



AFGHANISTAN EMERGENCY SITUATION REPORT

No. 46 | November 2024

Key figures (monthly)

154 717

People received emergency health care services (PHC & Hospitals)

12 239

People received trauma care services (IPD+OPD)

476

Medical kits distributed

1154

Health workers trained



LLINs distribution in Takhtapul district, Kandahar province. © WHO

Summary of outbreaks (2024)

243 599

COVID-19 confirmed cases from the beginning of outbreak

167 594

AWD with dehydration

55 491

Measles

4437

Dengue fever

1191


CCHF

Health Service Delivery (Primary Health Care and Hospitals)


In November 2024, WHO provided extensive support to healthcare facilities across Afghanistan. Through primary healthcare services, 106 health facilities in 19 provinces were supported in partnership with five NGOs. Secondary and tertiary care services were strengthened in 15 hospitals, including seven Infectious Disease Hospitals (IDH), two Emergency Hospitals, and 6 Mental Health and Psychosocial Support (MHPSS) hospitals, across ten provinces, collaborating with ten NGOs. Furthermore, WHO supported 12 Drug Addiction Treatment Centers (DATC) and two Opioid Substitution Therapy (OST) centers in 12 provinces with the assistance of six NGOs, ensuring comprehensive healthcare delivery at all levels.


WHO Afghanistan achieved significant milestones in strengthening emergency and trauma care services. 154 717 people received essential healthcare services through primary healthcare centers and hospitals including 106 661 adults (43 520 males and 63 141 females) and 48 056 children (24 539 boys and 23 517 girls), while 12 239 individuals benefited from trauma care services. Additionally, WHO distributed 476 medical kits to support health facilities and trained 1154 health workers, enhancing capacity for service delivery. The achievements demonstrate WHO's commitment to delivering equitable and comprehensive healthcare services to diverse populations across Afghanistan as well as improving healthcare access and resilience in Afghanistan.

Other key milestone achieved by WHO-supported health facilities during November 2024 include:


- 


154 717
People received outpatient department (OPD) consultations




585
Institutional deliveries
- 


102 587
Patients received essential drugs for their basic health services




31 822
Number of consultations for noncommunicable diseases
- 

2070
Women received postnatal care (PNC)



30 395
Pregnant, childbearing age women and under 5 children received TT2+, measles, and PENTA-3 Vaccination
- 


5088
Women received antenatal care (ANC)





3277
Pregnant and lactating women received Infant and IYCF counselling

Sustaining health care services delivery

Beneficiaries of PHC & Hospital services at WHO-supported facilities for November 2024 (Total: 154 717)			
Age	Male	Female	
Over 18 years	43 520	63 141	
Under 18 years	24 539	23 517	

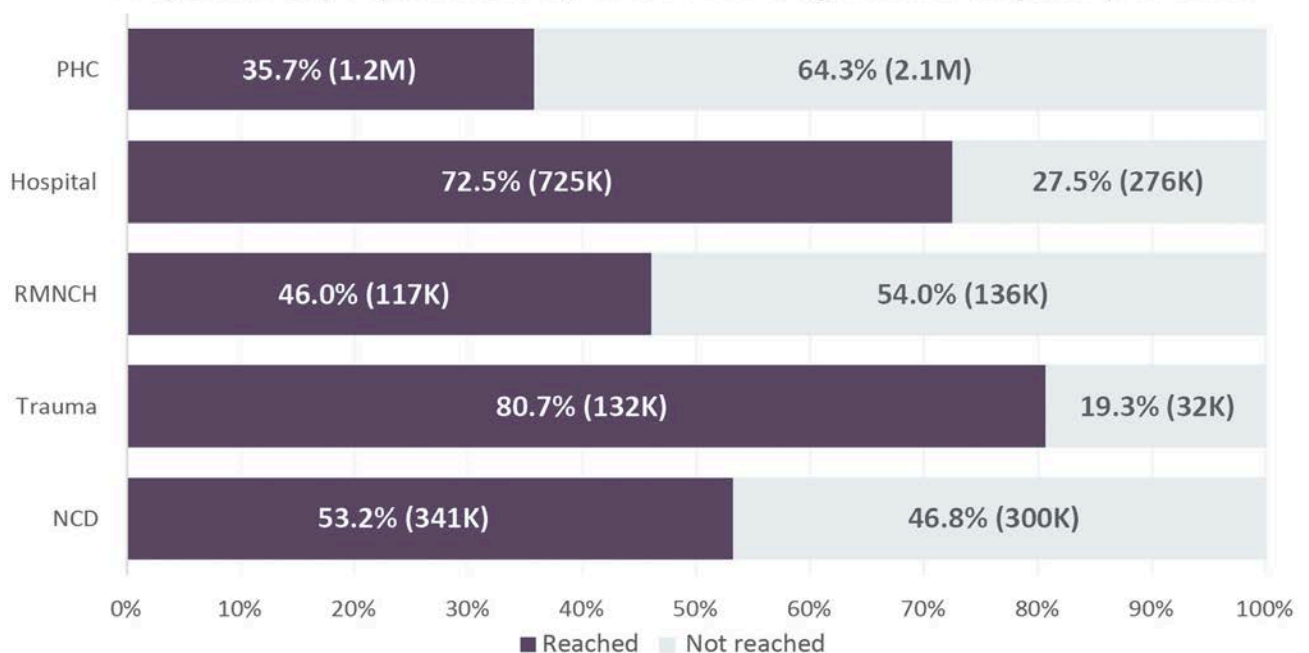
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3038
Women received family planning and awareness services
- 

18 077
Under 5 children received malnutrition treatment and screening
- 

7234
Pregnant and lactating women received malnutrition screening and Infant and Young Child Feeding (IYCF) counselling and treatment services

Proportion of people reached (Jan-Nov 2024) against the target in year 2024



The significant gap in the figure comparing the target reached and not reached is due to contributing factors such as operational challenges, resource limitations, and unforeseen emergency circumstances. We are actively working with stakeholders to ensure transparency and to help identify areas for improvement.


Trauma and Physical Rehabilitation

A total of 12 239 beneficiaries, including 6386 adults (4942 males and 1444 females) and 5853 children (3675 boys and 2178 girls). Additionally, 26 923 individuals received post-trauma rehabilitation services, comprising 17 241 adults (8409 males and 8832 females) and 9682 children (5251 boys and 4431 girls).



Following are some of the post-trauma rehabilitation services provided in health facilities:

-  **4113** people received physiotherapy
-  **5762** people received blood transfusion
-  **4891** people received psychological counselling
-  **8687** people received minor surgical operations
-  **3470** people received major surgical operations

Trauma care services

Beneficiaries of trauma care services at WHO-supported facilities for November 2024 (Total: 12 239)		
	 Male	 Female
Over 18 years	4942	1444
Under 18 years	3675	2178

Post trauma rehabilitation

Beneficiaries of post trauma rehabilitation services at WHO-supported facilities for November 2024 (Total: 26 923)		
	 Male	 Female
Over 18 years	8409	8832
Under 18 years	5251	4431

The interventions enabled advancement progress towards comprehensive trauma care and rehabilitation which are some of the critical healthcare needs in Afghanistan.

Infectious Disease Hazard and Surveillance

Acute Respiratory Infection (ARI) – Pneumonia

- ARI remains a significant public health challenge, with 108 438 new cases in November (-1.3% change relative to October) and a CFR of 0.2%. Cumulatively, 1.22 million cases and 2771 deaths highlight its persistent burden, as well as the need for sustained case management, improved healthcare access, and emphasizing the need for vaccination and other preventive strategies.

Measles:

- Throughout the observation period, 3482 suspected measles cases and 12 associated deaths were reported, reflecting a monthly case fatality rate (CFR) of 0.3%. This marks a 10.8% reduction in suspected cases compared to October 2024, which recorded 3904 cases and 21 deaths. The decrease in cases may suggest potential improvements in vaccination efforts or seasonal transmission dynamics, or reporting constraints, though continued surveillance and outbreak response are critical to sustaining this downward trend.

Confirmed COVID-19

- During the reporting period, 552 confirmed COVID-19 cases and 5 deaths (CFR 1.3%) were reported, a 54.5% decrease from October. Testing decreased by 28.9%, with 7712 samples tested with a 7.2% positivity rate. Vaccination coverage remains at 43.9%, with 1447 individuals vaccinated in November.

Acute Watery Diarrhea (AWD) with dehydration

- Throughout the observation period, 9550 cases of acute watery diarrhea (AWD) with dehydration and eight

associated deaths were recorded, reflecting a monthly case fatality rate (CFR) of 0.08%. This represents a 35.1% decline in reported cases compared to 14 717 cases and ten deaths documented in October 2024. The 167 594 cumulative cases reflect a substantial burden, likely influenced by poor access to safe drinking water and sanitation, that warrants interventions to improve water quality and hygiene practices.

Suspected Crimean–Congo Hemorrhagic Fever (CCHF)

- Suspected Crimean–Congo Hemorrhagic Fever (CCHF) cases declined sharply by 68.7% to 31 cases this month from 99 cases and five deaths reported in Oct 2024, though the high CFR of 3.2% (1) underscores its severity. With 1191 cumulative cases and 94 deaths, robust infection control, community awareness, and healthcare worker training remain critical to mitigate its public health impact.

Suspected Dengue fever

- Suspected dengue fever cases declined by 30.1% to 837 cases as compared to 1197 cases reported in Oct 2024, likely due to changes in mosquito activity or control measures. With a total of 4437 cumulative cases and only two deaths (CFR = 0%), probably effective case management has kept mortality low. However, sustained vector control and community education are essential to prevent and controlling future outbreaks.

Confirmed Malaria:

- The cases dropped sharply by 53.8% to 5434 from compared to 11 759 confirmed cases and one death reported in Oct 2024. With 79 314 cumulative cases and only three deaths (CFR = 0%), malaria remains endemic but well-managed, requiring sustained investment in prevention, diagnostics, and treatment to maintain progress.

Returns: Epidemiological updates

During the reporting period, 153 275 individuals were screened for infectious diseases, including 2026 returnees from Pakistan and 151 249 regular passengers from Iran and Pakistan. Among returnees, COVID-19 positivity rates were 19.0% (35/184) RDTs and 70.4% (38/54) PCRs. For suspected dengue fever, 45 RDTs and 13 ELISA tests yielded positivity rates of 53.3% and 7.7%, respectively. Additionally, 17 RDTs for AWD cases conducted with no positive results. Furthermore, 25 RDTs were conducted for suspected

malaria cases, with 9 testing positive, resulting in a positivity rate of 36.0%. Furthermore, WHO deployed surveillance support teams to outbreak areas, reinforcing rapid response capabilities and public health preparedness capacities.



153 275

Individuals were screened for various infectious diseases

Summary of reported cases from the returnee sites, in Afghanistan (03 – 30 Nov 2024)

Diseases	Number of suspected cases reported among returnees from 03 -30 Nov - 2024						
	Male		Female				
	<5 Years	≥5 Years	<5 Years	≥5 Years	Male	Female	Total
AWD with Dehydration	0	20	1	9	20	10	30
Suspected Malaria	0	31	0	12	31	12	43
Suspected dengue fever	0	42	0	15	42	15	57
ARI-Pneumonia	73	188	84	113	261	197	458
Suspected COVID-19	0	134	0	50	134	50	184
Confirmed COVID-19	0	29	0	9	29	9	38

Mental Health and Psychosocial Support

- November 2024, WHO played a pivotal role in advancing mental health and psychosocial support (MHPSS) initiatives in Afghanistan. WHO convened the monthly MHPSS Technical Working Group meeting, updated stakeholders on capacity-building efforts and support for acute mental health wards in five hospitals. A contextualization workshop conducted that lead to the adaptation of the Self-Care/Staff-Care Training Manual with input from 22 technical members and international consultants, ensuring relevance to Afghanistan’s context.
- The National Training of Trainers (ToT) program held with 52 participants on self-care and mental well-being for humanitarian workers. Additionally, WHO conducted two mhGAP IG rollout trainings for 25 doctors each in Daikundi and in Badghis, Ghor, Farah, Nimrooz, and Herat. These doctors serve in PH, DHs, BHCs, and SHCs under the HER and PHC projects.



5906

Individuals received mental health consultations



Brainstorming during a contextualization of Self-Care Manual, Kabul. © WHO

Drug Demand Reduction

- WHO achieved a significant milestone with the inauguration of the 50-bed Women and Children Drug Addiction Treatment Center (DATC) in Balkh. The event was led by Dr Hanan Balkhy, WHO Regional Director for EMRO, alongside Dr Edwin Ceniza Salvador, WHO Representative in Afghanistan, and Dr Jamshid Tanoli, WHE Team Lead. This collaborative effort highlights WHO’s commitment to addressing drug addiction and enhancing specialized care for vulnerable women and children in Afghanistan.
- WHO DDR team conducted key monitoring and supervision visits, including a comprehensive assessment of the Kabul 100-bed DATC, emphasizing improved coordination and continued mobile outreach services. A strategic coordination meeting with



Inauguration of Balkh 50-bed Women and Children DATC. © WHO

UNODC focused on enhancing vocational training and rehabilitation for clients recovering from drug use disorders was held. Additionally, a joint supervision visit to the Kabul OST Clinic with ANPASH reviewed progress and strengthened collaboration to optimize service delivery, reflecting WHO’s commitment to improving drug rehabilitation programs in Afghanistan.

Water, Sanitation and Hygiene (WASH)

WHO made significant progress in improving WASH (Water, Sanitation, and Hygiene) in healthcare facilities across Afghanistan. Assessments were completed in three of four targeted Drug Addiction Treatment Centers (DATCs) in Khost, Ghazni, and Jaghuri to inform rehabilitation plans under ASTF-supported activities. Key findings included insufficient water sources, poor sanitation systems, and inadequate waste management facilities. Other activities conducted include:

A training session on WASH in healthcare facilities held for eight focal points from OCCD and AHDS, covering essential WASH services and Kobo tool usage for data collection. Following this, WASH assessments in 46 healthcare facilities were initiated.

Rehabilitation of 10 of 19 Therapeutic Feeding Units (TFUs) in six provinces in collaboration with the nutrition cluster

Health Logistics and supplies:



1 186 100

Patients received essential drugs for their basic health services



476

Different medical kits distributed

In November 2024, WHO delivered 476 critical medical kits to bolster healthcare services across Afghanistan, supporting an estimated 1 186 100 beneficiaries.

The distribution included:

- 23 Inter-Agency Reproductive Health Kits (IARH) supporting 8050 beneficiaries.

- 79 Basic Inter-Agency Emergency Health Kits (IEHK) for 79 000 beneficiaries
- 106 Supplementary IEHKs benefiting 1 060 000 beneficiaries.
- 27 Primary Healthcare Kits (PHC) for 27 000 beneficiaries
- 241 Trauma Emergency Surgery Kits (TESK) assisting 12 050 beneficiaries.

In the same period, additional supplies of 2000 scabies medicines were delivered to northeast (1700) and southeast (300) regions, 5000 COVID-19 RDTs to central NDSR, and 2000 dengue fever RDTs to Nangarhar NDSR. These efforts underline WHO’s commitment to ensuring access to essential medical supplies and strengthening health system capacity to respond to urgent and routine medical needs across Afghanistan.

Programme Monitoring Unit (PMU)

In November 2024, WHO’s Project Management Unit (PMU) ensured effective project oversight through systematic monitoring and evaluation. WHO deployed 21 monitoring officers that conducted visits to 51 primary healthcare facilities and 82 hospitals, including Integrated Infectious Disease and COVID-19 hospitals, Drug Addiction Treatment Centers, Opioid Substitution Treatment Centers, MHPSS, Emergency Hospitals, and Therapeutic Feeding Units. These visits assessed performance, identified areas for improvement, and ensured timely collaboration with implementing partners to address issues. This proactive approach underscores WHO’s commitment to enhancing healthcare quality and outcomes through accountability, continuous assessment, and targeted interventions.



WHO engaged clients for enhanced utilization of OST services. © WHO

Strategic initiatives for workforce development

In November 2024, WHO facilitated a comprehensive capacity-building initiative, training 1154 participants (999 males and 155 females) across various critical health domains. Key trainings included Event-Based Surveillance (550 participants), e-Surveillance (179 participants), and Acute Respiratory Infections (148 participants). Specialized courses in Mass Casualty Management, ICU Management, and Opioid Agonist Substitution Therapy targeted urgent healthcare needs, while programs such as mhGAP Training of Trainers and Maternal Newborn Death Surveillance Response emphasized mental health and maternal care. This robust training portfolio strengthened Afghanistan’s healthcare workforce to meet evolving public health challenges effectively.

Training Name	Male	Female	Total
ARI	127	21	148
BECC (Basic Emergency Care Course)	25	25	50
e-Surveillance	165	14	179
Event Based Surveillance (EBS)	513	37	550
ICU Management & Ventilator	10	0	10
Mass Casualty Management - MCM	26	0	26
mhGAP IG	48	1	49
mhGAP TOT	26	23	49
MNDSR (Maternal Newborn Death Surveillance Response)	11	11	22
Non-communicable Disease	35	15	50
Opioid agonist substitutional treatment	9	8	17
The Health Rights of the Child and Mother from the Perspective of Islam	4	0	4
Grand Total	999	155	1154



104 948

People living in remote and underserved areas received health education and awareness-raising materials

Health Cluster

- In November 2024, 49 Health Cluster partners delivered humanitarian health services to 920 652 people through 1026 health facilities across 331 districts in all 34 provinces, reaching 45% women and 35% children. Two national Health Cluster coordination meetings in November gathered 159 participants from 86 organizations and 110 participants from 72 organizations, addressing critical topics such as the Humanitarian Needs and Response Plan (HNRP) 2025, Accountability to Affected Populations (AAP), and patient satisfaction surveys.
- The Health Cluster secured \$4 million under the Afghanistan Humanitarian Fund (AHF) 2nd Reserve Allocation 2024 to support emergency health services in 37 high-priority districts across 12 provinces. Funding proposals focused on primary healthcare, medical supplies, disease surveillance, health education, and healthcare worker capacity building.
- To strengthen technical skills, three training sessions on assessment methodology and data analysis were conducted for Health Cluster partners and Regional Health Cluster Coordinators, engaging 25 participants from 20 NGOs in each session. Participants gained expertise in using tools like KOBO, data cleaning, validation processes, as well as advanced data analysis.
- AAP efforts included resolving 30 cases via the AWAAZ Afghanistan system, with an interactive dashboard developed to track patient satisfaction. The AAP Unit also integrated accountability modules into regular training for healthcare workers, enhancing community trust in accountability mechanisms.
- Field missions were conducted in ten provinces, including Balkh, Jawzjan, Kandahar, and Herat, to review health responses for returnees and earthquake-affected populations. These visits identified gaps in service delivery, particularly in underserved areas, and corrective actions were initiated.
- The Acute Watery Diarrhea (AWD) Task Force convened on November 28 to discuss AWD response strategies in hotspot areas of Eastern and Southern Regions. The task force planned a joint mission involving Health and WASH Clusters, WHO, and UNICEF for targeted interventions.
- Coordination with the Ministry of Public Health (MoPH) led to the approval of 104 MoUs, streamlining collaboration with health partners to strengthen health systems in priority areas.
- From November 2023 to November 2024, 25 Health Cluster partners supported the health response for 677 845 returnees, delivering 313 519 primary healthcare consultations, 41 945 RMNCH services, and 52 130 MHPSS services. In November alone, nine partners provided critical services, ensuring essential health support for vulnerable populations.
- These collective efforts underscore the Health Cluster’s commitment to delivering quality healthcare, enhancing coordination, and addressing critical gaps in Afghanistan’s health system.



Regional Health Cluster coordination meeting in Herat province. © WHO

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