



Key figures (monthly)



160 918

Outpatient consultations
(PHCs & Hospitals)



621

Medical kits distributed



82

Health workers trained

Major Infectious Diseases Cases (2026)



162 472

ARI-Pneumonia



1 923

Measles



5 299

AWD with dehydration



580

Malaria



123

COVID-19



128

Dengue fever



41

CCHF



A joint UN and partners field mission to Omari camp health facilities in Torkham.
(Photo credit: WHO Afghanistan).

Highlights

Significant reduction was observed in key diseases including AWD, Dengue, Malaria, and ARI-Pneumonia with decreases ranging from 33.5% to 62.4% compared to December 2025, indicating effective outbreak control measures or seasonal variation, while CCHF showed an increase.

Sustained essential health service delivery with over 160,000 outpatient consultations, vital maternal, child health, and vaccination services provided to thousands, maintaining a critical health lifeline.

Strategic distribution of life-saving supplies such as specialized kits (e.g., cholera, measles, trauma) equipped health facilities to manage outbreaks and emergencies for over 264,000 beneficiaries.

Surveillance at points of entry with systematic screening of over 30,000 returnees enabled early detection of over 900 cases of priority diseases including AWD with severe dehydration, measles, COVID-19 (29.4% positivity) and Dengue fever.

Epidemiological overview

Disease Outbreaks

The epidemiological situation in January 2026 was marked by the below trends:

Acute Watery Diarrhea (AWD): In January 2026, a total of 5,299 new cases and two associated deaths (CFR: 0.04%) were reported, compared to 7,969 cases and three deaths reported in December 2025. This represents a 33.5% 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 January, the surveillance system recorded 162,472 cases of ARI pneumonia and 359 deaths (CFR 0.2%) indicating a 11.4% decrease compared to the 183,302 cases and 352 deaths reported in December 2025.

Suspected Dengue Fever: A total of 128 suspected dengue fever cases and no associated deaths (CFR 0.0%) were reported, compared to 340 suspected cases and zero deaths during December 2025. This shows a 62.4% decrease in the number of suspected cases reported compared to the previous month.

Confirmed Malaria: During the reporting period, a total of 580 confirmed malaria cases were reported compared to 1,228 cases in December 2025, marking a 52.8% decrease from the previous month. No malaria-associated deaths have been reported since the beginning of 2025.

Suspected Measles: A total of 1,923 new measles cases and five associated deaths (CFR 0.3%) were reported, reflecting an 8.2% decrease compared to 2,095 cases and 10 deaths in December 2025.

COVID-19: During the reporting period, 123 confirmed COVID-19 cases were reported, with no associated deaths compared to 131 cases and zero death in December, indicating a 6.1% decrease in number of confirmed cases. In January 2026, public laboratories tested 2,322 samples from suspected cases, with a positivity rate of 5.3%, marking a 14.7% decrease in testing compared to 2,721 samples tested in December 2025.

Suspected Crimean–Congo Hemorrhagic Fever (CCHF): A total of 41 CCHF cases with no associated deaths were reported, reflecting a 10.8% increase compared to December 2025.

Health facilities supported by WHO

WHO maintains a strategic health network across Afghanistan, providing essential health care through 104 primary healthcare facilities in 21 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 across 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. Additionally, WHO distributed 621 medical kits and trained 132 healthcare workers on WHO Package of Essential Noncommunicable (PEN) diseases, PRSEAH and Problem Management Plus (PM+) intervention.

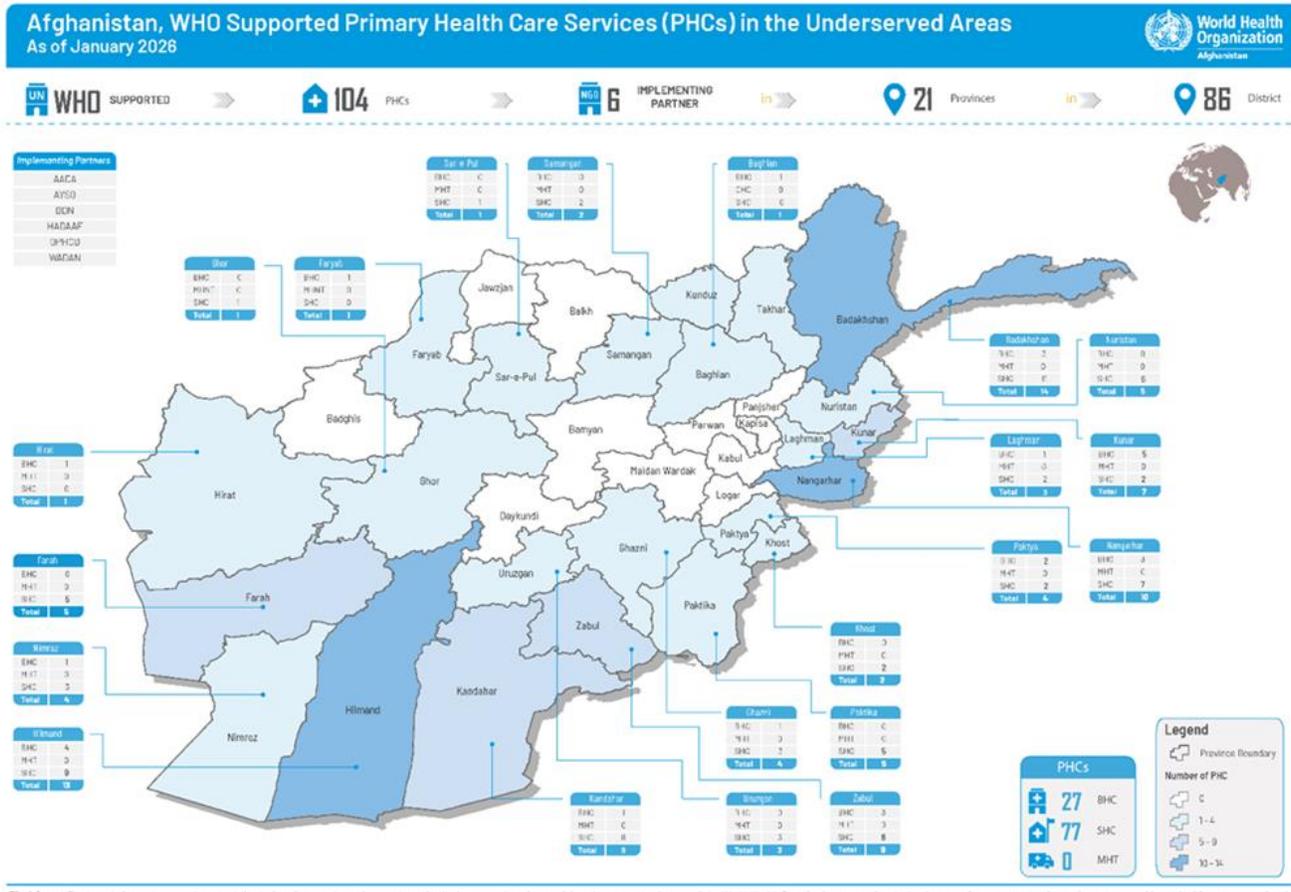


Fig. 1: WHO supported primary health care facilities, Afghanistan (January 2026)

Health service delivery

Key milestones achieved in WHO-supported primary healthcare facilities & hospitals during January 2026 include:

-  **160 918**
People received OPD consultations
-  **7 465**
Under 5 children received DTP, Penta3, and Measles vaccination
-  **8 445**
Pregnant, CBA women received TT2+ vaccination
-  **6 255**
Individuals received mental health consultations
-  **7 828**
Pregnant and lactating women received Infant and IYCF counselling
-  **145 220**
People living in remote and underserved areas received health education and awareness-raising materials
-  **2 977**
Women received postnatal care (PNC)
-  **2 951**
Women received antenatal care (ANC)
-  **880**
Institutional deliveries conducted
-  **134 165**
Patients received essential drugs for their basic health services needs

Health logistic and supplies

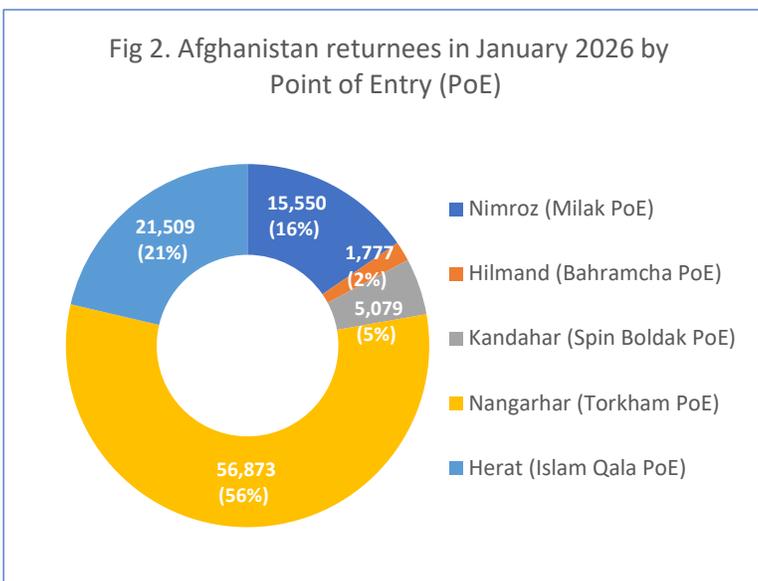
In response to complex public health needs, WHO undertook a needs-based distribution of 156 cholera kits, 296 measles kits, and 74 Interagency Emergency Health Kits (IEHK) Basic units, complemented by 16 IEHK Supplementary units, enabling interventions for over 264,000 beneficiaries to combat infectious disease outbreaks.

Furthermore, WHO enhanced specialized clinical care through the delivery of 46 pneumonia and 25 Trauma Emergency Surgical Kits (TESK), alongside 8 Pediatric Severe Acute Malnutrition (PED-SAM) kits providing critical, life-saving support for approximately 4000 additional patients.

Returnee response

In January, a total of 100,788 individual returnees entered Afghanistan through five key border Points of Entries (PoEs), namely Torkham (56,873), Milak (15,550), Islam Qala (21,509), Spin Boldak (5,079), and Bahramcha (1,777). This represents a 40.7% decrease in number of returnees during the month as compared to (170,020) in December 2025. Most returnees were males, accounting for 79% of the total returnees.

This reporting period yielded critical epidemiological data through the systematic screening of 30,224 individuals for infectious diseases, a cornerstone of preemptive outbreak detection and containment efforts.



Among at-risk returnee populations, targeted Rapid Diagnostic Testing (RDT) revealed a concerning 29.4% COVID-19 positivity rate (87 of 296 cases), and a 29.3% dengue fever positivity rate (12 of 41 suspected cases). The timely investigation of Acute Watery Diarrhea (AWD) with dehydration, which yielded nine negative RDTs, was crucial in ruling out key pathogens. The effective use of rapid diagnostics supported mapping and informed targeted interventions for vulnerable populations.

Mental Health and Psychosocial Support (MHPSS)

WHO led the design and implementation of a pioneering blended-learning pilot program to enhance efficiency and impact of the Problem Management Plus (PM+) intervention, which successfully built capacity for over 50 female frontline health workers across five WHO-supported Drug Treatment Centers (DTCs) in Kabul, Faryab, Balkh, Bamyan, and Herat provinces. This structured online supervision with tailored on-the-job training sessions, created a dynamic forum for participants to translate PM+ theory into practice, collaboratively troubleshoot specific client-centered challenges, and ultimately strengthen the



Fig 3. MHPSS Consultation at Acute Mental Health Ward provincial hospital. (Photo credit: WHO Afghanistan)

program's real-world utility and effectiveness. WHO in coordination with the Ministry of Public Health conducted a two-day review workshop for the draft National Mental Health Strategy (2026–2030). Twenty participants (18 men, 2 women) from key agencies steered the national mental health strategy through its advanced stages. Additionally, WHO continued to provide technical and operation support to five acute mental health wards in the provinces and Kabul national mental hospital.

Noncommunicable diseases (NCD)

WHO trained 55 community health workers (20 men and 35 women) in Kabul province on screening, early detection, and referral of noncommunicable disease (NCD) cases, including cancer. This training strengthened community-level healthcare capacity by equipping frontline workers with the practical skills to implement national NCD strategies, enhance prevention, and improve timely access to care for the Afghanistan's most prevalent chronic diseases.

Ethical conduct

WHO systematically advanced its accountability framework by integrating critical advocacy on the prevention of sexual misconduct into its core health cluster coordination mechanisms. This resulted in the engagement of leadership from 70 partner organizations, emphasizing WHO's zero-tolerance policy and galvanizing collective commitment to sustain robust prevention, mitigation, and reporting protocols across all humanitarian health operations.

Challenges & risks

Despite a monthly decrease, acute respiratory infection (ARI)-Pneumonia remains the highest caseload disease with 162,472 reported cases and 359 associated deaths, continuing to strain the health system, particularly during the winter season.

Screening of returnees revealed high positivity rates for COVID-19 and dengue, highlighting this group as a key vulnerability for disease importation and outbreak amplification.

The health system continues to manage multiple concurrent outbreaks (ARI, Measles, AWD, Dengue, COVID-19, CCHF), stretching human resources, supplies, and surveillance capacities.

Annexes

Annex A: Summary of infectious disease cases in Afghanistan; January 2026.

Indicators	ARI-Pneumonia	Suspected Dengue fever	Suspected Measles	Confirmed COVID-19	AWD with dehydration	Confirmed Malaria	Suspected CCHF
Monthly new cases (% change compared to December) *	162,472 (↓11.4)	128 (↓62.4)	1,923 (↓8.2)	123 (↓6.1)	5,299 (↓33.5)	580 (↓52.8)	41 (↑10.8)
Monthly new deaths (CFR%)	359 (0.2)	0 (0.0)	5 (0.3)	0 (0.0)	2 (0.04)	0 (0.00)	0 (0.0)
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 (0.0)	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 January 2026 has 4 epidemiological weeks while December 2025 had 5 epidemiological weeks.

Annex B: Infectious diseases cases reported among returnees by the SSTs, 04-31 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	5	7	4	0	12	4	16
ARI Cough and Cold	57	235	34	111	292	145	437
Acute Watery Diarrhea	0	6	0	2	6	2	8
Chickenpox	0	8	0	1	8	1	9
Suspected COVID-19	0	202	1	83	202	84	286
Suspected dengue fever	0	11	2	24	11	26	37
ARI Pneumonia	1	3	2	1	4	3	7
Scabies	0	52	3	14	52	17	69
AWD with severe dehydration	1	7	2	0	8	2	10
Suspected TB	0	0	0	1	0	1	1
Suspected Measles	5	0	5	0	5	5	10
Acute Jaundice Syndrome	0	6	0	9	6	9	15
Grand Total	69	537	53	246	606	299	905

Annex C: Beneficiary demographics of WHO supported PHCs & Hospital services; January 2026

Age	Male	Female
Over 18 years	45,419	61,973
Under 18 years	26,767	26,759

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