



World Health Organization

Afghanistan

AFGHANISTAN

EMERGENCY SITUATION REPORT



No. 52 | May 2025

Key figures (monthly)

216 394



Number of out-patient consultations (PHCs & Hospitals)

152 MT



Medical & non-medical supplies distributed

555



Health workers trained

Summary of outbreaks (2025)

739 201



ARI-Pneumonia

62 470



Measles

50 715



AWD with dehydration

10 727



Malaria

1 826



COVID-19

462



Dengue fever

378



CCHF



WHO Representative and WHE Team Lead visit Omari Camp at the Torkham border to assess health response efforts for returnees. Photo credit: WHO Afghanistan

WHO Strengthens Health Response for Returnees


WHO Representative Dr Edwin Ceniza Salvador and WHE Team Lead Dr Jamshed Tanoli conducted an assessment visit to the returnees' camp and border entry point in Torkham to assess the health response on the ground. The visit provided critical oversight, identified urgent health needs and gaps in support, while allowing the team to directly meet with partners to improve services for returnees and host population.

Their presence underlined WHO's commitment to delivering life-saving health services, with special attention to the most vulnerable women and children, who are often the hardest hit in times of crisis.

Key Achievements


- WHO strengthened health system by supporting 131 primary facilities across 20 provinces and two specialized hospitals including five mental health wards in 7 provinces, while expanding addiction treatment through 18 centers in 13 provinces ensuring continuous care for vulnerable populations through essential service delivery, health worker training, and medical supply distribution.

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




216 394

People received OPD consultations




179 002

Patients received essential drugs for their basic health services




4 557

Women received postnatal care (PNC)




7 816

Women received antenatal care (ANC)




1 088

Institutional deliveries




11 606

Under 5 children received DTP, Penta3, and Measles vaccination




10 436

Pregnant, CBA women received TT2+ vaccination




44 663

Number of consultations for noncommunicable diseases



12 781

Pregnant and lactating women received Infant and IYCF counselling

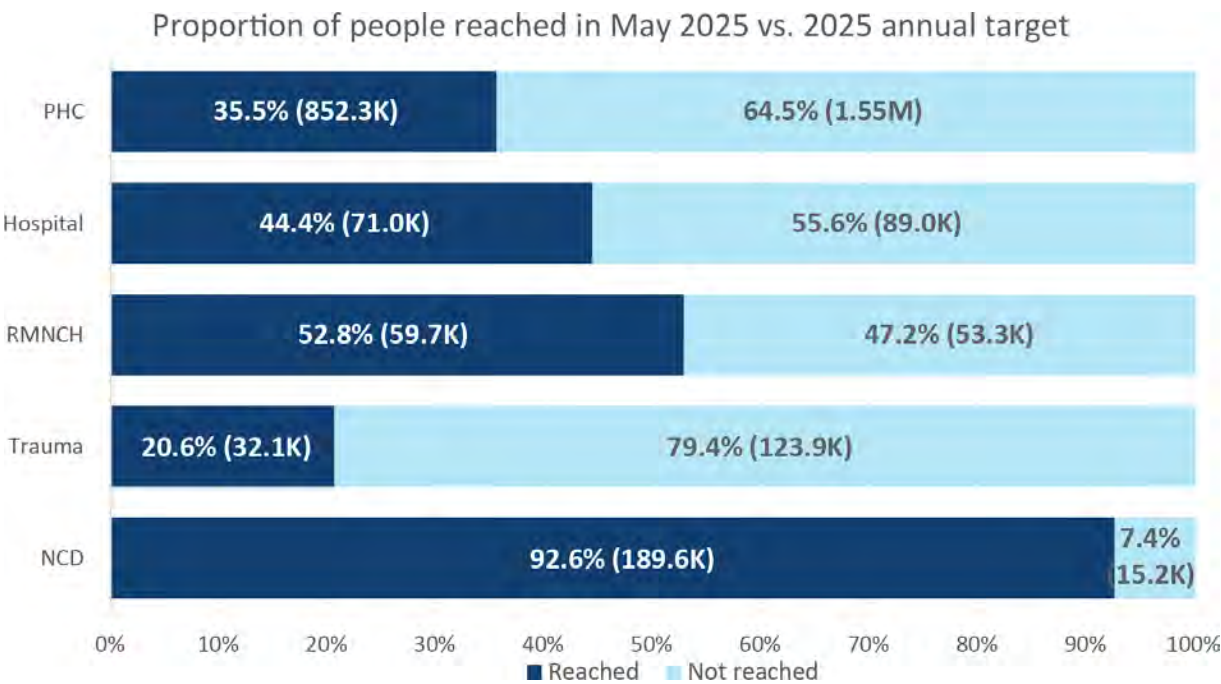


7 439

Women received family planning and awareness services

Sustaining healthcare service delivery

Beneficiaries of PHC & Hospital services at WHO-supported facilities for May 2025		
Age	Male	Female
Over 18 years	54,973	94,786
Under 18 years	33,358	33,277



Infectious Disease Hazard and Surveillance

Summary monthly Report on Infectious Disease Outbreaks in Afghanistan: May 2025

Indicators	Suspected Measles	AWD with dehydration	Suspected CCHF	Suspected Dengue fever	Confirmed Malaria	Confirmed COVID-19	ARI-Pneumonia
Monthly new cases (% change compared to Apr) *	14,660 (↓21.6)	15,759 (↑18.1)	200 (↑83.5)	216 (↑64.9)	5,136 (↑72.2)	586 (↑242.7)	92,866 (↓27.5)
Monthly new deaths (CFR%)	93 (0.6)	6 (0.04)	16 (8.0)	0 (0.0)	0 (0.0)	0 (0.0)	195 (0.2)
Cumulative cases**	62,470	50,715	378	462	10,727	245,935	739,201
Cumulative deaths (CFR%)	399 (0.6)	17 (0.03)	24 (6.3)	0 (0.0)	0 (0.0)	8,052 (3.3)	1,630 (0.2)

* Monthly percent change figures should be interpreted cautiously. May 2025 covered data for 4 epidemiological weeks, while April 2025 covered 5 epi-weeks.
** COVID-19 cumulative numbers have been reported since the start of the pandemic.

Suspected Measles

- A total of 14,660 suspected measles cases and 93 associated deaths (monthly CFR 0.6%) were reported, compared to 18,703 cases and 111 deaths during April. This represents a 21.6% decrease in the number of suspected cases compared to the previous month.

Acute Watery Diarrhea (AWD) with dehydration

- A total of 15,759 AWD with dehydration cases and 6 associated deaths (monthly CFR 0.04%) were reported, compared to 13,342 cases and 3 deaths during April. This represents an increase of 18.1% in the number of reported cases compared to the previous month.

Suspected Crimean–Congo Hemorrhagic Fever (CCHF)

- A total of 200 suspected cases of CCHF with 16 associated deaths were reported (monthly CFR 8.0%) compared to 109 cases and 6 deaths reported in April. This shows an increase of 83.5% 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 216 suspected dengue fever cases were reported, compared to 131 cases during April. This shows a 64.9% increase in the number of suspected cases reported compared to the previous month. No dengue fever-associated deaths have been reported since the beginning of 2025.

Confirmed Malaria

- A total of 5,136 confirmed malaria cases were reported, compared to 2,982 confirmed cases reported during April; this shows a 72.2% increase in the number of confirmed cases reported compared to the previous month. No malaria-associated deaths have been reported since the beginning of 2025, the current trend requires close monitoring to support a timely response and effective control measures.

Confirmed COVID-19

- A total of 586 confirmed COVID-19 cases with no associated deaths (monthly CFR 0.0%) were reported, compared to 171 cases and no deaths during April. This represents a 242.7% increase in the number of confirmed cases compared to the previous month. The sudden increase in the number of confirmed cases could be attributed to another wave of COVID-19 in the country and requires close monitoring.
- A delayed data entry was experienced during April, and the number of COVID-19 confirmed cases was modified from 150 to 171.
- During this period, a total of 3,976 samples (test positivity rate of 14.7%) were tested among suspected COVID-19 cases in public laboratories, which shows a decrease of 10.0% compared to the number of tests conducted in April (4,418).
- Since the beginning of 2025, 1,826 confirmed cases of COVID-19 and 4 associated deaths (CFR 0.2%) have been reported.

ARI-Pneumonia

- A total of 92,866 ARI pneumonia cases and 195 associated deaths (monthly CFR 0.2%) were reported, compared to 128,055 cases and 260 deaths during April. This represents a 27.5% decrease in the number of reported cases compared to the previous month.

Epidemiological updates of returnees

- In May 183,686 individuals were screened for various infectious diseases. Among these individuals, 15,665 were screened by SSTs at the returnees' camps, while the remaining 168,021 were regular travelers and passengers from Iran and Pakistan.

Summary of reported cases from the returnee sites in Afghanistan:

Number of infectious disease cases reported among returnees by the SSTs, 04-31 May 2025							
Diseases	Male		Female		Total		
	<5 Years	≥5 Years	<5 Years	≥5 Years	Male	Female	Total
AWD with dehydration	9	8	2	3	17	5	22
Acute bloody diarrhea	6	17	9	20	23	29	52
ARI pneumonia	2	15	2	11	17	13	30
Suspected COVID-19	0	101	0	57	101	57	158
Suspected dengue Fever	0	27	0	48	27	48	75
Suspected malaria	2	45	4	46	47	50	97

Testing Summary

- **COVID-19:** 160 RDTs (40 positive, 25%) + 2 PCR tests (2 positive, 100% positivity rate).
- **Dengue Fever:** 67 RDTs (27 positive, 40.3% positivity rate).
- **AWD with Dehydration:** 13 RDTs (all negative)
- **Malaria:** 97 RDTs (42 positive, 43.3% positive rate).

Water, Sanitation, and Hygiene (WASH)

- WHO advanced the rehabilitation of WASH services in nine Therapeutic Feeding Units, with nearly 40% of the activities completed, enhancing the health conditions of the units.
- WHO is implementing WASH interventions in four DATCs under Special Trust Fund for Afghanistan, with procurement finalized and an implementation partner onboarded to ensure effective delivery.

Risk Communication and Community Engagement (RCCE)

- WHO empowered over 38,000 people, including 21,000 women, in flood-affected Baghlan province to protect themselves from infectious diseases by increasing community knowledge through 373 targeted RCCE sessions.
- WHO strengthened local capacity for disease prevention by training and deploying 30 community mobilizers to deliver lifesaving health information and foster trust within their own communities.



RCCE campaign, Baghlan province Photo credit: WHO Afghanistan

Mental Health & Psychosocial Services

- WHO supported the continuity of specialized mental health services in four provincial hospitals and the National Mental Health Hospital in Kabul by extending its aid for acute mental health wards and providing technical, financial, and operational support. These actions ensure there is no disruption in the provision of care for patients with mental health conditions.
- WHO catalyzed the revision of the National Mental Health Strategy for 2025-2029 by hiring an international expert, a key action towards improving mental health care and services on a national scale.



mhGAP refresher training for doctors and nurses working in BPHS health facilities.
Photo credit: WHO Afghanistan



8,706

Individuals received mental health consultations

Drug Demand Reduction

- WHO advocated for the expansion of mobile outreach services by the Balkh 50-bed Women and Children DATC, leading to increased access to health services for women and children both within and beyond July 2025.
- WHO brought together the General Directors of Curative and Preventive Medicine, along with key partners to prepare for the Drug Use Treatment and Prevention meeting. The goal was to strengthen collaboration across sectors and make sure everyone is aligned for better planning and more effective action.



DATC and WHE teams during monitoring Faryab 20-beds female DATC
Photo credit: WHO Afghanistan

Programme Monitoring Unit (PMU)

- WHO implemented systematic monitoring and supportive supervision of project implementation through 20 monitoring officers that conducted facility visits, ensuring effective oversight and continuous improvement.
- WHO collaborated with implementing partners to promptly address healthcare gaps, driving quality improvement and accountable service delivery.



Assessing patient satisfaction during visit to TFU unit in Dasht-e-Barchi Hospital in Kabul
Photo credit: WHO Afghanistan

Strategic initiatives for workforce development

In May 2025, WHO enabled a capacity-building sessions to over 555 health workers including doctors and nurses among others in various disciplines across the country. The summary of the trainings in indicated in the table below:

Training Name	Male	Female	Total
Basic Emergency Care	50	0	50
Emergency Care Toolkit	0	23	23
IMNCI	11	10	21
Mass Casualty Management - MCM	27	0	27
Measles Case Management	113	38	151
Medical Devices	16	3	19
PEN NCD	60	100	160
Problem Management Plus	25	0	25
Rescue Communication and Community Engagement	13	15	28
Thinking Healthy Training	0	27	27
mhGAP IG	23	1	24
Grand Total	338	217	555



168,808

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

Health Cluster

- Health Cluster partners enabled 733,778 people across all 34 provinces of Afghanistan to access essential humanitarian health services in April 2025, improving health coverage and strengthening equitable access to vital care.
- The Health Cluster conducted two national coordination meetings in May 2025, focusing on the humanitarian health situation in Afghanistan, communicable disease outbreaks, and health response to returnees.
- As of May 27, 2025, US funding has led to suspension/closure of 422 health facilities across 30 provinces, impacting 3.08 million people and creating urgent need for donor support.
- The Regional Health Cluster coordinators conducted regular regional coordination meetings, enhancing information-sharing, decision-making, and strategic planning among partners.

The Eastern Region Health Cluster convened meetings to strengthen Acute Watery Diarrhea outbreak response, with focus on improving surveillance and case monitoring.

- The Health Cluster in the Western Region facilitated improved coordination among stakeholders, addressed operational challenges, and led Emergency Preparedness and Response (EPR) meetings in response to increased Leishmaniasis cases.
- Regional Health Cluster teams conducted field missions in three provinces to monitor returnee response efforts and provide strategic guidance to strengthen the response.
- Since May 2025, the Health Cluster has coordinated cross-level efforts to deliver rapid health services to returnees, adapting interventions based on community input.



Health Cluster team visited Spin Boldak border to assess health response efforts for returnees.



WHE team lead during visit to Torkham Zero-point border.
Photo credit: WHO Afghanistan

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