



# AFGHANISTAN EMERGENCY SITUATION REPORT

No. 47 | December 2024

## Key figures (monthly)

**178 789**

People received emergency health care services (PHC & Hospitals)

**11 463**

People received trauma care services (IPD+OPD)

**1506**

Medical kits distributed

**161**

Health workers trained



Dr Jamshed Tanoli leads WHE's 2-day workshop to review the 2025 plan of action and performance. © WHO

## Summary of outbreaks (2024)

**244 106**

COVID-19 confirmed cases from the beginning of outbreak

**175 262**

AWD with dehydration

**59 753**

Measles

**4722**

Dengue fever

**1221**

CCHF

## Strategic coordination

Under the leadership of Dr Jamshed Tanoli, the WHO Health Emergency Programme (WHE) successfully conducted a two-day consultative workshop with the participation of the WHE workforce from Kabul and all regional offices. The workshop aimed to review the 2025 Plan of Action and assess the programme's overall performance.

### Key achievements included:

- a. Strategic Analysis and Planning where each unit within the programme, namely, Leadership and Coordination, Technical Expertise and Health Operations, Partner Coordination and Engagement, Health Information and Epidemiology, Operational Support and Logistics, and Finance and Administration conducted a thorough SWOT analysis of their respective functions. Based on these analyses, units presented their detailed action plans for 2025, ensuring a strategic and targeted approach to achieving programme goals.
- b. Submissions from all units were systematically reviewed and summarized in reference to the Performance Standards for Critical Functions of Emergency in the Incident Management System (IMS). This ensured that all plans conformed to organizational expectations and global standards for emergency response and preparedness.

Therefore, the fruits of the workshop are expected to manifest in the programme's strengthened commitment to strategic planning, enhanced inter-unit collaboration, and improved performance alignment, thereby reinforcing its readiness capacity to effectively address health emergencies in 2025 and beyond.



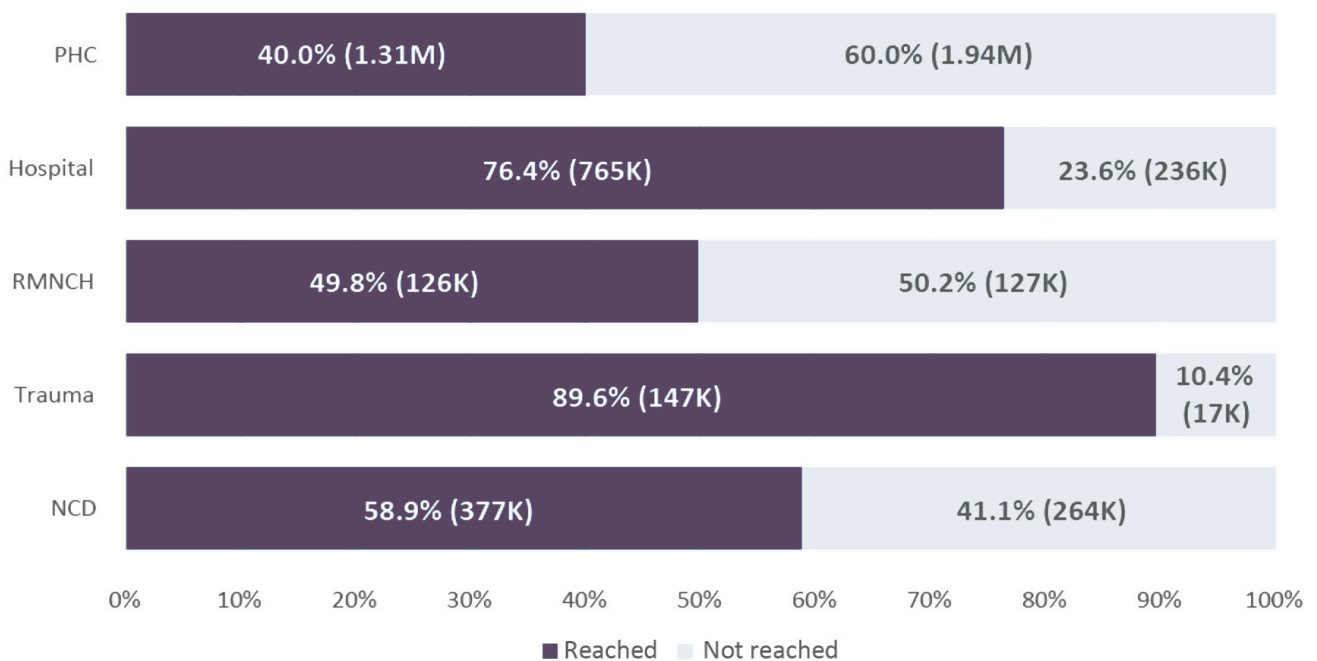
Other key milestones achieved in WHO-supported primary health care facilities during December 2024 include:

- 178 789**  
People received outpatient department (OPD) consultations
- 127 384**  
Patients received essential drugs for their basic health services
- 2643**  
Women received postnatal care (PNC)
- 6127**  
Women received antenatal care (ANC)
- 757**  
Institutional deliveries
- 36 240**  
Number of consultations for noncommunicable diseases
- 35 315**  
Pregnant, childbearing age women and under 5 children received TT2+, measles, and PENTA-3 Vaccination
- 8062**  
Pregnant and lactating women received Infant and IYCF counselling
- 3985**  
Women received family planning and awareness services
- 23 731**  
Under 5 children received malnutrition treatment and screening
- 5288**  
Pregnant and lactating women received malnutrition screening and Infant and Young Child Feeding (IYCF) counselling and treatment services

**Sustaining health care services delivery**

Beneficiaries of PHC & Hospital services at WHO-supported facilities for December 2024 (Total: 178 789)			
Age	Male	Female	
Over 18 years	48 437	72 610	
Under 18 years	29 306	28 436	

Proportion of people reached (Jan-Dec 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.

### Nutrition

In December 2024, a total of 2645 children (1270 girls and 1375 boys) with medical complications were admitted and treated at 141 WHO-supported Inpatient Department for Severe Acute Malnutrition (IPD-SAM) centers across Afghanistan. This echoes WHO’s ongoing commitment to addressing severe acute malnutrition by strengthening the capacity of healthcare workers and facilities.

As part of capacity-building efforts, WHO successfully conducted two major training programs in December, namely:

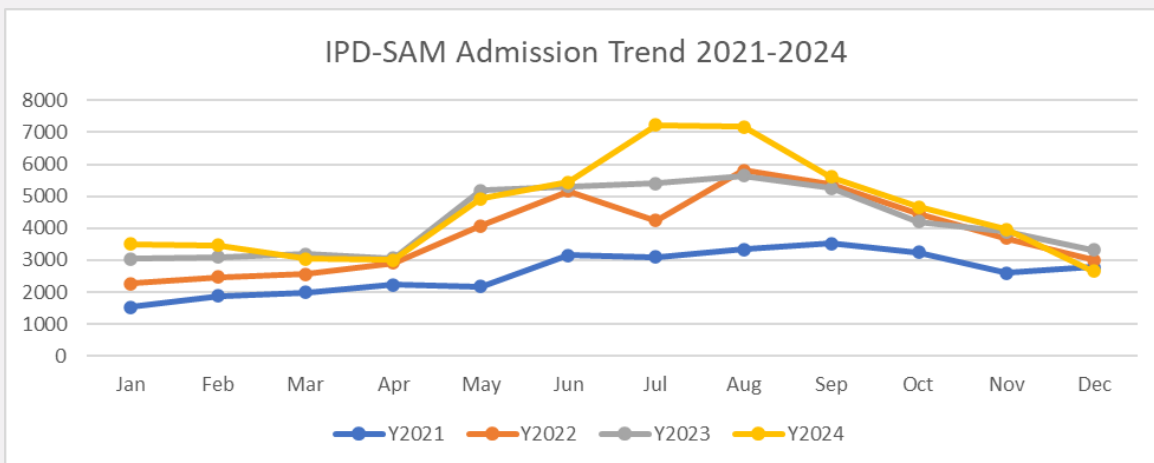
- a. **IPD-SAM training**  
A specialized training session was organized for healthcare professionals from Kabul, Panjshir, and Kapisa provinces. Thirty male doctors and nurses were equipped with critical skills to manage complicated cases of severe acute malnutrition effectively.
- b. **Baby-Friendly Hospital Initiative (BFHI) training**  
A BFHI training session targeting participants from Logar, Khost, and Kandahar provinces was conducted to

promote and support breastfeeding practices. Twenty-four female doctors and nurses were trained to implement BFHI principles and improve maternal and child health outcomes.

#### Annual Achievements for 2024

Over the course of 2024, a total of 54 623 children under five with medical complications were admitted and treated in 141 WHO-supported IPD-SAM centers across Afghanistan. This represents an 8% increase from the 50 588 children treated in 2023, demonstrating the positive impact of expanded coverage and enhanced healthcare delivery.

Beneficiaries of 141 WHO-supported IPD-SAM centers for December 2024 (Total: 2645)		
Under five	Boys	Girls
2645	1375	1270



### Infectious Disease Hazard and Surveillance

Summary monthly Report on Infectious Disease Outbreaks in Afghanistan: December 1–28, 2024

Indicators	ARI-Pneumonia	Suspected Measles	Confirmed COVID-19	AWD with dehydration	Suspected Dengue fever	Suspected CCHF	Confirmed Malaria
Monthly new cases (% change compared to Nov)	133 703 (↑23.3)	4262 (↑22.4)	661 (↓25.6)	7668 (↓19.7)	285 (↓65.9)	30 (↓3.2)	1990 (↓63.4)
Monthly new deaths (CFR%)	228 (0.2)	25 (0.6)	5 (1.3)	8 (0.1)	0 (0.0)	1 (3.3)	0 (0.0)
Cumulative cases	1 357 350	59 753	244 106	175 262	4722	1221	81 304
Cumulative deaths (CFR%)	2999 (0.2)	289 (0.5)	8048 (3.3)	88 (0.05)	2 (0.04)	95 (7.8)	2 (0.002)

**Acute Respiratory Infection (ARI) – Pneumonia**

- Acute Respiratory Infections (ARI) continue to pose a major public health concern, with 133 703 new cases in December representing a 23.3% increase relative to November and a CFR of 0.2%. A total of 1 357 350 cases and 2999 deaths draw attention to the ongoing burden of the disease and feature the critical need for strengthened case management, enhanced healthcare access, and a continued focus on vaccination and other preventive measures.

**Measles:**

- The reported 4262 suspected measles cases and 25 associated deaths during the monitoring period, with a CFR of 0.6%, indicate a concerning 22.4% rise in suspected cases compared to November 2024, which recorded 3482 cases and 12 deaths, highlighting a potential escalation in transmission and associated mortality.

**Confirmed COVID-19**

- During the reporting period, 661 confirmed COVID-19 cases and 5 deaths (CFR 0.7%) were reported, a 25.6% decrease from November where 888 cases and five deaths were reported. Testing increased by 5.4%, with 8359 samples tested with a 7.9% positivity rate. Vaccination coverage remains at 44.0%, with 1671 individuals vaccinated in December 2024

**Acute Watery Diarrhea (AWD) with dehydration**

- During the observation period, 7668 cases of acute watery diarrhea (AWD) with dehydration and eight associated deaths were reported, resulting in a monthly case fatality rate (CFR) of 0.1%. This represents a 19.7% reduction in cases compared to the 9550 cases and eight deaths recorded in November 2024. The cumulative total of 175 262

cases points out a significant public health burden, likely driven by inadequate access to safe drinking water and sanitation, necessitating targeted interventions to enhance water quality and promote hygiene practices.

**Suspected Crimean-Congo Hemorrhagic Fever (CCHF)**

- The number of suspected Crimean-Congo Hemorrhagic Fever (CCHF) cases decreased slightly by 3.2% this month, with 30 cases and one associated death reported, compared to 31 cases and one death in November 2024. With 1221 cumulative cases and 95 deaths, strengthening infection control measures, enhancing community awareness, and providing targeted training for healthcare workers are essential to reducing its public health impact.

**Suspected Dengue fever**

- Suspected dengue fever cases decreased by 65.9% to 285 in December 2024, compared to 837 cases reported in November 2024, potentially reflecting reduced mosquito activity or the impact of control measures. The cumulative total of 4722 cases with two reported deaths (CFR = 0.04%) suggests that effective case management has contributed to maintaining low mortality. However, sustained vector control efforts and community engagement remain critical to preventing and mitigating future outbreaks.

**Confirmed Malaria:**

- The cases dropped sharply by 63.4% to 1990 from compared to 5534 confirmed cases and 0 death reported in November 2024. With 81 304 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.

**Returnees: Epidemiological updates**

During the reporting period, 162,249 individuals were screened for infectious diseases, including 2,331 returnees from Pakistan and 159,918 regular passengers from Iran and Pakistan. Among returnees, COVID-19 positivity rates were 25.8% (46/178) RDTs and 33.8% (51/151) PCRs. For suspected dengue fever, 14 RDTs yielded positivity rates of 14.3% whereas the only 1 ELISA tested negative.

Additionally, all the 26 RDTs for AWD tested negative. Furthermore, 20 RDTs were conducted for suspected malaria cases, with 7 testing positive, resulting in a positivity rate of 35.0%.



**153 275**

Individuals were screened for various infectious diseases

Summary of reported cases from the returnee sites, in Afghanistan (01 – 31 Dec 2024)

Diseases	Number of suspected cases reported among returnees from 01 -31 Dec						
	Male		Female		Male	Female	Total
	<5 Years	≥5 Years	<5 Years	≥5 Years			
<b>AWD with Dehydration</b>	3	17	4	14	20	18	38
<b>Suspected Malaria</b>	2	21	1	9	23	10	33
<b>Suspected dengue fever</b>	0	14	0	6	14	6	20
<b>ARI-Pneumonia</b>	50	232	48	159	282	207	489
<b>Suspected COVID-19</b>	0	170	0	96	170	96	266
<b>Confirmed COVID-19</b>	0	32	0	19	32	19	51

## Mental Health and Psychosocial Support

During the month of December 2025, MPHSS registered the following achievements:

- WHO conducted a six-day “Thinking Healthy” training in Herat for 25 female midwives from Herat, Badghis, Ghor, Nimroz, and Farah provinces. The training focused on addressing antenatal depression, equipping midwives to provide psychosocial support to mothers at health facilities.
- Additionally, a six-day rollout training on Problem Management Plus (PM+) for 25 male nurses and psychosocial counselors was as well held in Herat. The trainees are expected to offer non-pharmacological psychosocial interventions for individuals with mild mental health disorders.

- WHO also conducted a meeting with the MoPH addressed gaps in mental health data collection within the Health Management Information System (HMIS), resulting in an agreement to hold a workshop in the first quarter of 2025 to review and update mental health indicators.
- WHO integrated a 20-bed acute mental health ward at Aino Mena Hospital, Kandahar, and facilitated sustainability. The next steps are focused at initiating MHPSS outpatient services at Mirwais Hospital, Kandahar, to enhance mental health referrals and services in the southern region.



**6387**

Individuals received mental health consultations

## Drug Demand Reduction

- Completed a five-day training program on “Standard Treatment and Rehabilitation of Drug Use Disorders” in Herat. The training enhanced the capacity of 28 clinical staff, including representatives from the Farah 80-bed DATC, the Ghrian 20-bed DATC, the RHDO sub-office, Herat PPHD, and the DDR officer. This was made possible in coordination and collaboration with the WHO Herat sub-office, Herat PPHD, and the National Drug Demand Reduction Directorate and de facto MoPH.
- During the December, there was an official visit of the Special Representative of the Secretary-General (SRSG)/

Head of UNAMA, accompanied by the Assistant to the Secretary-General for Operations from New York, to the Kabul 100-bed Women and Children Drug Addiction Treatment Center (DATC) was attended by the WHO Representative and the DDR team.

- Additionally, the 6th DDR Task Force meeting was convened with active participation from national and international NGOs, UN agencies, and key stakeholders, including the NDDR Directorate, ANPASH, and the Deputy for Counternarcotics from the de facto Ministry of Interior.



Standard Treatment and Rehabilitation of Drug Use Disorders training in Herat. © WHO



6th DDR TF Meeting, December 10, 2024. © WHO

## Water, Sanitation and Hygiene (WASH)

The WASH team successfully completed assessments of four Drug Addiction Treatment Centers (DATCs) covering three centers in November and the remaining one, Logar Provincial DATC, in December.

### Key findings of the assessments included:

- Insufficient water supply to meet the centers' demands.
- The need for minor rehabilitation of toilet facilities.
- The absence of designated areas for waste management within the DATCs.

Based on these findings, the team recommended the installation of a new borehole with a solar-powered system and the establishment of proper waste management areas to address these critical gaps and improve WASH standards in the facilities.

In alignment with the joint plan of the WASH and Nutrition Teams, WASH activities were successfully completed in 9 Therapeutic Feeding Units (TFUs) across Paktiya, Parwan, Bamiyan, Badakhshan, and Urozgan provinces.

WHO and UNICEF jointly developed the WASH Facility Improvement Tool (WASH FIT) and conducted a regional Training of Trainers (ToT) session in August 2024 in Jordan. Following this, a country-level ToT session was successfully conducted in December 2024, coordinated by WHO-Afghanistan's WASH Team and facilitated by UNICEF-Afghanistan. The WASH Team actively participated in the session, training 30 WASH focal points from various national and international WASH partners to cascade the training and enhance WASH capacity at all levels.

## Health Logistics and supplies:

WHO delivered essential medical supplies to enhance healthcare services across Afghanistan, benefiting thousands of individuals. Distributed items included:

- 376 Cholera Kits, supporting approximately 37,600 people.
- 1 Basic Inter-Agency Emergency Health Kit (IEHK), serving 1000 individuals.
- 539 Measles Kits, covering treatment for 26,950 cases.
- 361 PED-SAM Kits, addressing 18,050 severe acute malnutrition cases.

- 58 Primary Healthcare Kits (PHC), providing care for 58 000 beneficiaries.
- 100 Pneumonia Kits, aiding 5,000 cases.
- 71 Trauma Emergency Surgery Kits (TESK), supporting 3550 surgical procedures.

These supplies have significantly bolstered the capacity of health facilities to meet both emergency and routine healthcare needs across the country.

## Programme Monitoring Unit (PMU)

To ensure effective project oversight, the World Health Organization (WHO) has implemented a robust monitoring and evaluation (M&E) framework, deploying 21 dedicated monitoring officers equipped with tailored tools for various health interventions. In December 2024, WHO conducted monitoring visits to 63 primary healthcare facilities and 102 hospitals, including Integrated Infectious Disease and COVID-19 hospitals, Drug Addiction Treatment Centers, Opioid Substitution Treatment Centers, Mental Health and Psychosocial Support (MHPSS) facilities, Emergency Hospitals, Therapeutic Feeding Units, and facilities under the ADB project.

### The key achievements include:

- Comprehensive assessment of health facility performance across diverse settings.
- Identification of actionable areas for improvement to enhance service quality.
- Prompt collaboration with implementing partners to address identified gaps and implement mitigation measures.

This practical M&E approach reflects WHO's commitment to providing high-quality healthcare services most especially to the vulnerable populations. Through continuous assessment and collaborative problem-solving, WHO promotes accountability and drives excellence, ensuring sustained effectiveness and impact of the interventions.



WHO team inspecting the medicine in Istatook BHC in Raghistan District of Badakhshan province. © WHO

### Accountability to the Affected Population (AAP)

During the Health Cluster Meeting for Central and Central Highlands members, an overview of the Client and Patient Satisfaction Survey was provided, highlighting its methodology, purpose, and role in improving healthcare services through actionable community feedback. The discussion emphasized the survey’s importance in identifying critical service gaps, such as staff shortages, insufficient medical supplies, separate toilets for males and females, access to health facilities, and mechanisms for patients to share feedback. Members were

encouraged to collaborate on addressing these challenges, with proposed solutions including the recruitment or reallocation of staff to underserved facilities, organizing training sessions to improve patient-centered care, and strengthening feedback mechanisms to ensure timely and effective responses to community needs.

Additionally, 19 cases were reported over two months, with nine cases in November and ten in December

### Strategic initiatives for workforce development

In December 2024, WHO enabled a capacity-building sessions to over 370 health workers including doctors and nurses among others in various disciplines across the country. The summary of the trainings is indicated in the table below:

Training Name	Male	Female	Total
Basic Emergency Care	31	16	47
IPC	20	0	20
Quality and Patient Safety	49	17	66
Treatment and Rehabilitation of Drug Use Disorders	28	0	28
Thinking Healthy program rollout training for midwives	0	25	25
PM Plus rollout training for psychosocial counselors and Nurses	25	0	25
PFA training for PSEAH focal points			27
Public health surveillance, infectious disease case detection and reporting	39	11	50
Evidence-based approaches for treatment and rehabilitation of drug use disorders			28
Management of complicated cases of SAM	30	0	30
Baby-Friendly Hospital Initiative (BFHI) training	0	24	24
<b>Grand Total</b>	<b>222</b>	<b>93</b>	<b>370</b>



125 743

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



Participants of the two-day WHE strategic coordination workshop. © WHO



**Health Cluster**

- In November 2024, 47 Health Cluster partners delivered humanitarian health services to 872 287 people through 1029 health facilities across 324 districts in all 34 provinces, reaching 44% women and 36% children. Two national Health Cluster coordination meetings in December gathered 123 participants from 75 organizations and 110 participants from 72 organizations, addressing critical topics such as epidemiological situation of communicable disease outbreaks, Accountability to Affected People, MoU process and challenges, Cluster Coordination Performance Monitoring (CCPM) results and Health Cluster M&E tools
- A joint mission was conducted to evaluate the Acute Watery Diarrhea (AWD) situation in hotspot areas of the Eastern Region to identify gaps in response activities, and deliver immediate technical and operational support. The mission included representatives from the Health and WASH Clusters, as well as technical teams from WHO and UNICEF
- During the reporting period, the Health Cluster participated in eight MoU review committee meetings at the Ministry of Public Health (MoPH) to expedite the finalization process. As a result, 120 MoUs were reviewed, and 94 of them approved by the MoPH. It reflects the strong collaboration between the Health Cluster and the MoPH to streamline processes and strengthen the functionality of the health system in delivering essential health services in priority areas.

- From November 2023 to December 2024, 25 Health Cluster partners supported the health response for 714 668 returnees were reached, including 258 794 women, 242 012 men, 114 770 girls, and 99 092 boys. Among them, 321 561 individuals received primary health care consultations, 28 807 accessed secondary health care services, 255 468 participated in health promotion activities, 43 091 received reproductive, maternal, newborn, and child health (RMNCH) services, 64 728 accessed mental health and psychosocial support (MHPSS) services, and 995 received trauma care services. These collaborative efforts indicate the Health Cluster’s dedication to providing quality healthcare, strengthening coordination, and addressing key challenges within Afghanistan’s health system



National health cluster coordination meeting, December 2024 in Kabul Star Hotel, Kabul province. © WHO

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