensuring the well-being of Afghan citizens. The sample covered 384 respondents from different parts of 12th district of Kabul- Afghanistan from September up to December 2024.

A study conducted by Shivgam Gupta and colleagues in rural Afghanistan analyzed data from 5,960 interviews across 306 health facilities in 2005 and 2008. The findings showed a significant increase in the likelihood of poorer clients attending health facilities [13].

Another study by Binay Kumar highlighted significant progress in Afghanistan's healthcare performance between 2004 and 2008. Using a national scorecard, the study showed that 20 key indicators had improved significantly ($P < 0.05$) during this period. Notably, service capacity and delivery, which had a low median score of 50 in 2004, demonstrated substantial improvement over the years, while patient and community satisfaction, initially scoring higher, showed less dramatic progress [14].

Similarly, Mirwais Rahimzai emphasized the growing optimism within the global health community about the potential of Quality Improvement (QI) to strengthen healthcare systems. Afghanistan serves as an example of what can be achieved through strong national leadership and international collaboration in resource-limited settings. While donor and international programs have played a role in improving healthcare quality, Rahimzai's findings stress the importance of nationally driven efforts to streamline and align these initiatives. Afghanistan's experience underscores the ability to achieve front-line patient care improvements while building systemic capacity at all levels through coherent national policies. This approach highlights the challenges low-income countries face in creating integrated strategies due to diverse stakeholders but also demonstrates the potential for national healthcare quality strategies to improve specific services and strengthen health systems overall [15].

Hossain's study (2022) provides valued insights into the financial barriers faced by Afghan citizens, particularly in Kabul's 12th district. The study reveals that many individuals struggle with limited income, high healthcare costs, and insufficient financial support systems. These findings shed light on critical areas requiring policy reforms and targeted healthcare interventions to address these challenges effectively. A significant proportion of the respondents (75.9%) earn between 10,000 and 20,000 AFN per month, indicating that a large segment of the population belongs to the low-income group. This low-income bracket exacerbates the financial strain on individuals when they attempt to access essential healthcare services. As shown 70.5% of participants finance their healthcare costs from their own budgets, which indicates a lack of comprehensive health insurance coverage and alternative financial assistance options. Healthcare costs consume a significant portion of their monthly income, with 34.4% of respondents spending between 10-20% of their income on healthcare, while 27.9% allocate 21-50%. A study conducted by Hussain, this is a substantial amount given the low-income levels reported. Given that a large portion of respondents (54.1%) have avoided healthcare due to financial difficulties, these findings point to a critical need for more affordable healthcare options and



financial support systems. The percentage of income spent on healthcare can be seen as a key measure of financial strain. This finding is consistent with similar research in other low-income countries, where individuals often face a "healthcare poverty trap," where out-of-pocket healthcare expenditures push individuals and families into further financial hardship [16].

The study conducted by Babar, found the fact that over half of the respondents are spending a substantial portion of their income on healthcare underlines the need for policy interventions aimed at reducing these out-of-pocket expenses, perhaps by subsidizing healthcare or expanding insurance coverage. The geographic distribution of healthcare services in Kabul remains a crucial determinant of healthcare access. Although this study did not directly focus on the geographical distribution of healthcare services, the data indicates a reliance on public hospitals (41%) and private clinics (43.1%) as the primary sources of healthcare. These figures suggest that despite the existence of government-run hospitals, many individuals prefer private healthcare providers, likely due to perceptions of higher quality or more accessible services. However private healthcare can be costly, making it unaffordable for a large portion of the population. In rural areas or remote parts of Kabul, where healthcare infrastructure may be more limited, individuals face even greater barriers to accessing care [17].

A previous research done by Yousefi (2019) suggested the need for more investment in healthcare infrastructure in underserved districts of Kabul. The socio-demographic data reveals a young population, with 69.5% of respondents between the ages of 18-25. This demographic is often less likely to seek healthcare due to various socio-cultural factors such as a lack of awareness of available services, prevailing attitudes toward healthcare, and lower health literacy. The young adult population may be less inclined to seek healthcare until faced with a severe health illness, which could contribute to delayed treatment and worsened health outcomes. The fact that only 12.6% of respondents have health insurance, further complicates the ability to access timely and affordable healthcare. A striking finding from this study is the limited health insurance coverage in Afghanistan, with only 12.6% of respondents reporting having health insurance. This is a crucial factor contributing to financial barriers, as individuals without insurance must bear the full cost of healthcare services. Additionally, a large proportion of participants (82.6%) are unaware of financial assistance programs for healthcare, underscoring a significant gap in healthcare-related education and awareness. The lack of health insurance options and limited awareness of financial support programs likely exacerbate the financial burden on low-income families. These issues are common in many low-income and conflict-affected countries, where weak healthcare systems and inadequate public health infrastructure further hinder access to care [18].

A study by Saad (2020) shows that people are generally not satisfied with the affordability of healthcare services. The high cost of healthcare together with poor financial protection through insurance and public subsidies has placed many individuals in a situation where they either delay seeking care or do not get the treatment they need. This finding agrees with previous studies that have reported that inability to pay often results in opting for cheaper, less effective treatments or traditional medicine. Limitation, the study doesn't go deep into how cultural beliefs, geographic location, or the availability of healthcare options influence these choices. Additionally, the research might not capture the experiences of all socioeconomic groups equally, as those with higher incomes or better access to insurance might not have been fully represented in the sample.



Lastly, while it highlights the financial burden, it doesn't provide enough insight into potential solutions or how different healthcare systems around the world handle affordability differently [19].

Conclusion

The financial state of Afghan citizens has a gigantic impact on their ability to access healthcare, with many barriers making it tough for people to get the healthcare they need. Economic struggles, high medical costs and the lack of health insurance make it even harder for many to access vital services. Low-income families, women, and people living in rural areas face the greatest challenges, as financial limitations hit them the hardest. On top of this, poor infrastructure and inadequate government funding leave many unable to afford even basic medical services.

To address these difficulties, policymakers need to focus on increasing healthcare funding from both public and private sources. Making healthcare more affordable, improving insurance coverage, and ensuring equal access in both cities and rural areas can help break down these financial barriers. Strengthening infrastructure, providing financial support to those who need it most, and educating the public about health can also lead to better outcomes for everyone. Resolving these issues will take a joint effort, including government initiatives, international aid, and local community involvement.

Recommendations

1. **Health Insurance Coverage Expansion:** The first imminent intervention should be to expand access to health insurance. Governments and non-governmental organizations need to work together in order to design health insurance schemes that can be afforded by poor people and help the masses protect themselves against financial risks from ill health.
2. **Subsidized Health Care Services:** The government can institute policies to subsidize the cost of health care for people with low incomes, such as subsidizing consultation fees, medication, and diagnostic tests. In this way, the majority of the population will have easy access to health services.
3. **Investment in Rural Healthcare:** Increased investment is very much required in the state of Afghanistan's rural areas to facilitate equal access to care. It includes establishing more health centers and mobile clinics to reach the most unreachable populations.
4. **Awareness and Health Education Campaigns:** increased awareness and educating citizens about available assistance programs and healthcare options is very crucial. The educational campaigns will help in making people understand how to access healthcare services, and the types of financial assistance available to them.
5. **Quality Improvement in Public Healthcare:** The quality of health care provided in public hospitals can be improved through better equipment and training of health professionals. This could help reduce the burden on private clinics and, in turn, make health care more affordable for poor families.

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