



AFGHANISTAN

EMERGENCY SITUATION REPORT

No. 59 | December 2025

Key figures (monthly)



224 360

Outpatient consultations
(PHCs & Hospitals)



116

Medical kits distributed



116

Health workers trained

Major Infectious Diseases Cases (2025)



1 483 845

ARI-Pneumonia



98 649

Measles



166 188

AWD with dehydration



78 531

Malaria



4 274

COVID-19



6 168

Dengue fever



1 505

CCHF



WHO trauma care unit at Islam Qala PoE, Herat Province. (Photo credit: WHO Afghanistan).

Highlights

1. In December, confirmed malaria cases declined by 74.4% compared with November, decreasing from 4,804 to 1,228.
2. More than an 85% reduction in reported suspected dengue fever cases to 340 from 2,357 recorded in November.
3. Over 170,000 individuals returned to Afghanistan through official PoEs, placing significant pressure on health services, which delivered 40,501 outpatient consultations.
4. Over 224,000 people received outpatient medical consultations through WHO-supported primary health centers and hospitals.

Epidemiological overview

Disease Outbreaks:

Acute Watery Diarrhea (AWD): In December 2025, a total of 7,969 new cases and three associated deaths (CFR: 0.04%) were reported, compared to 9,548 cases and four deaths in November. This represents a 16.5% decrease from the previous month and reflects a continued downward trend since August 2025, following the earlier rise observed in February 2025.

Acute Respiratory Infection (ARI)-Pneumonia: In December, the surveillance system recorded 183,302 cases of ARI pneumonia and 352 deaths (CFR 0.2%) indicating a 24.6% increase compared to the 147,138 cases and 248 deaths reported in November.

Suspected Dengue Fever: A total of 340 suspected dengue cases were reported in December reflecting an 85.6% decrease compared to November where 2,357 suspected cases with three associated deaths were recorded.

Confirmed Malaria: During the reporting period, a total of 1,228 confirmed malaria cases were reported compared to 4,804 cases in November, marking a 74.4% decrease from the previous month. No malaria-associated deaths have been reported since the beginning of 2025.

Suspected Measles: A total of 2,095 new measles cases with 10 associated deaths (CFR 0.5%) were reported, reflecting a 1.5% decrease compared to 2,126 cases and 11 deaths reported in November. Comparatively, there isn't significant change in the case count reported in the months of November and December.

COVID-19: During the reporting period, 131 confirmed COVID-19 cases were reported, with no associated deaths compared to 206 cases and zero death in November. This indicates a 36.4% decrease in number of confirmed cases. In December 2025, public laboratories tested 2,721 samples from suspected cases, with a positivity rate of 4.8%, marking a 30.1% decrease in testing compared to 3,891 samples tested in November.

Suspected Crimean–Congo Hemorrhagic Fever (CCHF): A total of 37 new CCHF cases with one associated death (CFR 2.7%) were reported, reflecting a 21.3% decrease compared to November. There is an observed reduction of CFR which stood at 8.5% for the month of November.

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.

As part of ongoing sustainability measures, WHO distributed 116 medical kits and built the capacity of 116 healthcare workers through targeted training which directly enhanced system resilience.

Afghanistan, WHO Supported Primary Health Care Services (PHCs) in the Underserved Areas
As of December 2025



UN
WHO SUPPORTED

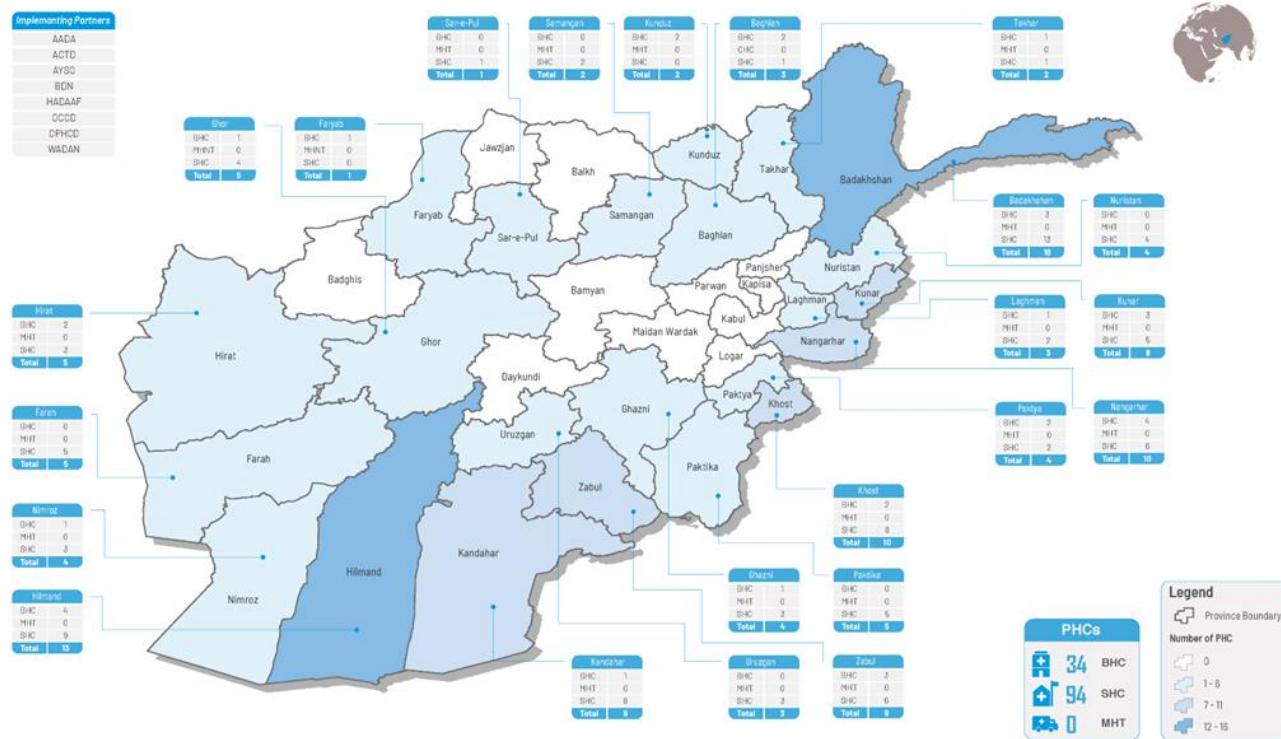
+ 128 PHCs

IMPLEMENTING
PARTNER

in

 23 Provinces

106 District



Disclaimer : The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

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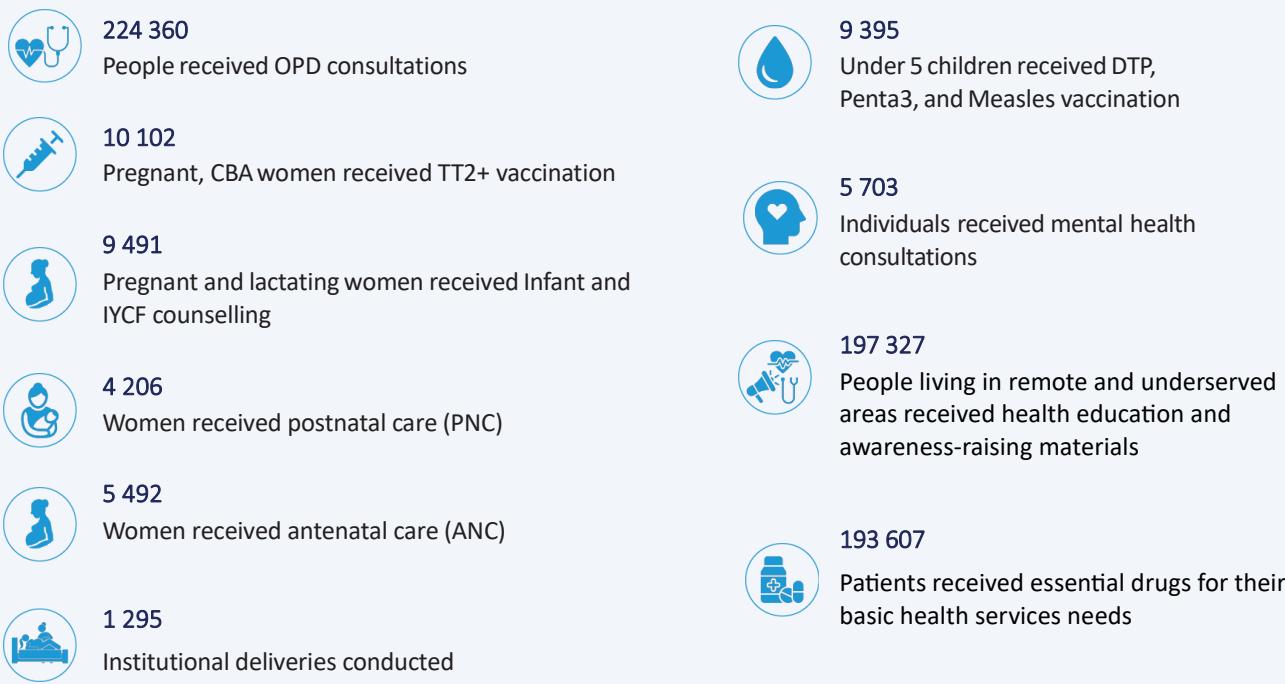
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Fig. 1: WHO supported primary health care facilities, Afghanistan (December 2025)

Health service delivery

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



Health logistic and supplies

WHO has strengthened national healthcare capacity through a country-wide distribution of lifesaving supplies, directly benefiting an estimated 86,550 individuals. These include 85 Primary Health Care Kits, sufficient to treat approximately 85,000 people; 19 measles kits, enough to cover 950 beneficiaries; eight pneumonia kits, sufficient to reach approximately 400 beneficiaries; and four Trauma and Emergency Surgery Kits, enough to treat about 200 individuals.

Drug Demand Reduction

WHO strengthened clinical capacity at Kabul National Mental Health Hospital by training 22 staff in the Standard Treatment and Rehabilitation of Drug Use Disorders. Concurrently, WHO supported the revision of the National DDR Strategic Plan (2026-2030), facilitating the development of a decade-long treatment indicator template to inform strategy and enhance the understanding of national drug use trends.



Healthcare professionals attending a training session on the standard treatment and rehabilitation of drug use disorders. (Photo: WHO Afghanistan)

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 3rd. These incidents collectively resulted in over 2,230 fatalities and more than 4,800 injuries. The response to both events continues as summarized below.

The response to the health emergency in the Eastern region remains active, with 23 facilities supported by nine partners delivering essential health services including primary care, physical rehabilitation, and mental health and psychosocial support services to the affected communities. Approximately 5,675 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 13,073 infectious disease cases were reported in earthquake-affected Kunar province. These included 1,001 Acute watery diarrheas (seven RDTs conducted, all negative), 1,731 pneumonia, 345 bloody diarrhea cases, 22 malaria cases and 210 suspected COVID-19 cases (48 were RDT-positive (22.9%). Additionally, WHO delivered targeted capacity-building sessions for frontline health workers in earthquake-affected regions of Kunar and Nangarhar. This included training 26 female medical workers on the health response to survivors of violence in emergencies and 25 midwives on Non-Communicable Disease/Package of Essential Interventions (NCD/PEN) protocols.



NCD training for midwives from earthquake affected districts, December 2025 (Photo: WHO Afghanistan)

Returnee response

In December, a total of 170,020 individual returnees entered Afghanistan through five key border Points of Entries (PoEs), namely Torkham (60,542), Milak (38,299) Islam Qala (37,848), Spin Boldak (28,523) and Bahramcha (4,808). This represents a 23.2% decrease compared to November (221,333). The majority of returnees were males, accounting for 80% of the total.

During the reporting period, WHO supported the Public Health Authority and SSTs in Islam Qala PoE with the provision of screening, health education, case management, referrals, laboratory, and first aid services, in addition to OPD consultations for the in-need population in areas of return. A total of 267 returnees received outpatient consultations and 249 returnees were provided with first aid services, burn treatment and wound dressing. Additionally, a total of 5,193 (4250 male & 943 Female) individuals were screened and the identified suspected cases are indicated in figure 2.

Fig 1. Afghanistan returnees in December 2025 by Point of Entry (PoE)

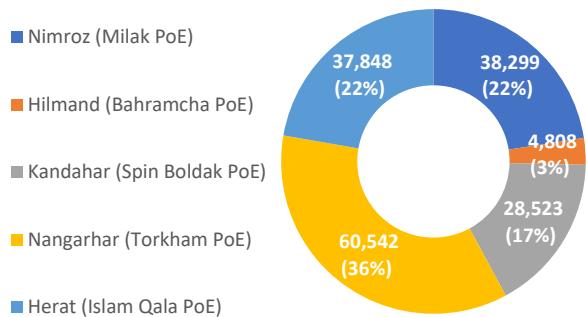
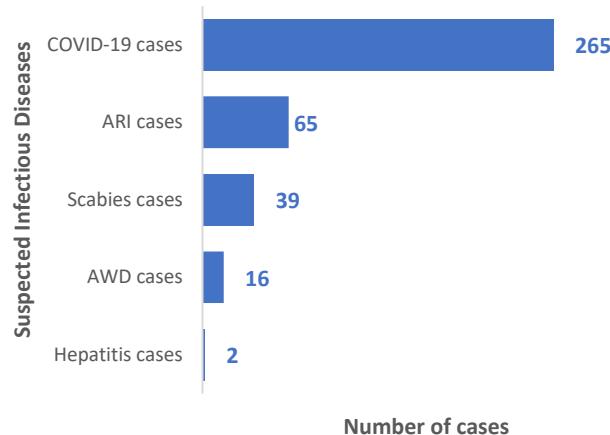


Fig 2. Suspected cases among the returnees through Islam Qala Point of Entry (PoE)



Ethical conduct

WHO Afghanistan significantly strengthened the ethical foundations of the national emergency health response. Key achievements included training 1,192 frontline health workers (725 females and 467 males) on ethical conduct and consulted 250 healthcare workers (150 men and 100 women) and 350 community members (200 men and 150 women) to enhance awareness on safeguarding rights and reporting mechanisms through face-to-face meetings, awareness sessions and IEC materials. Advocacy meetings with Health Shura representatives and facility management engaged 141 community and clinical leaders (116 males, 25 females), reinforcing accountability mechanisms and ethical standards at the service-delivery level. Additionally, WHO contributed to global policy learning on PSEA by presenting Afghanistan's implementation experience during health emergencies at the WHO Annual Stakeholder Review Conference.

Challenges & risks

Eighteen health facilities in earthquake-affected in four districts (Nurgal, Sawkai, and Khas Kunar) of Kunar province as well as in Dari Noor District of Nangarhar province) lack dedicated ambulance support for patient referrals.

Limited funding despite increased humanitarian demand.

Annexes

Annex A: Summary of infectious disease cases in Afghanistan; December 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 November) *	183,302 (↑24.6)	340 (↓85.6)	2,095 (↓1.5)	131 (↓36.4)	7,969 (↓16.5)	1,228 (↓74.4)	37 (↓21.33)
Monthly new deaths (CFR%)	352 (0.2)	0 (0.0)	10 (0.5)	0 (0.0)	3 (0.04)	0 (0.00)	1 (2.7)
Cumulative cases	1,483,846	6,168	98,649	4,274	166,188	78,531	1,505
Cumulative deaths (CFR%)	3,045 (0.2)	3 (0.5)	556 (0.6)	5 (0.1)	80 (0.05)	0 (0.0)	102 (6.8)

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

Annex B: Infectious diseases cases reported among returnees by the SSTs, 30 Nov 2025 – 03 Jan 2026.

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
Acute bloody diarrhea	3	6	1	1	9	2	11
ARI Cough and Cold	41	212	15	95	253	110	363
Acute Watery Diarrhea	0	4	0	1	4	1	5
Chickenpox	0	3	0	1	3	1	4
Suspected COVID-19	0	196	0	89	196	89	285
Suspected dengue fever	0	30	1	37	30	38	68
ARI Pneumonia	3	1	1	0	4	1	5
Scabies	0	51	4	13	51	17	68
AWD with severe dehydration	0	4	2	1	4	3	7
Malaria	0	1	0	0	1	0	1
Suspected Measles	2	6	2	1	8	3	11
Acute Jaundice Syndrome	0	19	0	17	19	17	36
Grand Total	49	533	26	256	582	282	864

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

Age	Male	Female
Over 18 years	63,073	82,201
Under 18 years	39,759	39,327

Annex D: Detection and reporting of infectious disease cases from Kunar province – 30 Nov 2025-03 Jan 2026

Detection and reporting of infectious disease cases from Kunar province								
Districts	Diseases	Male		Female		Total		
		<5 Years	≥5 Years	<5 Years	≥5 Years	Male	Female	Total
Nurgal	Acute Watery Diarrhea	118	96	148	107	214	255	469
	AWD with dehydration	0	2	0	1	2	1	3
	Acute Bloody Diarrhea	47	79	64	62	126	126	252
	Confirmed Malaria	0	4	1	1	4	2	6
	ARI (cough & cold and pneumonia)	843	1,765	874	1,755	2,608	2,629	5,237
	Suspected COVID-19	0	43	0	29	43	29	72
	Suspected dengue fever	0	2	0	0	2	0	2
Chawkai	Acute Watery Diarrhea	185	78	157	112	263	269	532
	AWD with dehydration	5	4	1	1	9	2	11
	Acute Bloody Diarrhea	21	39	25	8	60	33	93
	Confirmed Malaria	1	5	1	9	6	10	16
	ARI (cough & cold and pneumonia)	1,368	1,835	1,200	1,833	3,203	3,033	6,236
	Suspected COVID-19	0	61	0	77	61	77	138
	Suspected dengue fever	0	2	0	4	2	4	6
Total		2,588	4,015	2,471	3,999	6,603	6,470	13,073

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