AFGHANISTAN EMERGENCY SITUATION REPORT

No. 49 | February 2025

World Health Organization
Afghanistan

Key figures (monthly)

171 583
People received emergency health care services (PHC & Hospitals)

9880
People received trauma care services (IPD+OPD)

1053
Medical kits distributed

342
Health workers trained

Summary of outbreaks

230
COVID-19

6518
AWD with dehydration

171 659
ARI-Pneumonia

7307
Measles

26
Dengue fever

716
Malaria

14
CCHF

WHO visits Bamyan Province to integrate the provincial public health lab into the hospital's laboratory. © WHO

Health Service Delivery (PHC and Hospitals)

WHO delivered primary health care services across 20 provinces in Afghanistan through 7 Implementing Partners. The essential health services were delivered through 123 PHC centers, enabling 171 583 individuals to access critical care and ensuring equitable access to medical care for vulnerable populations.

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

171 583
People received outpatient department (OPD) consultations

139 977
Patients received essential drugs for their basic health services

2736
Women received postnatal care (PNC)

6126 Women received antenatal care (ANC)

920
Institutional deliveries

29 783
Number of consultations for noncommunicable diseases

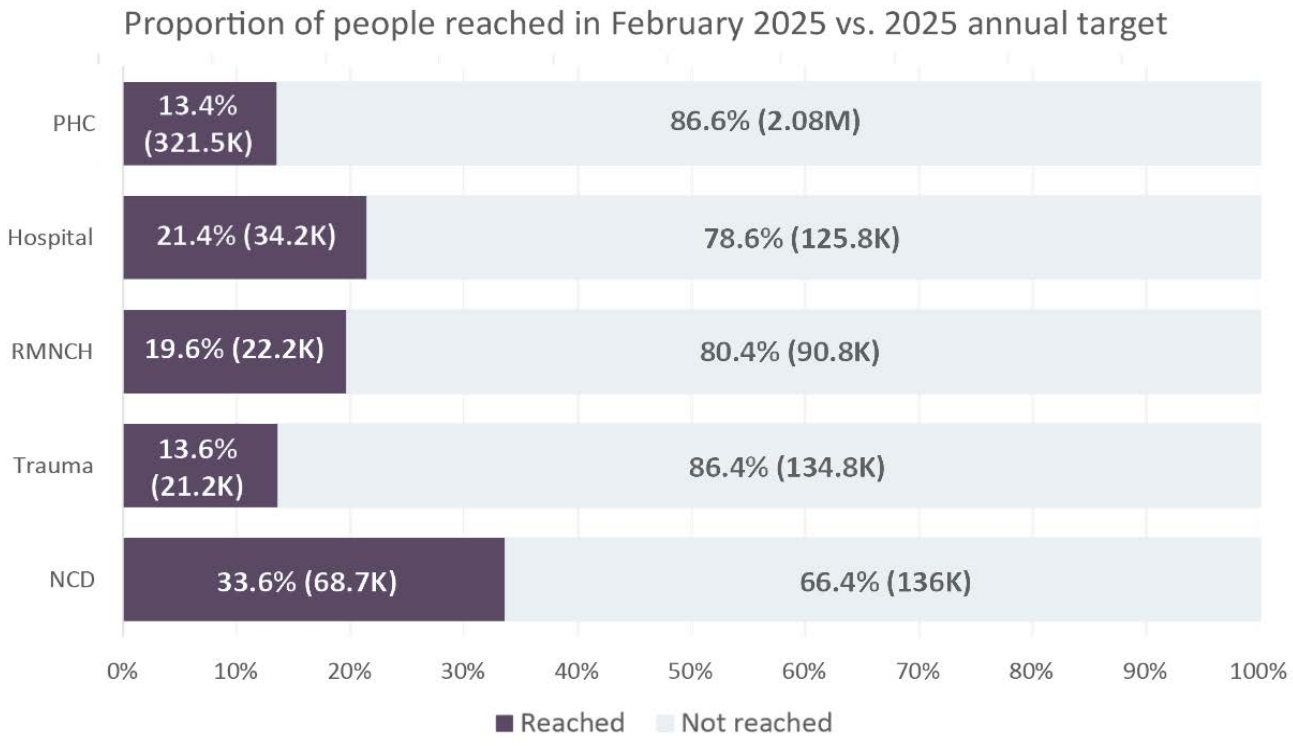
Vaccination at Akhundazagan SHC. © WHO

34 237
Pregnant, childbearing age women and under 5 children received TT2+, measles, and PENTA-3 Vaccination

5096
Women received family planning and awareness services

27 748
Under 5 children received malnutrition treatment and screening

9393
Pregnant and lactating women received malnutrition screening and Infant and Young Child Feeding (IYCF) counselling and treatment services



Infectious Disease Hazard and Surveillance

Summary monthly report on infectious disease outbreaks in Afghanistan: February 2025 (02 Feb to 01 Mar 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)	171 659 (↓16.7)	8776 (↑20.1)	230 (↓59.3)	6518 (↓17.3)	26 (↓63.4)	14 (↓39.1)	716 (↓34.8)
Monthly new deaths (CFR%)	350 (0.2)	69 (0.8)	0 (0.0)	4 (0.06)	0 (0.0)	1 (7.1)	0 (0.00)
Cumulative cases in 2025	377 733	16 083	795	14 403	97	37	1,815
Cumulative deaths in 2025 (CFR%)	856 (0.2)	111 (0.7)	3 (0.4)	6 (0.04)	0 (0.0)	2 (5.4)	0 (0.0)

Acute Respiratory Infection (ARI) – Pneumonia

- The ARI-Pneumonia data shows a notable decline in monthly new cases, with 171 659 reported cases in the latest period, reflecting a 16.7% decrease compared to January. This reduction may be attributed to seasonal factors, such as warmer weather reducing respiratory infections, improved healthcare interventions, or effective public health campaigns promoting vaccinations like pneumococcal or influenza vaccines. Additionally, monthly deaths stood at 350, with a case fatality rate (CFR) of 0.2%, consistent with the cumulative CFR of 0.2% (856 deaths total). The low CFR is suggestive of effective case management However, risk factors such as poor air quality, overcrowding especially during the winter season, low awareness, and limited access to healthcare among people with low access could contribute to higher baseline cases, underscoring the need for targeted interventions to address these underlying issues.

Suspected measles:

- The suspected measles figures indicate a concerning upward trend, with 8776 new cases reported in the latest month, reflecting a 20.1% increase compared to January. This rise suggests a growing outbreak during the winter season and. Monthly deaths totaled 69, with a case fatality rate (CFR) of 0.8%, while cumulative deaths reached 111, maintaining a CFR of 0.7%. The elevated CFR underscores the severity of measles, particularly among unvaccinated or under-vaccinated populations. The increase in cases may point to gaps in vaccination coverage or an outbreak within a susceptible population. Based on the MICS survey 2023, only 36.8% of children aged 24-35 months have been fully vaccinated against measles. Key risk factors exacerbating the spread include low immunization rates, overcrowding especially during the winter season, population displacement, highlighting the urgent need for targeted vaccination campaigns and strengthened public health measures to mitigate further transmission.

Confirmed COVID-19

- The confirmed COVID-19 data shows a significant decline, with 230 new cases reported in the latest month, representing a 59.3% decrease compared to January. This sharp reduction may be attributed to decreased transmission, population immunity (from prior infection or vaccination with 44.0% of the population receiving at least one dose of vaccination), a reflection of reduced testing or delayed reporting. Notably, there were no monthly deaths (CFR = 0.0%), and cumulative deaths remained at 3 (CFR = 0.4%), indicating effective case management or a decline in severe infections. Key risk factors for future resurgence include waning immunity and potential emergence of new variants, pointing out the need for continued vigilance and adaptive strategies to mitigate potential surges.

Acute Watery Diarrhea (AWD) with dehydration

- The data for Acute Watery Diarrhea (AWD) with Dehydration indicates a decline in monthly new cases, with 6,518 reported in February 2025, reflecting a 17.3% decrease compared to January. This reduction may be attributed to, seasonal variations, or effective public health measures. Monthly deaths were recorded at 4 (CFR = 0.06%), with cumulative deaths totaling 6 (CFR = 0.04%). However, risk factors such as contaminated water sources, poor hygiene practices, and inadequate healthcare infrastructure remain critical vulnerabilities that could lead to future outbreaks, emphasizing the need for sustained efforts to address these underlying challenges.

Suspected Suspected Crimean–Congo Hemorrhagic Fever (CCHF)

- The suspected Crimean-Congo Hemorrhagic Fever (CCHF) statistics show a decline in monthly new cases, with 14 reported in the latest period, reflecting a 39.1% decrease compared to January. This reduction may be attributed to decreased exposure to ticks, the primary vector, or the implementation of improved preventive

measures. Monthly deaths were recorded at 1 (CFR = 7.1%), with cumulative deaths totaling 2 (CFR = 5.4%). The high case fatality rate (CFR) highlights the severity of CCHF and emphasizes the critical importance of early detection and prompt treatment. However, risk factors such as occupational exposure (e.g., among farmers, butchers, and livestock handlers), low awareness, and insufficient use of protective measures remain significant contributors to transmission, giving an emphasis to the need for targeted interventions to mitigate risks in high-exposure groups.

Suspected Dengue fever

- The suspected dengue fever report indicates a notable decline, with 26 new cases reported in the latest month, representing a 63.4% decrease compared to January. This reduction may be linked to environmental changes reducing mosquito breeding habitats. No monthly or cumulative deaths were recorded (CFR = 0.0%), suggesting either mild cases or effective clinical management of the disease. Conversely, risk factors such as stagnant water, rapid urbanization, and climate change remain critical contributors to potential future outbreaks, highlighting the need for sustained surveillance and preventive measures to mitigate transmission risks.

SST team screening patients in Ghor Province. © WHO

Confirmed Malaria:

- The confirmed malaria numbers indicate a decline in monthly new cases, with 716 reported in the latest period, reflecting a 34.8% reduction compared to January which could be attributed to seasonal variations. No monthly or cumulative deaths were recorded (CFR = 0.0%), suggesting effective treatment and low disease severity. However, challenges such as limited access to preventive tools and the potential emergence of drug resistance, stagnant water, and climate change pose significant risks to control efforts, highlighting the need for continued investment in prevention, surveillance, and treatment strategies to maintain progress.

Epidemiological updates on returnees

During this reporting period, 116 020 individuals were screened for various infectious diseases. Among these individuals, 2647 were screened by SSTs at the returnees' camps, while the remaining 113 373 were regular passengers from Iran and Pakistan.

The data highlights disease trends among returnees, with notable differences by age, sex, and disease type. Suspected COVID-19 is the most prevalent, with 293 cases (197 males, 86 females), predominantly affecting individuals >5 years. This suggests ongoing transmission or heightened surveillance for COVID-19 in this population. ARI pneumonia follows, with 54 cases (35 males, 19 females), also primarily in those >5 years, indicating potential respiratory infection risks in returnees.

AWD with dehydration shows 13 suspected cases, with a significant male predominance (10 males vs. 3 females) and higher cases in males >5 years (6 cases). Suspected malaria (6 cases) and dengue fever (3 cases) are less frequent but notable, with malaria cases evenly distributed in both sexes (3 males vs. 3 females) as well as dengue cases evenly distributed (2 males, 1 female). These trends suggest vector-borne disease exposure, particularly in malaria-endemic regions.

Suspected cases underwent further testing: 222 RDTs and 96 PCR tests for COVID-19 showed 74 RDT (33.3%) and 11 PCR (11.5%) positives. Two RDTs for dengue fever, three for AWD with dehydration, and six for malaria were conducted, all with negative results.

Overall, the data signals the need for targeted health interventions, including enhanced surveillance for COVID-19 and ARI pneumonia, improved water, and sanitation to address AWD, and vector control measures for malaria and dengue. The higher burden among males >5 years warrants further investigation into potential behavioral or occupational risk factors.

116 020
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				
	<5 years	>5 Years	<5 years	>5 Years	Male	Female	Total
AWD with dehydration	4	6	3	0	10	3	13
Suspected malaria	0	3	0	3	3	3	6
Suspected dengue fever	0	2	0	1	2	1	3
ARI pneumonia	0	35	0	19	35	19	54
Suspected COVID-19	0	197	0	96	197	96	293

Supplies

- WHO coordinated the distribution of essential medical supplies and diagnostic tools, ensuring robust preparedness and response to infectious disease outbreaks across all regions.
- Distributed over 631 case management kits, 880 bottles/ tubes/vials of permethrin and sodium stibogluconate, and 19 228 packs of antiviral tablets. These supplies supported the management of critical infectious diseases, including hepatitis, measles, pneumonia, Leishmania, acute watery diarrhea (AWD) with dehydration, and scabies across all regions.
- Delivered 302 sample carriers and rapid diagnostic tests (RDTs) for AWD with dehydration and 1080 RDTs for COVID-19, enhancing timely and accurate disease detection and response efforts.
- Supplied ten ELISA diagnostic kits to the Central Public Health Laboratory (CPHL), Infectious Disease Hospital (IDH), and six Regional Reference Laboratories, significantly improving diagnostic capabilities for infectious diseases at both national and regional levels.

WHO provided medical supplies to Bamyan Province. © WHO

Mental Health and Psychosocial Support

The MHPSS program implemented the following activities:

- WHO trained 25 midwives from Daikundi province on the Thinking Healthy program, enhancing their skills to provide psychosocial support for antenatal depression, improving maternal and child health services in SHCs, BHCs, PHs, and MHTs.
- WHO held a coordination meeting with MoPH and provided an update on MHPSS activities, including support for acute mental health wards in provincial hospitals until June 2025 while advocating for continued funding post-June 2025
- WHO conducted support supervision to acute mental health wards in three provinces:
- **Farah:** Reviewed the 8-bed ward with JACK and WHE's western sub-office; Implementing Partner (IP) committed to address findings and improve services
- **Nimroz:** Assessed the 8-bed ward with RI and WHE's southern sub-office; IP pledged enhancements.
- **Kandahar:** Discussed the 20-bed ward at Aino Mena Hospital with HEWAD; IP agreed to address concerns raised.
- WHO co-led the annual MHPSS TWG workshop in Kabul, presenting updates on capacity-building, acute mental health ward establishment, updates on the support to Aino Mena Hospital in Kandahar and initiation MHPSS OPD services of Mirwise Regional Hospitals.
- The WHO team held a field visit to Drug Addiction Treatment Center (DATC) in Kandahar, providing on-the-job training and supporting the integration of an Opioid Substitution Therapy (OST) clinic. The center received methadone, recruited staff, and allocated two rooms for opioid substitution therapy services.

8002
Individuals received mental health consultations

Drug Demand Reduction

WHO conducted a training on "Standard Treatment and Rehabilitation of Drug Use Disorders" in Kabul for 28 clinical staff (22 from Khost, 5 from Urgon-Paktika DATCs, and 1 from the National DDR Directorate, MoPH).

WHO, in collaboration with the National DDR Directorate, MoPH, WHO Nangarhar sub-office, and IP (MMRCA), visited Nangarhar's 150-bed Male Adult and 20-bed Male Adolescent DATCs and their affiliated 3 mobile outreach teams. The team monitored service quality, outreach activities, HMIS, vocational training, and held meetings with PPHD and WHO sub-office colleagues to ensure alignment with project goals.

Meeting with the admitted clients. © WHO

WHO DDR representatives participated in key technical meetings, including:

- HSSDP Revision Committee Meeting at ANPASH, MoPH
- Methadone quantification meeting with ANPASH, UNODC, and UNDP
- HMIS indicators meeting for MHPSS, NCDs, and DDR at MoPH
- Coordination meeting with the National DDR Directorate and IP (RHDO) to address challenges in DATCs

Water, Sanitation and Hygiene (WASH)

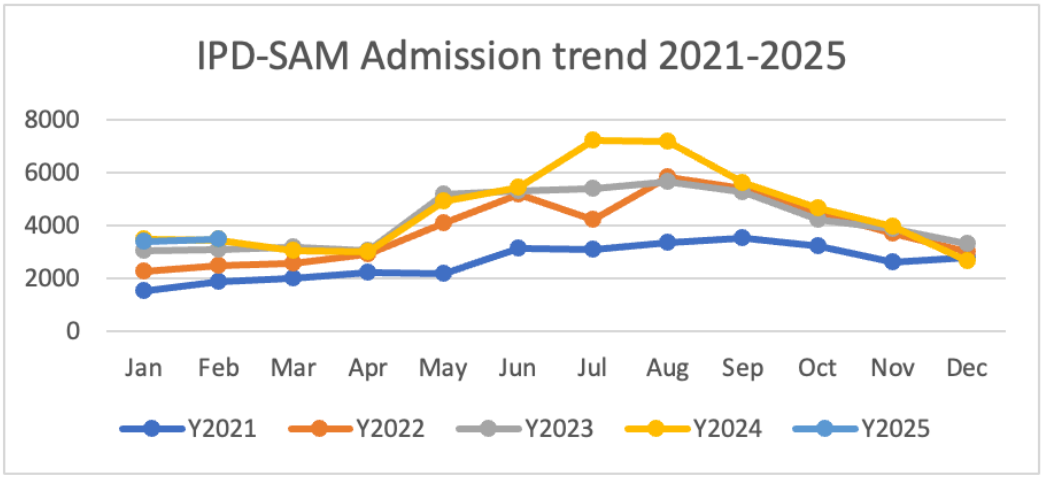
An assessment for septic tank construction at AFG–JAP Hospital was completed, including drawings, documentation, and an agreement signed with the implementing partner.

In collaboration with the surveillance team, trained 26 SSTs on WASH/environmental health, focusing on water quality monitoring, source inspection, and dengue vector control. These SSTs will collect data in AWD and dengue hotspots to inform outbreak responses.

Coordination meetings with UNICEF, IOM, WASH partners, and various MoPH departments were held. A SWOT analysis was done. The key proposed actions included accelerating the water quality monitoring program using lab resources and improving coordination in addressing WASH in health facilities.

Nutrition

In WHO supported the treatment of 3470 children (1701 girls and 1769 boys) with severe acute malnutrition (SAM) medical complications across 140 inpatient SAM (IPD-SAM) centers in Afghanistan. Additionally, to ensure the functionality and quality of IPD-SAM centers, WHO provided critical supplies, including essential medicines, renewable materials, equipment, bedside chairs for caregivers, and milk preparation kits for hygienic preparation of therapeutic formulas (F75 and F100). These resources were delivered to 35 IPD-SAM centers in nine provinces: Kabul, Kapisa, Kandahar, Uruzgan, Baghlan, Farah, Nangarhar, Laghman, and Kunar. This support aims to enhance care quality, improve recovery outcomes, and reduce child mortality linked to SAM.



IPD-SAM admission trend; 2021-2026

Programme Monitoring Unit (PMU)

WHO provided oversight through systematic monitoring and evaluation activities with the deployment of 21 monitoring officers equipped with tailored tools for diverse health interventions. In February 2025, WHO conducted visits to 77 primary healthcare facilities and 81 hospitals, including Integrated Infectious Disease and COVID-19 hospitals, Drugs Addiction Treatment Centers, Opioid Substitution Treatment Center, MHPSS and Emergency Hospitals, Therapeutic Feeding Units, and hospitals under ADB project. The monitoring officers assessed facility performance, identified improvement areas, and collaborated with partners to implement timely mitigation measures. All these are geared towards enhancing healthcare quality and fostering accountability and excellence in service delivery.

PMU and WHE Regional Technical Focal Point conducted a joint monitoring visit to Bamyan facilities: MHPSS, 8-bed Acute Mental Health Ward, and 20-bed Female and Child DATC, all supported by WHO.

On-the-job training on safe injection practice at Nili Provincial Hospital in Daikundi Province. © WHO

104 019
People living in remote and underserved areas received health education and awareness-raising materials

Protection from Sexual Exploitation, Abuse, and Harassment (PRSEAH)

- Trained 62 personnel (52 men, 10 women) from nine partners on codes of conduct and PRSEAH system strengthening.
- Trained 148 health workers (50 women, 98 men) on PSEA SOPs to enable safe reporting and referrals.
- Provided PRSEAH training to 70 frontline workers (32 men, 38 women) in trauma care and drug treatment services, emphasizing their role as trusted community entry points for survivors.
- Conducted SEA awareness sessions for 1,483 individuals (981 women, 502 men) to educate communities on rights and reporting mechanisms.
- Engaged 732 health workers (321 women, 411 men) in PSEA consultations to strengthen prevention and response efforts.
- Despite funding cuts and reduced partner capacity, WHO continues to support the Health Cluster in upholding PSEA commitments and mitigating SEA risks in emergencies.
- Established a Community of Practice (CoP) with over 68 organizations to promote knowledge-sharing and collaboration on PRSEAH and AAP. The CoP strengthens prevention, response, and accountability mechanisms, fostering survivor-centered, ethical healthcare.
- Continued donor support is essential to scale up these efforts and enhance protection mechanisms for vulnerable communities

WHO PRS Coordinator at PRS reflection meeting in Kabul. © WHO

Accountability to the Affected Population (AAP)

Conducted two training sessions for 21 enumerators on gender-sensitive and disability-inclusive Client and Patient Satisfaction Surveys, supported by GiHA, DIWG, and PMU.

Delivered specialized training to Nangarhar healthcare workers on accountable, gender-sensitive service delivery in collaboration with the Gender Team.

Presented Client and Patient Satisfaction Survey findings at Western, Eastern, and Northern regional meetings, documenting inputs and developing a recommendation tracker for systematic follow-up.

Addressed 58 cases (16 new) through AWAAZ Afghanistan's interagency reporting system and the Regional Health Cluster Coordinators monitored and followed up on cases, ensuring timely responses and maintaining transparency.

Health Cluster

Forty-seven health cluster partners delivered humanitarian health services to 872 560 people (32% women, 51% children) through 1065 health facilities across 330 districts in all 34 provinces of Afghanistan.

Conducted two national coordination meetings, attended by 121 participants from 69 organizations and 119 participants from 61 organizations. Key discussions focused on the humanitarian health situation in Afghanistan, the epidemiological status of communicable disease outbreaks, Accountability to Affected Populations, Prevention of Sexual Exploitation and Abuse, updates from the Migration Health Task Force, the impact of the US funding suspension, and findings from the gender and access survey.

Secured USD 4 million through the Afghanistan Humanitarian Fund (AHF) 1st Reserve Allocation 2025.

Funded nine proposals (3 national NGOs, 4 international NGOs, 2 UN agencies) to deliver emergency health services in 49 high-priority districts across 12 provinces.

The focus areas include, primary healthcare, medical supplies, disease surveillance, health education, and capacity building for severe case management and referrals.

Assessed and updated the list of affected health facilities and projects impacted by the suspension of US funding. Currently, 1.6 million people risk losing access to health services due to the suspension of 188 mobile health teams, Basic Health Centers, counseling centers, and MHPSS teams.

Conducted field missions in Balkh, Herat, Khost, Kandahar, Logar, Nangarhar, and Kunduz provinces.

Participated in Durable Solution Working Group (DSWG), Provincial Health Coordination Committee (PHCC), MHPSS, and Emergency Preparedness and Response (EPR) meetings.

Facilitated anti-scabies medicine mobilization in Kunduz with WHO support.

Reviewed 24 MoUs, with 19 approved in collaboration with Ministry of Public Health, enhancing coordination and support for health partners.

Eight health cluster partners (AADA, IOM, JACK, PU-AMI, SCI, UNFPA, UNICEF, and WHO) were involved in response activities to returnees. From 1 November 2023 to 28 February 2025, a total of 771 899 returnees (273 775 women, 274 265 men, 120 533 girls, 103 326 boys) were reached and the services provided included:

- 335 354 primary healthcare consultations
- 28 807 secondary healthcare services
- 292 770 health promotion activities
- 45 329 RMNCH services
- 68 557 MHPSS services
- 1082 trauma care services

Oversight of the PHC project in WHO-supported Chahak SHC in Enjil District, Herat Province. © WHO

WHO-supported Faizabad Hospital in Badakhshan Province. © WHO

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