

AFGHANISTAN

EMERGENCY SITUATION REPORT



Key figures (monthly)



178 796

Number of out-patient consultations (PHC & Hospitals)



197

Medical kits distributed



423

Health workers trained

Summary of outbreaks (2025)



64 658

ARI-pneumonia



47 827

Measles



34 973

AWD with dehydration



5591

Malaria



1218

COVID-19



246

Dengue fever



178

CCHF



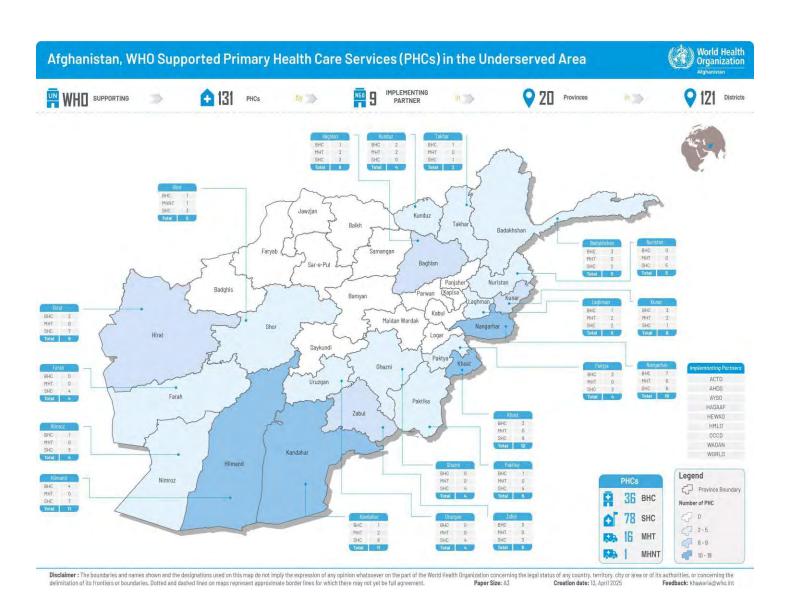
WHO Afghanistan WHE Team Lead visits DATC and OST centers in Hilmand to support ongoing health interventions and community-based services in the province

Key Achievements

- WHO strengthened health system by supporting 131 primary facilities across 20 provinces and three specialized hospitals including five mental health wards in 7 provinces, while expanding addiction treatment through 17 centers in 12 provinces ensuring continuous care for vulnerable populations through essential service delivery, health worker training, and medical supply distribution.
- WHO delivered health care services to 178 796 patients, distributed 197 medical kits (241 metric tonnes), and trained 423 health workers to enhance service capacity and resilience.
- WHO delivered health screening services to 194 898 returnees from Iran and Pakistan in April, strengthening syndromic surveillance and early disease detection at border points and returnee sites.

Health Service Delivery (PHC and Hospitals)

WHO delivered healthcare support across Afghanistan, reinforcing primary, secondary, and tertiary services. In partnership with nine NGOs, 131 primary healthcare facilities were provided with healthcare services in 20 provinces. Secondary and tertiary care was enhanced in three hospitals, namely, an Infectious Disease Hospital, an Emergency Hospital, and a National Mental Health Hospital, alongside five acute mental health wards across seven provinces, via seven NGOs. Additionally, WHO facilitated operations in 12 Drug Addiction Treatment Centers (DATC) and five Opioid Substitution Therapy (OST) centers in 12 provinces through six NGOs, ensuring integrated care at all levels. Emergency care services were strengthened, with 178 796 individuals receiving essential care (Boys: 28 667, Girls: 28 416, Men: 43 666, Women: 78 047). WHO distributed 197 medical kits and trained 423 healthcare workers, improving service delivery capacity. These accomplishments reflect WHO's dedication to equitable, comprehensive healthcare, advancing access and system resilience nationwide



Key milestones achieved in WHO-supported primary healthcare facilities & hospitals during April 2025 include:



178 796

People received OPD consultations



3642

Women received postnatal care (PNC)



980

Institutional deliveries



10 025

Pregnant, CBA women received TT2+ vaccination



10 681

Pregnant and lactating women received Infant and IYCF counselling



150 217

Patients received essential drugs for their basic health services



7507

Women received antenatal care (ANC)



10 561

Under 5 children received DTP, Penta3, and Measles vaccination



39 388

Number of consultations for noncommunicable diseases



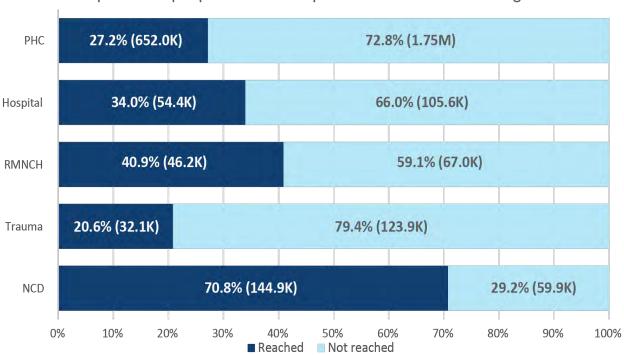
6796

Women received family planning and awareness services

Sustaining healthcare services delivery

Beneficiaries of PHC & Hospital services at WHO-supported facilities for April 2025 Age Male Female Over 18 years 43 666 78 047 Under 18 years 28 667 28 416

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



Infectious Disease Hazard and Surveillance

Summary monthly report on infectious disease outbreaks in Afghanistan: April 2025 Suspected AWD with Suspected Suspected Confirmed ARI-Confirmed **Indicators** Measles CCHF COVID-19 dehydration Dengue fever Malaria Pneumonia Monthly new cases (% 2,982 128,055 18,703 (143.4) 109 (263.3) change compared to 13,342 (84.6) 131 (†627.8) 150 (\J3.8) $(^{275.6})$ (↓9.0) Mar) * Monthly new deaths 111 (0.6) 3 (0.02) 5 (4.6) 0(0.0)0(0.0)260 (0.2) 0(0.0)(CFR%) Cumulative cases** 47,827 34,973 178 246 5,591 646,589 245,336 Cumulative deaths 306 (0.6) 11 (0.03) 7 (3.9) 0(0.0)0(0.0)1,426 (0.2) 8,052 (3.3) (CFR%)

Suspected Measles

• A total of 18 703 suspected measles cases and 111 associated deaths (monthly CFR 0.6%) were reported, compared to 13 041 cases and 82 deaths during March. This represents a 43.4% increase in the number of suspected cases compared to the previous month.

Acute Watery Diarrhea (AWD) with dehydration

• A total of 13 342 AWD with dehydration cases and 3 associated deaths (monthly CFR 0.02%) were reported, compared to 7228 cases and 2 deaths during March. This represents an increase of 84.6% in the number of reported cases compared to the previous month.

Suspected Crimean–Congo Hemorrhagic Fever (CCHF)

• A total of 109 suspected cases of CCHF with 5 associated deaths were reported (monthly CFR 4.6%) compared to 30 cases and no deaths reported in March. This shows a 263.3% increase in the number of suspected cases compared to the previous month, warranting close monitoring as we approach Eid-ul-Adha.

Suspected Dengue fever

• A total of 131 suspected dengue fever cases were reported, compared to 18 cases during March. This shows a 627.8% increase in the number of suspected cases reported compared to the previous month. The sharp rise can be attributed not only to the low number of cases reported in March, which amplifies the percentage increase, but also to the influx of returnees into the country who may have been exposed to the virus in endemic areas. However, no dengue fever associated deaths have been reported since the beginning of 2025.

Confirmed Malaria

• A total of 2982 confirmed malaria cases were reported, compared to 794 confirmed cases reported during March; this shows a 275.6% increase in the number of confirmed cases reported compared to the previous month. This significant rise may be attributed to seasonal changes that favor mosquito breeding, as well as the recent influx of returnees into the country who may have been exposed in endemic areas. Although no malaria-associated deaths have been reported since the beginning of 2025, the current trend requires close monitoring to support timely response and effective control measures.

ARI-Pneumonia

• A total of 128 055 ARI pneumonia cases and 260 associated deaths (monthly CFR 0.2%) were reported, compared to 140 760 cases and 310 deaths during March. This represents a 9.0% decrease in the number of reported cases compared to the previous month.

Confirmed COVID-19

- A total of 150 confirmed COVID-19 cases with no associated deaths (monthly CFR 0.0%) were reported, compared to 156 cases and one death during March. This shows a stabilization in the number of confirmed cases compared to the previous month.
- During this period, a total of 4430 samples (test positivity rate of 3.4%) were tested among suspected COVID-19 cases in public laboratories, which shows a decrease of 16.1% compared to the number of tests conducted in March (5280).
- \bullet Since the beginning of 2025, 1218 confirmed cases of COVID-19 and 4 associated deaths (CFR 0.3%) have been reported.

^{*} Monthly percentage figures should be interpreted cautiously. April 2025 covered data for 5 epidemiological weeks, while March 2025 covered 4 epi-weeks.

^{**} COVID-19 cumulative numbers have been reported since the start of the pandemic

Supplies

- A total of 4200 rabies antibodies and vaccines, 48 case management kits for AWD with dehydration, 102 integrated emergency health kits (IEHK), and 180 bottles of benzyl benzoate have been distributed to NIDH and 5 regions (Nangarhar, Kandahar, Paktya, Balkh, and Kunduz).
- A total of 300 RDT kits (10 RDT/kit) for AWD with dehydration, 120 dengue fever RDT kits (20 RDT/kit), and 265 kits of COVID-19 dual swabs (50/kit) have been distributed to all 34 provinces of Afghanistan.
- A total of 60 boxes of gloves (100 gloves per box) have been distributed to all 34 provinces of Afghanistan.

Epidemiological updates on returnees

• A total of 194 898 individuals were screened for various infectious diseases. Among these individuals, 23 318 were screened by SSTs at the returnees' camps, while the remaining 171 580 were regular travelers and passengers from Iran and Pakistan.

Table 2: Summary of reported cases from the returnee sites in Afghanistan

Numbe	er of suspected ca	ises reported an	nong returnees f	rom 03 - 28 Feb	- 2025		
Diseases	Male		Female		Total		
	<5 Years	≥5 Years	<5 Years	≥5 Years	Male	Female	Total
Diseases	<5 Years	>5 Years	<5 Years	>5 Years	Male	Female	Total
AWD with dehydration	3	19	2	12	22	14	36
Acute Bloody Diarrhea	8	37	5	24	45	29	74
Suspected malaria	0	20	0	15	20	15	35
Suspected dengue fever	0	26	0	32	26	32	58
ARI pneumonia	4	38	6	25	42	31	73
Suspected COVID-19	0	249	0	133	249	133	382

- Among the returnees, 382 RDTs and 3 PCR tests were conducted for suspected COVID-19 cases. Out of these, 67 RDTs were positive, with a positivity rate of 17.5%.
- Among suspected dengue fever cases, 47 RDTs were conducted, out of which 28 were positive, with a positivity rate of 59.6%.
- Additionally, 45 RDTs were conducted for AWD with dehydration cases, out of which 2 were positive, with a positivity rate of 4.4%.
- Furthermore, 35 RDTs were conducted for suspected malaria cases, out of which 15 were positive, with a positive rate of 42.9%.

Water, Sanitation, and Hygiene (WASH)

- WHO spearheaded minor rehabilitation of WASH (Water, Sanitation, and Hygiene) services across nine Therapeutic Feeding Units which includes on-site upgrades and procurement of essential materials.
- WHO, assessed WASH services in 11 health facilities in April 2025, bringing the total number of fully assessed facilities to 58 since the start of the year.
- WHO has cleared documents for WASH interventions in two DATCs in Nangarhar and Faryab provinces, with plans for solar power system installation, new borewell drilling, and toilet renovations. The organization will monitor the implementation for quality assurance.
- WHO assessed WASH intervention in the National Cancer Hospital in Kabul and shared the technical documents with the MoPH for review and endorsement.

Mental Health & Psychosocial Services

- WHO coordinated and participated the MHPSS TWG 1st Quarter Meeting, where updates were given on MHPSS activities such as the capacity development of healthcare staff, support for acute mental health wards in four provincial hospitals and Aino Mena Hospital.
- WHO delivered a six-day mhGAP IG Rollout Training for 28 doctors and nurses from DATC and PHC facilities in various provinces, enhancing their capacity to respond to psychiatric cases.
- WHO strengthened support for acute mental health wards, including 8-bed wards in four provinces, the 100-bed National Mental Health Hospital in Kabul, and a 20-bed Acute Mental Health Ward in Aino Mena Hospital



Photo credit: WHO Afghanistan



6642
Individuals received mental health consultations

Drug Demand Reduction

- WHO conducted a joint monitoring visit with key partners to various drug treatment programs in Afghanistan, resulting in an in-depth review of the facilities and their operations, including a 150-bed Male Adult DATC and an OAMT clinic in Herat.
- WHO successfully completed the administrative process for onboarding an international consultant to develop Standard Operating Procedures for linking Drug Use Disorders Treatment and Harm Reduction Services with Vocational Rehabilitation, Livelihoods, and Economic Empowerment Programs in Afghanistan, demonstrating WHO's commitment to comprehensive and effective drug treatment strategies in the region



Photo credit: WHO Afghanistan

Health Logistic and Supplies

- WHO facilitated the distribution of 24 Cholera kits across Afghanistan, estimated to reach a total of 2,400 beneficiaries, playing a crucial role in preventing and controlling cholera outbreaks.
- WHO distributed 100 Interagency Reproductive Health (IARH) kits, with an estimated capacity to serve 35,000 beneficiaries to enhance access to critical reproductive health services.
- The organization deployed 55 Primary Health Care (PHC) kits, projected to benefit approximately 55,000 beneficiaries thus strengthening basic healthcare services across the country.

- WHO delivered 13 Trauma and Emergency Surgery Kits (TESK), enabling life-saving care for approximately 650 patients to address urgent surgical and trauma needs within the country.
- WHO distributed 5 pneumonia kits to Hirat Regional Hospital, estimated to benefit 250 patients by enhancing the facility's capacity to manage severe respiratory cases.

WHO's strategic distribution of medical kits has improved healthcare access and service quality nationwide, delivering critical support to an estimated 93,300 beneficiaries.

Programme Monitoring Unit (PMU)

- WHO continues to conduct systematic and regular monitoring and evaluation (M&E) activities for robust oversight of project implementation, deploying a dedicated team of 20 monitoring officers across relevant sites, and using tailored tools designed for each specific health intervention.
- WHO conducted comprehensive monitoring visits to a total of 82 primary healthcare facilities and 86 hospitals in April 2025, evaluating performance, identifying strengths, pinpointing areas requiring enhancement, and implementing timely and effective corrective actions in collaboration with implementing partners.



Photo credit: WHO Afghanistan

Prevention and Response to Sexual Exploitation, Abuse and Harassment (PRSEAH)

- WHO Afghanistan expanded its PRSEAH capacity building by training 194 staff across different programs, while also implementing facilitylevel PSEA SOPs under the coordination of PRS champions.
- WHO refreshed 15 implementing partners on their PSEA responsibilities at the WHE partners' meeting, reinforcing shared commitment on PRS.
- WHO conducted a specialized module for twenty field data collectors on ethical SEAH data collection and survivor-centered disclosure management, and also coordinated a workshop for seventeen PHC staff to operationalize the PRSEAH model.



Photo credit: WHO Afghanistan

Strategic initiatives for workforce development

WHO trained 423 healthcare professionals including physicians, nurses, and multidisciplinary specialists enhancing clinical competencies nationwide. The summary of the trainings in indicated in the table below:

Training Name	Male	Female	Total	
AWD Case Management	23	7	30	
BECC (Basic Emergency Care Course)	24	25	49	
Emergency Care Toolkit	49	0	49	
IPD-SAM	0	81	81	
Mass Casualty Management - MCM	16	10	26	
PEN NCD	61	99	160	
mhGAP IG	28	0	28	
Grand Total	201	222	423	



138 951

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

Health Cluster

- The Health Cluster conducted two national coordination meetings in April 2025, discussing the humanitarian health situation in Afghanistan, disease outbreaks, and updates from various health task forces.
- Regional Health Cluster coordinators conducted monthly and quarterly meetings, focusing on information-sharing, decision-making, review returnee health services, discussing suspended USfunded health facilities, strengthen partner collaboration and strategic planning among partners, as well as mitigation of Leishmaniasis cases in Western region.
- The Regional Health Cluster teams conducted field missions in four provinces in Afghanistan, addressing returnee needs and improving the health response.

- The Health Cluster participated in eight MoU review committee meetings at the Ministry of Public Health, resulting in 19 MoUs being approved to deliver critical health services.
- A total of 190 080 individuals returned to Afghanistan from Pakistan and Iran between 01 and 26 April 2025, highlighting the need for improved preparedness and health response for returnees.
- A joint mission was conducted by the Health Cluster and IOM to the Torkham border to address service provision and coordination challenges among health partners



Oversight of WHO-supported mobile health team providing PHC services for returnees in Kot District, Nangarhar Province



Photo credit: WHO Afghanistan

For further information, please contact:

Dr. Jamshed Tanoli

Health Emergencies Team Lead, WHO Afghanistan

E-mail: tanolij@who.int

Helena O'Malley

Partnerships & External Relations Specialist, WHO

Afghanistan

E-mail: omalleyh@who.int

Ms. Ajyal Sultany

Head, Communications, WHO Afghanistan

E-mail: sultany@who.int

Dr. Victor Tugumizemu

HIM & Risk Assessment Head, WHO Afghanistan

E-mail: tugumizemuv@who.int

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