



World Health Organization

Afghanistan

AFGHANISTAN

EMERGENCY SITUATION REPORT



No. 58 | November 2025

Key figures (monthly)



193 526

Outpatient consultations
(PHCs & Hospitals)



1 022

Essential drugs distributed



525

Health workers trained

Major Infectious Diseases Cases (2025)



1 300 544

ARI-Pneumonia



96 554

Measles



158 219

AWD with dehydration



77 303

Malaria



4 136

COVID-19



5 828

Dengue fever



1 486

CCHF



WHO teams mobilize medical kits for earthquake response efforts in the Eastern Region.
Photo credit: (Photo credit: WHO Afghanistan).

Highlights

Acute Watery Diarrhea cases dropped by over 38%, continuing a positive three-month downward trend and reducing community risk.

Surveillance and other response efforts successfully reduced Suspected Crimean–Congo Hemorrhagic Fever (CCHF) cases by 61%.

Over 220,000 individuals returned to Afghanistan through official PoEs, placing significant pressure on health services, which delivered 40,501 outpatient consultations.

Over 193,000 people received outpatient medical consultations through the WHO-supported primary health centers and hospitals.

Epidemiological overview

Disease Outbreaks

The epidemiological situation in November 2025 was marked by the below trends:

Acute Watery Diarrhea (AWD): A total of 9,548 new cases and four associated deaths (CFR: 0.04%) were reported in November. This represents a 38.2% decrease compared to October and marks a continued downward trend since August, following the earlier rise observed in February this year. The decline may indicate a potential shift in transmission dynamics.

Acute Respiratory Infection (ARI)-Pneumonia: In November, the surveillance system recorded 147,138 cases of ARI pneumonia marking a 24.6% increase compared to the 118,090 cases reported in October. Despite the surge, the monthly Case Fatality Ratio (CFR) remained stable at 0.2%, with 248 reported deaths.

Suspected Dengue Fever: Suspected dengue cases increased to 2,357 in November with a 21.9% rise compared to October. Despite the surge, no dengue-related deaths have been reported in 2025, reflecting effective case management.

Confirmed Malaria: During the reporting period, a total of 4,804 confirmed malaria cases were reported compared to 15,253 in October, marking a 68.5% decrease from the previous month. No malaria-associated deaths have been reported since the beginning of 2025.

Suspected Measles: This month, 3,721 new measles cases with five associated deaths (CFR 0.1%) were reported, reflecting a 5.1% increase compared to September. The first phase of the nationwide measles immunization campaign has been successfully completed, reaching approximately 8.3 million children aged 6 months to 10 years across 17 cold-climate provinces.

COVID-19: During the reporting period, 199 confirmed COVID-19 cases were reported, with no associated deaths (monthly CFR 0.0%), compared to 245 cases and no deaths in October, reflecting an 18.8% increase in confirmed cases. In November 2025, public laboratories tested 3,885 samples from suspected cases, with a positivity rate of 5.1%, marking a 34.2% increase in testing compared to 2,896 samples in October.

Suspected Crimean–Congo Hemorrhagic Fever (CCHF): A total of 47 new CCHF cases with four associated deaths (CFR 8.5%) were reported, reflecting a 60.8% decrease compared to October. Given the high fatality ratio of CCHF, maintaining strong and continuous surveillance is critical to ensure early detection and timely intervention, both of which are vital for improving patient outcomes.











Health facilities supported by WHO

WHO maintains a strategic health network across Afghanistan, providing essential health care through 128 primary healthcare facilities in 23 provinces. This network is complemented by specialized services, including two Emergency Trauma Centers (Spinboldak and Torkham), two national specialized hospitals (for infectious diseases and mental health), and five inpatient mental health wards in eight provinces. Furthermore, substance use treatment was provided in 12 Drug Treatment Centers (DATC) and five Opioid Agonist Maintenance Treatment (OAMT) centers across 13 provinces.



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

- The infographic displays 10 key health service achievements in 2022, arranged in two columns. Each achievement is represented by a blue circular icon, a numerical value, and a descriptive text. The icons include: a stethoscope, a syringe, a pregnant woman, a woman holding a baby, a woman sitting, a woman holding a baby, a pregnant woman, a woman sitting, a person in a hospital bed, a water drop, a head with a heart, a megaphone with a heart, and a medicine bottle with pills.

Icon	Value	Description
	193 526	People received OPD consultations
	8 097	Pregnant, CBA women received TT2+ vaccination
	7 032	Pregnant and lactating women received Infant and IYCF counselling
	2 913	Women received postnatal care (PNC)
	4 391	Women received antenatal care (ANC)
	1 449	Institutional deliveries conducted
	6 944	Under 5 children received DTP, Penta3, and Measles vaccination
	8 755	Individuals received mental health consultations
	166 996	People living in remote and underserved areas received health education and awareness-raising materials
	159 658	Patients received essential drugs for their basic health services needs

Health logistic and supplies

WHO in Afghanistan has strengthened the country's healthcare capacity through the nationwide distribution of critical supplies, reaching an estimated 680,400 direct beneficiaries. This includes 412 Interagency Emergency Health Kits (IEHK-Basic), sufficient to treat approximately 412,000 people, and 25 IEHK-Supplementary kits enough to cover an additional 250,000 beneficiaries with essential and expanded care. Furthermore, WHO delivered 321 Pneumonia kits sufficient for 16,050 treatments, 209 Pediatric Severe Acute Malnutrition (PED-SAM) kits enough to treat 10,450 children, 18 Measles kits supporting care for 900 beneficiaries, and 1,000 Mental Health kit modules to reinforce community level psychological support. These targeted shipments strengthen outbreak control, malnutrition management, maternal and child health services, and pneumonia case management, directly contributing to reduced child mortality and mortality.

Earthquake response

Afghanistan experienced two major earthquakes, a 6.0 magnitude event in the east on August 31, and a 6.3 magnitude event in the north on November 3. These incidents collectively resulted in over 2,230 fatalities and more than 4,800 injuries. The response to both events continues and below is a summary.

The response to the health emergency in the Eastern region remains active, with 26 facilities supported by eight partners delivering essential health services including primary care, physical rehabilitation, and mental health and psychosocial support services.



WHO team conducts field assessment in earthquake-affected areas of Samangan and Balkh provinces to evaluate damages and support response. (Photo: WHO Afghanistan).

Approximately 6,000 earthquake-affected families remain displaced in six temporary camps across Kunar and Nangarhar provinces. As winter intensifies, temperatures continue to drop, and the situation is further compounded by inadequate shelter, poor WASH facilities, and limited heating- factors that significantly increase the risk of seasonal disease outbreaks among the displaced populations.

A total of 13,582 infectious disease cases were reported in earthquake-affected Kunar province. These included 1,218 acute watery diarrheas (seven RDTs conducted, all negative), 1,737 pneumonia, 520 bloody diarrhea cases, 64 malaria cases and 251 suspected COVID-19 cases (242 RDTs conducted, 49 were RDT-positive (20.2%). Nine suspected dengue fever cases were reported: all tested negative via RDT.

In response to the Northern region earthquake, WHO strengthened coordination with Provincial Health Directorates and partners to ensure effective resource mobilization for response activities. A total of 20 metric tonnes of life-saving medical supplies were delivered, including 5 MTs of emergency health kits to three major hospitals, five MTs to replenish the Mazar warehouse, and 10 MTs to the BPHS implementing partner in Samangan. Other support included the delivery of Mental Health 2022 module medicines and Primary Health Care kits to Balkh Regional Hospital, further strengthening continuity of essential and emergency care for affected communities.

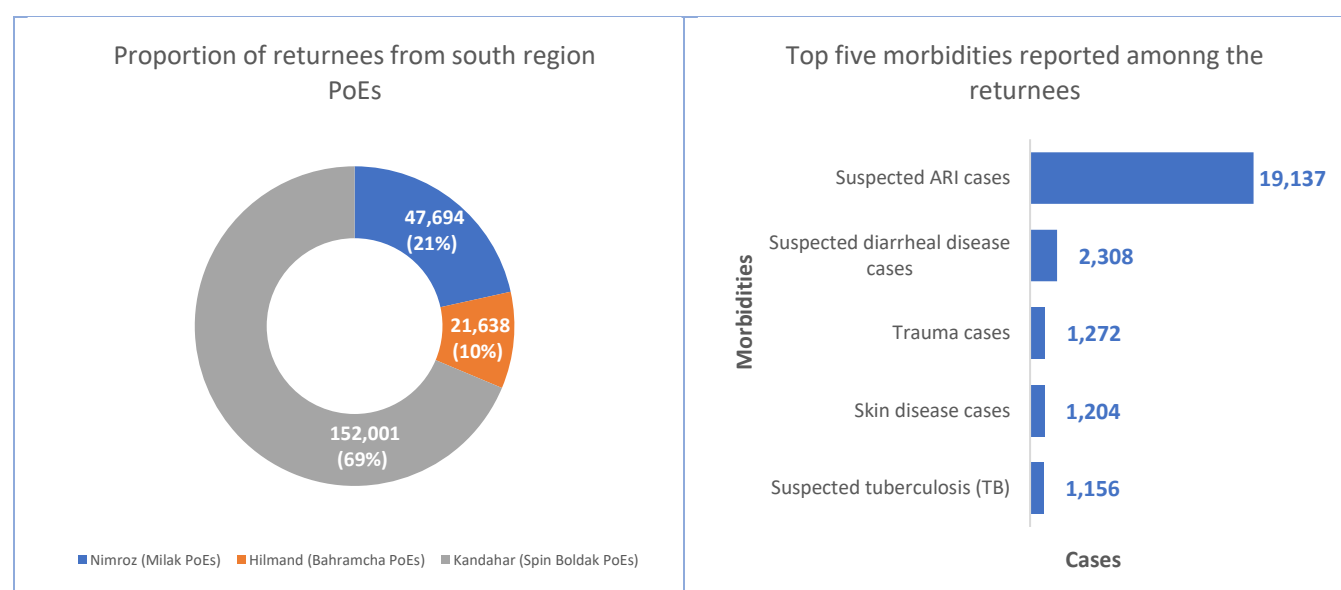
The response was further reinforced through community-level awareness sessions and the distribution of 30,100 informational materials on mental health (MHPSS) and safeguarding (PRSEAH) to Health Cluster partners delivering services in affected areas.

Additionally, WHO deployed a Mental Health and Psychosocial Support (MHPSS) team to Balkh Regional Hospital. The team provided Psychological First Aid (PFA), individual MHPSS consultations, and conducted awareness sessions. A total of 993 individuals, including 225 men and 768 women received the services of which 80 individuals were referred for further care.

Returnee response

In November, a total of 221,333 individual returnees entered Afghanistan through three key border points of Entries (PoEs), namely Spin Boldak (152,001), Bahramcha (21,638), and Milak (47,694). This marks a 32% increase compared to October, driven primarily by a surge through Spin Boldak, which accounted for 69% of all returnees.

During the reporting period, WHO supported partners together with other health partners provided essential services across three key points of entry (PoEs), Spin Boldak (8 partners), Milak (8 partners), and Bahramcha (1 partner) with strategically divided responsibilities to ensure comprehensive, non-overlapping coverage for returnees. Collectively, these partners conducted 43,055 consultations in Spin Boldak and Milak, with a gender distribution of 24,002 males and 19,053 females. The top five clinical conditions treated were Suspected Acute Respiratory Infection (19,137 cases), Diarrheal Disease (2,308 cases), Trauma (1,272 cases), Skin Disease (1,204 cases), and Suspected Tuberculosis (1,156 cases).



Ethical conduct

WHO Afghanistan significantly strengthened the ethical foundations of the national emergency health response. Key achievements included training 4,914 frontline health workers (2,021 female and 2,893 male) on ethical conduct and consulted 240 workers on SEAH risks guiding safer programming. Institutional capacity was enhanced by training 62 safeguard champions, formalizing reporting mechanisms. Community engagement reached 30,550 individuals (16,871 men and 13,679 women) with awareness messages, while direct consultations with 650 community members ensured risk mitigation strategies were informed by local perspectives. Furthermore, WHO mobilized leadership accountability through 15 advocacy and engagement meetings with 379 community and facility leaders and held two partner review meetings to refine the implementation of ethical standards in service delivery.

Challenges & risks

The high-case-fatality ratio of CCHF (8.5% CFR) calls for urgent action to prevent excess mortality and curb further transmission.

The increasing influx of returnees (over 200,000 each month) requires a well-funded response plan to meet the increased healthcare needs and reinforce disease surveillance at Points of Entry.

Multiple and increasing disease cases among the population require additional resources for both instituting prevention and management measures.

The Milak PoE lacks isolation unit limiting safe management of suspected infectious cases.

Secondary screening at the Milak border is not properly functional due to lack of SSTs, weakening the early detection and response capacity.

Priorities for next month

Establishment of an isolation ward at Milak reception center with dedicated capacity for two male and two female patients.

Fill the vacant positions of two SSTs including the recruitment of a new female SST to strengthen returnee screening and response at the Milak border.

Establish HCV, HIV and HBs testing services at the Milak zero point to enhance early detection and referral for communicable diseases.



WHO joint visit to Khas Kubar PEHC (Photo: WHO Afghanistan).

Annexes

Annex A: Summary of infectious disease cases in Afghanistan; November 2025).

Indicators	ARI-Pneumonia	Suspected Dengue fever	Suspected Measles	Confirmed COVID-19	AWD with dehydration	Confirmed Malaria	Suspected CCHF
Monthly new cases (% change compared to October) *	147,138 (↑24.6)	2,357 (↑21.9)	2,126 (↓42.9)	199 (↓18.8)	9,548 (↓38.2)	4,804 (↓68.5)	47 (↓60.8)
Monthly new deaths (CFR%)	248 (0.2)	3 (0.1)	11 (0.5)	0 (0.0)	4 (0.04)	0 (0.00)	4 (8.5)
Cumulative cases	1,300,544	5,828	96,554	4,136	158,219	77,303	1,468
Cumulative deaths (CFR%)	2,693 (0.2)	3 (0.1)	546 (0.6)	5 (0.1)	77 (0.05)	0 (0.0)	101 (6.9)

* Monthly percent change figures should be interpreted with caution, as November 2025 has 4 epidemiological weeks while October had data for 5 epidemiological weeks.

Annex B: Infectious diseases cases reported among returnees by the SSTs, 02 - 29 Nov 2025.

Diseases	Number of infectious disease cases reported among returnees by the SSTs							
	Male		Female		Total			
	<5 Years	>5 Years	<5 Years	>5 Years	Male	Female	Total	<5 Years
Acute bloody diarrhea	4	4	3	3	8	6	14	4
ARI Cough and Cold	59	140	43	89	199	132	331	59
Acute Watery Diarrhea	0	2	1	0	2	1	3	0
Chickenpox	0	9	0	2	9	2	11	0
Suspected COVID-19	0	146	0	67	146	67	213	0
Suspected dengue fever	0	76	1	63	76	64	140	0
ARI Pneumonia	2	0	0	0	2	0	2	2
Scabies	23	59	12	43	82	55	137	23
AWD with severe dehydration	2	7	0	1	9	1	10	2
Malaria	0	2	0	3	2	3	5	0
Typhoid Fever	0	0	0	1	0	1	1	0
Acute Jaundice Syndrome	0	9	0	6	9	6	15	0
Grand Total	90	454	60	278	544	338	882	90

Annex C: Beneficiary demographics of WHO supported PHCs & Hospital services; November 2025

Age	Male	Female
Over 18 years	51,668	73,624
Under 18 years	34,393	33,841

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