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Rehabilitating Afghanistan

Afghanistan was already a ruined country when the United States and its allies dropped tons of bombs on it to flatten the al-Qaeda. Now that the bombing has abated, the country's precarious state is again evident amid the rubble: a life expectancy of 46 years, the second highest maternal mortality rate in the world (a mother dies every half-hour giving birth), a 25% mortality rate in children under 5 and the world's third highest measles mortality rate.^{1,2} Landmines are everywhere.³ In 5 years of rule by the now-departed Taliban, women were barred from schools, female health care workers were mainly prohibited from working and male physicians were barred from attending female patients.

Dr. Sima Samar, head of Afghanistan's newly created Ministry for Women's Affairs⁴ (see page 368) has called on the United States to spend as much money in Afghanistan to feed, shelter, educate and supply medical care to its population as has been spent on bombing it (US\$40 billion). A rhetorical figure, which will not be met. Since Oct. 1, humanitarian aid from the US to Afghanistan has totalled roughly US\$246 million; Canada has tipped in \$16 million to date and in the most recent budget has pledged another \$100 million over the next year.⁵

Is Canada doing enough in international aid generally? Canada has never met the target of member nations of the UN to contribute 0.7% of their GNP to developmental assistance for poor countries. At last reckoning Canada contributed 0.28%.⁶

These are difficult times for economies everywhere, but while we in industrialized societies fret about questions of sustainability, much of the world faces questions of survival. Assist we must, whatever our doubts that developmental aid is often misallocated or wasted. A recent report for the World Health Organization by its Commission on Macroeconomics and Health⁷ (see page 361) underlines the importance of

investment in international aid: illness and premature deaths — an estimated 8 million a year — are not only human tragedies for poor countries, but economic ones as well. The report recommends that poor countries themselves increase their spending on health care and prevention by an additional 0.1% of their gross domestic product by 2007 (about US\$35 billion) and that rich countries come up with the rest — \$22 billion plus another \$5 billion for research.

Dr. Suhaila Seddiqi, Afghanistan's new Minister of Public Health, has called on the world to help rehabilitate Afghanistan's health infrastructure. She wants international agencies to help reactivate medical training for female health care workers, whom she described as a "crucial asset" for Afghanistan's health care system. With the additional money promised in the federal budget, perhaps it is time for Canadian universities and, in particular, their newly minted departments and centres for women's studies to take the lead. The war on terrorism may be entering a new phase. It's time to begin a campaign of restoration in Afghanistan, in health, in education and in equity. — CMAJ

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