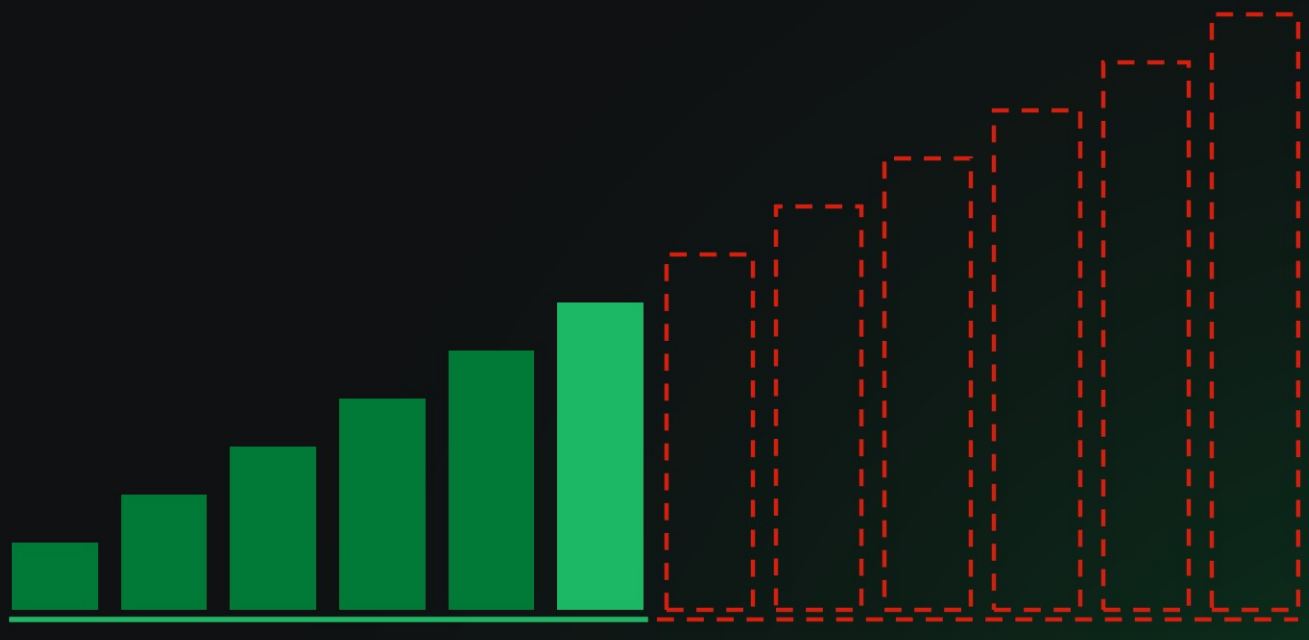
RESEARCH REPORT | NOVEMBER 2026

The Cost of Exclusion

Afghanistan's ban on girls' education beyond grade six: what it has already cost, how the women's professions decline, and how long recovery would take



GRADES 1-6: OPEN TO GIRLS

GRADES 7-12: CLOSED TO GIRLS SINCE 2021

Prepared by a group of Afghan girls in Afghanistan

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ABOUT THIS REPORT

The Cost of Exclusion

This report examines what Afghanistan's ban on girls' education beyond grade six has already cost, how quickly the professions that depend on educated women will decline, and how long recovery would take if the ban ended. It draws on published United Nations, World Bank and academic sources, with data current to November 2026.

Who prepared this report

This report and the website costofexclusion.org were prepared by a group of Afghan girls in Afghanistan, to raise awareness of what the ban on girls' and women's education is costing their country. For their safety, their names are not published. It is not a publication of the United Nations or any of its agencies and carries no official endorsement. Figures from UN bodies are taken from their published documents, cited in full. Projections marked as scenario models are the work of this report alone.

Website: costofexclusion.org **Feedback and corrections:** costofexclusion@gmail.com

How to read the evidence

Measured	Counts and survey results with a stated date and source.
Agency projection	A forward estimate published by a UN body, usually without a full method.
Scenario model	Arithmetic built in this report from measured starting points and stated assumptions. It shows a range of outcomes and is not a forecast.

Every figure and table states which class it belongs to. All model assumptions are listed in Annex A, and the models are supplied with this report as a spreadsheet.

Abbreviations

GDP	Gross domestic product
ILO	International Labour Organization
MICS	Multiple Indicator Cluster Survey
NGO	Non-governmental organization
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
WHO	World Health Organization

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37 figures | 47 tables | 80 sources

Suggested citation

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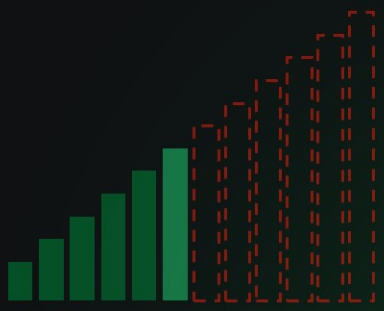
OVERVIEW

Key findings



What the ban has already cost, how fast the women's professions decline, and how long recovery would take.

Afghanistan is the only country that formally bars girls and women from education beyond primary level [1]. Since the 2021 school year no girl has moved into grade 7. No woman has graduated from a university since late 2022, and nursing and midwifery training closed to women in December 2024. The professions that depend on educated women can now only shrink.

2.3 million
girls have lost secondary schooling since 2021

510,000
young women who would have finished school by now have not

Zero
new women doctors, midwives or nurses qualifying

92%
of Afghans say girls' continued schooling is important

BOX 1

The loss so far

About 2.3 million girls have lost secondary schooling. About 1.05 million were in grades 7 to 12 when schools closed in 2021. About 250,000 more have been stopped at grade 6 in each year since.

About 510,000 young women who would have finished school by now have not, along with about 5.3 million girl-years of secondary schooling.

Most of them will not come back. A girl who was 15 in 2021 is now 20. If the ban ends in 2030, about 2.0 million of the 3.1 million girls affected by then never return to school in the moderate case, and about 1.0 million graduates are lost for good. Return rates for women now aged 20 or over are assumptions, because no evidence exists anywhere for gaps this long. If none of them return, the figure rises to 2.3 million.

The country is falling short of the path it was on. Even if the number of women teachers had only held steady, Afghanistan would be at least 27,000 short by 2030 and 48,000 by 2040 in the moderate case. If pre-ban growth had continued, the gap would be more than twice as large.

By 2040, women teachers could cover only about 37% of girl primary pupils and midwives about 34% of births (moderate case, ban continuing).

BOX 2

The short answers

How fast do the women's professions shrink? On the measured trend, women teachers fall to half of today's number by about 2038 and to a quarter by about 2053. Midwives halve between about 2039 and 2048. When age and retirement are modelled, the last teachers who qualified before the ban leave by about 2064 and the last midwives by about 2066. Real capacity falls faster than these counts, because skills fade among women kept from work and under-qualified staff are hired informally to fill gaps.

Where does it bite first? In rural provinces. Before the ban, women were 1% of teachers in Paktika and 67% in Kabul, and 17 of 34 provinces had under 20%. In those 17 provinces the average school has fewer than one woman teacher by about 2041 at the latest in the moderate case, about two decades before Kabul. In the lowest provinces the average school already had none.

What does it cost? Published estimates run from US$84 million to US$1 billion a year. They measure different things and cannot be added. All are narrow lower bounds.

How long to reverse? At least 8 years after a lifting before the first new midwife or teacher qualifies, and 12 years for a doctor. What happens next depends on brain drain, skill loss and training capacity. If the ban is lifted for 2030, women teachers return to the 2024 level in 2039 in the best case and 2050 in the moderate case. In the worst case neither teachers nor midwives ever return to today's level without outside help.

What is the fastest lever? Re-admitting the roughly 135,000 women whose university and health training was interrupted. Re-admitting 5,000 midwifery students would lift midwife numbers above today's level within three years of a lifting, instead of two to three decades. This group shrinks every year.

TABLE 1

Three cases at a glance (ban lifted for the 2030 school year)

Result	Best case	Moderate case	Worst case
Women teachers fall to half if the ban continues	~2038	~2035	~2032

Result	Best case	Moderate case	Worst case
Midwives fall to half if the ban continues	~2042	~2037	~2035
Interrupted students who return and requalify	~73,700	~31,300	~10,400
Women teachers back to the 2024 level	2039 (9 years)	2050 (20 years)	Not regained
Midwives back to today's level	2031 (1 years)	2044 (14 years)	Not regained
Midwives in 2050	~16,300	~8,000	~3,700

Scenario models by this report; assumptions for each case are in Section 8. The best case is the central case used in Sections 3 to 7. The moderate case is the most realistic reading of current conditions.

TABLE 2

Headline numbers

Indicator	Value	Type of evidence
Girls who have lost secondary schooling (this report's count)	About 2.3 million by the end of 2026	Built from measured enrolment; Section 9
Girls stopped at grade 6 since 2022	About 1 million, rising by about 250,000 a year	UNICEF estimate, Apr 2026
All secondary-age girls out of school (wider measure)	2.4m (UNESCO) to 2.6m (UNICEF)	Agency estimates, Aug 2026
Women removed from universities	More than 100,000	Agency estimate
Women removed from health institutes (Dec 2024)	About 35,000	UN estimate
Women teachers, basic education	72,963 (2022) to 66,208 (2024), down 9.3%	Measured
Midwives (2023)	6,746, against a need for 18,000 more	Measured / UNFPA estimate
Health worker density	5.9 to 10.3 per 10,000 against a threshold of 44.5	Measured count; population base disputed
Women rating mental health bad or very bad	70%	Survey, 2026
Young women not in education, work or training	78%	UN Women, 2026
Afghans who say girls' schooling is important	92% (87% of rural men)	Survey, 2025
Women teachers at half of 2024 level	~2038 best, ~2035 moderate, ~2032 worst	This report's scenarios
Midwives at half of current level	~2042 best, ~2037 moderate, ~2035 worst	This report's scenarios
First new midwives if ban lifted for 2027	2034-35	This report's scenario

Sources and methods for each row are given in the relevant section.

CHAPTER 1

Scope, evidence and method

01

The questions this report answers, the three classes of evidence it uses, and the gaps in the data.

This report answers four questions. How large is the exclusion created by the ban on girls' education beyond grade six? How fast will the number of women teachers, doctors, nurses and midwives fall? What are the effects on women, on society and on the economy? And how long would it take to reverse those effects if the ban ended?

It draws on United Nations agencies (UNESCO, UNICEF, UN Women, UNFPA, WHO, UNDP, ILO), the World Bank, peer-reviewed and working-paper research, human rights organisations and specialist media, with data current to November 2026.

Three classes of evidence

TABLE 1.1

How each number in this report should be read

Class	What it is	Examples	How far to trust it
Measured	Counts or survey results with a stated date and source	Teacher headcounts 2022 and 2024; MICS 2022-23; 2023 health workforce count	Highest, though many administrative figures originate with the de facto authorities
Agency projection	A forward estimate published by a UN body, usually without a full method	Up to 20,000 women teachers lost by 2030; +25% child marriage; US$9.6bn by 2066	Indicative. Direction is well supported; magnitudes are untested
Scenario model (this report)	Arithmetic built here from measured starting points and stated assumptions	Depletion curves; recovery simulations; cumulative cost lines	Illustrative. Shows the range of outcomes, not a forecast

No agency or scholar has published a year by which the women's professions empty, or an estimate of years to recovery. Every such timeline in this report is a scenario model.

Why this report uses thresholds, not a single date

With no new entrants, a workforce loses a share of its remaining members each year. A fixed percentage of a shrinking number never reaches zero, so the curve flattens as it falls. This report therefore measures depletion against thresholds: the year the workforce reaches half and a quarter of its current size, the year it returns to a historical low point, and the year the last women who qualified before the ban reach the end of a normal working life. Section 3.4 adds an age-structured version, which does produce an end date because everyone eventually retires.

BOX 1.1

Data gaps that shape every projection

No age profile of women teachers or health workers has been published. The age-structured scenarios use a synthetic profile.

No measured exit rates. Emigration, dismissal and exit on marriage are not counted. The teacher rate rests on two data points, 2022 and 2024.

No count of women by health profession other than midwives. Women nurses and doctors are derived from shares.

No sub-national series. Provincial figures for women teachers and midwives after 2021 were not found.

Review status. The models have not been reviewed by outside specialists in Afghan education or health workforce planning. That review is recommended before the projections are used for planning. The full model is supplied as a spreadsheet so that every figure can be checked and the assumptions changed.

CHAPTER 2

The ban and who it excludes

02

How the exclusion was built in layers between 2021 and 2024, and how many girls it reaches.

2.1 Chronology

The exclusion was built in layers over three years and was complete by December 2024. Since then the authorities have turned to controlling content and connectivity.

TABLE 2.1

Timeline of restrictions on girls' and women's education

Date	Measure	Effect
Sep 2021	Girls' secondary schools do not reopen after the takeover	Girls stop at grade 6
Mar 2022	Announced reopening of girls' secondary schools reversed on the day	Ban becomes indefinite
Dec 2022	Women barred from universities; women barred from most NGO work	More than 100,000 women students removed
2023 onward	Women medical graduates excluded from the licensing exit exam	No new women doctors licensed
Jul 2023	All 49 public teacher-training centres ordered closed	Formal teacher pipeline ends
Dec 2024	Women barred from health institutes (nursing, midwifery, laboratory, dental)	About 35,000 women students removed
Aug-Sep 2025	At least 679 book titles banned; 18 university subjects stopped; internet shutdowns	Alternative and online learning disrupted
2026	Further decrees ending legal equality; university entrance exam for men only	No reopening as of November 2026

Sources: UNICEF [2]; VOA [3]; RFE/RL [4]; Al Jazeera [5]; Reuters [6]; UN Women [7]. UNICEF dates the ban from September 2021 and UNESCO from March 2022; this is a dating convention, not a factual dispute.

2.2 How many girls are affected

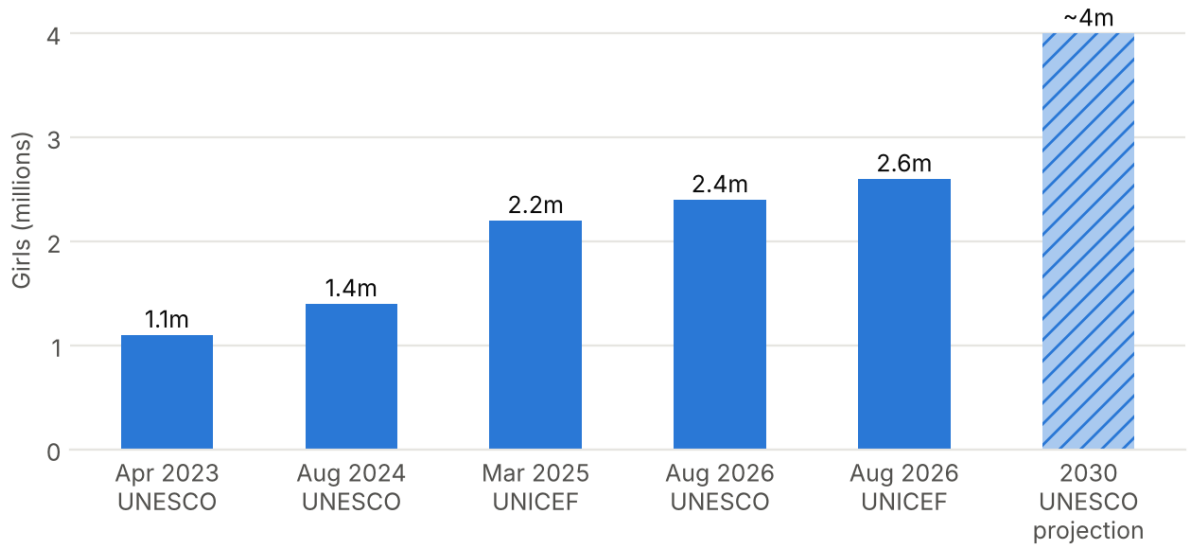
This report uses one primary measure: girls directly barred. UNICEF's technical brief of April 2026 puts the number of girls who would otherwise have moved from grade 6 to grade 7 at about 1 million, rising by roughly 250,000 a year [8]. It has a stated basis and can be projected.

That figure counts girls stopped at the door of grade 7. It leaves out the girls who were already in grades 7 to 12 when schools closed: about 1.05 million, on UNESCO enrolment figures for 2018 [9]. Adding the two gives about 2.3 million girls by the end of 2026, which is close to the agency headlines. Section 9 uses this fuller count to follow each group of girls.

The larger headline numbers are a second, wider measure: all secondary-age girls out of school. UNESCO said about 2.4 million in August 2026 [10], and UNICEF more than 2.6 million three days later [2]. These include girls who were already out of school before 2021 because of poverty, distance and social norms. They describe the size of the population without secondary education, not the number excluded by the ban.

FIGURE 2.1

The wider measure: agency headline counts of secondary-age girls out of school



Evidence class: Agency estimates and projection. Sources: UNESCO [11, 10]; UNICEF [12, 2]. The series is not consistent: the jump from 1.4m to 2.2m in seven months is too large for one entering cohort and points to a change of definition. The 2030 bar is an agency projection.

The gap between 1 million and 2.4 to 2.6 million reflects a weak starting point. In 2019 only 48% of girls aged 7 to 18 attended school, against 72% of boys, and only about 250,000 girls were in grade 7 [8]. That weak starting point is why the two measures differ so much. Roughly half of each cohort of girls never reached the end of primary school even before the ban.

TABLE 2.2

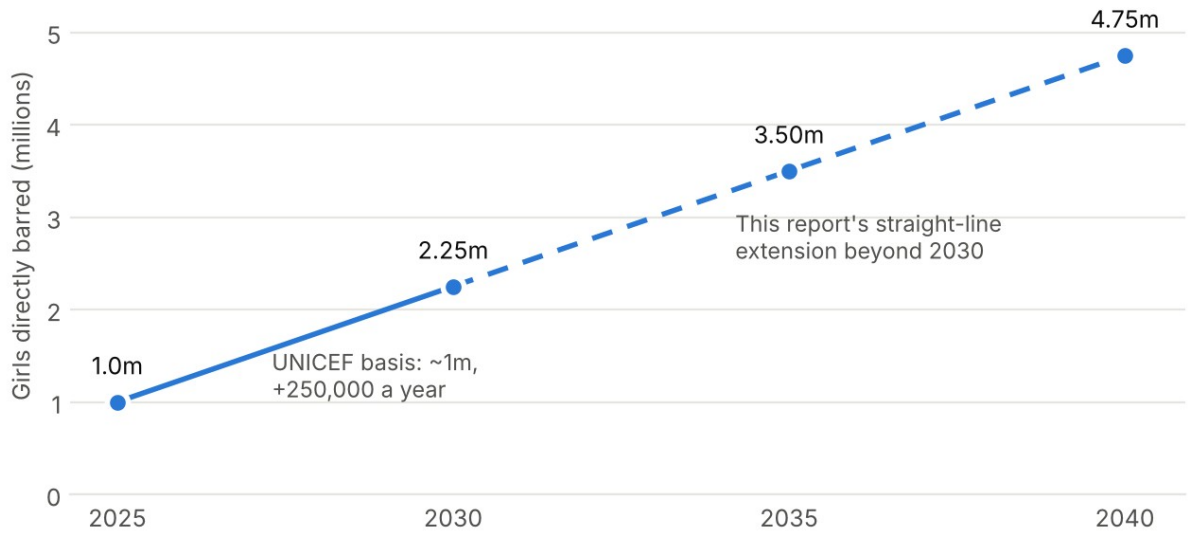
Primary and wider measures of exclusion

Figure	Source and date	What it appears to count
~1 million, +~250,000 a year (primary measure)	UNICEF technical brief, Apr 2026	Girls who would have enrolled in secondary school without the ban
~2.4 million (wider measure)	UNESCO, 11 Aug 2026	Secondary-age girls out of school; method unpublished
More than 2.6 million (wider measure)	UNICEF, 14 Aug and 4 Nov 2026	Matches all girls aged 13-18 out of school in 2024
More than 100,000	UNESCO	Women removed from universities in Dec 2022

Sources: [8, 10, 2, 13].

FIGURE 2.2

The primary measure: girls directly barred from secondary school, cumulative



Evidence class: Agency projection, extended by this report. Solid line: UNICEF basis of about 1 million rising by about 250,000 a year, consistent with its statement of more than 2 million by 2030 [8]. Dashed line: this report's straight-line extension, taking 1 million as the 2025 level. It counts girls ever barred, including those who have since passed school age.

TABLE 2.3

Projected number of girls directly barred if the ban continues

Year	Girls directly barred	Basis
2025	1.0 million	UNICEF
2030	2.25 million	UNICEF rate
2035	3.5 million	This report's extension
2040	4.75 million	This report's extension

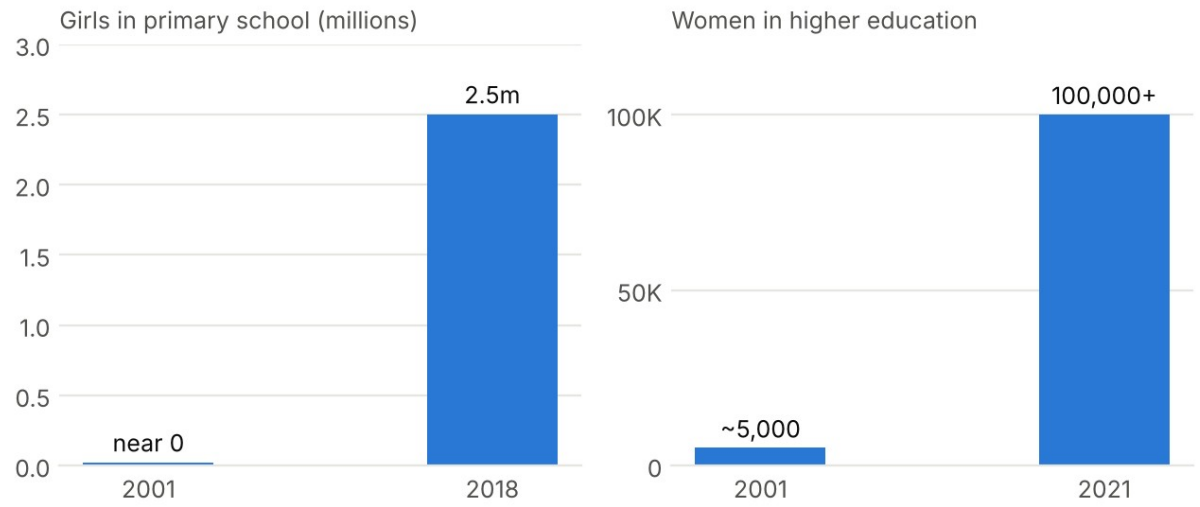
Assumes a constant 250,000 girls a year complete grade 6 and are stopped. Population growth would raise the annual figure; falling primary completion would lower it.

2.3 What was lost: the 2001-2021 gains

The ban reverses two decades of expansion. Total school enrolment rose from about 1 million pupils with almost no girls in 2001 to between 8 and 10 million by 2018, including about 2.5 million girls in primary school. Women in higher education rose from about 5,000 to more than 100,000. Female literacy moved more slowly, from 17% to between 27% and 30% [14, 15, 16].

FIGURE 2.3

Gains in girls' and women's education before the ban



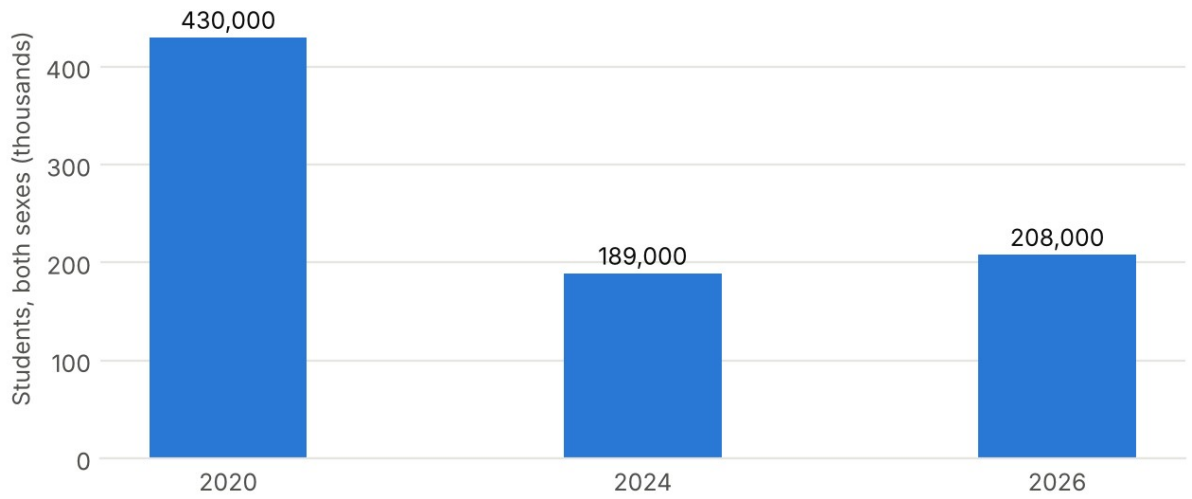
Evidence class: Measured. Sources: World Bank [14]; UNESCO [13]; UNICEF/UNESCO [16]. Pre-2021 enrolment totals conflict between sources (8 to 10 million).

2.4 The wider system is weakening for everyone

Higher education has shrunk by more than half. Total enrolment fell from about 430,000 in 2020 to about 189,000 in 2024, recovering slightly to 208,000 in 2026. Men's enrolment also fell by about 40% between 2019 and 2024, so the damage is not confined to women [16, 1].

FIGURE 2.4

Higher education enrolment, both sexes



Evidence class: Measured. Sources: UNICEF/UNESCO [16, 1].

One common claim does not survive the data. Girls' primary enrolment has not collapsed: the gross enrolment rate for girls rose from 74% in 2022 to 87% in 2024 [8]. The damage shows elsewhere. In November 2026, 53% of primary-age children were outside formal general education, and fewer than half of grade-4 pupils reached grade-3 language proficiency [1].

TABLE 2.4

Alternative routes for girls and their scale

Route	Scale	Limit
Community-based education	About 30,000 classes at the 2023 peak; about 5,300 classes and 162,000 learners (64% girls) by Oct 2026	Primary level only; shrinking with aid cuts
Madrasas	Almost 23,000 registered, according to the de facto authorities	Mainly religious content; most of the rise is re-registration
Online learning	Main growth area; one platform self-reports more than 42,000 learners	Exposed to internet shutdowns; no recognised qualification
Secret home schools	Unknown	Many closed or moved online as enforcement tightened
Study abroad	Unknown; hundreds documented in Pakistan	Forced returns from Iran and Pakistan are closing this route

Sources: [17, 1, 18, 19, 20]. None of these routes leads to a recognised professional qualification inside Afghanistan.

CHAPTER 3

Women teachers: a workforce with no replacement

03

Women teachers fell 9% in two years and no replacements are being trained. The decline reaches rural provinces first.

3.1 What is measured

The only dated national series shows women teachers in basic education falling from 72,963 in 2022 to 66,208 in 2024. That is a net loss of 9.3% in two years, or 4.7% a year. Men were hired to more than offset the decline, so total teacher numbers hide it [8]. Women had risen from 27% of all teachers in 2007 to 36% in 2018 [9].

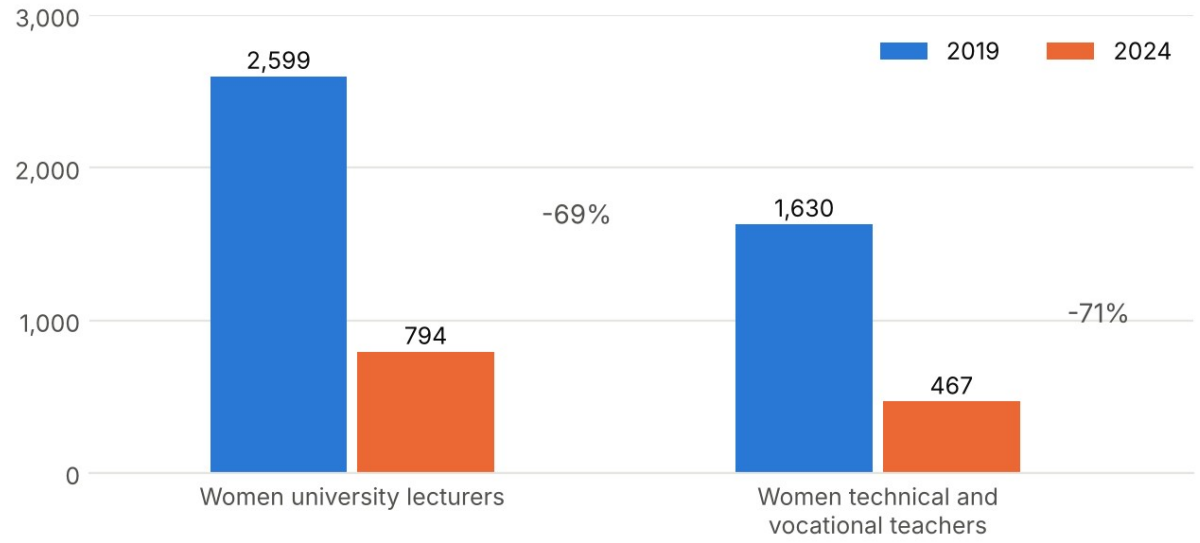
BOX 3.1

How much weight the central rate can bear

The 4.7% rate comes from two data points two years apart. That period included one-off dismissals after girls' secondary schools closed and women were removed from boys' schools, so it may overstate the continuing rate. It also predates any retirement wave, so it may understate losses later. Sections 3.3 and 3.4 therefore show a range of constant rates and an age-structured alternative. Treat the central case as a marker, not a forecast.

The fall is steeper further up the system. Women university lecturers dropped from 2,599 in 2019 to 794 in 2024, and women teachers in technical and vocational colleges from 1,630 to 467 [17].

FIGURE 3.1
Women teaching staff in universities and technical colleges



Evidence class: Measured. Source: Afghanistan Education Situation Report 2025 [17].

3.2 The pipeline is closed at every level

- **No grade-12 graduates.** Before 2021 nobody with less than a grade-12 certificate could be contracted as a teacher [21]. No girl has entered grade 7 since 2021.
- **No teacher training.** All 49 public teacher-training centres were ordered closed in July 2023. Teacher education had been a majority-female track, with about 44,500 women among 74,700 students in 2015 [4, 21].
- **No university route.** Women were barred from universities in December 2022.
- **Exits continue.** Women were removed from boys' schools and from the closed girls' secondary schools, and UNESCO reports that many teachers have left the country [22, 23].

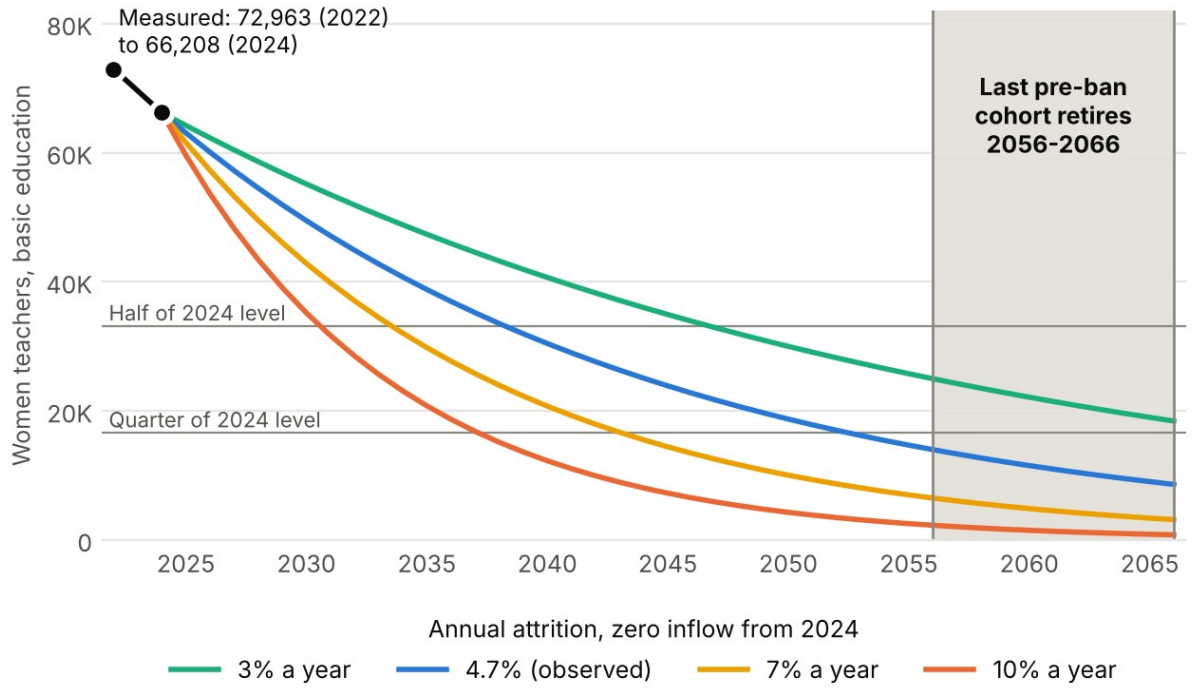
The inference is direct: the formal supply of newly qualified women teachers has been close to zero since 2023. Two agencies have published projections to 2030. UNICEF projects the loss of up to 20,000 women teachers, and UNESCO a shortfall of more than 11,000 qualified women teachers [24, 23]. The first is a fall in numbers and the second a gap between need and supply, so they are not comparable.

3.3 Depletion scenarios

The model starts from 66,208 women teachers in 2024, assumes no new entrants and applies a constant yearly loss. The central case uses the measured 4.7% a year. The 3%, 7% and 10% cases bracket slower and faster exits. No Afghan data on teachers' ages, retirement or emigration were found, so these rates are bounds, not estimates.

FIGURE 3.2

Women teachers in basic education under four attrition scenarios



Evidence class: Scenario model from a measured starting point. Scenario model by this report. Starting stock 66,208 (2024), zero inflow, constant annual attrition. Black points are measured [8]. The shaded band marks the retirement of the last cohort able to hold a grade-12 certificate, assuming a 35 to 45 year working life.

TABLE 3.1

Women teachers: projected numbers and threshold years

Scenario	Rate	2030	2040	2050	2060	Half	Quarter	One tenth
3% a year	3.0%	~55,100	~40,700	~30,000	~22,100	~2047	~2070	~2100
4.7% (observed)	4.7%	~49,500	~30,400	~18,700	~11,500	~2038	~2053	~2071
7% a year	7.0%	~42,800	~20,700	~10,000	~4,900	~2034	~2043	~2056
10% a year	10.0%	~35,200	~12,300	~4,300	~1,500	~2031	~2037	~2046

Scenario model by this report. Threshold columns give the year the stock falls to that share of its 2024 level.

On the observed trend the number of women teachers falls to about 49,500 by 2030, which is close to UNICEF's projection of up to 20,000 lost. It halves by about 2038 and reaches a quarter by about 2053. Across the full range of rates, the halving year falls between about 2031 and 2047.

A constant rate is a simplification. Most women teachers were recruited after 2002, so the workforce is probably young. That would mean slower losses at first, driven by emigration, marriage and low pay, followed by a wave of retirements in the 2040s and 2050s. The hard outer limit is the cohort itself: the youngest woman who could hold a grade-12 certificate was

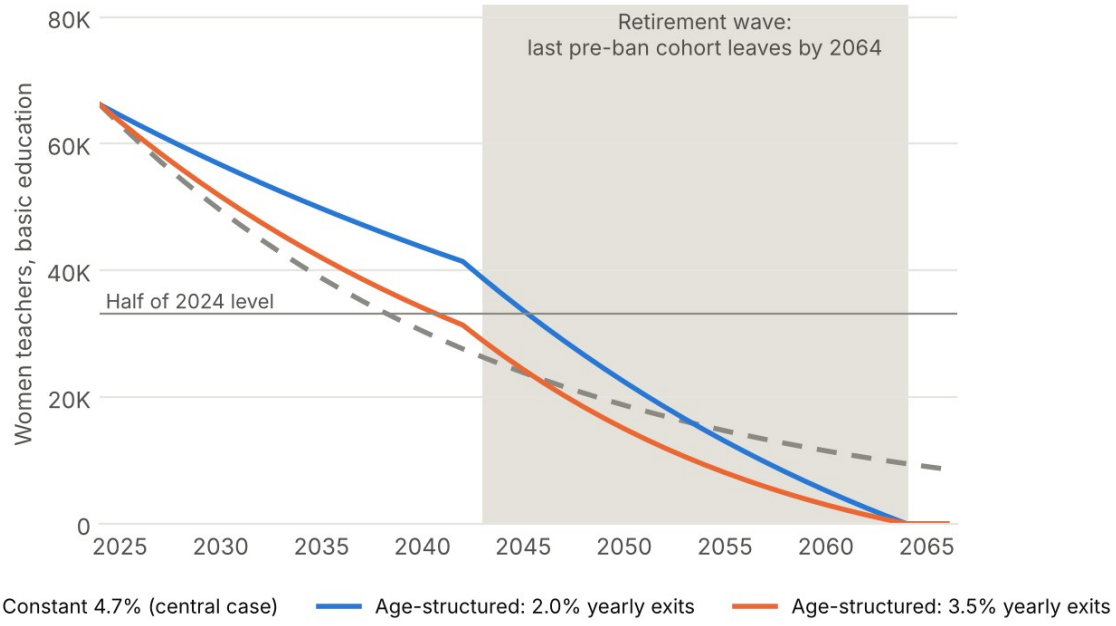
about 18 in 2021, and she reaches the end of a 35 to 45 year working life between 2056 and 2066.

3.4 Age-structured sensitivity

A constant rate cannot show retirement. This sensitivity gives the 2024 workforce a synthetic age profile and lets each woman age year by year. It assumes 90% of women teachers were aged 22 to 43 in 2024, reflecting recruitment after 2002, with the remaining 10% aged 44 to 61. Retirement falls at 62, which matches the pre-2021 rule of 40 years of service or age 65 for a teacher who started at 22 [25]. Other exits run at 2.0% or 3.5% a year.

FIGURE 3.3

Women teachers: constant-rate and age-structured scenarios compared



Evidence class: Scenario model with a synthetic age profile. Scenario model by this report. The age profile is synthetic, not measured. The shaded band is the period in which the post-2002 recruits reach retirement.

TABLE 3.2

Women teachers under age-structured assumptions

Scenario	2030	2040	2050	2060	Half	Quarter	Reaches zero
Constant 4.7% (central case)	~49,500	~30,400	~18,700	~11,500	~2038	~2053	Never
Age-structured, 2.0% exits plus retirement at 62	~56,700	~43,700	~22,400	~5,200	~2046	~2054	~2064
Age-structured, 3.5% exits plus retirement at 62	~51,700	~34,100	~15,000	~3,000	~2041	~2050	~2064

Scenario model by this report. A different synthetic profile would move the dates; the shape would not change.

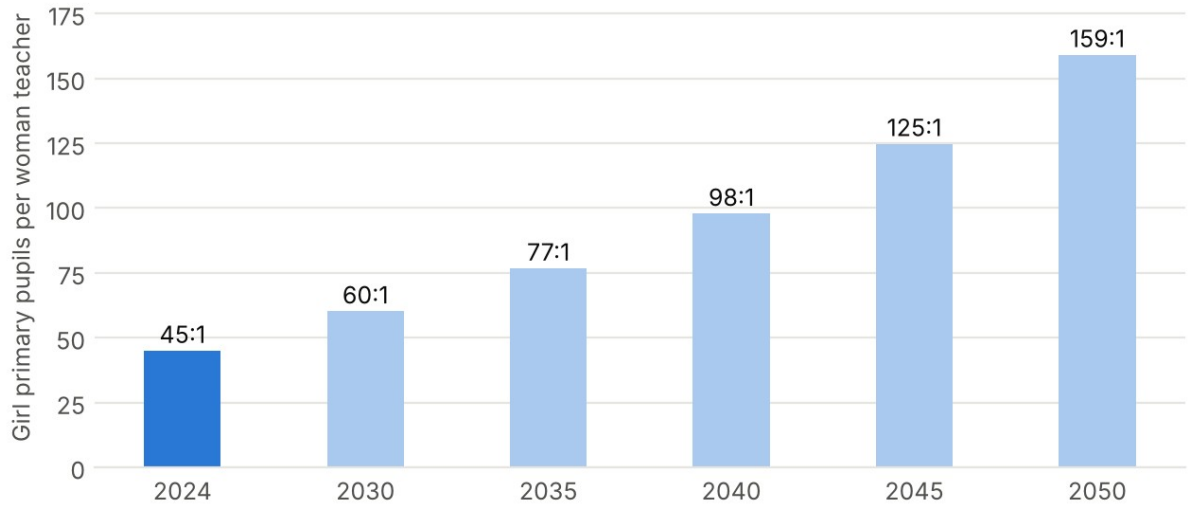
The pattern is slower early and sharper later. With 2.0% yearly exits, about 43,700 women teachers remain in 2040, against about 30,400 on the constant rate. From the early 2040s the post-2002 recruits begin to retire, and the number falls to zero by about 2064. This is the only version of the model that yields an end date, and it does so whatever exit rate is chosen, because no one who qualified before the ban can serve beyond the early 2060s.

3.5 What it means in the classroom

There were nearly 3.0 million girls in primary school in 2024, about 45 for every woman teacher [17]. If enrolment stays flat and the observed trend continues, that ratio reaches 60 to 1 in 2030 and about 98 to 1 in 2040. Real ratios are worse, because not every woman teacher teaches primary girls.

FIGURE 3.4

Girl primary pupils per woman teacher on the observed trend



Evidence class: Scenario model. Scenario model by this report. Holds girls' primary enrolment at its 2024 level and applies 4.7% annual attrition to women teachers. The 2024 bar is measured.

Distribution matters more than the national average. Before 2021, half of Afghanistan's provinces already had fewer than 20% women teachers, and many districts had none [26, 27]. Those places reach the point of having no woman teacher within reach years before national numbers halve.

This is how the ban threatens the schooling it still permits. Many families will not send daughters to a male teacher [26]. A randomised trial in north-western Afghanistan found that each extra mile to school cut girls' enrolment by 19 percentage points [28]. That study measured distance, not the teacher's sex, so it supports the mechanism only indirectly. The risk is nonetheless clear: girls' primary enrolment depends on a workforce that is no longer being replaced.

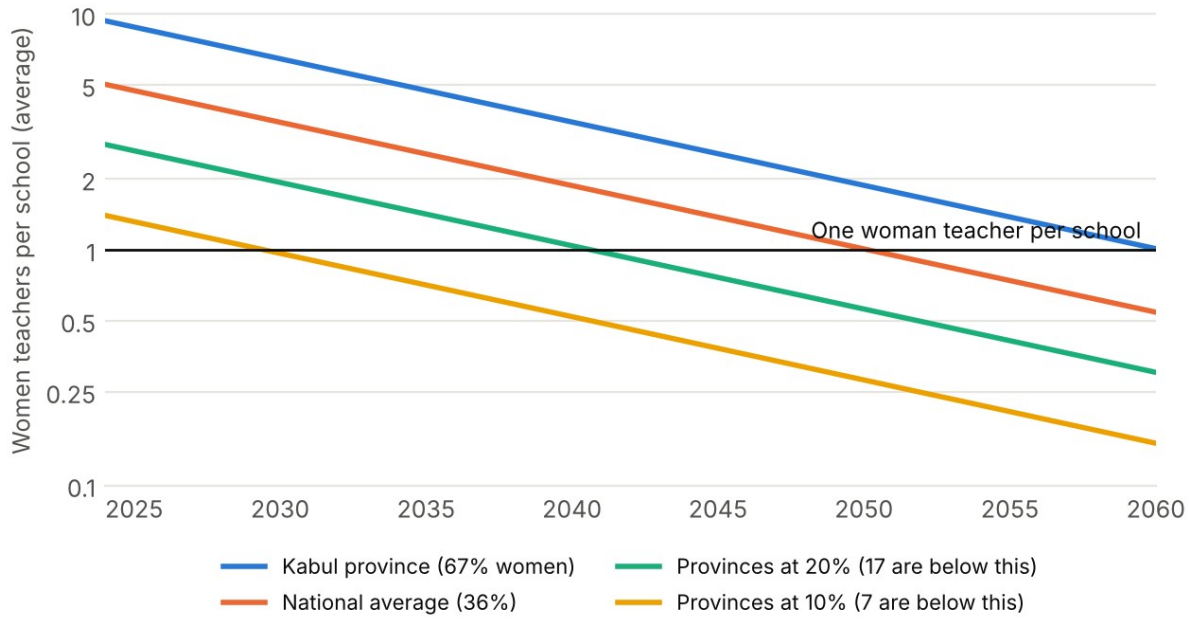
3.6 Where women teachers disappear first: a provincial sketch

The national average hides very large differences between provinces. Before 2021 the share of teachers who were women ran from 1% in Paktika to 67% in Kabul province. Seven of the 34 provinces had under 10% women teachers and 17 had under 20% [29]. Khost had 3% and Uruzgan about 4% [30]. A recent preprint estimates that 90% of women teachers were concentrated in nine urban centres [31].

The sketch below turns those shares into women teachers per school. It uses an average of 14 teachers per school, from about 226,000 teachers in about 15,700 government schools [9, 32], applies the same yearly loss everywhere, and asks when the average school has fewer than one woman teacher.

FIGURE 3.5

Women teachers per school by provincial starting share (moderate case)



Evidence class: Scenario sketch on measured provincial shares. Scenario sketch by this report on provincial shares from [29]. Vertical axis is logarithmic. Moderate case: 6% yearly loss from 2024, applied equally everywhere. Shares date from 2016-17, so losses between 2021 and 2024 are not included.

TABLE 3.3

When the average school has fewer than one woman teacher

Province group	Women teachers per school at the start	Best case	Moderate case	Worst case
Kabul province (67% women)	9.4	~2070	~2060	~2051
National average (36%)	5	~2057	~2050	~2043
Provinces at 20% (17 are below this)	2.8	~2045	~2041	~2036

Province group	Women teachers per school at the start	Best case	Moderate case	Worst case
Provinces at 10% (7 are below this)	1.4	~2031	~2029	~2028
Uruzgan (4% women)	0.56	Already below one	Already below one	Already below one
Khost (3% women)	0.42	Already below one	Already below one	Already below one
Paktika (1% women)	0.14	Already below one	Already below one	Already below one

Scenario sketch by this report. A province exactly at the stated share crosses in the year shown; provinces below it cross earlier. Rural schools are smaller than the average of 14 teachers, so real dates in rural districts are earlier still.

This makes the slope concrete. In the lowest provinces the average school already had no woman teacher before the ban. In the seven provinces under 10%, the average school falls below one woman teacher by about 2029 in the moderate case. In the 17 provinces under 20%, that point comes by about 2041 at the latest. Kabul does not reach it until about 2060. Half the country's provinces reach that point roughly two decades before the capital does.

3.7 Quality, not only headcount

The models count teachers. They do not capture what happens to teaching quality. Three risks are visible. Schools may fill gaps with women who hold less than a grade-12 certificate, which keeps classes open but lowers the standard. The women who remain have had no in-service training route since the training centres closed in 2023. And pay cuts, restrictions and the lack of any career path are likely to weaken motivation and speed the exit of the best qualified. Headcount therefore overstates the effective teaching workforce, and the gap is likely to widen.

CHAPTER 4

Women doctors, nurses and midwives

04

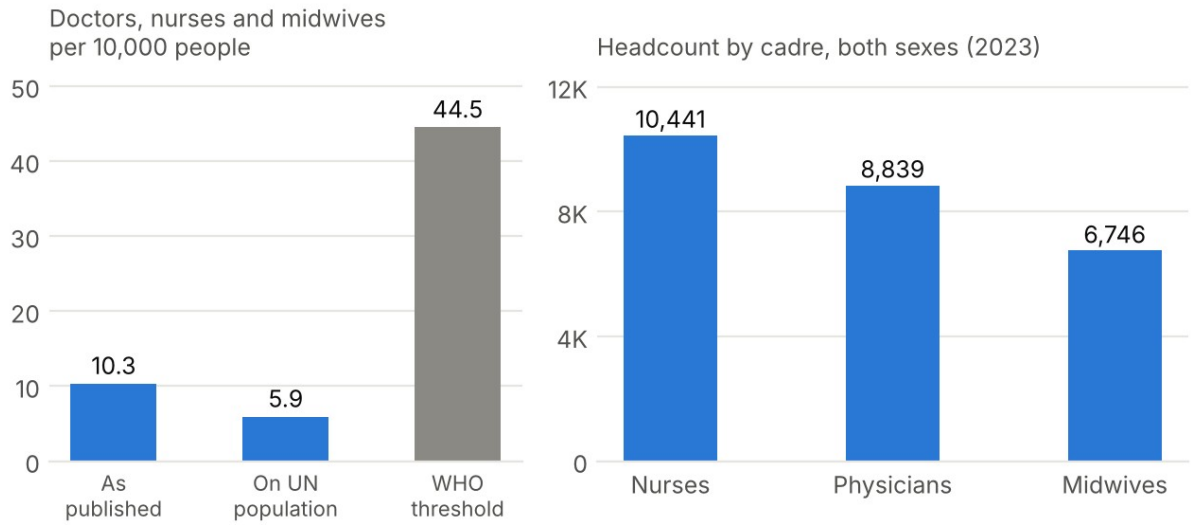
A thin health workforce with no new women entering it, and what that means for mothers.

4.1 A thin workforce before the ban

A 2023 count found 63,632 health workers, including 6,746 midwives, 10,441 nurses and 8,839 physicians. The published density is 10.3 doctors, nurses and midwives per 10,000 people [33]. That figure implies a population of about 25 million. On the UNFPA population estimate of 43.8 million [34], the same 26,026 workers give 5.9 per 10,000. Either way the country is far below the WHO threshold of 44.5: between one eighth and one quarter of it. Women are only 18% of specialist physicians and 29% of nurses. UNFPA said in 2024 that the country needed 18,000 more midwives [35].

FIGURE 4.1

Health workforce density and headcount, 2023



Evidence class: Measured. Source: 2023 workforce count reported in [33]; recomputed bar uses the UNFPA population estimate [34]. This report treats 5.9 as the better estimate, because the headcount is measured and the UN population figure is the standard base.

TABLE 4.1

Estimated stock of women in clinical roles

Cadre	Total (2023)	Share women	Women (approx.)	Basis
Midwives	6,746	~100%	~6,700	Measured
Nurses	10,441	29%	~3,000	Derived by this report
Specialist physicians	5,056	18%	~900	Derived by this report
General physicians	3,783	Unknown	Unknown	No data
Core women clinical workforce			~11,000-13,000	Derived by this report

Source for totals and shares: [33]. No authoritative count of women health workers exists.

4.2 The inflow stopped in two steps

- **Doctors.** Women medical graduates have been excluded from the licensing exit exam every year since 2023. The April 2026 sitting, the fourth without women, was taken by about 7,000 men [36, 37].
- **Midwives and nurses.** The December 2024 directive removed an estimated 35,000 women from more than 150 private and 10 public health institutes [38]. No exception, reversal or final graduating class has been verified.

UNICEF projects the loss of up to 5,400 women health workers by 2030 and 9,600 by 2035 through retirement and emigration [8]. It publishes no rates. Read against its statement that

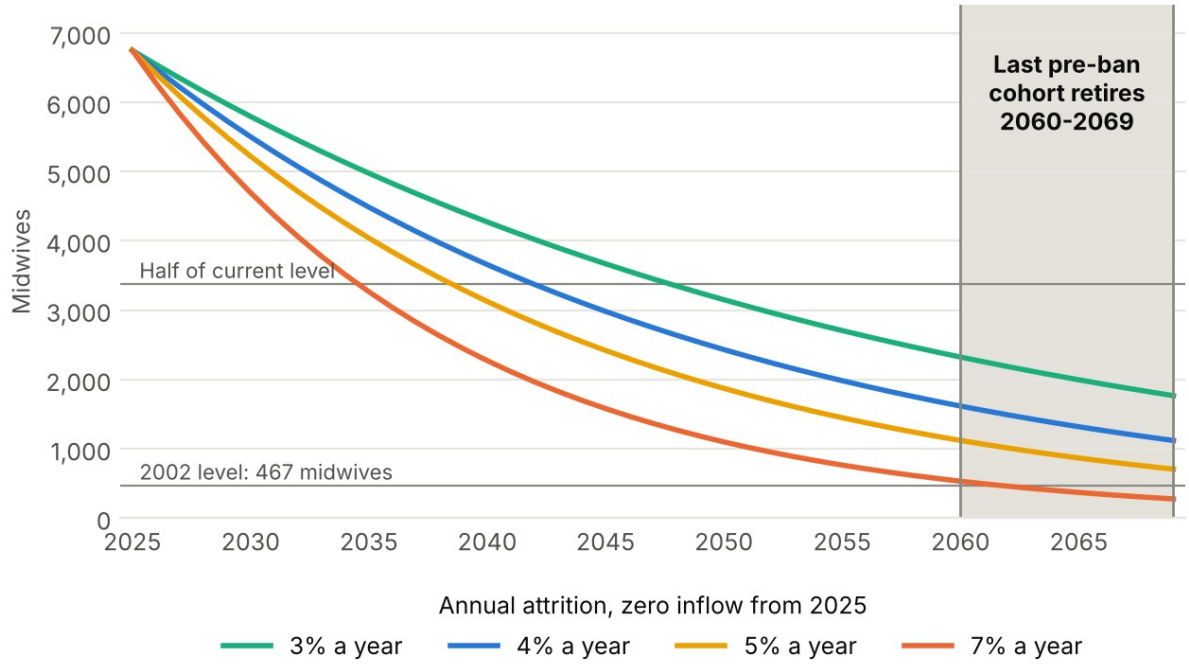
5,400 is about a quarter of the 2021 workforce, those numbers imply yearly losses of roughly 3% to 4%.

4.3 Depletion scenarios for midwives

The model takes the 2023 count of 6,746 midwives as the starting point for 2025, assumes no new entrants and applies yearly losses of 3%, 4%, 5% and 7%. The same percentages apply to women nurses and doctors; only the starting number differs.

FIGURE 4.2

Midwives under four attrition scenarios



Evidence class: Scenario model from a measured starting point. Scenario model by this report. Starting stock 6,746 (2025), zero inflow, constant annual attrition. The lower reference line is the 467 trained midwives Afghanistan had in 2002 [39].

TABLE 4.2

Midwives: projected numbers and threshold years

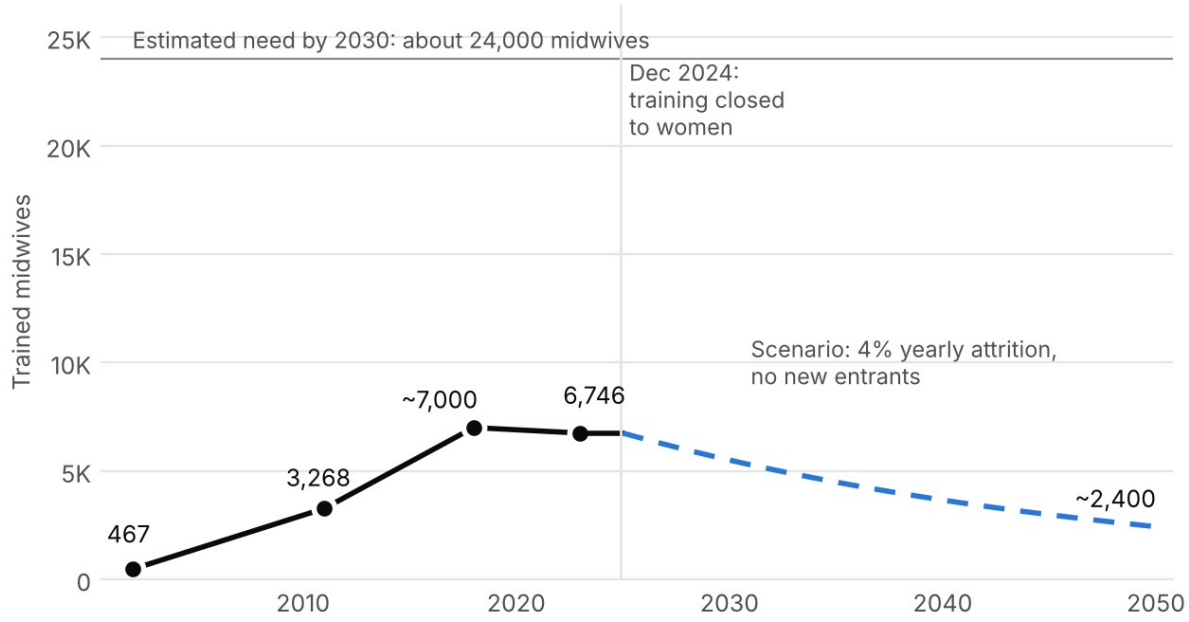
Scenario	2030	2040	2050	2060	Half	Quarter	Back to 2002 level (467)
3% a year	~5,800	~4,300	~3,200	~2,300	~2048	~2071	~2113
4% a year	~5,500	~3,700	~2,400	~1,600	~2042	~2059	~2090
5% a year	~5,200	~3,100	~1,900	~1,100	~2039	~2052	~2077
7% a year	~4,700	~2,300	~1,100	~500	~2035	~2044	~2062

Scenario model by this report. Threshold columns give the year the stock reaches that level.

Under 3% to 5% yearly losses the midwife workforce halves between about 2039 and 2048. The last women to complete training did so before December 2024 in their early twenties, and they retire between about 2060 and 2069. Women doctors reach the same limit a few years earlier, because their supply stopped in 2023.

FIGURE 4.3

Midwives: two decades of building, then decline



Evidence class: Measured history, then scenario model. Black line: historical points from [39, 40, 33]; the 2011 point is cumulative graduates and the 2018 point is approximate. Dashed line: this report's 4% attrition scenario. The need of about 24,000 is derived from UNFPA's call for 18,000 additional midwives [35].

Women nurses and specialist doctors

Data for women nurses and doctors are too thin for a full model. The table applies the same yearly losses to the derived starting numbers, as an order of magnitude only.

TABLE 4.3

Women nurses and specialist physicians under the same attrition rates

Cadre and starting number	Rate	2030	2040	2050	Half
Women nurses (~3,000 in 2025)	3%	~2,600	~1,900	~1,400	~2048
Women nurses (~3,000 in 2025)	4%	~2,400	~1,600	~1,100	~2042
Women nurses (~3,000 in 2025)	5%	~2,300	~1,400	~800	~2039
Women specialist physicians (~900 in 2023)	3%	~700	~500	~400	~2046
Women specialist physicians (~900 in 2023)	4%	~700	~500	~300	~2040
Women specialist physicians (~900 in 2023)	5%	~600	~400	~200	~2037

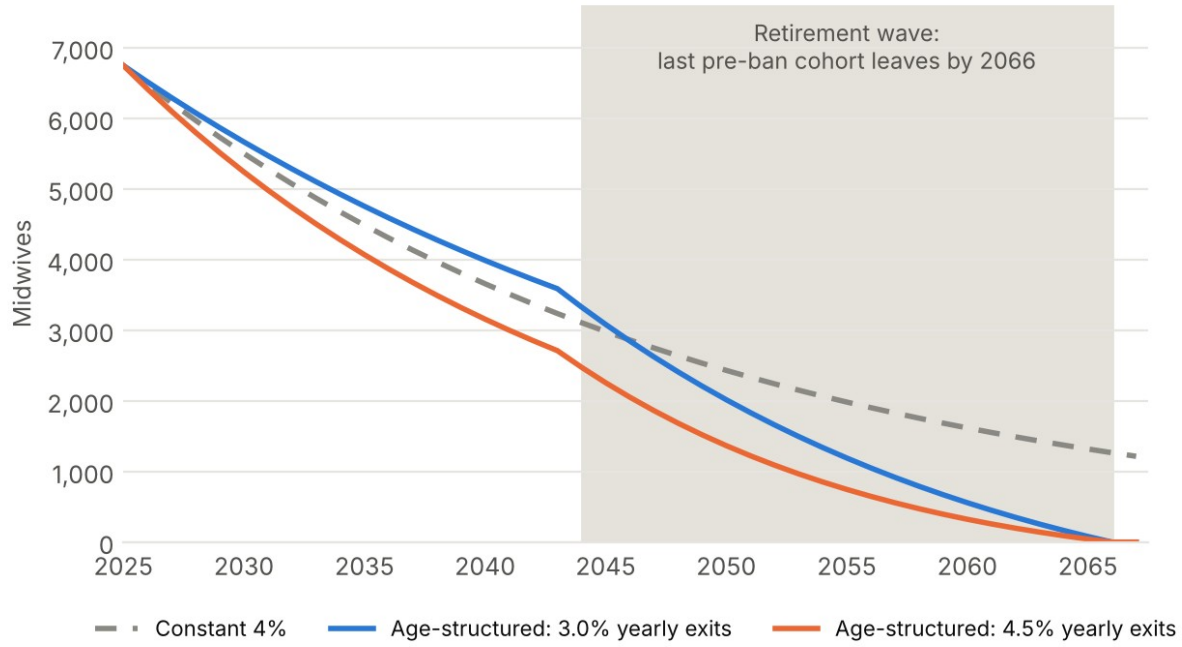
Scenario model by this report. Starting numbers are derived from shares, not counted. Women general physicians are omitted because no share is known.

Age-structured sensitivity for midwives

As with teachers, a synthetic age profile shows the retirement effect. It assumes 92% of midwives were aged 21 to 43 in 2025, because almost all trained after 2002, with retirement at 62. That is consistent with the one published age profile: among health staff employed by NGOs before 2021, more than three-quarters of doctors, nurses and midwives were under 40 and the largest group was aged 26 to 30 [41].

FIGURE 4.4

Midwives: constant-rate and age-structured scenarios compared



Evidence class: Scenario model with a synthetic age profile. Scenario model by this report. The age profile is synthetic, not measured.

TABLE 4.4

Midwives under age-structured assumptions

Scenario	2030	2040	2050	2060	Half	Quarter	Reaches zero
Constant 4%	~5,500	~3,700	~2,400	~1,600	~2042	~2059	Never
Age-structured, 4.5% exits plus retirement at 62	~5,200	~3,200	~1,400	~300	~2039	~2048	~2066
Age-structured, 3.0% exits plus retirement at 62	~5,700	~4,000	~2,000	~600	~2044	~2052	~2066

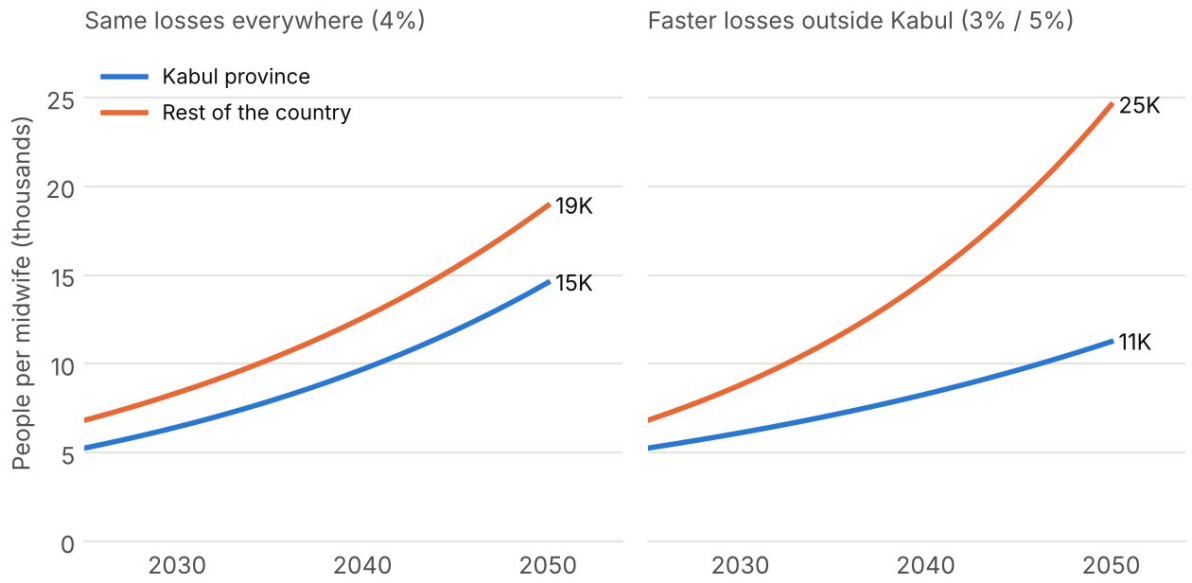
Scenario model by this report.

4.4 Where the decline bites first: a two-region view

National numbers hide geography. Kabul province has about 17% of the population and 21% of midwives [33]. The model below splits the country into Kabul and everywhere else, holds population at 43.8 million, and tracks people per midwife. The second panel assumes faster losses outside Kabul, as midwives move to the capital or leave posts they cannot reach under guardian rules.

FIGURE 4.5

People per midwife in Kabul and in the rest of the country



Evidence class: Scenario model. Scenario model by this report. Population held constant at 43.8 million [34]; growth would make every figure worse. The 3% and 5% rates in the second panel are assumptions.

TABLE 4.5

People per midwife by region

Scenario	Region	2025	2035	2040	2050	Passes 10,000 people per midwife
Same losses everywhere (4%)	Kabul province	5,256	7,906	9,696	14,584	2041
Same losses everywhere (4%)	Rest of the country	6,821	10,260	12,584	18,928	2035
Faster losses outside Kabul (3% / 5%)	Kabul province	5,256	7,128	8,300	11,255	2047
Faster losses outside Kabul (3% / 5%)	Rest of the country	6,821	11,393	14,724	24,592	2033

Scenario model by this report. The same split for specialist physicians would be far sharper, because 48% of them are in Kabul. No comparable provincial data for women teachers after 2021 were found, so teachers are not split.

Outside Kabul the ratio passes one midwife per 10,000 people in about 2035, six years before Kabul does, even when losses are equal everywhere. If losses run faster outside the capital, the rest of the country reaches about 25,000 people per midwife by 2050, more than twice Kabul's ratio. This is the slope described in the conclusions: the decline arrives region by region, not all at once.

4.5 Headcount overstates what is available

Kabul has about 17% of the population but 48% of specialist physicians and 21% of midwives [33]. Guardian rules have been applied to commuting, in some provinces a woman health worker must have a male relative present all day, and in places male doctors are not allowed to treat women [42]. One documented post for a woman doctor in Kandahar was advertised 20 times without result. A national workforce at half its present size therefore means no woman provider at all in many rural facilities well before 2040. Where families or rules forbid treatment by men, that means no care.

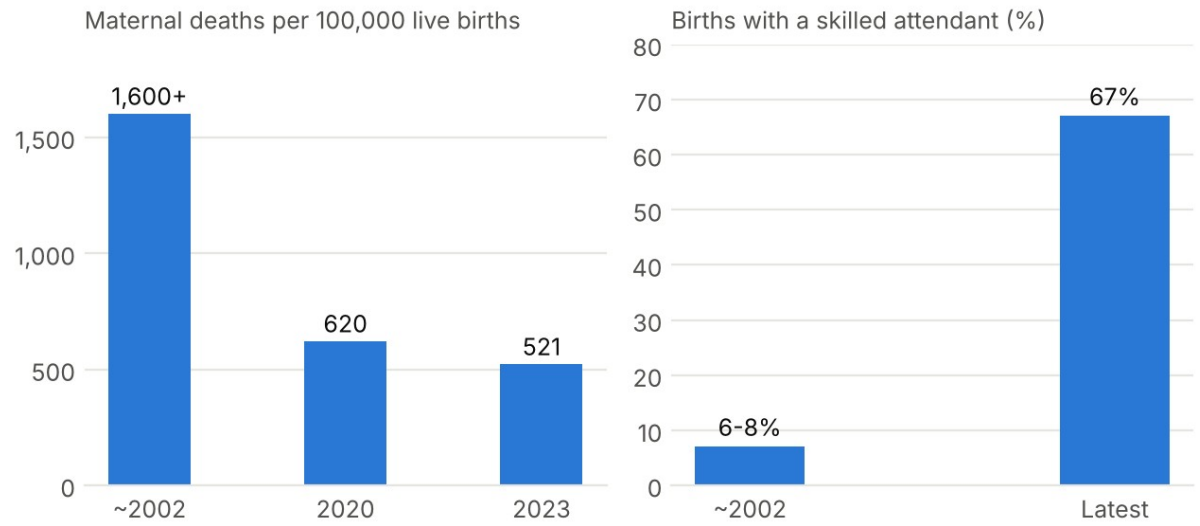
Quality is a separate risk. Before the ban, only one in three private midwifery institutes met minimum standards [40]. A midwife who has not practised for years loses skill, and the women still in post have no route to further training. The effective workforce is smaller than the headcount, and it is ageing without renewal.

4.6 Health outcomes have not yet registered the shock

The official maternal mortality ratio is 521 deaths per 100,000 live births (2023), down from 620 in 2020 and from at least 1,600 around 2002. Births with a skilled attendant rose from 6-8% to 67% [43, 39]. Nothing has been measured since 2023. The series therefore predates both the December 2024 training ban and the 2025 funding collapse, in which 445 health facilities were suspended or closed [44].

FIGURE 4.6

Maternal health indicators before the training ban



Evidence class: Measured. Sources: [39, 43]. No measurement exists after 2023, so UN Women's projection of at least a 50% rise in maternal mortality risk is untested: neither confirmed nor refuted.

BOX 4.1

The historical reference point

In 2002, after the first period of Taliban rule, Afghanistan had 467 trained midwives, skilled attendance at 6-8% of births, and maternal mortality estimated at 1,600 to 2,200 per 100,000 live births [39]. That is the end state the depletion curve points toward.

CHAPTER 5

Impact on women and girls

05

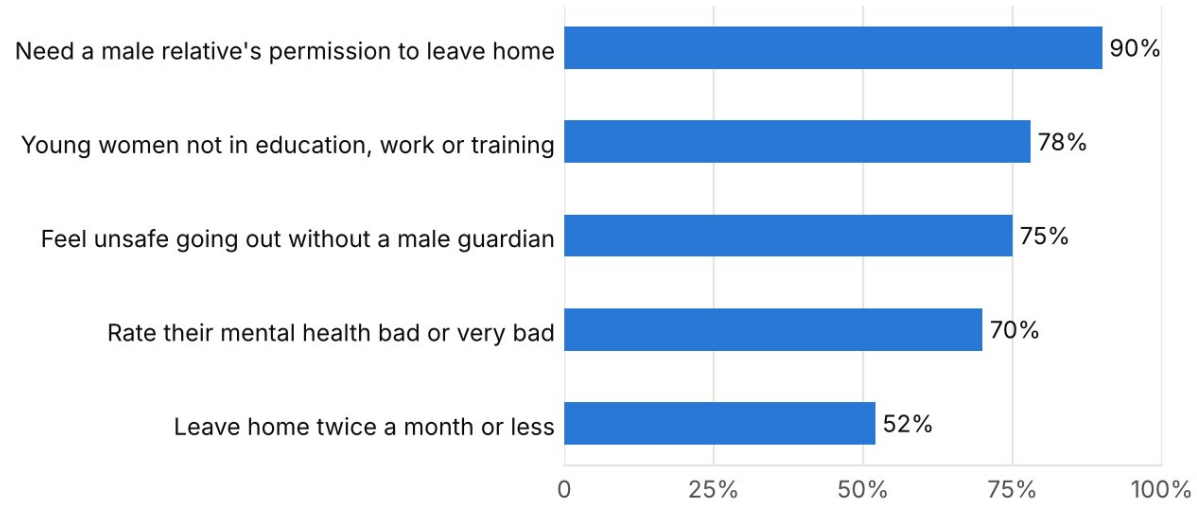
Confinement, poor mental health, earlier marriage and more children: what the evidence shows, and what is still projection.

5.1 Daily life, mobility and mental health

The strongest evidence since 2021 comes from repeated UN Women surveys, and the results have been stable for three years. They are self-reports collected under an authoritarian government, not clinical measurements, and no reliable national suicide count exists.

FIGURE 5.1

Afghan women's reported conditions, 2026



Evidence class: Measured (survey). Sources: UN Women nationally representative telesurvey, 2026 (n=2,811) [45]; young women not in education, employment or training [46].

Education shapes how confined a woman is. Women with no formal schooling rarely leave home at nearly twice the rate of those with vocational or university education (59% against

31%). Among parents of daughters aged 12 to 17, 65% say their daughters' lives are worse than expected, and 86% of those cite lost education [47]. By contrast, 96% of men leave home daily [45].

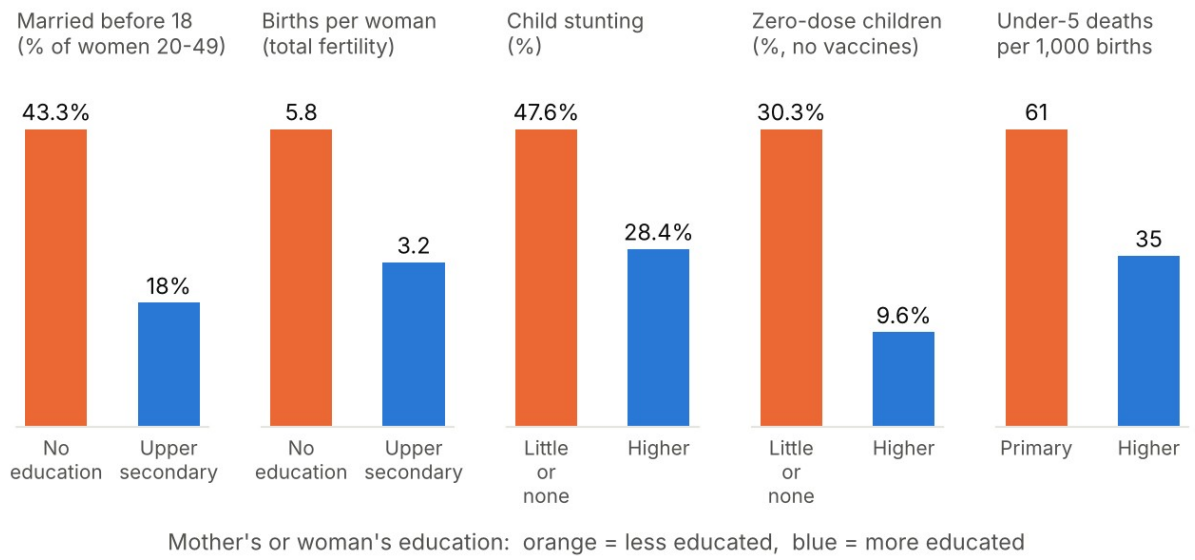
5.2 Marriage, childbearing and child health

The widely quoted figures of 25% more child marriage, 45% more early childbearing and at least 50% higher maternal mortality risk are a UN Women modelling projection from 2024, not an observed increase [48]. No national survey has measured child marriage since the ban took hold. The last measured baseline found 28.7% of women aged 20 to 24 married before 18 [49].

The expectation of harm rests on firmer ground: the gap in outcomes between women with and without schooling inside Afghanistan itself.

FIGURE 5.2

Outcomes by level of education in Afghanistan



Evidence class: Measured (survey). Sources: MICS 2022-23 [49]; UNICEF [8]. Comparison groups differ by indicator, as labelled. These gaps partly reflect wealth and urban residence, so they overstate the pure effect of schooling.

TABLE 5.1

Education gradients in Afghan survey data

Indicator	Less educated	More educated	Gap
Married before 18 (women 20-49)	43.3% (no education)	18.0% (upper secondary)	2.4 times
Total fertility (births per woman)	5.8 (no education)	3.2 (upper secondary)	2.6 more births
Child stunting	47.6% (little or no education)	28.4% (higher)	19 points

Indicator	Less educated	More educated	Gap
Zero-dose children (no vaccines)	30.3% (little or no education)	9.6% (higher)	3.2 times
Under-5 deaths per 1,000 births	61 (primary)	35 (higher)	74% higher

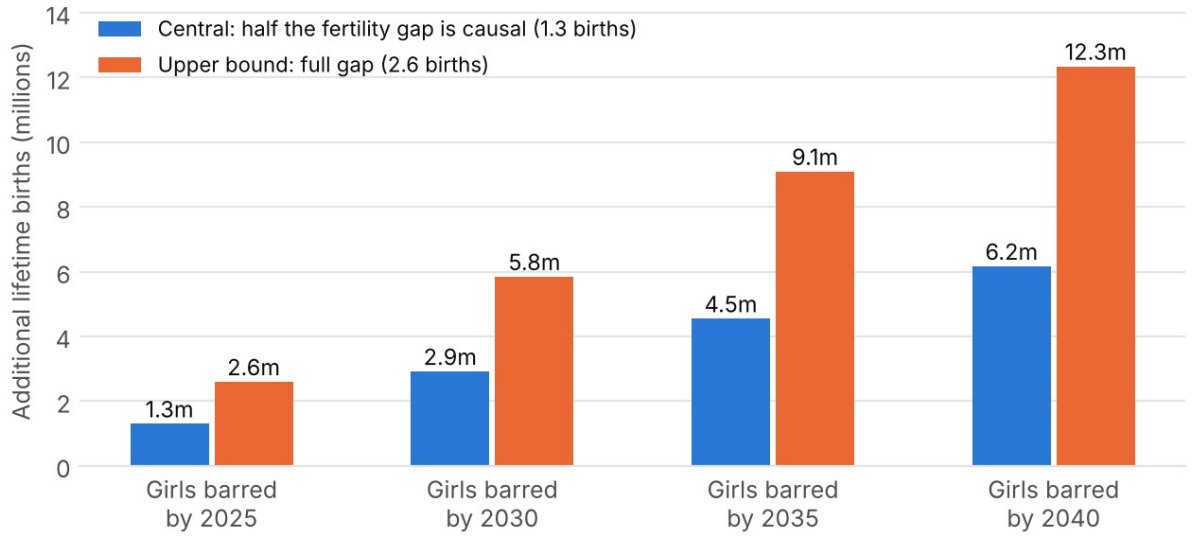
Sources: [49, 8].

How many more children: an illustrative projection

The fertility gap can be turned into a rough number. Women with upper-secondary schooling have 2.6 fewer children than women with none. The upper bound applies that whole gap to every girl directly barred. The central case applies half of it, because part of the gap reflects wealth and where a woman lives, and because the barred girls do have primary schooling.

FIGURE 5.3

Additional lifetime births associated with the ban



Evidence class: Scenario model. Scenario model by this report: cumulative girls directly barred multiplied by 1.3 or 2.6 additional births each. Births are spread over the following two to three decades.

TABLE 5.2

Additional lifetime births by size of the barred cohort

Girls barred by	Cohort (millions)	Central (1.3 each)	Upper bound (2.6 each)
2025	1.00	1.3 million	2.6 million
2030	2.25	2.9 million	5.8 million
2035	3.50	4.5 million	9.1 million
2040	4.75	6.2 million	12.3 million

Scenario model by this report. Not a population forecast. These children would also face the higher stunting, lower vaccination and higher mortality rates shown above.

If the ban lasts to 2030, the girls barred by then would have about 2.9 million more children over their lifetimes than they otherwise would, on the central case. Those children would be born to mothers with no more than primary schooling, in a country where income per person is already falling.

5.3 Evidence from the first ban (1996-2001)

Two studies use the 2015 demographic survey to trace women who were of school age under the first Taliban government. Both are working papers. The earlier ban lasted about five years from a very low base. The current one is already longer and affects cohorts with far higher prior enrolment, so the absolute losses should be larger.

TABLE 5.3

Long-run effects measured on women exposed to the 1996-2001 ban

Outcome	Effect on exposed women	Source
Schooling completed	0.63 fewer years	Maity and Shukla [50]
Age at marriage	About 9 months earlier	Maity and Shukla [50]
Age at first birth	About 9 months earlier	Maity and Shukla [50]
Physical violence from a partner	8 percentage points more likely	Maity and Shukla [50]
Literacy	4.66 points lower per year of exposure	Brunner and Mihailov [51]
Men's primary completion	Also lower	Brunner and Mihailov [51]

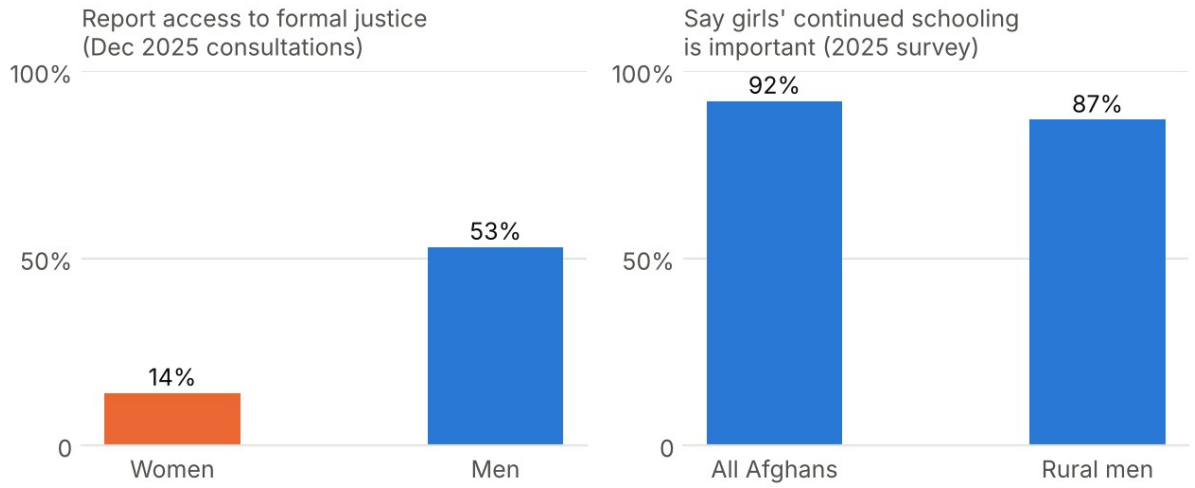
Effects were still visible about two decades after the ban ended.

5.4 Justice, law and public life

Women have disappeared from the institutions that could protect them. Before 2021 women were 8-10% of judges and about a quarter of registered lawyers. There are now no women judges or prosecutors and no officially registered women lawyers [52]. Two decrees in 2026 ended legal equality between men and women and made divorce harder [7].

FIGURE 5.4

Access to justice, and public support for girls' schooling



Evidence class: Measured (survey). Sources: UN Women/UNAMA/IOM consultations, Dec 2025 [53]; UN Women door-to-door survey, 2025 (n=2,190) [54].

The education ban makes this exclusion self-perpetuating. Even if employment rules were relaxed, there would be no newly qualified women to fill the posts. In July 2025 the International Criminal Court issued arrest warrants for the Taliban's supreme leader and chief justice for persecution on gender grounds, citing the deprivation of education [55].

The ban does not reflect what Afghans say they want. In 2025, 92% said girls' continued schooling is important, including 87% of rural men [54]. Dissent exists inside the movement, but its most outspoken critic left the country in early 2025 [56].

CHAPTER 6

Economic impact

06

Published cost estimates differ tenfold and count only wages. Withheld aid is probably the larger loss.

6.1 Published estimates

No agreed figure exists. Published estimates differ by a factor of about ten because of method, not because conditions changed, and their scopes overlap. They must not be added together.

TABLE 6.1

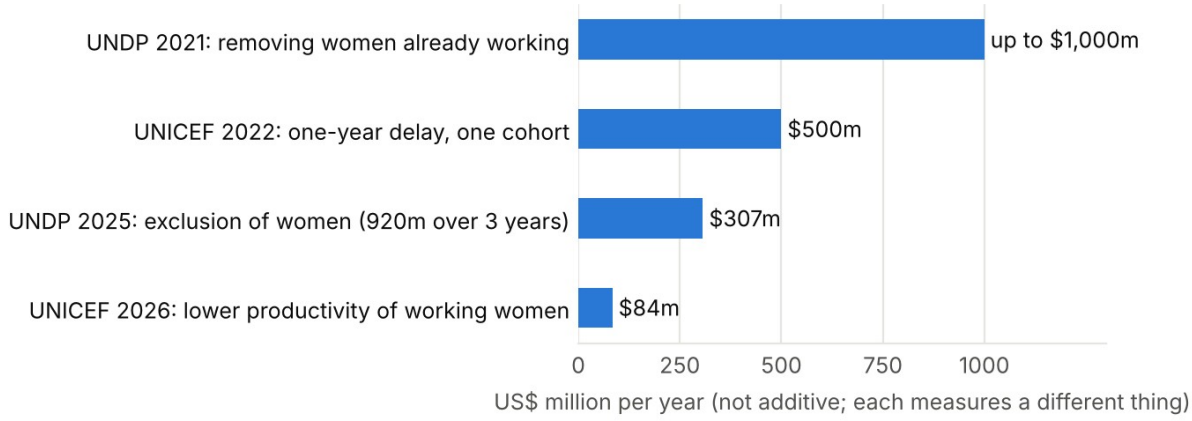
Published estimates of economic cost

Estimate	Source	What it measures	Key assumptions
US$84m a year (0.5% of GDP); ~1% without substitution	UNICEF Innocenti, Apr 2026 [57]	Lower productivity of working women as the educated share disappears	16.5% female participation; men replace half the lost work
US$500m (2.5% of GDP)	UNICEF, Aug 2022 [58]	A one-year delay for one cohort of 3 million secondary-age girls	Wage returns of 3.3-5% per school year; 10% discount rate
US$5.4bn gross; US$1.3bn adjusted	UNICEF, Aug 2022 [58]	Lifetime earnings of that one cohort if all completed secondary school	Adjusted for 23% participation
Up to US$1bn (up to 5% of GDP)	UNDP, Dec 2021 [59]	Immediate loss from removing women already working	Method not published
US$920m over 2024-26 (5.8% of GDP)	UNDP, Apr 2025 [60]	Continued exclusion of women from the economy	Method not explained
Up to US$9.6bn by 2066	UNESCO, Aug 2026, via press [61]	Income lost as up to 600,000 educated women retire without replacement	University ban only; full method not obtained

Figures are as published; they are not comparable and not additive.

FIGURE 6.1

Published annual cost estimates side by side



Evidence class: Agency estimates. Sources: [57, 60, 58, 59]. The UNDP 2025 figure is its three-year total divided by three. Each bar measures a different thing.

6.2 Why the estimates are small, and what they leave out

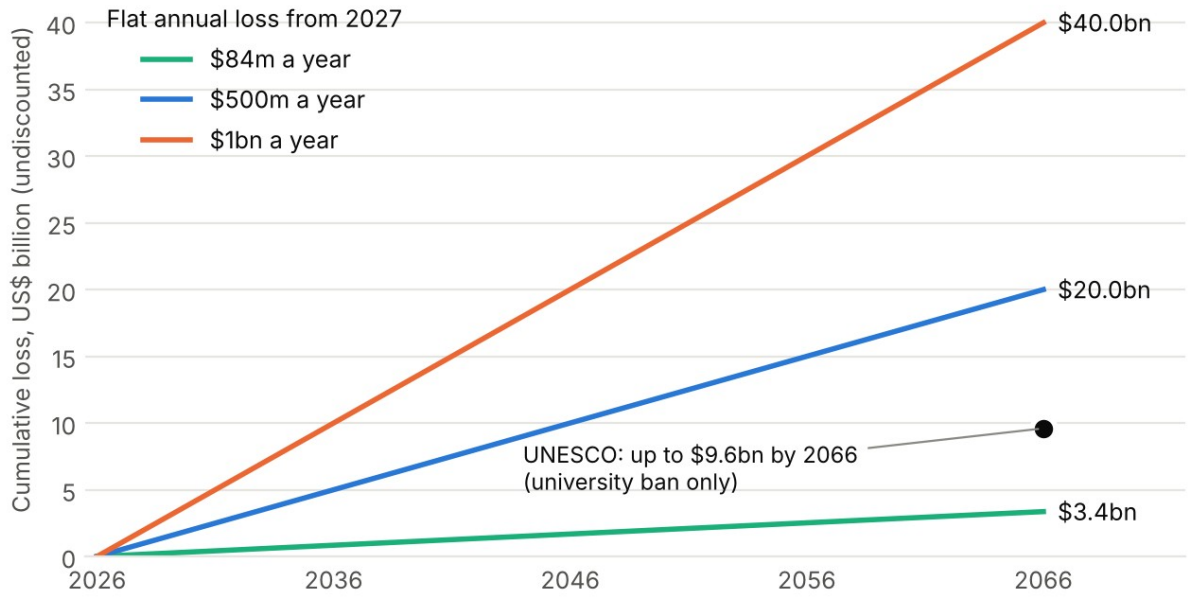
Each wage-based estimate multiplies a low Afghan wage premium by a very low share of women in paid work. They answer a narrow question: what does Afghanistan lose given how few women were paid workers before the ban? They leave out the shortage of teachers and health workers, child marriage, child health and every later cohort, as UNICEF's 2022 brief itself acknowledges. They are lower bounds.

UNICEF also estimates a drag of 0.5 percentage points on yearly growth, about a fifth of potential growth. This is the only published estimate of the effect on growth [8].

6.3 Cumulative cost scenarios

FIGURE 6.2

Cumulative loss to 2066 under three flat annual costs



Evidence class: Scenario model. Scenario model by this report: a flat, undiscounted annual loss from 2027 at three published levels. The black point is UNESCO's estimate for the university ban alone [61]. Lines are illustrative and are not forecasts.

TABLE 6.2

Cumulative loss by year under each annual cost (US$ billion)

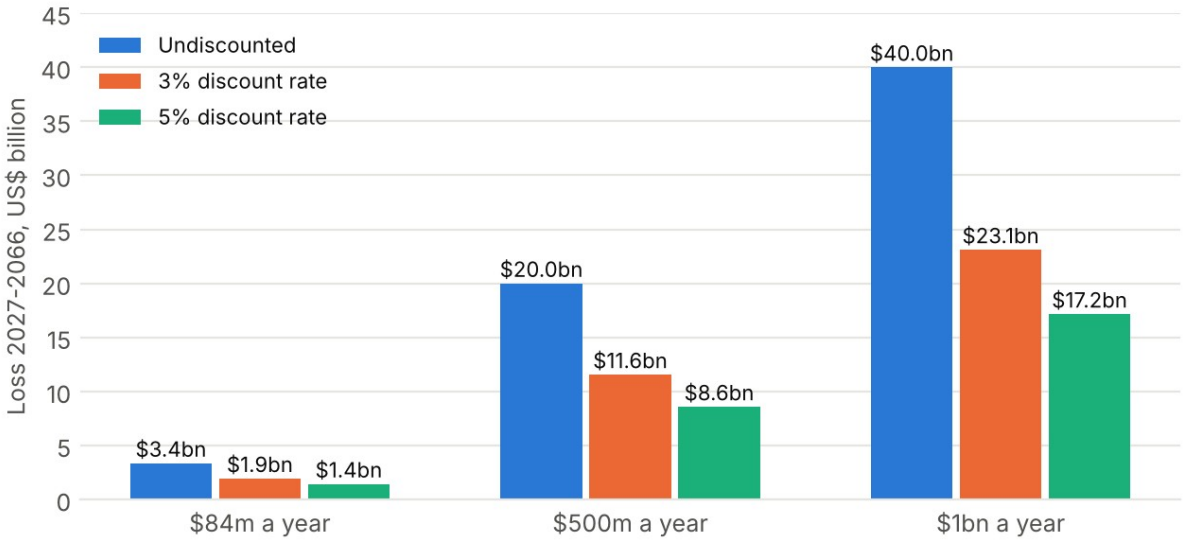
Annual loss	By 2030	By 2040	By 2050	By 2066
$84m a year	$0.3	$1.2	$2	$3.4
$500m a year	$2	$7	$12	$20
$1bn a year	$4	$14	$24	$40

Scenario model by this report. Undiscounted and in constant dollars; no growth in the annual loss is assumed.

Losses decades away are worth less today, so the same scenarios are shown as present values at discount rates of 3% and 5%.

FIGURE 6.3

Present value of losses over 2027-2066 at three discount rates



Evidence class: Scenario model. Scenario model by this report: a flat annual loss for 40 years, discounted to 2026.

TABLE 6.3

Present value of 40 years of loss (US$ billion)

Annual loss	Undiscounted	3% discount rate	5% discount rate
$84m a year	$3.4	$1.9	$1.4
$500m a year	$20.0	$11.6	$8.6
$1bn a year	$40.0	$23.1	$17.2

Scenario model by this report.

6.4 The aid channel: probably the largest cost

The World Bank states that restrictive policies on women and girls have constrained external assistance [62]. Aid equals roughly 12-14% of GDP. UNICEF's own figures imply a GDP of about US$17 billion, which puts aid at about US$2.0 to 2.4 billion a year.

TABLE 6.4

Illustrative size of the aid channel

If the bans cause this share of aid to be withheld	Annual loss	Compared with UNICEF's US$84m wage estimate
5%	US$100-120 million	1.2 to 1.4 times
10%	US$200-240 million	2.4 to 2.9 times
25%	US$500-600 million	6 to 7 times

Scenario arithmetic by this report. No source measures how much aid is withheld because of the bans; aid also fell in 2025 for unrelated reasons. The table shows only that a small share would outweigh the direct wage loss.

Aid is also the money that pays for community classes, clinics and midwife salaries. Its loss feeds back into the workforce decline described in Sections 3 and 4. This link is the main reason the published wage-based figures should be read as a floor.

6.5 Work and the wider economy

TABLE 6.5

Labour market and macroeconomic indicators

Indicator	Value	Source
Female labour-force participation, 2026 (modelled)	5.1%	ILO [63]
Women's employment in 2022 against 2020	Less than a third	ILO [63]
Women's participation including home-based work, 2020 to 2023	14% to 43%	World Bank survey, via [64]
Employed outside the household	7% of women; 84% of men	UNDP [60]
Subsistence-insecure population, 2025	74%	UNDP [65]
People returned from abroad since 2023	Nearly 5 million	UNDP [65]
Growth in 2025	4.8% (World Bank); 1.9% (UNDP)	[66, 65]
Income per person in 2025	Falling (both sources agree)	[66, 65]
Aid as a share of GDP	About 12-14%	World Bank [62]

The two participation series measure different things. Both agree that paid, formal work outside the home has collapsed.

CHAPTER 7

How long reversal would take

07

Every profession sits behind six years of secondary school. Recovery starts eight years after any lifting.

No agency or scholar has published an estimate of recovery time. This section combines precedent with scenario models built for this report.

7.1 The pipeline lag

Every professional qualification sits behind grade 12. A girl leaving grade 6 when the ban ends needs six years of secondary school before any training begins. Training comes on top of that.

TABLE 7.1

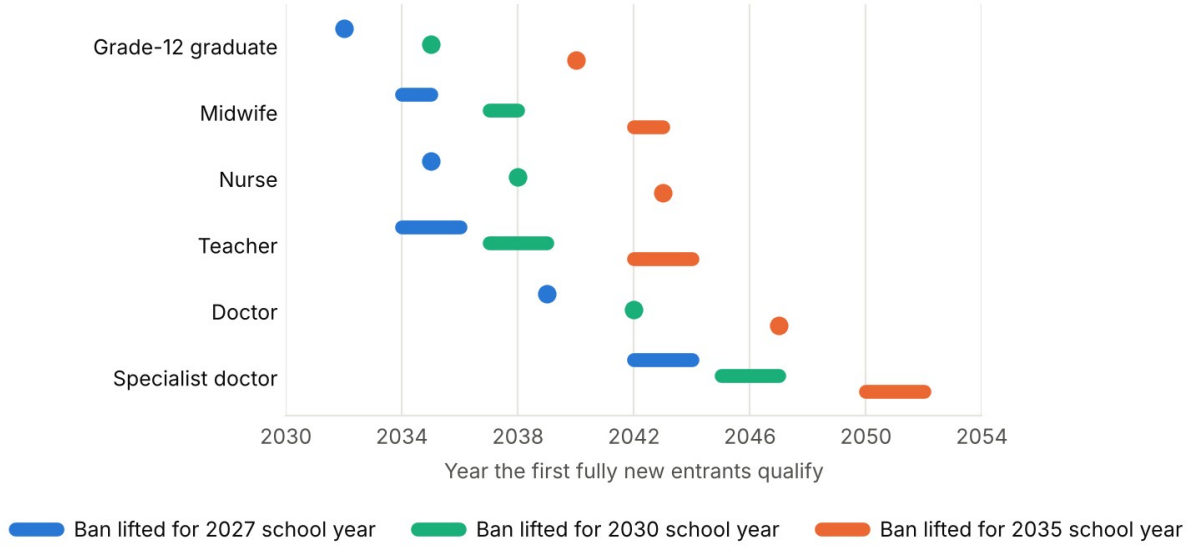
Training durations used in the pipeline model

Profession	Duration after grade 12	Basis	Status
Midwife	2 years	National two-year curriculum for both public midwifery programmes [67]	Sourced
Nurse	2-3 years	Post-secondary diploma of two to three years [68]	Sourced (general rule)
Teacher	2 years (college) to 4 years (degree)	Teacher training college covers grades 13-14 [69]; bachelor's degree is four years [68]	Sourced
Doctor	7 years	Seven-year medical degree including a pre-medical year and internship [70, 68]	Sourced
Specialist doctor	10-12 years	Medical degree plus three to five years of specialist training	Assumed

The model adds up to one further year for intake timing and licensing, which gives the ranges in the next table.

FIGURE 7.1

Year the first fully new women qualify, by the year the ban is lifted



Evidence class: Scenario model. Scenario model by this report, using the durations in the table above. The lifting years are illustrative; 2027 is a best case with no supporting signal.

TABLE 7.2

First fully new entrants by profession and lifting year

Ban lifted for school year	Grade 12	Midwife	Nurse	Teacher	Doctor	Specialist
2027	2032	2034-35	2035	2034-36	2039	2042-44
2030	2035	2037-38	2038	2037-39	2042	2045-47
2035	2040	2042-43	2043	2042-44	2047	2050-52

Each further year of ban moves every date back by one year.

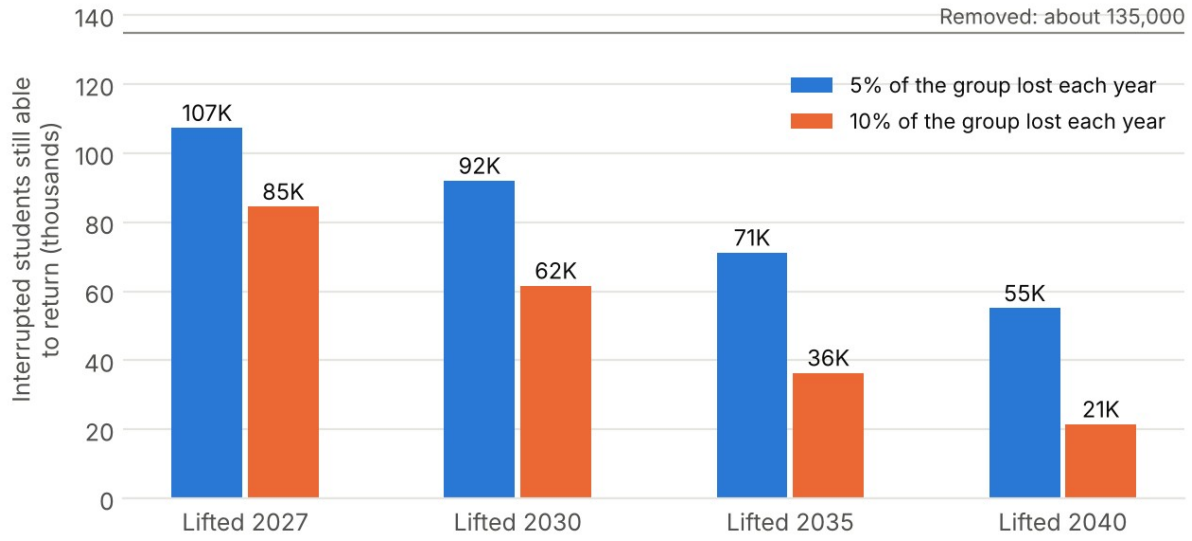
Two things follow. Each added year of ban delays every date by a year. And the existing workforce keeps shrinking for at least eight years after any lifting before a single fully new entrant arrives, unless interrupted students are re-admitted.

7.2 The interrupted students: the fastest route back

About 135,000 women were removed part-way through their studies: more than 100,000 from universities in December 2022 and about 35,000 from health institutes in December 2024. They need one to four years to qualify, not eight or more. The chart shows how many might still be able to return, if 5% or 10% of the group is lost each year to marriage, emigration, age and fading skills. Those rates are assumptions; no data exist.

FIGURE 7.2

Interrupted students still able to return, by year the ban is lifted



Evidence class: Scenario model. Scenario model by this report. Starting groups: about 100,000 university students (2022) and about 35,000 health institute students (2024) [13, 38].

TABLE 7.3

Interrupted students still able to return

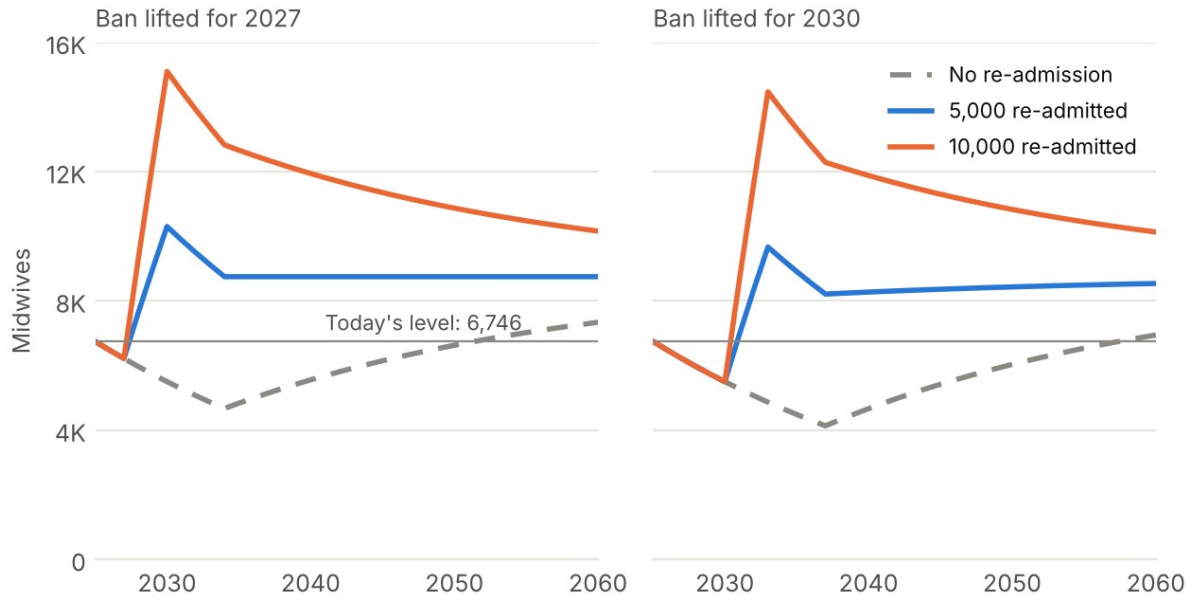
Yearly loss from the group	Lifted 2027	Lifted 2030	Lifted 2035	Lifted 2040
5%	~107,400	~92,100	~71,200	~55,100
10%	~84,600	~61,600	~36,400	~21,500

Scenario model by this report.

The next model applies this to midwives. It assumes that 5,000 or 10,000 interrupted midwifery students are re-admitted and qualify over the three years after a lifting, on top of the regular pipeline of 350 a year from year eight. The share of the 35,000 health students who were training as midwives is not published, so both numbers are scenarios.

FIGURE 7.3

Midwife numbers with and without re-admission of interrupted students



Evidence class: Scenario model. Scenario model by this report. 4% annual attrition; re-admitted students qualify in equal parts over three years; regular output of 350 a year from year eight.

TABLE 7.4

Effect of re-admission on midwife numbers

Ban lifted	Students re-admitted	Stock three years after lifting	Stock in 2040	Stock in 2050
2027	None	~5,500	~5,600	~6,600
2027	5,000	~10,300	~8,800	~8,800
2027	10,000	~15,100	~11,900	~10,900
2030	None	~4,900	~4,700	~6,000
2030	5,000	~9,700	~8,300	~8,400
2030	10,000	~14,500	~11,900	~10,800

Scenario model by this report. Today's level is 6,746.

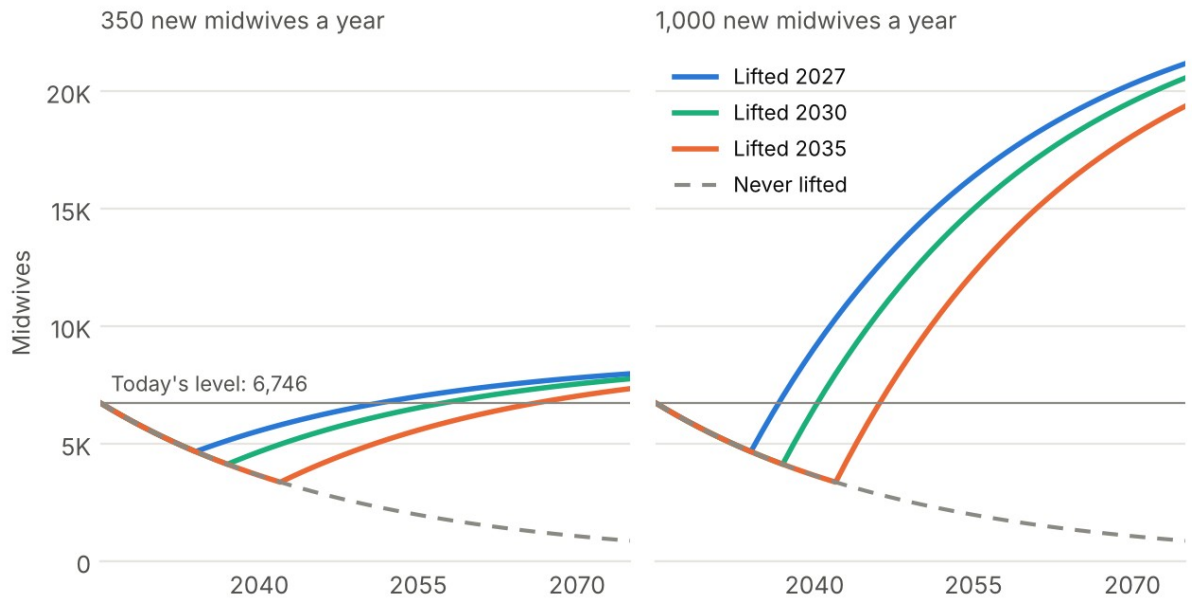
Re-admission changes the recovery completely. With a 2030 lifting and no re-admission, midwife numbers keep falling to about 4,100 in 2037. With 5,000 students re-admitted they reach about 9,700 by 2033, above today's level. No other measure acts within the first eight years. Its value falls with every year of delay, which makes it the most time-sensitive policy choice identified in this report.

7.3 Rebuilding the midwife workforce

The simulation applies 4% yearly losses to today's 6,746 midwives and adds new graduates from the eighth year after a lifting. Two training capacities are tested: 350 a year, which matches the historical output of accredited schools, and 1,000 a year, which assumes the larger private sector is rebuilt [39, 40].

FIGURE 7.4

Midwife numbers under three lifting dates and two training capacities



Evidence class: Scenario model. Scenario model by this report. 4% annual attrition throughout; new graduates join from year eight after lifting. The horizontal line is today's level.

TABLE 7.5

Midwives: low point and year today's level is regained

Ban lifted	New midwives a year	Low point (year)	Stock in 2050	Today's level regained	Years after lifting
2027	350	~4,700 (2034)	~6,600	2052	25 years
2030	350	~4,100 (2037)	~6,000	2058	28 years
2035	350	~3,400 (2042)	~4,900	2067	32 years
2027	1,000	~4,700 (2034)	~14,400	2037	10 years
2030	1,000	~4,100 (2037)	~12,700	2041	11 years
2035	1,000	~3,400 (2042)	~9,400	2047	12 years

Scenario model by this report. Today's level (6,746) is itself about 18,000 short of estimated need.

At the historical rate of 350 a year, a lifting in 2030 does not restore today's inadequate number until 2058. The workforce would settle at about 8,750, far below the roughly 24,000

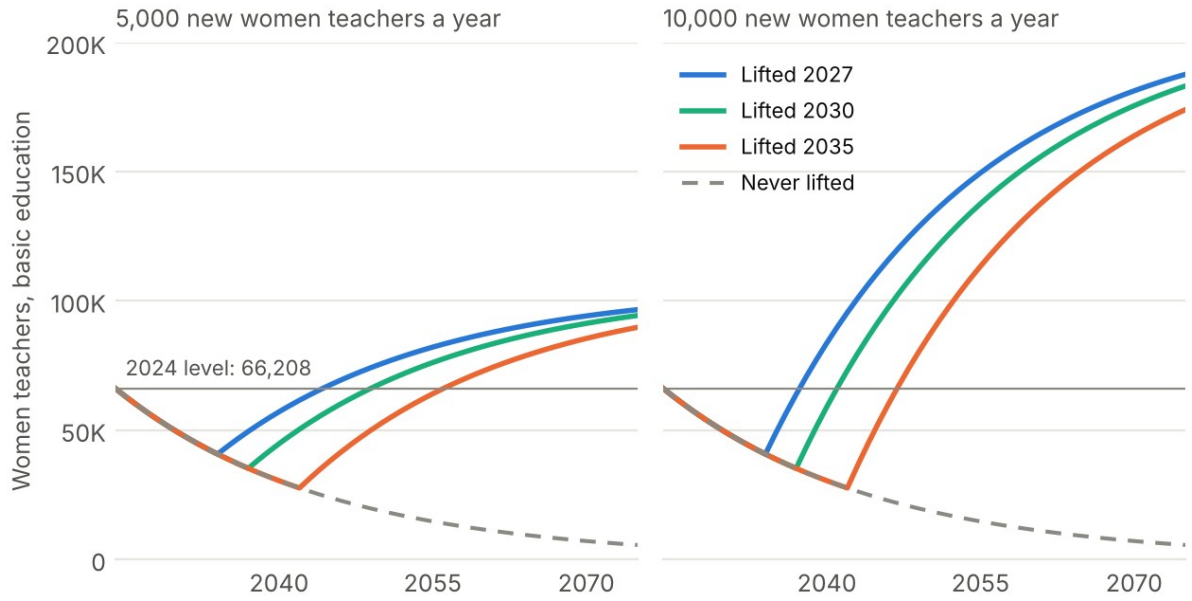
needed. Sustaining 24,000 midwives at 4% yearly losses requires about 960 graduates a year, nearly three times the historical accredited output.

7.4 Rebuilding the women teacher workforce

The same method applied to teachers uses the observed 4.7% yearly loss. Holding the 2024 number steady needs about 3,100 new women teachers a year. The scenarios test 5,000 and 10,000 a year. No figure for pre-ban yearly recruitment of women teachers was found, so these are illustrative.

FIGURE 7.5

Women teacher numbers under three lifting dates and two recruitment rates



Evidence class: Scenario model. Scenario model by this report. 4.7% annual attrition throughout; new teachers join from year eight after lifting. The horizontal line is the 2024 level.

TABLE 7.6

Women teachers: low point and year the 2024 level is regained

Ban lifted	New teachers a year	Low point (year)	Stock in 2050	2024 level regained	Years after lifting
2027	5,000	~40,700 (2034)	~75,700	2045	18 years
2030	5,000	~35,200 (2037)	~68,100	2049	19 years
2035	5,000	~27,600 (2042)	~52,700	2057	22 years
2027	10,000	~40,700 (2034)	~132,700	2038	11 years
2030	10,000	~35,200 (2037)	~117,500	2041	11 years
2035	10,000	~27,600 (2042)	~86,600	2047	12 years

Scenario model by this report.

7.5 What the last rebuild shows

TABLE 7.7

Recovery after the first ban, 2001-2021

Indicator	Start	Later value	Time taken	Speed
Total school enrolment	~1 million (2001)	8.7 million (2016)	15 years	Fast
Girls' share of enrolment	Almost none (2001)	39% (2016)	15 years	Fast
Trained midwives	467 (2002)	~7,000 (late 2010s)	About 16 years	Slow
Births with a skilled attendant	6-8% (2002)	67% (latest)	About 20 years	Slow
Maternal deaths per 100,000 births	1,600+ (2002)	521 (2023)	21 years	Slow
Female literacy	17% (2001)	27-30% (2021)	20 years	Very slow
Girls' primary completion	Near zero	21% (2015)	14 years	Very slow

Sources: [14, 39, 40, 43, 15, 71]. That rebuild was financed by external aid covering about half of the education budget, a condition that does not hold today.

Enrolment rebounds within years. The number of trained professionals and the literacy of the adult population take decades, because they change only as fast as new cohorts pass through.

7.6 The excluded women mostly do not catch up

TABLE 7.8

International evidence on interrupted schooling

Case	Interruption	Finding	Source
China, Cultural Revolution	Up to several years	More than half of those who would have earned a degree never did; large lifetime earnings loss, greater for women	[72]
Austria and Germany, Second World War	Part of schooling	Earnings penalty still visible 40 years later	[73]
COVID-19 closures, global	Months	About 3% of lifetime income lost	[74]
Uganda and Kenya, COVID-19	6-12 months	16-18% of older adolescent girls did not return	[75]
Sierra Leone, Ebola	About a year	Girls' enrolment fell from 70% to 58%; pregnancy the main barrier	[76]

No study anywhere measures return to school after a gap of five years or more. Afghan girls are losing six years of secondary school and all higher education.

The girls who were in grades 7 to 12 in 2021 are now about 17 to 23. The reasonable expectation is that most of the youngest excluded girls would return, and only a minority of those now over 19 would, unless second-chance programmes are provided. The more hopeful evidence concerns flexible routes: part-time and correspondence degrees held up in China, and Rwanda let adults sit secondary examinations without enrolling.

7.7 Consolidated reversal timeline

TABLE 7.9

How long each effect takes to reverse after a lifting

Dimension	Time to reverse after lifting	Basis
Girls back in secondary classrooms	1-3 years	2001-2021 precedent: enrolment rebounds fast
First new grade-12 graduates	5-6 years	Pipeline arithmetic
First new midwives, nurses, teachers	7-9 years	Pipeline arithmetic
First new doctors / specialists	12 years / 15-17 years	Pipeline arithmetic
Women teachers back to 2024 level	11-22 years	Recovery simulation, 5,000-10,000 a year
Midwives back to today's level	10-32 years	Recovery simulation, 350-1,000 a year
Both workforces under the moderate / worst case	About 16-22 years / not regained	Three-case model, Section 8
Midwives back to today's level with 5,000 interrupted students re-admitted	About 2-3 years	Re-admission simulation
Midwives at the level actually needed (~24,000)	Several decades, and only with training capacity near 1,000 a year or more	Recovery simulation
Adult female literacy and secondary attainment	A generation or more	2001-2021 precedent
Earnings and schooling of women already excluded	Largely permanent without second-chance programmes	International evidence
Children of the excluded cohort	Effects persist into the 2060s and beyond	Education gradients in child health

Ranges combine this report's scenario models with historical precedent. They are orders of magnitude, not forecasts.

CHAPTER 8

Three cases: best, moderate and worst

08

Brain drain, skill loss and training capacity decide whether recovery takes ten years, twenty, or is never completed.

The projections in Sections 3 to 7 use measured starting points and favourable assumptions about everything that is not measured. Two pressures make them a best case, and this section adds a moderate and a worst case that take those pressures into account.

8.1 Why the earlier projections are a best case

- **Brain drain continues.** A large share of Afghanistan's educated workforce has left since 2021. The starting numbers in this report were counted after the first wave, so they already reflect it. The risk lies ahead: if educated women keep leaving, yearly losses run above the 4% to 4.7% used so far. No count of women professionals who have emigrated exists.
- **Skills fade with time away.** A teacher, lecturer, engineer or midwife who has been out of work for five years loses practice, falls behind and often takes on family responsibilities that make a return harder. Many of the 135,000 interrupted students will not come back, and those who do will need refresher training before they can qualify.
- **The trainers have gone too.** Women university lecturers are down 69% and the teacher-training centres are closed [17, 4]. Training cannot restart at full capacity on the day the ban ends.
- **Counted is not the same as working.** Women kept at home on reduced pay, or qualified but barred from practising, appear in some headcounts while their skills decline.

8.2 How the cases are defined

TABLE 8.1

Assumptions in each case

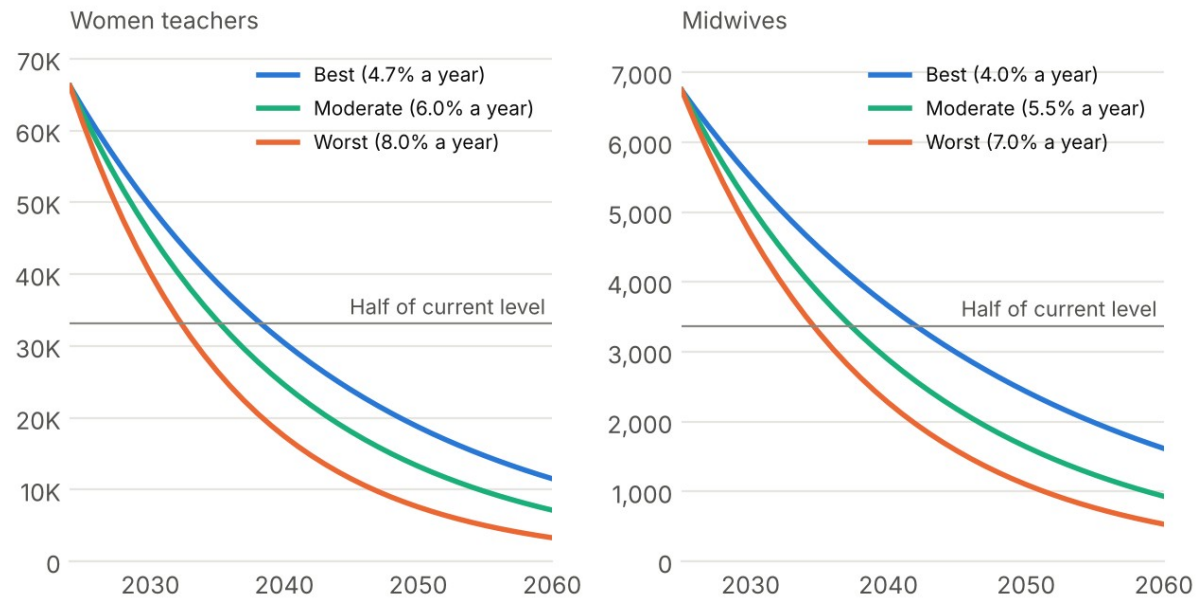
Assumption	Best case	Moderate case	Worst case
Yearly loss of women teachers	4.7%	6.0%	8.0%
Yearly loss of midwives	4.0%	5.5%	7.0%
New women teachers a year once training resumes	10,000	6,000	4,000
New midwives a year once training resumes	1,000	600	350
Years for training to reach full capacity	Immediate	5 years	10 years
Interrupted students lost each year of delay	5%	12%	20%
Share of returning students who requalify	80%	60%	40%
Refresher time before returning students start to qualify	1 year	2 years	3 years

All values other than the best-case teacher rate are assumptions. The best case is the central case of Sections 3 to 7. The moderate case assumes emigration and skill loss continue at a steady pace. The worst case assumes heavy emigration, weak return and training rebuilt only to its historical accredited output. Of the interrupted students, 20,000 are assumed bound for teaching and 10,000 for midwifery; neither share is published.

8.3 If the ban continues

FIGURE 8.1

Women teachers and midwives with no new entrants, three cases



Evidence class: Scenario model, three cases. Scenario model by this report. Constant yearly loss at the rate shown for each case.

TABLE 8.2

Decline with no lifting, by case

Measure	Best case	Moderate case	Worst case
Women teachers in 2030	~49,500	~45,700	~40,100
Women teachers in 2040	~30,400	~24,600	~17,400
Women teachers in 2050	~18,700	~13,300	~7,600
Year women teachers reach half / a quarter	~2038 / ~2053	~2035 / ~2046	~2032 / ~2041
Girl primary pupils per woman teacher in 2040	98:1	121:1	171:1
Midwives in 2030	~5,500	~5,100	~4,700
Midwives in 2040	~3,700	~2,900	~2,300
Midwives in 2050	~2,400	~1,600	~1,100
Year midwives reach half / a quarter	~2042 / ~2059	~2037 / ~2050	~2035 / ~2044

Scenario model by this report. The ratio today is 45:1.

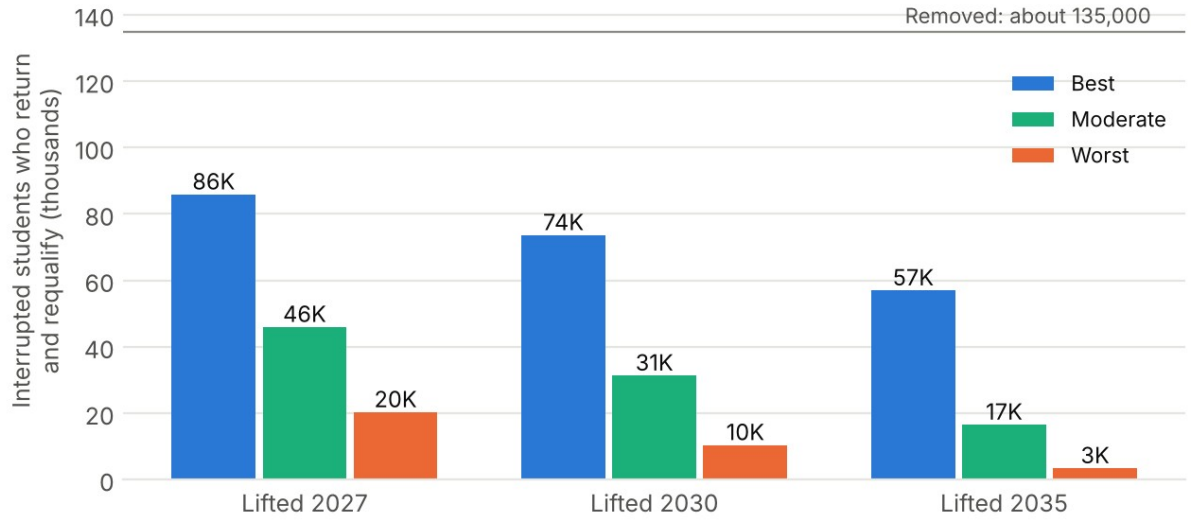
The cases differ by years, not decades, on the way down. Women teachers reach half of today's number in about 2038, 2035 or 2032. In the worst case there would be about 171 girl

primary pupils for every woman teacher by 2040, against 45 today. At that point girls' primary schooling could not be staffed by women in most of the country.

8.4 The interrupted students under each case

FIGURE 8.2

Interrupted students who return and requalify, by case and lifting year



Evidence class: Scenario model, three cases. Scenario model by this report. Starting group about 135,000; each case applies its yearly loss and its requalification share.

TABLE 8.3

Interrupted students who return and requalify

Ban lifted	Best case	Moderate case	Worst case
2027	~85,900	~46,000	~20,300
2030	~73,700	~31,300	~10,400
2035	~57,000	~16,500	~3,400

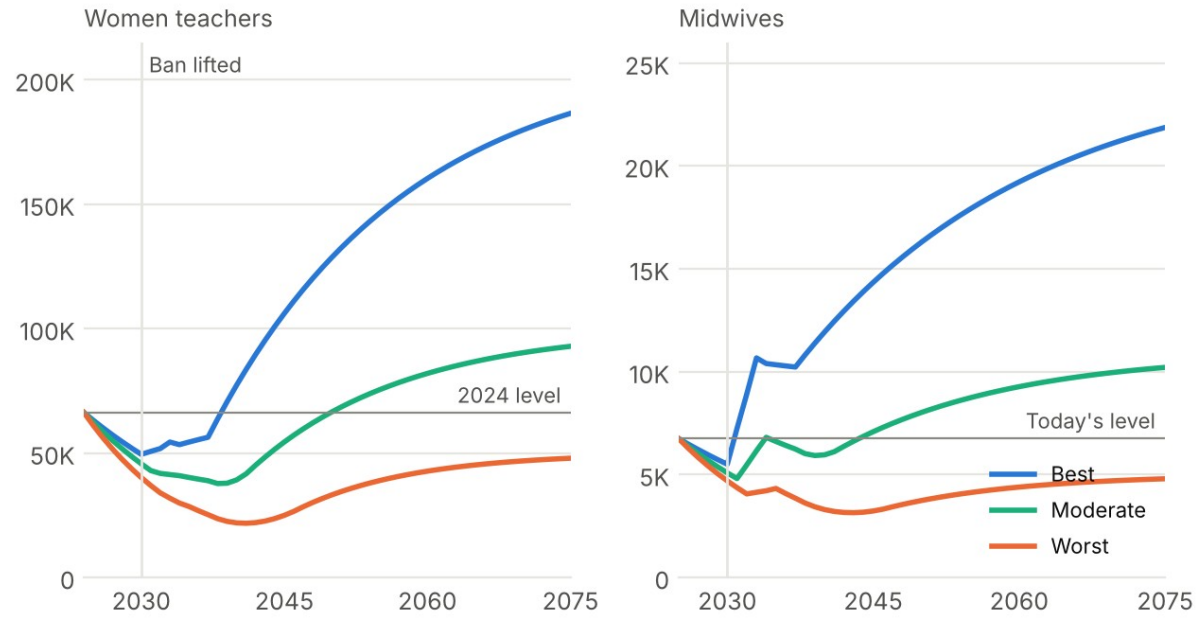
Scenario model by this report.

This is where skill loss and brain drain matter most. With a 2030 lifting, about 73,700 of the 135,000 return and requalify in the best case, 31,300 in the moderate case and only 10,400 in the worst. By 2035 the worst-case figure is about 3,400. The fastest lever identified in Section 7 is real, but it weakens quickly.

8.5 Recovery after a lifting

FIGURE 8.3

Recovery of women teachers and midwives if the ban is lifted for 2030, three cases



Evidence class: Scenario model, three cases. Scenario model by this report. Each case combines its yearly loss, training capacity, ramp-up time and returning students.

TABLE 8.4

Women teachers: recovery by case and lifting year

Case	Ban lifted	Low point (year)	Stock in 2050	2024 level regained	Long-run level
Best	2027	~57,200 (2027)	~144,600	2033 (6 years)	~210,900
Best	2030	~49,500 (2030)	~128,700	2039 (9 years)	~210,900
Best	2035	~38,800 (2035)	~95,700	2046 (11 years)	~210,900
Moderate	2027	~46,200 (2036)	~75,700	2045 (18 years)	~100,000
Moderate	2030	~37,700 (2038)	~66,600	2050 (20 years)	~100,000
Moderate	2035	~25,800 (2043)	~46,700	2058 (23 years)	~100,000
Worst	2027	~27,300 (2039)	~39,000	Not regained	~50,000
Worst	2030	~21,800 (2041)	~33,200	Not regained	~50,000
Worst	2035	~14,500 (2044)	~20,100	Not regained	~50,000

Scenario model by this report. The 2024 level is 66,208. The long-run level is yearly recruits divided by the yearly loss rate.

TABLE 8.5

Midwives: recovery by case and lifting year

Case	Ban lifted	Low point (year)	Stock in 2050	Today's level regained	Long-run level
Best	2027	~6,200 (2027)	~18,200	2028 (1 years)	~25,000
Best	2030	~5,500 (2030)	~16,300	2031 (1 years)	~25,000
Best	2035	~4,500 (2035)	~12,600	2037 (2 years)	~25,000
Moderate	2027	~5,700 (2028)	~9,200	2030 (3 years)	~10,900
Moderate	2030	~4,800 (2031)	~8,000	2044 (14 years)	~10,900
Moderate	2035	~3,600 (2036)	~5,700	2055 (20 years)	~10,900
Worst	2027	~4,100 (2042)	~4,500	Not regained	~5,000
Worst	2030	~3,100 (2043)	~3,700	Not regained	~5,000
Worst	2035	~2,000 (2046)	~2,400	Not regained	~5,000

Scenario model by this report. Today's level is 6,746; estimated need is about 24,000.

Best case. Returning students lift midwife numbers above today's level within a year or two of a lifting, and teachers recover within about ten years. Even so, the long-run midwife workforce of about 25,000 only just meets estimated need, decades later.

Moderate case. With a 2030 lifting, women teachers return to the 2024 level in 2050 and midwives to today's level in 2044: 20 and 14 years. Midwives settle at about 10,900, less than half of what the country needs.

Worst case. Neither workforce returns to today's level at any lifting date. Midwives settle at about 5,000 and women teachers at about 50,000, because yearly losses outrun what a slowly rebuilt training system can supply. Recovery in this case would need help from outside the domestic system: training abroad, return of the diaspora, or emergency lower-entry programmes of the kind used after 2002.

8.6 How to read the cases

The best case shows what is possible if conditions hold and action is fast. The moderate case is the most realistic reading of present conditions, given continued emigration and five years already lost. The worst case is not a prediction, but nothing in it is implausible: it only requires that current trends continue and that training restarts at its old scale.

Three levers move a country from the worst case toward the best, and they are the same in every table above: how soon the ban ends, how many interrupted students are brought back and retrained, and how much training capacity is rebuilt. The rate of emigration sets how hard each of those levers has to work.

CHAPTER 9

The missing generation

09

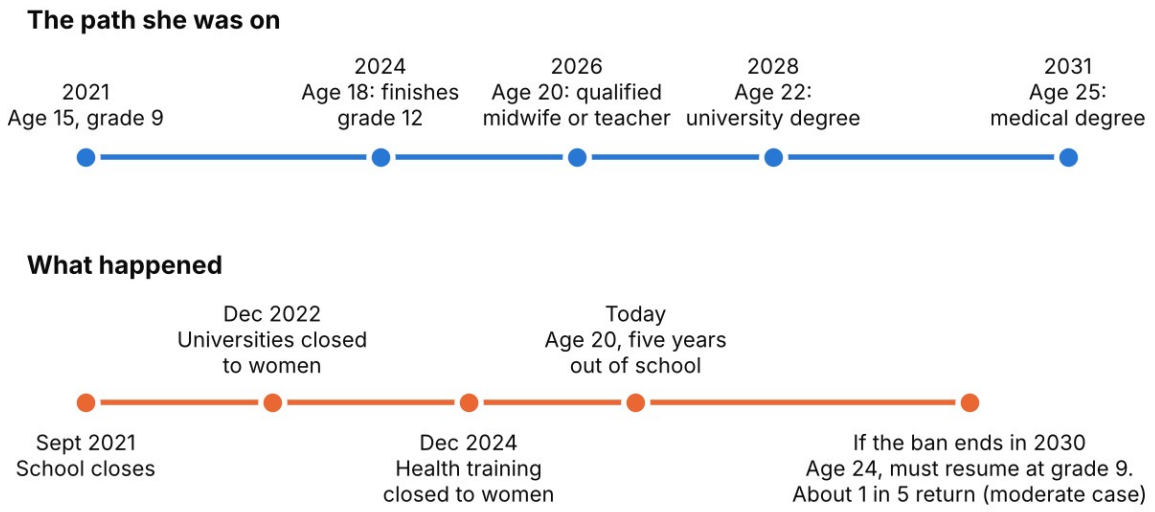
The girls themselves: how many have lost schooling, how few return, and the gap from the path the country was on.

Sections 3 to 8 track the workforce. This section counts the girls themselves, compares the country with the path it was on before the ban, and turns the shortfall into what it means for pupils and mothers. It is the most direct measure of what the ban costs, because it does not hide losses behind the question of whether today's depleted numbers can be regained.

9.1 One girl

FIGURE 9.1

A girl who was 15 and in grade 9 when schools closed



Evidence class: Illustration from the pipeline model. Illustration by this report. The upper line uses the training durations in Section 7.1. The return rate is the moderate-case assumption for women aged 20 to 25.

She would have finished school in 2024 and could have been a qualified midwife or teacher this year. She is now 20 and has been out of school for five years. In Afghan survey data, 29% of women are married before 18 [49]. If the ban ended in 2030 she would be 24 and would have to restart at grade 9, alongside 15-year-olds, and study for six more years to qualify. Most women in her position will not do that. She is one person removed from the future workforce, and there are more than a million like her.

9.2 The girls who were in school when it closed

UNESCO figures for 2018 show about 714,000 girls in lower secondary and 340,000 in upper secondary school, about 1.05 million in all [9]. This report uses those levels for 2021 and splits them by grade. About 102,000 girls were in grade 12, which is the best available estimate of how many young women finished school each year before the ban.

BOX 9.1

What is and is not known about return

Known: after school closures of 6 to 12 months, 16-18% of older adolescent girls did not return in Uganda and Kenya, and marriage and pregnancy kept girls out after Ebola in Sierra

Leone.

Not known: how many girls or women return after a gap of five years or more. No study anywhere measures it. Every return rate below for ages 16 and over is an assumption, and the rates for women aged 20 or over have no evidence behind them at all.

How this report handles it: Section 9.3 tests the results with the older rates halved and set to zero.

TABLE 9.1

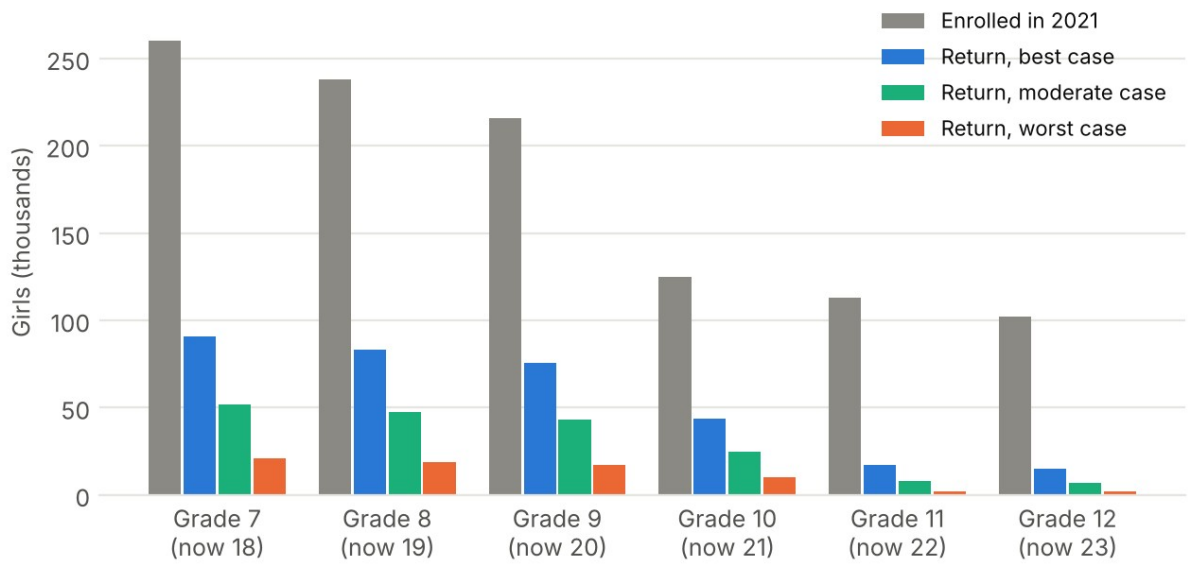
Return rates assumed for each age group at the time the ban is lifted

Age when the ban is lifted	Best case	Moderate case	Worst case	Basis
15 or under	85%	75%	60%	After closures of under a year, 16-18% of older adolescent girls did not return in Uganda and Kenya
16-19	50%	35%	20%	Marriage and pregnancy were the main barriers after Ebola in Sierra Leone
20-25	35%	20%	8%	No evidence exists for gaps this long
26 or over	15%	7%	2%	No evidence exists for gaps this long

Assumptions by this report, anchored on [75, 76] for the youngest group only. Of those who return, the share who go on to finish grade 12 is the pre-ban rate in the best case, 85% of it in the moderate case and 70% in the worst.

FIGURE 9.2

Girls enrolled in 2021 and how many return if the ban is lifted for 2030



Evidence class: Scenario model on measured enrolment. Enrolment from UNESCO level totals [9], split by grade by this report. Return numbers are scenario estimates. Ages shown are ages in 2026.

TABLE 9.2

The 2021 secondary cohort, grade by grade (ban lifted for 2030)

Grade in 2021	Girls	Age in 2021	Age in 2026	Age in 2030	Return: best	Return: moderate	Return: worst
Grade 12	102,000	18	23	27	~15,000	~7,000	~2,000
Grade 11	113,000	17	22	26	~17,000	~8,000	~2,000
Grade 10	125,000	16	21	25	~44,000	~25,000	~10,000
Grade 9	216,000	15	20	24	~76,000	~43,000	~17,000
Grade 8	238,000	14	19	23	~83,000	~48,000	~19,000
Grade 7	260,000	13	18	22	~91,000	~52,000	~21,000
All six grades	1,054,000				~326,000	~183,000	~71,000

Scenario model by this report.

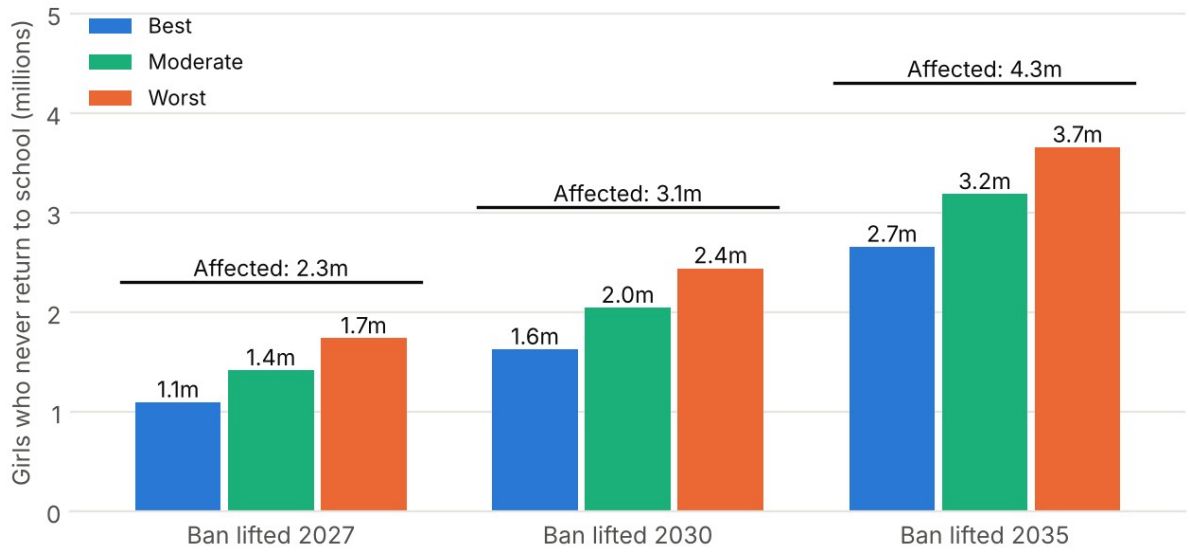
Of the 1.05 million girls who were in secondary school in 2021, only about 183,000 return in the moderate case if the ban ends in 2030, fewer than one in five. The older the girl, the smaller the chance: the grade-12 class of 2021 will be 27.

9.3 How many never come back

The same method covers the girls stopped at grade 6 in each year since 2022. They are younger when the ban ends, so more of them return, but each extra year adds 250,000 girls and moves every earlier group into an age band where return is less likely.

FIGURE 9.3

Girls who never return to school, by case and the year the ban is lifted



Evidence class: Scenario model on measured enrolment. Scenario model by this report. The black line is the total number of girls affected by that year.

TABLE 9.3

Girls affected, girls who never return and graduates lost

Ban lifted	Girls affected	Never return: best / moderate / worst	Would have finished grade 12	Graduates lost: best / moderate / worst
2027	2.3 million	1.1m / 1.4m / 1.7m	1.10 million	0.56m / 0.77m / 0.94m
2030	3.1 million	1.6m / 2.0m / 2.4m	1.40 million	0.79m / 1.04m / 1.22m
2035	4.3 million	2.7m / 3.2m / 3.7m	1.89 million	1.21m / 1.50m / 1.71m

Scenario model by this report. Graduates lost = girls who would have finished grade 12 without the ban, less those expected to finish after returning.

If the ban ends in 2030, 3.1 million girls will have been affected. In the moderate case 2.0 million of them never return, and the country loses about 1.04 million of the 1.40 million secondary graduates it would have had. Delaying to 2035 raises the number who never return to 3.2 million. Each year of delay costs roughly 230,000 more girls who will not come back.

Sensitivity: what if older girls and women do not return at all?

The return rates for women aged 20 or over are the least supported inputs in this report. The test below keeps the rates for younger girls and cuts the older ones, first by half and then to zero.

FIGURE 9.4

Girls who never return under three assumptions about women aged 20 or over (moderate case)



Evidence class: Sensitivity test on assumed return rates. Sensitivity test by this report. Return rates for girls under 20 are unchanged.

TABLE 9.4

Girls who never return if older return rates are cut (ban lifted for 2030)

Case	Older rates as assumed	Older rates halved	No one aged 20 or over returns	Change from assumed to zero
Best	1.63 million	1.88 million	2.13 million	+31%
Moderate	2.05 million	2.19 million	2.33 million	+14%
Worst	2.44 million	2.50 million	2.55 million	+5%

Sensitivity test by this report. Girls affected: 3.1 million in every column.

The conclusion does not depend on the unsupported rates. In the moderate case with a 2030 lifting, setting the return of everyone aged 20 or over to zero raises the number who never return from 2.05 million to 2.33 million. Between two-thirds and three-quarters of the girls affected never return on any of these assumptions. Women aged 20 or over are about half of those affected by 2030, but the model already counts most of them as lost, since their assumed return rates are only 7% to 20% in the moderate case. The older rates may be too hopeful, yet removing them altogether changes the total by about one-seventh.

9.4 What has already been lost

TABLE 9.5

Losses already incurred and by 2030

Loss	By end of 2026	By 2030 if the ban continues	Basis
Girl-years of secondary schooling	5.3 million	9.5 million	About 1.05 million secondary places a year
Young women who did not finish grade 12	510,000	918,000	About 102,000 a year
Women removed from university	More than 100,000	More than 100,000, plus each year's intake	UNESCO
Women removed from health training	About 35,000	About 35,000, plus each year's intake	UN estimate
New women doctors licensed	None since 2023	None	Exit exam closed to women
New midwives and nurses qualified	None since 2024	None	Institutes closed to women

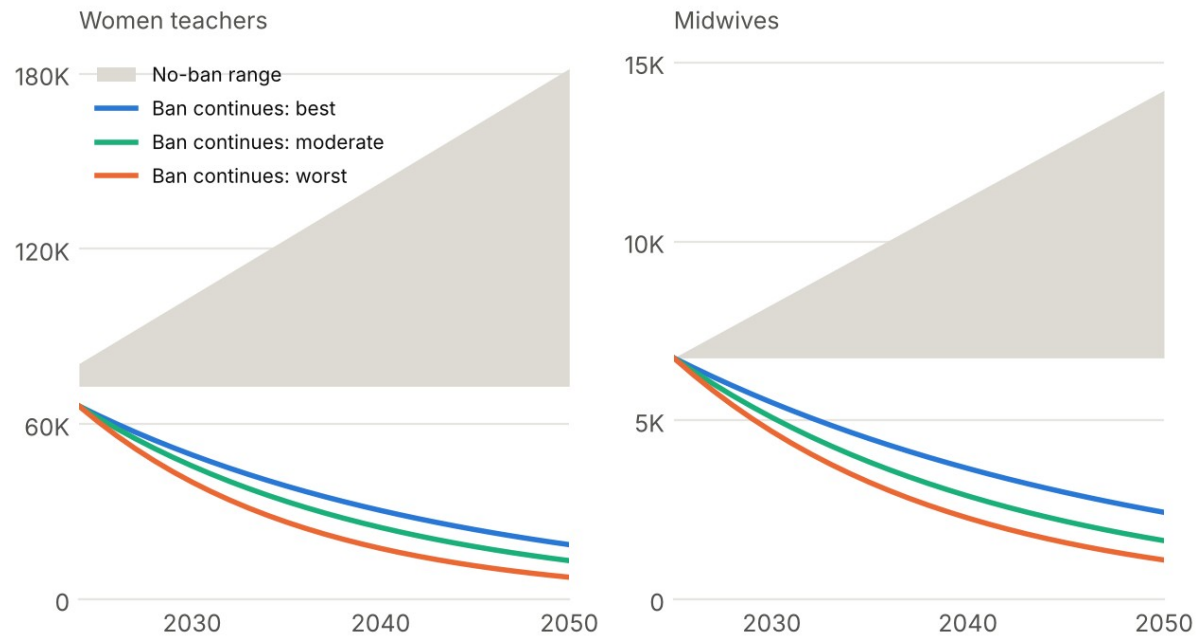
Enrolment-based figures are estimates by this report from [9]; they assume pre-ban enrolment would have held steady, which is conservative because girls' enrolment was rising.

9.5 Against the Afghanistan that would have been

Measuring recovery against today's workforce understates the damage, because today's workforce is already depleted and would have kept growing. Between 2007 and 2018 the number of women teachers rose by about 3,900 a year [9]. Between 2002 and 2023 the number of midwives rose by about 300 a year [39, 33]. The no-ban range below runs from no growth at all to a continuation of those trends.

FIGURE 9.5

Women teachers and midwives: the no-ban range against the ban's path



Evidence class: Measured trend extended, against scenario model. Grey band: this report's no-ban range, from holding the 2022 (teachers) or 2025 (midwives) level to continuing the measured pre-ban growth. Lines: the three cases with the ban continuing.

TABLE 9.6

Women professionals missing against three no-ban paths

Workforce and case	Year	Remaining under the ban	Floor: numbers held steady	Half the pre-ban growth	Ceiling: full pre-ban growth
Women teachers, best	2030	~49,000	23,000	39,000	55,000
Women teachers, best	2040	~30,000	43,000	78,000	112,000
Women teachers, moderate	2030	~46,000	27,000	43,000	58,000
Women teachers, moderate	2040	~25,000	48,000	83,000	118,000
Women teachers, worst	2030	~40,000	33,000	48,000	64,000
Women teachers, worst	2040	~17,000	56,000	90,000	125,000
Midwives, best	2030	~5,500	1,200	2,000	2,700
Midwives, best	2040	~3,700	3,100	5,300	7,600
Midwives, moderate	2030	~5,100	1,700	2,400	3,200
Midwives, moderate	2040	~2,900	3,900	6,100	8,300
Midwives, worst	2030	~4,700	2,100	2,800	3,500
Midwives, worst	2040	~2,300	4,500	6,700	9,000

Scenario model by this report. The last three columns are the number of women missing under each no-ban path.

The floor is the figure to quote. It assumes no growth at all: only that the 2022 number of women teachers and today's number of midwives had been maintained by normal replacement. On that basis the country is short of about 27,000 women teachers by 2030 and 48,000 by 2040, and about 3,900 midwives by 2040, in the moderate case.

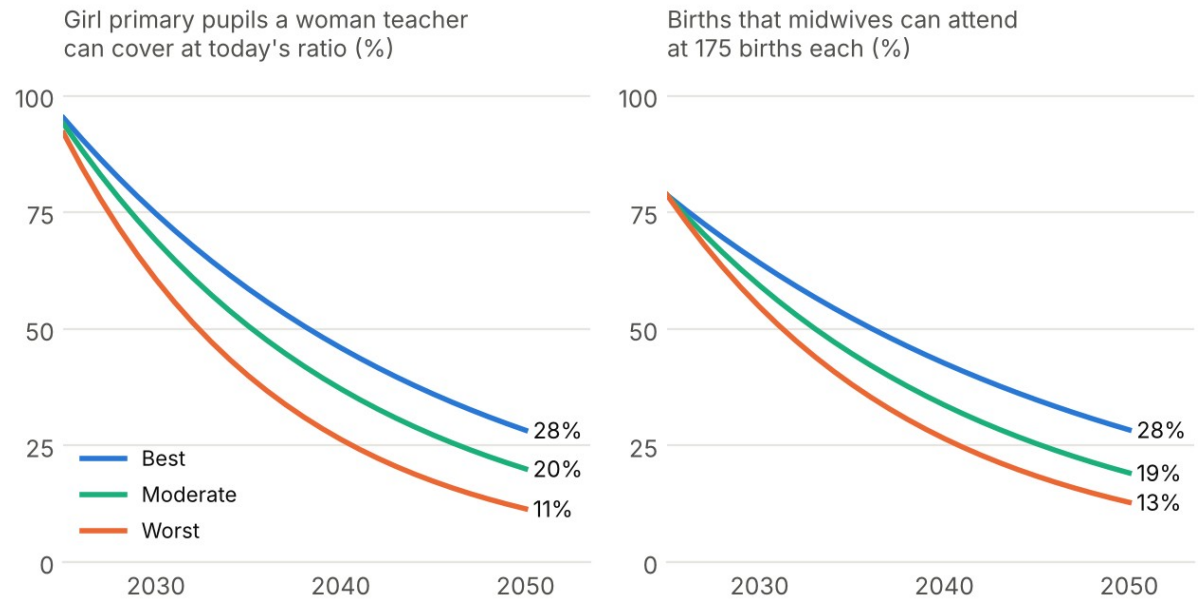
The ceiling extends the pre-ban trend in a straight line and should be treated as an upper bound. Growth might well have slowed after 2021 even without the ban, because aid contracted and the economy shrank. The middle column, half the pre-ban growth, is a reasonable central reading. The same logic applies to professions this report does not model: women doctors, nurses, lecturers, engineers, lawyers and civil servants all came from the same cohort of school graduates.

9.6 What the shortfall means for pupils and mothers

Two simple measures translate headcount into service. For schools: how many of the 2.98 million girl primary pupils could have a woman teacher at today's ratio of 45 pupils each. For births: how many of the roughly 1.5 million births a year [77] midwives could attend at the long-used planning benchmark of 175 births per midwife [78]. Both assume staff are spread evenly, which they are not, so real coverage outside the cities is lower.

FIGURE 9.6

Coverage by women teachers and midwives if the ban continues



Evidence class: Scenario model. Scenario model by this report. Girl pupils and births are held at current levels; population growth would lower every line.

TABLE 9.7

Service coverage if the ban continues

Measure	Case	2025	2030	2040	2050
Girl pupils a woman teacher can cover	Best	95%	75%	46%	28%
Girl pupils a woman teacher can cover	Moderate	94%	69%	37%	20%
Girl pupils a woman teacher can cover	Worst	92%	61%	26%	11%
Girl pupils without a woman teacher	Best	~141,000	~753,000	~1,610,000	~2,137,000
Girl pupils without a woman teacher	Moderate	~179,000	~924,000	~1,872,000	~2,383,000
Girl pupils without a woman teacher	Worst	~238,000	~1,173,000	~2,195,000	~2,638,000
Births midwives can attend	Best	79%	64%	43%	28%
Births midwives can attend	Moderate	79%	59%	34%	19%
Births midwives can attend	Worst	79%	55%	27%	13%
Births a year beyond midwife capacity	Best	~319,000	~537,000	~860,000	~1,075,000
Births a year beyond midwife capacity	Moderate	~319,000	~610,000	~995,000	~1,213,000
Births a year beyond midwife capacity	Worst	~319,000	~679,000	~1,103,000	~1,308,000

Scenario model by this report.

In the moderate case, by 2040 about 1.9 million girl pupils would have no woman teacher, and about 0.99 million births a year would be beyond what the remaining midwives could attend. Where families will not accept a male teacher or a male birth attendant, those girls leave school and those births happen without skilled help.

The cost in mothers' lives

No model can forecast maternal deaths in Afghanistan with confidence, and none has been published. The country's own history gives a sense of scale. In 2002, when about 7% of births had a skilled attendant, about 1,600 mothers died per 100,000 births. By 2023 attendance was 67% and the figure was 521. If skilled attendance falls as midwife numbers fall, part of that improvement will be reversed.

BOX 9.2

How to state this finding

The scale is tens of thousands of additional maternal deaths by 2040, not hundreds. That holds across all three cases and across a wide range of assumptions.

No single number should be quoted. The arithmetic is a straight line through two historical points and cannot separate the effect of midwives from better roads, clinics and nutrition.

The full calculation, with both bounds, is in Annex C so that it can be checked and is not read as a forecast.

9.7 Why this is the right way to measure the ban

- **It counts people, not vacancies.** A workforce that regains its old headcount has still lost every woman who would have joined it in the meantime.
- **It uses the correct baseline.** Girls' enrolment and women's professions were growing before 2021. The loss is the gap from that path, not from today's reduced level.
- **It shows what delay costs.** Each further year adds about 250,000 girls, moves every earlier cohort into an age at which return is less likely, and widens the gap from the no-ban path.
- **It is still conservative.** It holds enrolment, births and pupil numbers flat, counts only two professions, and leaves out the effects on the children these women will raise (Section 5).

CHAPTER 10

Outlook and conclusions

10

No sign of a lifting, and eight conclusions.

The political signals all point one way. The March 2026 school year opened with no mention of girls' secondary schools. In October 2026 a senior official said the ban continues until further notice on the supreme leader's order [79, 80]. Forced returns from Iran and Pakistan are closing the exit that many families used to keep daughters in school [20].

Conclusions

1. **Afghanistan does not fall off a cliff; it moves down a slope.** Rural, poor and remote communities lose their last woman teacher or midwife first, province by province, while national totals still look survivable.
2. **Real capacity falls faster than headcount.** The models count people. Skill fade among women kept from work, the end of in-service training and the informal hiring of under-qualified staff mean the usable workforce is smaller than the numbers in this report, and the difference grows each year.
3. **The length of the ban is the decisive variable.** Every year adds a missing graduating class, delays every recovery date by a year and lowers the starting point for rebuilding.
4. **The interrupted students are the most valuable and most perishable asset.** Women expelled from universities and health institutes, and unlicensed medical graduates, could qualify within one to four years of a lifting. Their number shrinks every year.
5. **Reopening schools restores a flow, not the lost cohorts.** Girls now aged 12 to 15 can still be reached by ordinary schooling. Women now in their twenties would need examination-only certification, accelerated programmes and, for health workers, lower-entry emergency training of the kind used after 2002.
6. **Even on the best case, the 2030s will have fewer women professionals than today.** The women excluded since 2021 will carry the loss through working lives that end in the 2060s.

7. **The true loss is the gap from the path the country was on.** About 2.3 million girls have already lost secondary schooling and most will not return. Measured against the pre-ban trend, the shortfall of women teachers and midwives is far larger than a comparison with today's numbers suggests, and it grows every year.
8. **Earlier timelines are a best case.** Continued brain drain and skill loss move recovery from about ten years to about twenty in the moderate case. In the worst case today's workforce is never restored from domestic training alone.
9. **The published cost figures understate the damage.** They count wages for a small paid workforce and omit health, child outcomes and withheld aid.
10. **The constraint is political, not social.** With 92% of Afghans in favour of girls' schooling, the ban rests on a decision held by a very small number of people.

ANNEX A

Model assumptions and formulas

Every formula and parameter, so that each figure can be reproduced.

All scenario models in this report use the same simple structure, so that every figure can be reproduced. The models are supplied with this report as a spreadsheet with live formulas. Changing any input on its first sheet recalculates every projection.

Depletion

Stock in year t = starting stock x (1 - a) raised to the power (t - start year), where a is the annual attrition rate and inflow is zero. The year a threshold share s is reached = start year + ln(s) / ln(1 - a).

Age-structured depletion

The starting stock is spread across single years of age using the synthetic profile. Each year every age group moves up one year and loses a fixed share to other exits. Anyone reaching the retirement age leaves.

Recovery

Stock next year = stock this year x (1 - a) + G, where G is the number of new entrants a year, equal to zero until the eighth year after the ban is lifted and constant thereafter. The long-run level the stock approaches is G / a.

TABLE A.1

Model parameters

Parameter	Value	Basis	Status
Women teachers, starting stock	66,208 (2024)	UNICEF brief, Apr 2026	Measured
Teacher attrition, central	4.7% a year	Annualised fall from 72,963 (2022) to 66,208 (2024)	Measured over two years only
Teacher attrition, range	3%, 7%, 10%	Sensitivity bounds	Assumed

Parameter	Value	Basis	Status
Girls in primary school	2,979,360	Implied by the reported 45:1 ratio	Derived; held flat
Midwives, starting stock	6,746 (2023 count used for 2025)	2023 workforce count	Measured; timing assumed
Midwife attrition	3%, 4%, 5%, 7%	3-4% backed out of UNICEF projection; others are sensitivity cases	Inferred / assumed
Working life	35-45 years	UNICEF and UNESCO long-run frames	Assumed
Secondary schooling	6 years (grades 7-12)	System structure	Known
Training durations	Midwife 2, nurse 2-3, teacher 2-4, doctor 7, specialist 10-12 years	See Section 7.1	Sourced, except specialist
Lag before new entrants	8 years after lifting	6 years school plus 2 years training	Assumed
New midwives a year	350; 1,000	Historical accredited output of 300-400; expanded case	Sourced / assumed
New women teachers a year	5,000; 10,000	No pre-ban figure found	Assumed
Girls barred each year	250,000	UNICEF brief, Apr 2026	Agency estimate
Cumulative cost lines	US$84m, 500m, 1bn a year, flat from 2027	Published annual estimates	Illustrative
Discount rates	0%, 3%, 5%	Standard range for long-run social costs	Assumed
Synthetic age profile, teachers	90% aged 22-43, 10% aged 44-61 (2024)	Recruitment mostly after 2002	Assumed
Synthetic age profile, midwives	92% aged 21-43, 8% aged 44-61 (2025)	Training mostly after 2002	Assumed
Retirement age in age model	62	40 years of service from age 22; pre-2021 rule was 40 years or age 65	Sourced rule; start age assumed
Other exits in age model	Teachers 2.0%, 3.5%; midwives 3.0%, 4.5%	Sensitivity cases	Assumed
Interrupted students	100,000 university; 35,000 health institutes	UNESCO; UN estimate	Agency estimates
Loss from interrupted group	5%, 10% a year	No data	Assumed
Midwifery students re-admitted	5,000; 10,000, qualifying over 3 years	Share of midwifery students unknown	Assumed
Population	43.8 million, held constant	UNFPA	Agency estimate
Kabul share of population / midwives	17% / 21%	2023 workforce count	Measured

Parameter	Value	Basis	Status
Regional attrition	4% everywhere; or 3% Kabul and 5% elsewhere	Sensitivity case	Assumed
Return-rate sensitivity	Rates for ages 20 and over multiplied by 1, 0.5 and 0	Tests the least supported inputs	Sensitivity
Teachers per school	14	226,000 teachers in about 15,700 government schools	Derived
Provincial shares of women teachers	1% to 67%; 7 provinces under 10%, 17 under 20%	Human Rights Watch, 2017 (2016-17 data)	Measured, pre-2021
No-ban paths	Floor: flat. Middle: half the pre-ban growth. Ceiling: full pre-ban growth	See Section 9.5	Floor conservative; ceiling an upper bound
Girls in secondary school, 2021	1,054,000, split by grade	UNESCO 2018 level totals; grade split assumed	Measured totals; split assumed
Return rates by age	See Section 9.2	Short-closure evidence for the youngest only	Assumed
Share of returning graduates entering teaching / midwifery	10% / 1%	Consistent with pre-ban recruitment	Assumed
No-ban growth	Teachers +3,886 a year; midwives +299 a year	2007-2018 and 2002-2023 measured trends	Measured trend, extended
Births per year	1.5 million, held constant	UN World Population Prospects 2024	Agency estimate
Births per midwife	175	WHO planning benchmark (2005)	Benchmark
Maternal mortality link	18 deaths per 100,000 births per point of skilled attendance; central case uses half	Afghanistan 2002 and 2023 values	Illustrative
Three-case parameters	See Section 8.2	Best case measured or as above; moderate and worst assumed	Assumed
Fertility gap	2.6 births (5.8 against 3.2); central case uses half	MICS 2022-23	Measured gap; causal share assumed

ANNEX B

Limitations and conflicts between sources

B

What the evidence cannot show, and where sources disagree.

- **The timelines are scenarios, not forecasts.** They rest on one two-year trend for teachers, a 2023 headcount for midwives, assumed attrition and assumed working lives. The age-structured sensitivity shows slower early losses and a sharper later drop; real age data would refine it.
- **Measured outcome data stop in 2023.** Later figures are perception surveys or agency modelling with unpublished methods. This applies to the child-marriage and maternal-mortality projections, the 2030 workforce projections and the headline counts of girls.
- **Key inputs are missing.** No age profile, emigration rate or count of women by health profession was found. The age-structured scenarios use synthetic profiles.
- **The models have not been externally reviewed.** Review by specialists in Afghan education and health workforce planning is recommended before the projections are used for planning.
- **No data exist on emigration of women professionals or on skill loss.** The moderate and worst cases rest on assumed rates chosen to span a plausible range.
- **The maternal-death arithmetic is an illustration.** It is confined to Annex C and should be cited only as an order of magnitude.
- **Return rates for older girls and women are assumptions.** No study measures return after gaps of five years or more. A sensitivity test in Section 9.3 shows the main result holds even if no one aged 20 or over returns.
- **The provincial sketch uses pre-2021 shares and a national average school size.** It shows the order in which provinces are affected, not exact dates.
- **The no-ban ceiling is an upper bound.** Growth could have slowed after 2021 without the ban. The floor, which assumes no growth, is the figure to quote.

- **Grade-level enrolment for 2021 is not published.** The lost-cohort count uses 2018 level totals and an assumed split by grade.
- **The models count people, not quality.** Informal hiring of under-qualified women, loss of skill and falling motivation are not captured.
- **Some primary documents could not be opened,** including UN Special Rapporteur reports and the full 2026 Education Situation Report. UNESCO's US$9.6 billion figure is known here only through press coverage.
- **Unverified items were excluded.** These include headline-only claims of annual losses of US$1.4 billion and of US$1.5 billion by 2030, a single unsourced caption stating that girls are limited to grade 2, and reports of further International Criminal Court warrants in October 2026 whose documents could not be read.
- **Informal hiring could soften the teacher decline.** Women below grade-12 level may be used to keep some girls' classes staffed for longer than the formal pipeline implies.

TABLE B.1

Conflicts between sources

Topic	Figures in conflict	Likely explanation
Girls affected	~1m; 2.4m; 2.6m	Directly barred versus all secondary-age girls out of school
Start of the ban	Sep 2021; Mar 2022	Dating convention
Projection to 2030	Over 2m; nearly 4m	Same definitional difference
Women teachers by 2030	Up to 20,000 lost; shortfall above 11,000	Fall in numbers versus gap against need
Maternal mortality ratio	521 (2023); 638 (2024)	Different estimate vintages; not comparable
Female labour participation	5.1%; 43%	Paid formal work versus all activity including home-based
Growth in 2025	4.8%; 1.9%	World Bank versus UNDP methods
Female literacy, 2021	27%; 30%	Different UN sources
Health worker density	10.3 (published); 5.9 (recomputed)	Published figure implies a population of about 25 million; this report uses 5.9

ANNEX C

Illustrative arithmetic on maternal deaths

An illustration of scale, to be cited only as a range.

BOX C.1

Read this first

This annex is an illustration of scale, not a forecast. It is placed here, outside the main findings, so that its figures are not quoted without their method.

It should be cited only as a range and only with its assumptions.

Method

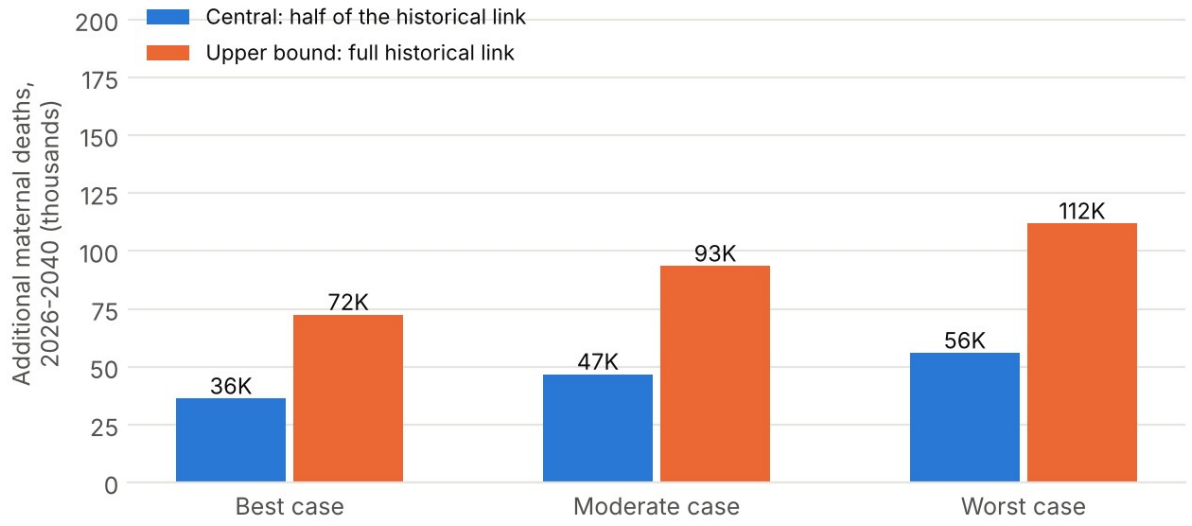
1. Births are held at 1.5 million a year [77].
2. Skilled attendance starts at 67% and falls in step with the number of midwives in each case, with no new entrants.
3. Maternal deaths per 100,000 births are read from a straight line through Afghanistan's own two points: about 1,600 at 7% attendance (2002) and 521 at 67% (2023). That is about 18 deaths per 100,000 for each point of attendance.
4. The upper bound credits the whole historical improvement to skilled attendance. The central reading credits half.

What this leaves out, in both directions

- **It may overstate:** male doctors and nurses still attend some births, and health gains since 2002 also came from roads, clinics, nutrition and fewer births per woman.
- **It may understate:** births are held flat although the population is growing, staff are assumed evenly spread although rural areas lose midwives first, and the 2025 closure of 445 health facilities is not included.

FIGURE C.1

Additional maternal deaths, 2026-2040, if the ban continues



Evidence class: Illustrative arithmetic, not a forecast. Illustrative arithmetic by this report, not a forecast. At today's rate about 7,800 mothers die each year.

TABLE C.1

Illustrative additional maternal deaths if the ban continues

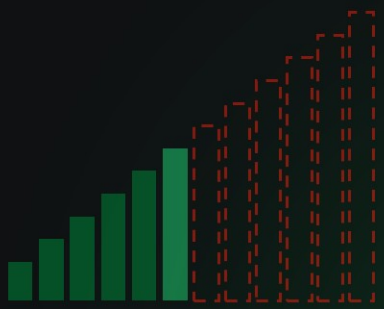
Case	Extra deaths in 2040 alone: central / upper	Total 2026-2040: central / upper	Total 2026-2050: central / upper
Best	4,000 / 8,000	36,000 / 72,000	87,000 / 174,000
Moderate	5,000 / 10,000	47,000 / 93,000	108,000 / 217,000
Worst	6,000 / 12,000	56,000 / 112,000	125,000 / 251,000

Illustrative arithmetic by this report. For comparison, UN Women's 2024 modelling projected a rise of at least 50% in maternal mortality risk, which would be about 3,900 extra deaths a year.

Across the three cases and both readings, the total to 2040 runs from about 36,000 to about 112,000. The appropriate summary is the range and its order of magnitude.

SOURCES

References



All sources cited in the text.

Numbers in square brackets in the text link to the sources below.

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