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Alumni

The Long Road Back to Kabul

An Afghan physician aims to improve women's lot and rebuild her country's health system

When Suraya Dalil went to medical school in Afghanistan in the late 1980s, many of her classmates were women. But after a decade of war and political oppression, most of them left the country. Dalil, who graduated from the Harvard School of Public Health (HSPH) at age 35 in June with a master's degree in health care management, is one of the few who insists on staying.

"War in my country has given me lots of pain," says Dalil, adding that she could not have come to Harvard without a full-tuition Presidential Scholarship from the University. "But I feel I would be more effective and useful at home. My contribution is very much valued there."

The '90s were particularly painful. In 1992, just months after she graduated from the Kabul Medical Institute in the Afghan capital, the Soviet-led communist government fell, and the mujahideen--freedom fighters against the Soviets--took control of Kabul, then began fighting each other. During a three-day ceasefire, Dalil moved more than 150 miles north with her parents, two sisters, and two brothers to Mazar-e-Sharif.

"We thought we'd be there for three months," says Dalil. "Our return took 10 years, because the fighting never stopped."



Based in Mazar-e-Sharif, she worked as an emergency physician for Doctors Without Borders (Medicins Sans Frontieres), caring for refugees from neighboring war-torn Tajikistan. Then, as a medical officer for the International Organization for Migration (IOM), she established a clinic at a transit center for refugees returning from Pakistan and Iran. The IOM program shut down as weather and a lack of security made traveling too difficult, and Dalil took a job with UNICEF Mazar-e-Sharif, where she has worked on immunization and nutrition initiatives for the last decade.

Lifting the veil

In 1998, the Taliban--mujahideen who rose to power during the civil war--arrived in Mazar-e-Sharif, and Dalil's family, which now included her husband and the first of two daughters, fled to Islamabad, Pakistan. Although the Islamic fundamentalist regime generally forbade women from going to school, holding jobs, or moving about without a male escort, female physicians were allowed to work. Over the next few years, Dalil, wearing a burkha and accompanied by her

husband, regularly traveled over the border to Afghan hospitals, where she ran training sessions in primary care for midwives and doctors, most of them women.



As facilitator of the First Congress of obstetrician-gynecologists in Kabul, suraya Dalil, MPH'05, (front row), discussed her work as the Safe Motherhood project officer for UNICEF. The congress was attended by 150 mostly female physicians, chiefly from Afghanistan. Photo courtesy of Suraya Dalil

"Considering how hard it must have been to get things done, she's accomplished a tremendous amount," says Professor of Management [Nancy Kane](#), Dalil's academic adviser. Kane calls Dalil "fearless," not only for taking risks in Afghanistan but also for coming to Boston, without her husband and two young daughters, to live and study using a language she first learned as a medical student.

After the U.S. helped oust the Taliban from power in 2002, Dalil returned to Kabul, where she and her husband rebuilt the nearly destroyed apartment she had grown up in. In the role of Safe Motherhood project officer for UNICEF, she co-authored a maternal mortality study sponsored by the new Afghan government's Ministry of Health, UNICEF, and the U.S. Centers for Disease Control and

Prevention.

Published in the March 5, 2005, issue of *The Lancet*, the study highlights a tragic result of women's limited access to health care. As of 2002, Afghanistan's maternal mortality rate was 1,600 deaths per 100,000 live births. (In the U.S., the rate is eight per 100,000.) Dalil says the vast majority of maternal deaths could have been prevented had emergency obstetrical services and skilled birth attendants been available.

The new Afghan government, with support from donor agencies and the United Nations, is working to improve these numbers. The Ministry of Health wants to ensure that at least one emergency obstetrical-care facility exists in every Afghan province, and it is also training midwives, particularly in rural areas where more women die in childbirth.

Rebuilding the health system

Implementing these changes, says Dalil, is "great, but hard." It will take years before the next generation of women doctors is educated. And Afghanistan still lacks basic infrastructure. After more than three years under the new government, Dalil's apartment only gets about five hours of electricity every two days in winter. Hospitals, she says, have too-low standards for sterilizing instruments, and few of them house blood banks.

"War is the worst thing that can happen," says Dalil of her country's 23 years of conflict. Though she is grateful to other nations and granting agencies, "we should be able to stand on our feet," she says. With this in mind, Dalil sought admission to HSPH for the 2004-'05 academic year.

"She was the highlight of teaching the class," says [Jane Lindsey](#), a senior research scientist who taught Dalil biostatistics, a required MPH course. Though Dalil hadn't done math in more than 15 years, "she sat down and worked and worked and worked. Her attitude to the challenge was to work harder."

Dalil has the same attitude about Afghanistan. While at Harvard, she accepted the post of project officer for policy and training at UNICEF, the organization's highest-ranking position in Afghanistan. She returned in June to help rebuild her country's health system.

"The day I die, Suraya will be on my list of people who impressed me most," says Lindsey. "I hope she sends more women like her over here." Dalil says she intends to do so.

Katharine Dunn writes about science, technology, and education for the Boston Globe, Technology Review, and Atlantic Online.

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