



AFGHANISTAN EMERGENCY SITUATION REPORT

No. 48 | January 2025

Key figures (monthly)

185 557

People received emergency health care services (PHC & Hospitals)

9369

People received trauma care services (IPD+OPD)

36

Medical kits distributed

262

Health workers trained



WHO Deputy Director-General Dr Mike Ryan, WHO Representative to Afghanistan Dr Edwin Ceniza Salvador and WHE Team Lead Dr Jamshed Tanoli visit the National Infectious Disease Hospital (NIDH) in Kabul, Afghanistan. © WHO

Summary of outbreaks (2025)

565

COVID-19

7885

AWD with dehydration

206 074

ARI-Pneumonia

7307

Measles

71

Dengue fever

1099

Malaria

23

CCHF

Health Service Delivery (PHC and Hospitals)

In January 2025, WHO made considerable improvements to healthcare in Afghanistan, supporting 131 primary health facilities in 20 provinces and enhanced 9 hospitals, which included those for infectious diseases, emergencies, and mental health, in seven provinces. Furthermore, WHO supported 12 Drug Addiction Treatment Centres and two Opioid Substitution Therapy centres across 12 provinces, working with six NGOs to provide complete healthcare at primary, secondary, and tertiary levels. Additionally, WHO enhanced emergency and trauma care, providing healthcare to 185 557 individuals; 128 900 adults (52 951 males and 75 949 females) and 56 657 children (29 108 boys and 27 549 girls) and trauma care to 9369 people. WHO distributed 36 medical kits to assist health facilities and trained 262 health workers, boosting their ability to deliver services.

Additional key outputs in WHO-supported primary health care facilities are:



185 557

People received outpatient department (OPD) consultations



152 781

Patients received essential drugs for their basic health services



2914

Women received postnatal care (PNC)





8563

Women received antenatal care (ANC)

Sustaining health care services delivery

Beneficiaries of PHC & Hospital services at WHO-supported facilities for December 2024
(Total: 185 557)

Age	Male	Female
Over 18 years	 52 951	 75 949
Under 18 years	29 108	27 549



912
Institutional deliveries



38 958
Number of consultations for noncommunicable diseases



42 041
Pregnant, childbearing age women and under 5 children received TT2+, measles, and PENTA-3 Vaccination



4972
Women received family planning and awareness services



6680
Pregnant and Lactating Women received malnutrition screening and treatment services



27 560
Under 5 children received malnutrition treatment and screening

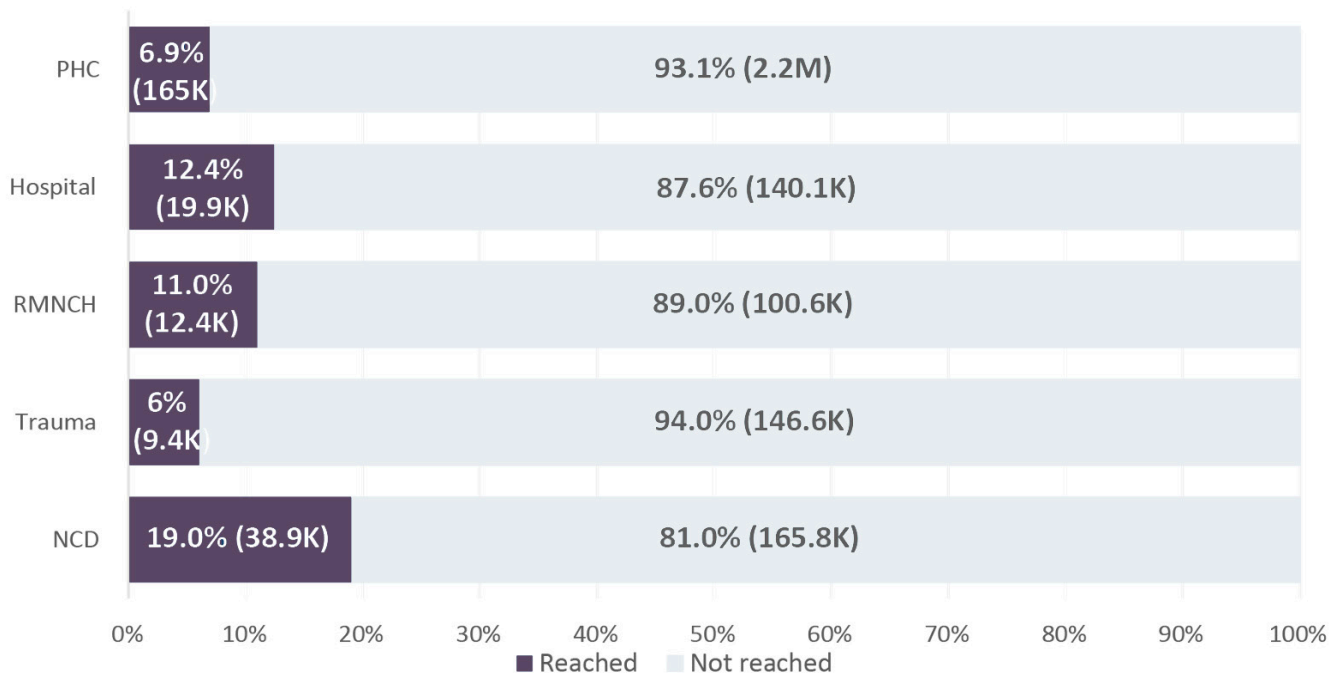


10 417
Pregnant and lactating women received malnutrition screening and Infant and Young Child Feeding (IYCF) counselling and treatment services



Etmand SHC Tanai District Khost Health Education. © WHO

Proportion of people reached in January 2025 vs. 2025 annual target



Infectious Disease Hazard and Surveillance

Summary monthly report on infectious disease outbreaks in Afghanistan: January 2025 (29 Dec 2024 – 1 Feb 2025)

Indicators	ARI-Pneumonia	Suspected Measles	Confirmed COVID-19	AWD with dehydration	Suspected Dengue fever	Suspected CCHF	Confirmed Malaria
Monthly new cases (% change compared to Dec)	206,074 (↑54.1)	7,307 (↑71.4)	565 (↓14.5)	7,885 (↑2.8)	71 (↓75.1)	23 (↓23.3)	1,099 (↓44.8)
Monthly new deaths (CFR%)	506 (0.2)	42 (0.6)	3 (0.5)	2 (0.03)	0 (0.0)	1 (4.3)	0 (0.00)
Cumulative cases in 2025	206,074	7,307	565	7,885	71	23	1,099
Cumulative deaths in 2025 (CFR%)	505 (0.2)	42 (0.6)	3 (0.5)	2 (0.03)	0 (0.00)	1 (4.3)	0 (0.00)

Acute Respiratory Infection (ARI) – Pneumonia

- ARI remains a significant public health challenge, with 206 074 new cases and 506 deaths reported in January 2025, an indication of a 54.1% increase from December 2024 and a case fatality rate (CFR) of 0.2%. This emphasizes the urgent need for strengthened case management, improved healthcare access, and sustained emphasis on vaccination and preventive measures to mitigate the impact of ARI.

Measles:

- The reported 7307 suspected measles cases and 42 associated deaths during the monitoring period, with a CFR of 0.6%, indicate a concerning 71.4% rise in suspected cases compared to December 2024, which recorded 4262 cases and 25 deaths, highlighting a potential escalation in transmission and associated mortality.

Confirmed COVID-19

- During the reporting period, confirmed cases decreased by 14.5% (565 cases, 3 deaths; CFR 0.5%) compared to December 2024 (825 cases, 5 deaths). 8547 samples tested, a 16.9% decrease from December 2024 (10 282 tests), with a 6.6% positivity rate. 630 individuals vaccinated, maintaining a 44.0% rate for at least one dose.

Acute Watery Diarrhea (AWD) with dehydration

- During the observation period, 7885 cases of acute watery diarrhea (AWD) with dehydration and two deaths,

resulting in a monthly CFR of 0.03%. Marginal increase in cases compared to December 2024, highlighting a significant burden linked to inadequate access to safe water and sanitation. There is need for targeted interventions to improve water quality and promote hygiene practices to mitigate future outbreaks.

Suspected Crimean–Congo Hemorrhagic Fever (CCHF)

- The number of suspected CCHF cases (23 cases, 1 death) decreased by 23.3% compared to December 2024 (30 cases, 1 death). Strengthening infection control measures, enhancing community awareness, and providing targeted training for healthcare workers to further reduce public health impact

Suspected Dengue fever

- There were 71 suspected cases with zero deaths (CFR 0.0%) reported representing a 75.1% decrease compared to December 2024 (285 cases, 0 deaths). The low CFR could be associated with effective case management. Sustained vector control and community engagement remain essential to prevent and mitigate future outbreaks.

Confirmed Malaria:

- The cases dropped sharply by 44.8% to 1099 compared to 1990 confirmed cases and 0 death reported in December 2025. 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.

Epidemiological updates on returnees

During the reporting period, 156 865 individuals were screened for infectious diseases, including 2136 returnees from Pakistan and 154 729 regular passengers from Iran and Pakistan. Among returnees, COVID-19 positivity rates were 33.0% (46/178) for RDTs and 12.0% (12/74) for PCRs. All 7 RDTs conducted for suspected dengue fever cases returned negative results. Additionally, ten RDTs for acute watery diarrhea (AWD) with dehydration cases yielded one

positive result (positivity rate: 10.0%). Of the 5 RDTs conducted for suspected malaria cases, one tested positive, yielding a positivity rate of 20%.



156 865

Individuals were screened for various infectious diseases

Summary of reported cases from the returnee sites, in Afghanistan (29 Dec 2024 01 Feb 2025)

Number of suspected cases reported among returnees from 29 Dec 2024 01 Feb 2025							
Diseases	Male		Female		Male	Female	Total
	<5 years	>5 Years	<5 years	>5 Years			
AWD with dehydration	4	10	1	2	14	3	17
Suspected malaria	1	5	0	2	6	2	8
Suspected dengue fever	0	3	0	4	3	4	7
ARI pneumonia	0	58	0	35	58	35	93
Suspected COVID-19	0	187	0	81	187	81	268

Supplies

To strengthen preparedness and response to seasonal diseases and public health emergencies WHO distributed the following supplies.

- More than 1300 case management kits and 4500 bottles/tubes of medicines for treating measles, pneumonia, AWD with dehydration, and scabies to all regions as part of seasonal disease preparedness and NDSR activities.
- 2100 AWD RDTs and 2000 COVID-19 RDTs to enhance rapid diagnostic capabilities across regions.



WHO provided medical supplies to Gardiz Province. © WHO

Mental Health and Psychosocial Support

During January 2025, the MHPSS program implemented the following activities:

- Conducted mhGAP-IG rollout training for 49 male doctors from Badghis, Farah, Ghor, Herat, and Nimroz provinces. These doctors, working in PHs, DHs, BHCs, and SHCs, are now equipped to assess, manage, and follow up on patients with mental health and psychosocial disorders.
- Conducted a trilateral meeting at the National Mental Health Hospital, Kabul, addressing project implementation and challenges, followed by a facility visit.
- Coordinated with MoPH and WHO HIM teams to revise mental health indicators, aligning them with mhGAP standards.
- Held a bilateral meeting with HealthNet TPO to improve mental health care quality at the National Mental Health Hospital.
- Provided technical guidance to enhance addiction psychiatry services at the hospital’s drug addiction ward.



WHO visits the National Mental Health Hospital in Kabul. © WHO



6695

Individuals received mental health consultations

Drug Demand Reduction

The January report talks about important work aimed at tackling substance use disorders (SUDs) and improving treatment in Afghanistan. A big achievement was translating the Facilitator Guide and related materials from WHO, UNODC, and UNHCR into Dari for field testing. A workshop took place with 22 people (9 men, 13 women) from IOM and various NGOs to test the guide and the findings were shared with WHO Headquarters.

Teams also worked together on a monitoring visit to the Drug Use Disorders (DUDs) Treatment Ward in Kabul as well



Monitoring visit to DUDs Treatment Ward of Kabul NMH Hospital. © WHO

as trips to Kandahar and Uruzgan DATCs, to advocate for establishment of an OST Clinic in Kandahar.

A consultative workshop with the EU Delegation linking DUDs treatment with vocational rehabilitation and economic support conducted.

Fact sheets on Kandahar DATC and OST for use in advocacy were prepared in Pashtu, Dari, and English.



WHO Representative Dr Edwin Ceniza Savlador provided strategic direction during the consultative workshop on DUD Treatment and Livelihood Nexus. © WHO

Water, Sanitation and Hygiene (WASH)

A comprehensive WASH assessment was conducted in 50 health facilities, including 16 Basic Health Centres, one Comprehensive Healthcare Centre, four hospitals, and 29 Sub Health Centres.

Key findings revealed:

- 42% of facilities lacked adequate water storage capacity.
- Only one facility practiced water chlorination, and five facilities had no water during the assessment.
- 20% lacked functioning toilets, while 40% had gender-separated toilets.
- 14% lacked functional handwashing stations at points of care.
- 20% had inadequate waste segregation or disposal methods, including burning.

Recommendations:

- Increase water storage capacity to ensure a minimum 2-day supply during shortages.
- Rehabilitate sanitation and handwashing facilities at points of care.

- Install gender-separated toilets.
- Implement proper waste management systems aligned with WHO minimum standards.

To enhance WASH infrastructure in TFUs, WHO completed WASH rehabilitation of a Therapeutic Feeding Unit (TFU) at Hisarak District Hospital, Nangarhar province, bringing the total to 10 fully renovated TFUs since mid-2024. Furthermore, the WASH rehabilitation process for 9 additional TFUs was initiated, with all necessary documentation prepared and cleared for tender announcement.

With WHO Country Office support, Afghanistan completed the country consultations exercise for WASH in households and domestic wastewater treatment, aligning with SDG indicators 6.1, 6.2, and 6.3.1 under the Joint Monitoring Program (JMP). Conducted biennially in coordination with UNICEF, this exercise integrated the latest national data into global SDG monitoring, ensuring accurate and up-to-date reporting on water, sanitation, and hygiene progress.

Programme Monitoring Unit (PMU)

WHO conducted systematic monitoring and evaluation (M&E) activities across 71 primary healthcare facilities and 65 hospitals, including infectious disease hospitals, addiction treatment centres, MHPSS facilities, and Therapeutic Feeding Units. Deploying 21 monitoring officers with tailored tools, WHO assessed facility performance, identified improvement areas, and collaborated with implementing partners to address emerging challenges and implement timely mitigation measures.



Conducting in-depth patient interviews to evaluate client satisfaction at Ata Turk TFU in Kabul Province, fostering a better understanding of patient needs and enhancing the quality of care. © WHO



Assessing patient satisfaction during a visit to the MHPSS Acute Inpatient Care Unit at Aino Mina Hospital in Kandahar, aiming to gather valuable feedback for enhancing mental health services. © WHO



Engaging in on-the-job training focused on stock management and labeling practices at Naqeelein SHC in Urozgan Province, enhancing staff skills for more effective inventory control. © WHO



136 995

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

Accountability to the Affected Population (AAP)

Supported the Health Cluster and WHO in closing 19 new cases and following up on 46 legacy cases. Additionally, conducted a capacity assessment of implementing partners managing Primary Health Care facilities to evaluate their readiness for AAP and PSEA implementation. This assessment lays the groundwork for a targeted capacity-building program to strengthen accountability and protection measures across healthcare facilities.

Health Cluster

In December 2024, 48 Health Cluster partners provided humanitarian health services to 899 482 people (43% women, 36% children) through 1011 health facilities across 326 districts in all 34 provinces of Afghanistan.

Conducted 3 national coordination meetings, including one with DDG-WHO Dr. Mike Ryan, attended by 64 participants from 45 organizations. Discussions focused on the humanitarian health situation, disease outbreaks, AAP, PSEA, and MoU challenges.

Held eight MoU review committee meetings with MoPH, resulting in the approval of 24 MoUs, streamlining partner coordination and health service delivery.

Addressed 46 cases referred through the AWAAZ Afghanistan reporting system, ensuring accountability to affected populations (AAP) through close coordination with NGOs and regional teams.

Regional Health Cluster teams conducted field missions in six provinces (Balkh, Herat, Khost, Paktia, Kapisa, Takhar) and Baghlan to assess health needs, prioritize winterization supplies, and ensure adequate medical resources for vulnerable populations.

Between November 2023 and January 2025, 25 Health Cluster partners supported 731 249 returnees (264 102 women, 249 412 men, 117 062 girls, 100 673 boys). The services included:

- 328 932 primary health consultations.
- 28 807 secondary health services.
- 261 326 health promotion activities.
- 44 194 RMNCH services.
- 66 937 MHPSS services.
- 1053 trauma care services.

Regional Health Cluster coordinators conducted monthly and quarterly meetings, enhancing information-sharing, decision-making, and strategic planning among partners.



OPD services to returnees at the Torkham Returnees Response Camp. © WHO



WHO Deputy Director-General Dr Mike Ryan and WHO Representative to Afghanistan Dr Edwin Ceniza Salvador visit the Emergency Hospital Kabul. © WHO

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

Dr Jamshed Tanoli, Health Emergencies Team Lead, WHO Afghanistan, Email: tanolij@who.int

Ms Mirka Kone, OIC, External Relations and Partnerships, WHO Afghanistan, Email: konemi@who.int

Ms Ajyal Sultany, Head, Communications, WHO Afghanistan, Email: sultany@who.int

Dr Victor Tugumizemu, Health Information Management and Risk Assessment Lead, WHO Afghanistan, Email: tugumizemuv@who.int

WHO’s work in emergencies is supported by the following current and previous partners:

