AFGHANISTAN EMERGENCY SITUATION REPORT

No. 50 | March 2025

World Health Organization
Afghanistan

Key figures (monthly)

171 870
People received emergency health care services (PHC & Hospitals)

142 662
People received life-saving medicines

38 806
People reached through vaccination efforts

Summary of outbreaks (monthly)

147
COVID-19

7128
AWD with dehydration

139 226
ARI-Pneumonia

12 535
Measles

18
Dengue fever

794
Malaria

29
CCHF

WHO's Health Emergencies team lead, Dr Jamshed Tanoli, during a monitoring visit at Afghan-Japan Hospital. © WHO

Strategic Coordination

Under the supervision of WHO's Health Emergencies Programme Team Lead Dr Jamshed Tanoli, a delegation from WHO Country Office conducted a monitoring visit to the Afghan-Japan National Infectious Disease Hospital in Kabul. With support from JICA, WHO has upgraded the facility with a new radiology unit, including a CT scanner, two ultrasound machines, and a 100kW solar power backup system to ensure uninterrupted service delivery. "With JICA's support, WHO is enhancing Afghanistan's public health infrastructure," emphasized Dr Tanoli.

Health Service Delivery (PHC and Hospitals)

In March 2025, WHO supported 123 PHC facilities across 20 provinces, and enhanced three hospitals –including one emergency hospital, one infectious disease hospital and the National Mental Health Hospital– and five acute mental health wards in seven provinces to deliver essential health services to 171 870 individuals (PHC: 163 840, Hospital: 8030), including 142 662 patients receiving lifesaving medicines. Vaccination efforts reached 38 806 clients (pregnant women, CBA women, and children under 5) with TT2+, measles, PENTA-3, OPV, and DTP doses through fixed and outreach programs. PHC staff-maintained community engagement to ensure equitable access and service utilization.

171 870 People received outpatient department (OPD) consultations

142 662
Patients received essential drugs for their basic health services

A total of 123 PHC facilities delivered comprehensive maternal/newborn care, including:

3777
Women received postnatal care (PNC)

7294
Women received antenatal care (ANC)

989
Skilled-birth deliveries

6871
Family planning sessions

These services directly supported safe pregnancies, neonatal survival, and reproductive health, advancing WHO's mortality reduction goals.

Additional key achievements include:

8329
Women screened and treated for malnutrition

32 288
Under 5 children received malnutrition treatment and screening

12 034
Pregnant and lactating women received malnutrition screening and Infant and Young Child Feeding (IYCF) counselling and treatment services

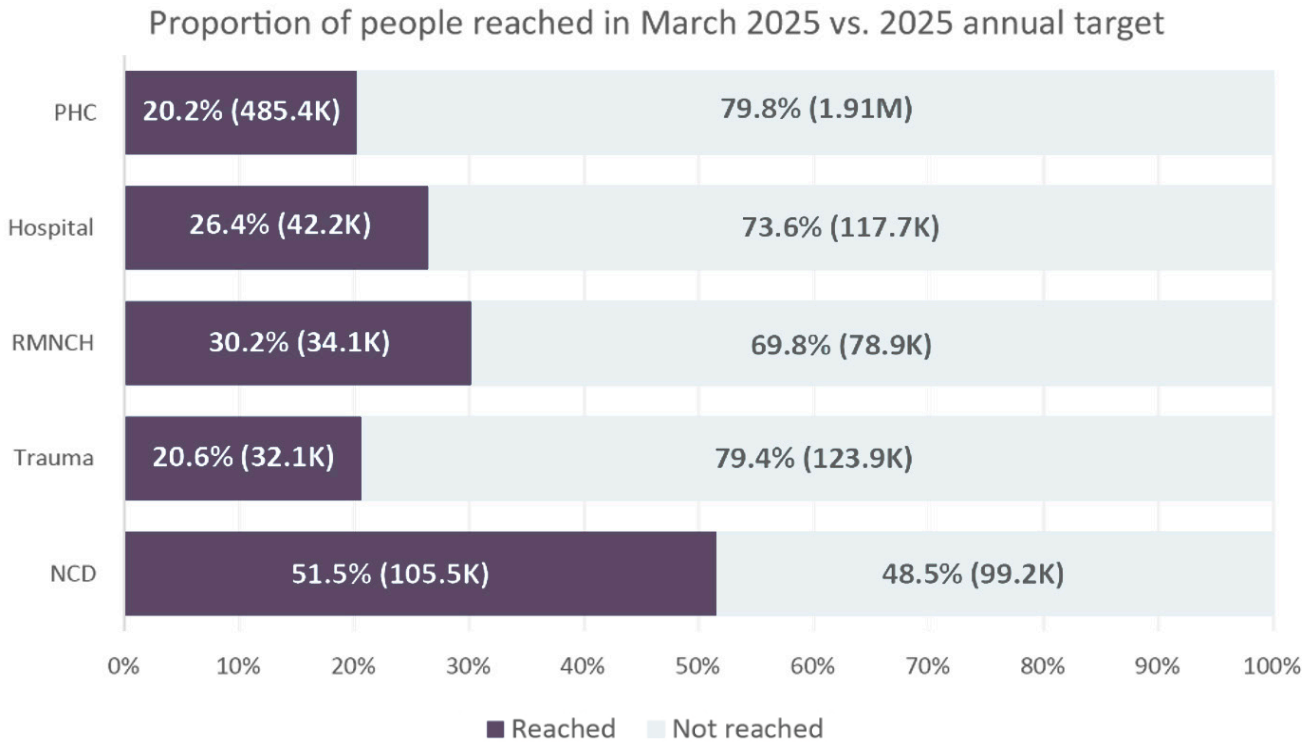
37 227
Number of consultations for noncommunicable diseases

Seventeen health camps reached 2520 children 1227 boys and 1293 girls) including 60 previously missed children, with community engagement for immunization awareness.

WHO-supported PHC health facility in Zabul province. © WHO

An outreach team from Dabara Bazar PHC carries out vaccination in a hard-to-reach village in Maroof District, Kandahar. © WHO

During an outreach activity at Bawlai PHC in Surkhrod District, Nangarhar Province, a healthcare worker attends to a mother seeking maternal and child health (MCH) services. © WHO



Infectious Disease Hazard and Surveillance

Summary monthly Report on Infectious Disease Outbreaks in Afghanistan: Mar 2025 (02 - 29 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)	139 226 (↓18.9)	12 535 (↑42.8)	147 (↓41.9)	7128 (↑9.4)	18 (↓30.8)	29 (↑81.3)	794 (↑10.9)
Monthly new deaths (CFR%)	309 (0.2)	82 (0.7)	1 (0.7)	2 (0.03)	0 (0.0)	0 (0.0)	0 (0.00)
Cumulative cases in 2025	517 000	28,618	245,164	21,533	115	68	2,609
Cumulative deaths in 2025 (CFR%)	1165 (0.2)	193 (0.7)	8052 (3.3)	8 (0.04)	0 (0.0)	2 (3.0)	0 (0.0)

Acute Respiratory Infection (ARI) – Pneumonia

- The ARI-Pneumonia data shows a notable decline in monthly new cases, with 139 226 reported cases in the latest period, reflecting a 18.9% decrease compared to February. 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 309, with a case fatality rate (CFR) of 0.2%, consistent with the cumulative CFR of 0.2% (1,165 deaths). The low CFR is suggestive of effective case management. However, risk factors such as poor air quality, low awareness, and limited access to healthcare among people with low access could contribute to higher baseline cases.

Suspected measles:

- The suspected measles figures indicate a concerning upward trend, with 12 535 new cases reported in March, reflecting a 42.8% increase compared to February. This rise suggests an increased transmission of measles particularly during the winter season. Eighty-two deaths were recorded during the month, with a case fatality rate (CFR) of 0.7%, while cumulative deaths reached 193 (CFR 0.7%). The high CFR is an indication of 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. Key risk factors exacerbating the spread include low immunization rates, overcrowding especially during the winter season and population

displacement. These factors highlight 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 147 new cases reported in the latest month, representing a 41.9% decrease compared to February. This continued decline 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 under reporting. One death (CFR 0.7%) was reported within the reporting month and cumulative deaths stand at 8052 since the start of the pandemic in 2020. 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. During this period, a total of 5,063 samples (test positivity rate of 2.9%) were tested among suspected COVID-19 cases in public laboratories, which shows a decrease of 11.5% compared to the number of tests conducted in February (5718).

Acute Watery Diarrhea (AWD) with dehydration

- The data for Acute Watery Diarrhea (AWD) with Dehydration indicates an increase in monthly new cases, with 7128 reported in March 2025, reflecting a 9.4% increase compared to February. This increase may be an indication of a growing outbreak. Monthly deaths were recorded at 2 (CFR = 0.03%), with cumulative deaths totaling 8 (CFR = 0.04%). However, risk factors such as contaminated water sources, poor hygiene practices, and inadequate healthcare infrastructure remain critical vulnerabilities that could pose challenges to outbreak response, 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 indicate an increase in monthly new cases, with 29 reported in the latest period, reflecting an 81.3% increase compared to February with a resultant cumulative 68 cases. No new deaths were recorded, and the cumulative deaths remain at 2 (CFR = 2.9%). 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 18 new cases reported in the latest month, representing a 30.8% decrease compared to February. 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.

Confirmed Malaria:

- The confirmed malaria numbers indicate an increase in monthly new cases, with 794 reported in the latest period, reflecting a 10.9% increase 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, 114 229 individuals were screened for various infectious diseases. Among these individuals, 686 were screened by SSTs at the returnees' camps, while the remaining 113,543 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 50 cases (36 males, 14 females), predominantly affecting individuals >5 years. This suggests ongoing transmission or heightened surveillance for COVID-19 in this population. ARI pneumonia follows, with 10 cases (5 males, 5 females), indicating potential respiratory infection risks in returnees.

AWD with dehydration shows six suspected cases (4 males vs. 2 females), and all the cases reported in >5 years. Suspected malaria (5 cases) and dengue fever (5 cases) are less frequent but notable, with malaria cases mainly reported in males as well as dengue cases evenly distributed (3 males, 2 female). These trends suggest vector-borne disease exposure, particularly in malaria-endemic regions.

Suspected cases underwent further testing: 91 RDTs and 2 PCR tests for COVID-19 showed 9 RDT (9.9%). Five RDTs for dengue fever, and all tested negative. Rapid diagnostic testing (RDT) identified 20% positivity rates for both AWD (1/5) and malaria (1/5), enabling timely case detection and response.

Largely, 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.

114 229
Returnees and regular passengers were screened for various infectious diseases

Summary of reported cases from the returnee sites, in Afghanistan (02 Mar to 29 March 2025)

Number of suspected cases reported among returnees from 02-29 Mar 2025							
Diseases	**Male**		**Female**				
	<5 years	>5 Years	<5 years	>5 Years	**Male**	**Female**	**Total**
AWD with dehydration	0	4	0	2	4	2	6
Suspected malaria	0	4	0	1	4	1	5
Suspected dengue fever	0	3	0	2	3	2	5
ARI pneumonia	1	5	5	0	05	05	10
Suspected COVID-19	0	36	0	14	36	14	50

Supplies

- WHO coordinated the distribution of essential medical supplies and diagnostic tools, ensuring robust preparedness and response to infectious disease outbreaks across all regions.
- WHO distributed a single dose of botulism antitoxin, more than 121 kits including IEHK, measles, pneumonia, AWD with dehydration kits and 1280 bottles/tubes of permethrin and benzyle benzoate across all provinces to support the response to infectious disease outbreaks.
- Fifteen kits of COVID-19 VTM have been distributed to all 34 provinces of Afghanistan, enhancing timely and accurate disease detection and response efforts.
- To strengthen IPC, WHO provided 284 boxes of gloves across Afghanistan's 34 provinces and supplied 200 biohazard waste bags to CPHL, IDH, and 6 RRLs, ensuring standardized laboratory waste management and safety compliance.

WHO provided medical supplies to MSF in Herat. © WHO

Mental Health and Psychosocial Support

The MHPSS program implemented the following activities:

- Training of 23 midwives on the Thinking Healthy program to address antenatal depression among mothers across five provinces (Herat, Badghis, Ghor, Nimroz, and Farah). Simultaneously, 25 female Nurses and psychosocial counselors received Problem Management Plus training to manage psychosocial issues and mild mental disorders.
- Chaired the monthly MHPSS Technical Working Group meeting, updating stakeholders on healthcare staff training and acute mental health ward support in four provincial hospitals and Aino Mena Hospital.
- Remote supervision and technical support to mhGAP-trained doctors to help them manage psychiatric cases in relevant health facilities.

8376
Individuals received mental health consultations

Drug Demand Reduction

WHO convened a consultative workshop with MoPH's Drug Demand Reduction (DDR) Directorate, Health Management Information System (HIMS) Directorate, UNODC, and implementing partners to integrate DDR Program indicators into DHIS2. The session included a review of the national DDR Directorate's reporting system, WHO's proposed indicators, and a collaborative assessment of DHIS2's structure for drug use disorder data. Key gaps and improvement areas were identified, advancing harmonized health monitoring.

Key recommendations include the integration of the identified indicators into the national HMIS and organizing training programs for stakeholders. The finalized indicators will be incorporated into national strategic frameworks, with continued collaboration to support their implementation and evaluation.

WHO also supported the establishment of Kabul's first female-specific Opioid Substitution Therapy (OST) clinic with two mobile outreach teams in Dehboori, expanding women's access to OST in Kabul.

First female-specific OST clinic in Kabul. © WHO

Non-Communicable Diseases (NCDs)

WHO trained 48 Herat midwives on NCD prevention/ control guidelines, strengthening community health workers' capacity to implement NCD strategies including cancer management and enhance primary healthcare services across Afghanistan.

Training of midwives on NCDs in Herat . © WHO

Water, Sanitation and Hygiene (WASH)

- WHO assessed 15 health facilities (total 47 in 2025), revealing critical gaps: 10 rely on surface water (only 1 has piped supply), no chlorination, unimproved sanitation (20% gender-separated), and 27% lack proper waste incineration. Rehabilitation is needed for 48 handwashing stations.
- Ongoing WASH upgrades in Jalalabad (150-bed DATC, solar-powered water supply) and Faryab (20-bed DATC, borewell/toilet renovation).
- The construction of the septic tank at Afghan-Japan Hospital has been completed and handed over.

Programme Monitoring Unit (PMU)

WHO deployed 20 monitoring officers to conduct systematic monitoring and evaluation visits across 160 health facilities (63 PHCs, 97 hospitals, including infectious disease hospitals, DATCs, OST clinics, MHPSS wards, and hospitals under HER project supported through UNICEF). Customized monitoring tools enabled real-time gap analysis, with findings escalated to implementing partners for swift resolution. This systematic oversight ensures quality assurance in service delivery particularly for infectious diseases, mental health, drug addiction treatment, and nutrition. Additionally, Interviews with patients experiencing disability and drug addiction at Herat's Ghoryan DATC, Herat Province revealed complex challenges in treatment and recovery that calls for comprehensive and inclusive treatment approaches.

WHO conducts in-depth interview with a patient experiencing both disability and addiction at the Ghoryan Drug Addiction Treatment Center (DATC) in Herat Province. © WHO

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

- A total of 358 health care workers (82 female, 276 male) across Southern, Eastern, Western, Northern and Northeastern Regions were trained on Prevention of Sexual Exploitation, Abuse, and Harassment (PRSEAH), with a focus on Primary Health Care, Trauma Care, and Mental Health services.
- Targeted PRSEAH training for 57 presonnel (47 men, 10 women) from WHO and Health Cluster partners, focusing on risk mitigation, project design, and monitoring ahead of the Afghanistan Humanitarian Fund proposal cycle.
- Introduction of a contextualized, PHC-driven PRSEAH model, co-developed with nine partners (31 men, 9 women). The model, available in Pashto and Dari, enhances community trust, reporting mechanisms, and ethical service delivery.
- Delivery of the first-ever PSEA training for 46 participants (37 men, 9 women) from NGOs lacking prior assessments, enabling at least two partners to complete assessments in March.

124 109
Individuals educated on disease prevention through health outreaches

Community members receive health education at Rozo Basic Health Center (BHC) in Khost Province. © WHO

Health Cluster and Accountability to the Affected Population

Following the U.S. funding freeze in February 2025, 202 health facilities including 108 MHNTs were forced to suspend operations, disrupting essential healthcare services for 1.8 million people across 28 provinces. There is an urgent call for donor support which is critical to reactivate services and prevent further health system collapse. Despite these challenges, 50 Health Cluster partners delivered services to 872 560 people (58% children, 28% women) through 829 facilities in February.

- Weekly facility mappings to track closures and prioritize responses.
- Two national meetings were held with 270+ participants, addressing outbreak risks, migration health, and funding impacts.
- The Health Cluster addressed 20 new cases through AWAAZ Afghanistan's interagency system, ensuring AAP principles via coordinated follow-ups with NGOs and direct community engagement.
- More than 8000 patient exit interviews were conducted, analyzing feedback by demographics to drive service improvements.
- Provincial missions in Herat, Paktika, Kandahar, Nangarhar, and Kunduz, with a joint assessment at Torkham border (25 March) to address returnee/IDP health gaps.
- Deployment of MNTs for conflict-affected IDPs and led Health Cluster coordination to adapt to displacement dynamics.
- Eight Health Cluster partners (AADA, IOM, JACK, PU-AMI, SCI, UNFPA, UNICEF, and WHO) provided services to 774 853 returnees (March 2025), delivering:
  - 336 453 primary healthcare consultations
  - 68 737 MHPSS sessions
  - 45 906 RMNCH services
- Deployment of anti-scabies/rabies vaccines via WHO support, mitigating disease outbreaks.

Health Cluster partners visit Torkham Zero Point to assess preparedness and response efforts for the new influx of returnees. © WHO

WHO monitoring visit to Faryab provincial hospital. © WHO

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