



World Health Organization

Afghanistan

AFGHANISTAN

EMERGENCY SITUATION REPORT



No. 54 | July 2025

Key figures (monthly)



134 122

Outpatient consultations (PHCs & Hospitals)



1081

Medical kits distributed

Summary of outbreaks (2025)



890 541

ARI-Pneumonia



82 173

Measles



95 362

AWD with dehydration



27 482

Malaria



3008

COVID-19



967

Dengue fever



972

CCHF



WHO provides health care services in Khost province. Photo: WHO Afghanistan

Executive summary

Scale-up for returnees: WHO intensified its health response at key border points (Islam Qala and Torkham) to address the needs of over 606 000 returnees from Iran and Pakistan, supporting disease screening, trauma care, health education and distributing essential supplies.

Concerning outbreak trends: A significant increase in acute watery diarrhoea (AWD) (+58%), dengue fever (+104.2%), and malaria (+72.2%) cases was observed, necessitating an enhanced outbreak response across multiple provinces.

Critical health system gaps: The suspension of 422 health facilities, supported by Health Cluster partners, due to funding termination has severely impacted service delivery, leaving an estimated 3.08 million people without access to essential healthcare.

Prioritized response: Key priorities for August include scaling up AWD and vector-borne disease control measures, advocating for urgent funding to reactivate suspended facilities, and maintaining robust health services for returnee populations.

Epidemiological overview

Disease Outbreaks

The epidemiological situation in July 2025 was marked by several concerning trends:

- **Acute watery diarrhoea (AWD):** 27 330 new cases and 21 deaths (CFR 0.08%), representing a **58.0% increase** from June. An increasing trend has been observed since mid-February 2025.
- **Acute respiratory infection (ARI)-pneumonia:** 82 541 new cases and 201 deaths (CFR 0.2%), a **20.4% increase** from the previous month.
- **Suspected dengue fever:** 339 new cases, a **104.2% increase** from June. The trend is increasing since April 2025 (positivity rate: 28.1% among returnees tested).
- **Confirmed malaria:** 10 600 new cases, a **72.2% increase** from June, with a gradual increase since April this year (positivity rate: 37.5% among returnees tested).
- **Suspected measles:** 9431 new cases and 58 deaths (CFR 0.6%), showing an **8.0% decrease** from June, with a decreasing trend since mid-May this year.
- **COVID-19:** 564 new confirmed cases (test positivity rate: 16.4%), a **13.0% decrease** from June. No deaths were reported.
- **Suspected Crimean-Congo haemorrhagic fever (CCHF):** 249 new cases and 22 deaths (CFR 8.8%), a **27.4% decrease** from June.

Surveillance system performance:

- Surveillance for key epidemic-prone diseases remained functional across the country.
- Enhanced screening was implemented at Points of Entry (PoEs); **455 795 individuals** were screened at returnee camps and border crossings in Herat (Islam Qala) and Nangarhar (Torkham).

Health service delivery

Key milestones achieved in WHO-supported primary healthcare facilities & hospitals during July 2025



134 122

People received OPD consultations



8232

Under 5 children received DTP, Penta3, and Measles vaccination



8318

Pregnant, CBA women received TT2+ vaccination



3686

Individuals received mental health consultations



6401

Pregnant and lactating women received Infant and IYCF counselling

Facilities supported

- WHO supported **95 primary healthcare facilities** across 18 provinces, 1 emergency trauma centre, 2 specialized hospitals, and 5 mental health wards in 7 provinces.

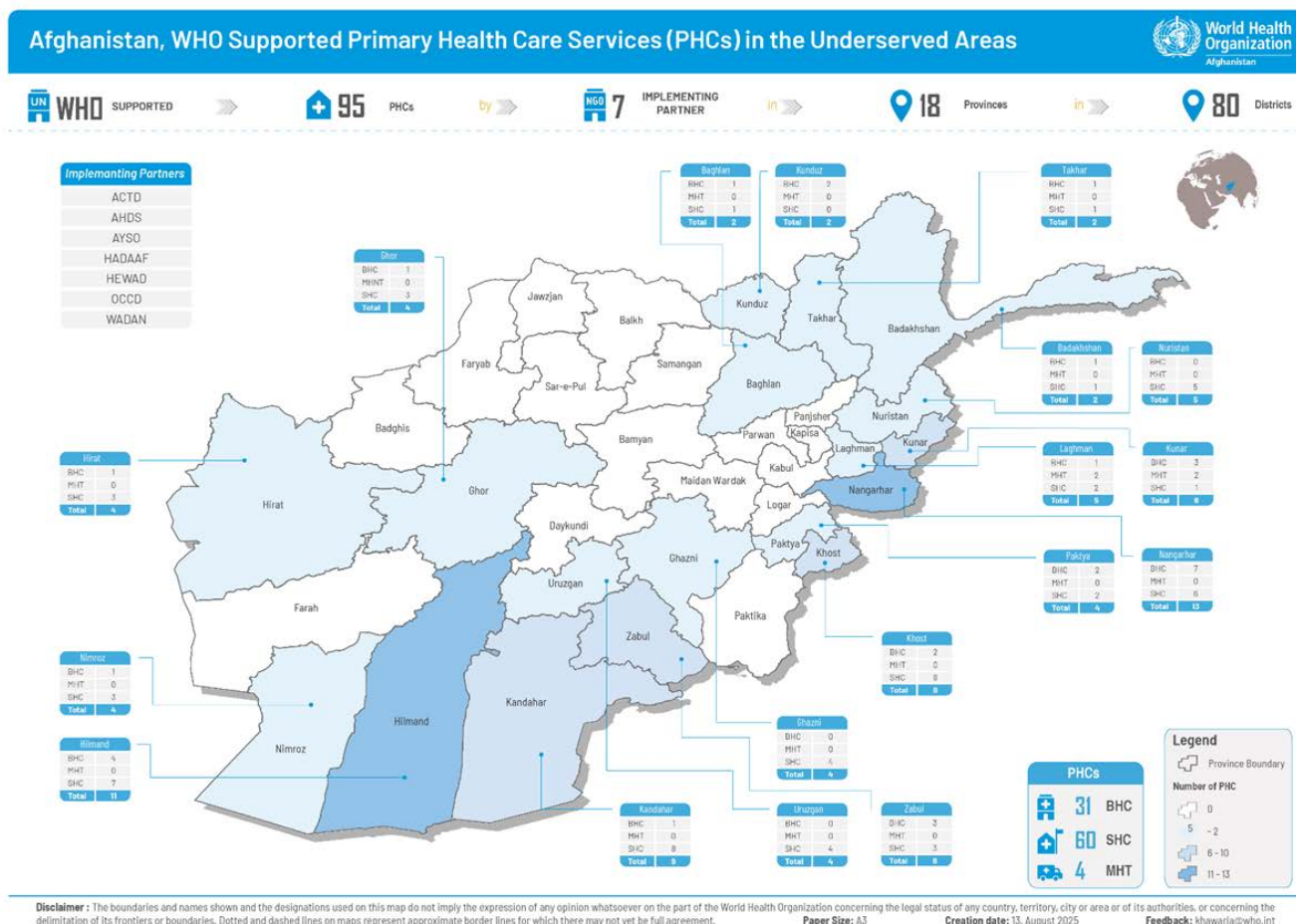


Fig. 1: WHO supported health facilities.

Beneficiary data

- A total of **134 122 people** received outpatient consultations at WHO-supported facilities.
 - ✓ **56 006 women** (41.7%)
 - ✓ **34 837 men** (26.0%)
 - ✓ **21 764 girls** (16.2%)
 - ✓ **21 515 boys** (16.0%)
- Key services included: 8318 TT2+ vaccinations for pregnant women, 8232 vaccinations for children under 5, 6401 Infant and Young Child Feeding (IYCF) counselling sessions, and 3686 mental health consultations.

Gaps in service coverage

The closure of 422 health facilities, supported by Health Cluster partners, represents the most critical gap, directly denying **3.08 million people** access to care and increasing the risk of poor health outcomes, especially for women and children.

Emergency response and coordination

Coordination activities

- WHO leadership conducted field assessments at the Islam Qala border crossing, resulting in strengthened coordination with health partners and targeted improvements to the ongoing health response for returnees.



WHE Team Lead visit to Islam Qala border to assess health response efforts for returnees. Photo credit: WHO Afghanistan

- The Health Cluster conducted field missions in 4 provinces to support AWD response and assess health services at PoEs.

Surveillance Support Teams

- Surveillance Support Teams (SSTs) were active at returnee camps and border points, screening populations and investigating disease alerts (e.g., 967 infectious disease cases identified among returnees).

PoEs updates

Health screening services were operational at major PoEs (Islam Qala in Herat and Torkham in Nangarhar) for the influx of returnees. Screened 455 795 individuals for infectious diseases at returnee camps and key border points, enhancing early detection and response capabilities

Resource mobilization and logistics

Medical supplies distributed:

- **1081 medical kits** were distributed, including 405 outbreak-specific kits [AWD, measles and Interagency Emergency Health Kit (IEHK)], 32 AWD modules to Parwan, and 67 dengue rapid diagnostic test (RDT) kits to Nangarhar.
- Critical supplies for clinical management were delivered, including 1000 vials of rabies antibody, blood transfusion kits for CCHF support, and botulism antitoxin.
- Bulk kit deliveries are expected to benefit hundreds of thousands, including 228 cholera kits (sufficient for 22 800 patients), 267 IEHK Basic kits (sufficient for 267 000 people), and 174 primary healthcare (PHC) kits (enough for 174 000 people).

Partnerships and governance

High-level missions and meetings

- WHO convened a high-level advocacy meeting with Implementing Partner Country Directors to address critical gaps in Prevention and Response to Sexual Exploitation, Abuse and Harassment (PRSEAH) case reporting and leadership support.



Leadership meeting about safeguarding in emergency health delivery in Afghanistan. Photo credit: WHO Afghanistan

- WHO coordinated with the National Drug Demand Reduction Directorate and International Medical Corps to successfully reopen the Kabul Opioid Agonist Maintenance Treatment (OAMT) satellite programme.

Challenges and risks

Key bottlenecks

- **Increasing disease burden:** Simultaneous surges in AWD, dengue, and malaria cases strain available resources and health workforce capacity.
- **Vulnerable populations:** Continuous influx of returnees requires sustained service delivery at scale, amidst existing system fragility.

Mitigation measures

- Ongoing donor advocacy to secure emergency funding and reactivate closed health facilities.
- Strategic distribution of medical kits and supplies to hotspots to contain outbreaks.
- Strengthening coordination through the Health Cluster to optimize partner resources and avoid duplication.

Priorities for next month

1. **Scale-up outbreak response:** i) Intensify AWD prevention and control measures in hotspots.
ii) Enhance vector control activities in response to the rise in dengue and malaria cases.
2. **Address health facility closures:** Continue advocacy with donors and partners to secure funding for the reactivation of suspended health facilities.
3. **Sustain returnee support:** Maintain and strengthen health screening and service delivery at key PoEs and in areas of return.
4. **Capacity building:** Continue targeted training for health workers, particularly in clinical management of disease outbreaks and drug demand reduction.

Annexes

Annex A: Summary of Infectious Disease Outbreaks in Afghanistan - July 2025

Summary monthly Report on Infectious Disease Outbreaks in Afghanistan: July 2025							
Indicators	AWD with dehydration	Suspected measles	Suspected CCHF	Suspected dengue fever	Confirmed malaria	Confirmed COVID-19	ARI-pneumonia
Monthly new cases (% change compared to June) *	27 330 (↑58.0)	9431 (↓8.0)	249 (↓27.4)	339 (↑104.2)	10 600 (↑72.2)	564 (↓13.0)	82 541 (↑20.4)
Monthly new deaths (CFR%)	21 (0.08)	58 (0.6)	22 (8.8)	0 (0.0)	0 (0.00)	0 (0.0)	201 (0.2)
Cumulative cases **	95 362	82 173	972	967	27 482	247 160	890 541
Cumulative deaths (CFR%)	46 (0.05)	503 (0.6)	73 (7.5)	0 (0.0)	0 (0.0)	8052 (3.3)	1981 (0.2)

*Monthly percentage figures should be interpreted cautiously. July 2025 covered data for 5 epidemiological weeks, while June 2025 covered 4 epi-weeks.

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

Annex B: Beneficiary demographics of WHO supported PHCs & Hospital services; July 2025

Age	Male	Female
Over 18 years	34 837	56 006
Under 18 years	21 515	21 764

Annex C: Infectious Diseases Reported Among Returnees

Number of infectious disease cases reported among returnees by the SSTs, 29 Jun – 02 Aug 2025							
Diseases	Male		Female		Total		
	<5 Years	≥5 Years	<5 Years	≥5 Years	Male	Female	Total
Acute bloody diarrhoea	2	13	0	4	15	4	19
ARI cough and cold	43	200	27	81	243	108	351
Acute watery diarrhoea	6	9	1	1	15	2	17
Chickenpox	0	11	0	2	11	2	13
Suspected Covid-19	0	173	0	67	173	67	240
Suspected dengue fever	0	64	0	71	64	71	135
ARI-pneumonia	1	9	0	6	10	6	16
Scabies	3	77	16	60	80	76	156
Suspected measles	3	4	2	3	7	5	12
AWD with severe dehydration	0	2	0	1	2	1	3
Suspected tuberculosis	0	1	0	4	1	4	5
Grand total	58	563	46	300	621	346	967

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