

Earthquake in Eastern Afghanistan

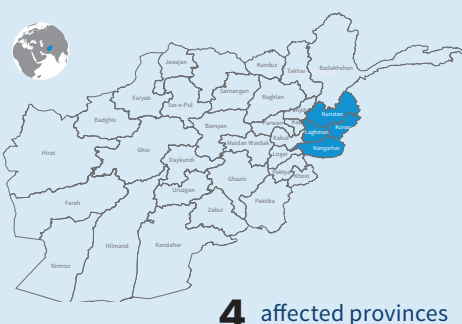
WHO Situation report no. 4 | 4 Sept 2025



World Health Organization
Afghanistan

Reporting period: Based on available information as of 15:00 on 4 September 2025

AFFECTED PROVINCES



KEY FIGURES



2205
Fatalities



3640
injured



6782
Homes destroyed

WHO RESPONSE



6 Mobile Health Teams
supported by WHO, deployed to the affected areas



23 metric tonnes
medical supplies provided



US\$ 4M
Funding gap for rapid life-saving response



WHO delivered 23 metric tonnes of medicine and medical supplies to health facilities in the affected areas in Kunar and Nangarhar provinces. (Photo: WHO Afghanistan)

SITUATION OVERVIEW

Four days after the 6.0 magnitude earthquake in eastern Afghanistan, the scale of destruction continues to unfold, especially in Kunar and Nangarhar provinces. Reportedly, 2205 people are confirmed dead, 3640 injured, and more than 6750 houses destroyed. This is one of the deadliest earthquakes in Afghanistan in recent years, a country prone to frequent seismic events. Aftershocks continue, including a 4.7 magnitude tremor recorded in Nangarhar on 4 September.

Thousands of families remain displaced in temporary shelters. A camp has been established in Khas Kunar District, Kunar Province, to accommodate survivors.

While access has improved in some areas, landslides and debris continue to block key roads, slowing the delivery of assistance. Communities remain fearful, with children showing acute distress. Families who lost loved ones are reporting trauma, insomnia and grief. With a shortage of professional counsellors, the need for mental health and psychosocial support (MHPSS) is acute.

Women face significant challenges in accessing healthcare, as movement often requires a mahram (male guardian). The shortage of female health workers, combined with the lack of private space in health facilities, forces many women and girls to receive care in open or crowded areas—often discouraging them from seeking the services they need. These barriers limit timely access to appropriate care and protection risks in an already complex humanitarian context.

The risk of disease outbreaks is alarming, with acute watery diarrhoea, dengue fever, and measles already present in the eastern region, where malaria is endemic. Overcrowded shelters, unsafe water and inappropriate waste management increase transmission risks, compounded by a fragile health system under strain from the influx of returnees from Pakistan.

WHO, with partners, continues to provide trauma care, mobile health services, MHPSS and disease surveillance. However, a funding gap of at least US\$4 million threatens to delay critical activities, underscoring the urgent need for international support.

HEALTH SITUATION

There are currently four hospitals serving as referral facilities for patients injured in the earthquake: Chawkay District Hospital in Kunar (25 beds), Asadabad Provincial Hospital in Kunar (150 beds), Kama District Hospital in Nangarhar (75 beds), and Nangarhar Regional Hospital in Jalalabad (623 beds). A temporary hospital has been established in Khas Kunar as a first referral site with a capacity of 50 beds (25 male and 25 female).

The WHO initiated assessments, which have preliminarily reported 11 health facilities in Kunar and one in Nangarhar are partially damaged and require rehabilitation. The number may rise as assessments continue.

Nangarhar Regional Hospital is providing specialized care for critical cases. Since the onset of the earthquake, the hospital has received 895 injured patients, of whom 298 required blood transfusions and 173 underwent major surgical procedures. Currently, 548 patients remain hospitalized. A 50-bed ward in the hospital has been arranged as temporary accommodation for patients who lost their families.



Garigal Village, Chawkay District in Kunar Province: among the more than 6700 homes destroyed by the earthquake.
(Photo: WHO Afghanistan)

WHO RESPONSE

WHO, with a strong presence at both country and field levels, is coordinating closely with health authorities and partners to deliver life-saving assistance. On 4 September, WHO joined the Earthquake Response Commission meeting in Khas Kunar to strengthen coordination efforts.

Primary Healthcare Services

WHO is providing primary health care (PHC) services to affected populations through the deployment of six mobile health teams (MHTs) in remote areas in Nurgal District in Kunar Province, including two MHTs in Masoud village, two MHTs in Wazir village, one in Mazar Dara Valley, and one in Suhail Tangi village. The MHTs are delivering first aid, outpatient consultations, maternal and child health services, vaccinations, and essential medicines, as well as triage and referral of injured patients. To date, the MHTs have provided more than 1900 consultations (including trauma care), and referred more than 200 cases for further treatment.



WHO mobilizes mobile health team to remote areas of Nurgal District, Kunar Province. (Photo: WHO Afghanistan)

Mental Health and Psychosocial Support

WHO provided Mental Health and Psychosocial Support (MHPSS) services through consultations, group and individual counselling, and Psychological First Aid for affected populations.

Three MHPSS outreach teams have been deployed, including one in Nurgal District, Kunar, and two at Nangarhar Regional Hospital, comprising trained medical doctors, nurses and psychologists. To date, more than 300 consultations have been provided, including referrals for specialized care.

WHO also delivered 16 000 posters and 36 000 leaflets in Pashto on loss and grief, post-traumatic stress disorder, self-care and insomnia for affected communities and health facilities in Nangarhar. Furthermore, the Eastern Regional MHPSS Technical Working Group was re-activated, with WHO serving as Co-Lead of the National MHPSS TWG to ensure coordinated and effective response. The high demand for MHPSS highlights the urgent need to expand services for those most affected by the traumatic event.



WHO mobilizes mobile health team to remote areas of Nurgal District, Kunar Province. (Photo: WHO Afghanistan)

Disease Surveillance/Potential Diseases Outbreak Prevention and Response

WHO has deployed 17 Surveillance Support Teams (SSTs) across four provinces, eight in Nangarhar, four in Kunar, three in Nuristan, two in Laghman, to conduct active disease surveillance. A total of nine vehicles have been assigned to SSTs to access earthquake-affected areas, three in Nangarhar, three in Nuristan, two in Kunar, one in Laghman for active case finding. Passive surveillance is ongoing through

68 sentinel sites (28 in Nangarhar, 22 in Kunar, 10 in Nuristan, 8 in Laghman), which are reporting weekly on 17 priority infectious diseases.

As of 4 September 2025, 35 infectious disease cases have been detected in Kunar Province. Reported cases include 25 of acute watery diarrhoea (AWD) in Nurgal District, and in Chawkay District 7 AWD cases, one malaria case and two acute respiratory infection (ARI) cases. No measles or dengue cases were reported during this period. All detected cases have been responded to and treated at Nurgal Comprehensive Healthcare Centre and Chawkay District Hospital.

WHO has prepositioned outbreak case management kits for an estimated 3000 cases to ensure rapid response to potential outbreaks.

Risk Communication and Community Engagement

WHO dispatched 10 000 AWD and 2000 cholera information, education and communication (IEC) materials to the Eastern Region to support health facilities and community outreach in raising awareness about infectious diseases.

Operations Support and Logistics

So far, WHO has delivered approximately 23 metric tonnes of medical supplies, including 13 Trauma and Emergency Surgery Kits (TESK) and more than 2400 units of Ringer's lactate, to eight health facilities such as Nangarhar Regional Hospital, Kunar Provincial Hospital, Kama District Hospital and several comprehensive health centres. These items are sufficient to cover the needs of an estimated 2000 patients requiring life-saving care. In addition, through its Dubai logistics hub, WHO is mobilizing a further 35.9 metric tonnes of medical supplies valued at US\$477 000.

WHO, through its Dubai logistics hub, is mobilizing an additional 35.9 metric tonnes of medical supplies.

Prevention of and Response to Sexual Exploitation, Abuse and Harassment

Safeguarding risks are increasing as the earthquake deepens inequalities, with the poorest households facing acute shortages of basic needs. Women and children living in temporary tents remain particularly vulnerable. To date, 238 health workers (55 women and 183 men) and 988 affected individuals (451 women, 505 men, including 32 girls and boys aged 8–17 years) have received safeguarding awareness.

NEEDS AND GAPS

Expanding primary health care remains a priority to ensure access to outpatient consultations, maternal and child health care, first aid and referral. Referral hospitals in Kunar and Nangarhar continue to face shortages of medical supplies, while a lack of sufficient ambulances constrains referral and pre-hospital systems. Access challenges persist, particularly in Nurgal District, where landslides and damaged roads are delaying the delivery of life-saving assistance.

Mental health and psychosocial support are one of the most pressing gaps. Communities grieving the loss of loved ones require urgent support, yet trained staff are limited and specialized services scarce.

Women face barriers: the absence of female health workers, lack of privacy in health facilities, and aid workers restrict their access to care. These constraints heighten health risks for women and girls in this complex humanitarian context.

The health system in affected provinces has sustained significant damage, further reducing service capacity. Poor water, sanitation and hygiene (WASH) infrastructure, contaminated water sources and inadequate waste management in rural areas are increasing the risk of communicable diseases. Thousands of families remain in temporary shelters, adding to their vulnerability.

Further challenges include gaps in telecommunications, which complicate coordination, and the absence of complete data, as joint assessments are ongoing. Without urgent funding—currently facing a shortfall of more than US\$4 million—delivery of essential health care, medicines and supplies, MHPSS, WASH and shelter services will remain severely constrained.



Rescue operations continue with humanitarian partners and community volunteers as access improves. (Photo: WHO Afghanistan)

For more information about WHO's work in emergencies, contact:

Dr Jamshed Tanoli, Health Emergencies programme, Team Lead, E-mail: tanolij@who.int
Dr Abdul Mateen Sahak, National Health Coordinator for Eastern Region, E-mail: asahak@who.int
Ms Ajyal Sultany, Head, Communications, E-mail: sultany@who.int
Ms Akiko Takeuchi, Planning and Performance Management Lead, E-mail: takeuchia@who.int

For more information, please visit:

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