



Key figures (monthly)



128,211

Outpatient consultations
(PHCs & Hospitals)



278

Medical kits distributed



204

Health workers trained

Major Infectious Diseases Cases (2026)



319,518

ARI-Pneumonia



4,531

Measles



11,267

AWD with dehydration



1,170

Malaria



218

COVID-19



301

Dengue fever



79

CCHF



Medical supplies distributed to Torkham trauma center. (Photo credit: WHO Afghanistan).

Highlights

WHO distributed a substantial volume of medical kits in February, including supplies to cover the needs of over 236,000 people (IEHK Basic and PHC kits) and life-saving trauma surgery kits for an estimated 2,700 patients, strengthening the health system's capacity.

In response to a sharp 57.5% increase in returnees, WHO screened over 30,000 individuals for infectious diseases at border points, enabling critical early detection and containment of potential outbreaks like COVID-19 and dengue.

Measles cases surged by 35% in February, and the Case Fatality Rate (CFR) doubled from 0.3% in January to 0.6%, signaling an increased transmission and an urgent need to scale up child health interventions for 264,000 beneficiaries.

Epidemiological overview

Disease Outbreaks

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

Acute Watery Diarrhea (AWD): In February 2026, a total of 5,968 new cases and three associated deaths (CFR: 0.05%) were reported, compared to 5,299 cases and two deaths reported in January 2026. This represents a 12.6% increase from the previous month. This is the first increase in cases since August 2025, ending a period of sustained decline.

Acute Respiratory Infection (ARI)-Pneumonia: In February, the surveillance system recorded 157,046 cases of ARI pneumonia and 313 deaths (CFR 0.2%), indicating a 3.3% decrease compared to the 162,472 cases and 359 deaths reported in January 2026.

Suspected Dengue Fever: A total of 173 suspected dengue fever cases and no associated deaths (CFR 0.0%) were reported, compared to 128 suspected cases and zero deaths during January 2026. This shows a 35.2% increase in the number of suspected cases reported compared to the previous month.

Confirmed Malaria: During the reporting period, a total of 597 confirmed malaria cases were reported, compared to 573 cases in January 2026, representing a 4.2% increase from the previous month. Zero malaria-associated deaths reported since January 2026.

Suspected Measles: A total of 2,603 new measles cases and 16 associated deaths (CFR 0.6%) were reported, reflecting a 35.0% increase compared to 1,928 cases and five deaths in January 2026.

COVID-19: During the reporting period, 93 confirmed COVID-19 cases were reported, with no associated deaths compared to 125 cases and zero deaths in January, indicating a 25.6% decrease in the number of confirmed cases. In February, public laboratories tested 2,039 samples from suspected cases, with a positivity rate of 4.6%, marking a 13.4% decrease in testing compared to January, when 2,355 samples were tested.

Suspected Crimean–Congo Hemorrhagic Fever (CCHF): A total of 38 CCHF cases with two associated deaths (CFR 5.3%) were reported, reflecting a 7.3% decrease compared to the previous month.

Health facilities supported by WHO

WHO maintains a strategic health network across Afghanistan, providing essential health care through 106 primary healthcare facilities in 21 provinces. This network is complemented by specialized services, including two Emergency Trauma Centers (Spinboldak and Torkham), three infectious-disease hospitals, and five inpatient mental health wards across eight provinces.

Additionally, WHO expanded substance use treatment in 12 Drug Treatment Centers (DTC) and five Opioid Agonist Maintenance Treatment (OAMT) centers across 13 provinces. Furthermore, WHO distributed 278 medical kits and trained 204 healthcare workers in several disciplines, including AWD case management and Infection Prevention and Control (IPC).

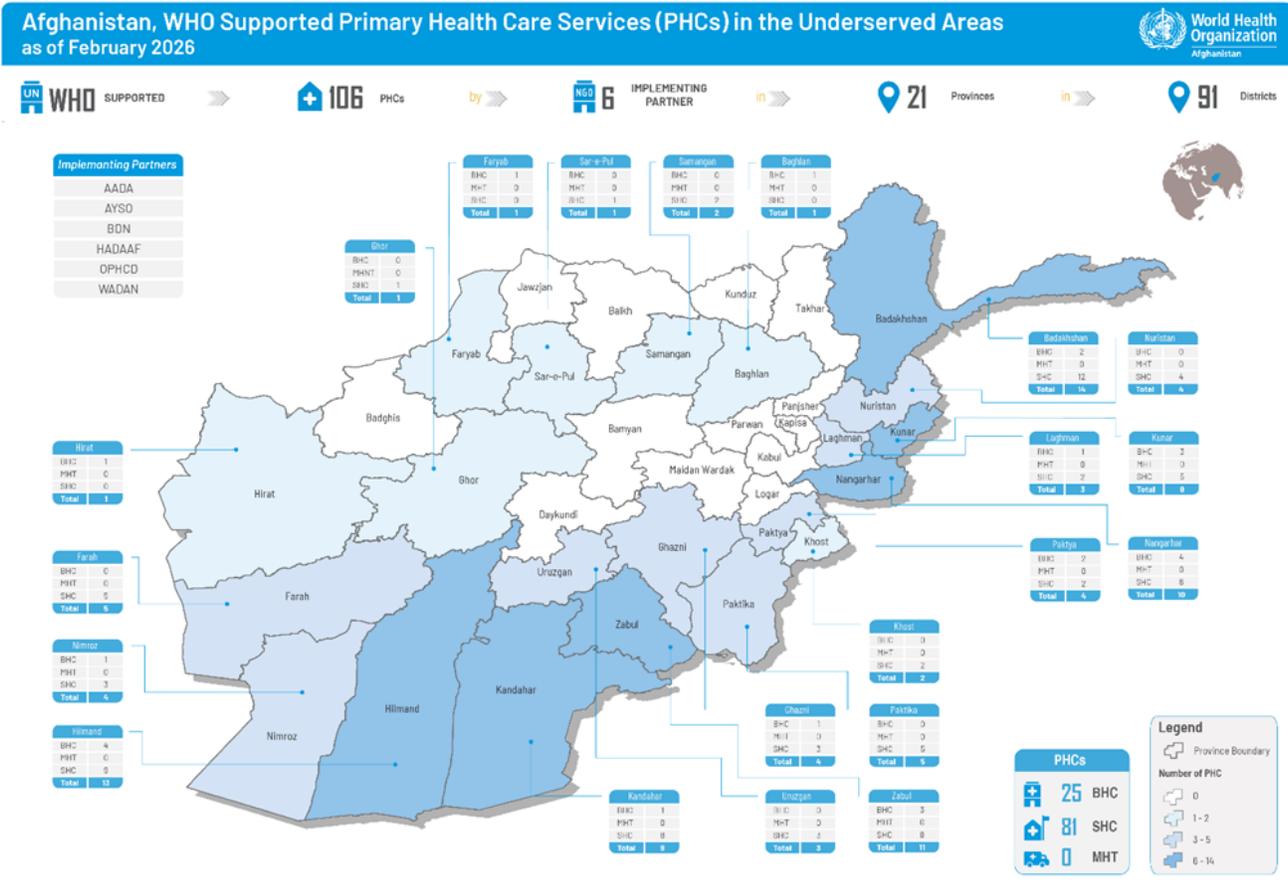


Fig. 1: WHO supported primary health care facilities, Afghanistan (February 2026)

Health service delivery

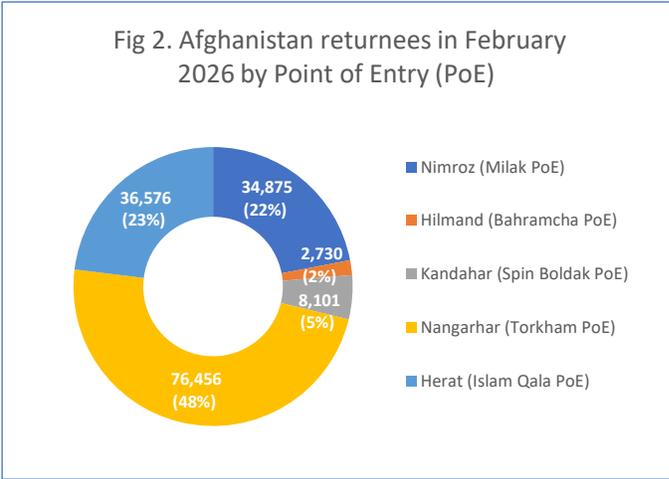
Key milestones achieved in WHO-supported primary healthcare facilities & hospitals during February 2026 include:

- 128,211**
People received OPD consultations
- 5,551**
Under 5 children received DTP, Penta3, and Measles vaccination
- 5,430**
Pregnant, CBA women received TT2+ vaccination
- 6,971**
Individuals received mental health consultations
- 8,134**
Pregnant and lactating women received Infant and IYCF counselling
- 96,358**
People living in remote and underserved areas received health education and awareness-raising materials
- 2,494**
Women received postnatal care (PNC)
- 109,060**
Patients received essential drugs for their basic health services needs
- 2,518**
Women received antenatal care (ANC)
- 810**
Institutional deliveries conducted

Returnee response

In February, a total of 158,738 individual returnees entered Afghanistan through five key border Points of Entry (PoEs), namely Torkham (76,456), Milak (34,875), Islam Qala (36,576), Spin Boldak (8,101), and Bahramcha (2,730). This represents a 57.5% increase in the number of returnees during the month as compared to (100,788) in January 2026. Most returnees were male, accounting for 83% of the total.

WHO screened 8,285 returnees. Testing revealed: COVID-19 (370 RDTs, 27.0% positive), dengue (17 RDTs, 41.2% positive), and AWD with dehydration (27 RDTs, 3.7% positive).



Health logistic and supplies

In February 2026, WHO Afghanistan distributed critical health supplies to support emergency and primary care nationwide. Deliveries included 118 Interagency Emergency Health Kits (IEHK) Basic kits serving 118,000 people, 68 PHC kits reaching 68,000 individuals, and 5 IEHK Supplementary kits for 50,000 beneficiaries. To support trauma care, 54 Trauma and Emergency Surgery Kits (TESK) were provided to enable life-saving surgeries for an estimated 2,700 patients. Additionally, 11 Mental Health kits were deployed to enhance mental health and psychosocial services for 11,000 people. The targeted interventions are vital for maintaining essential healthcare operations and meeting urgent needs in a complex emergency setting, including support for returnees and internally displaced people.

Mental Health and Psychosocial Support (MHPSS)

Supervised the successful mhGAP Intervention Guide rollout, training 27 medical doctors across northern provinces. Concurrently continued the Problem Management Plus (PM+) delivering online supervision and on-the-job training. These sessions empowered over 50 female participants from WHO-supported DTCs across five provinces of Kabul, Faryab, Balkh, Bamyan, and Herat, enhancing practical implementation skills and addressing frontline challenges to strengthen mental health services.



Fig 3. mhGAP-IG Training (Photo credit: WHO Afghanistan)

Noncommunicable diseases (NCD)

Twenty-six Kabul midwives were trained in NCD screening, early detection, and referral to enhance their skills in NCD prevention and control. The goal is to improve healthcare services and community-level prevention and control of common NCDs, including cancer, in Afghanistan.

Ethical conduct

During the reporting period, 1,226 frontline health workers (695 men, 660 women) across multiple provinces received training on ethical conduct and PRSEAH principles. Additionally, 26 female health workers signed the PSEA Network Code of Conduct to reinforce accountability. Furthermore, 448 male community leaders in returnee-hosting areas were engaged in safeguarding and reporting mechanisms.

Challenges & risks

The following are the most pressing issues and risks identified during the month of February.

February saw a concerning reversal of previous declining trends, with significant monthly increases in suspected Measles (+35%), Dengue (+35.2%), and AWD (+12.6%). This resurgence threatens to overwhelm health facilities and requires an immediate, intensified response.

The 57.5% month-on-month increase in returnees, coupled with a notable disease positivity rate among them (e.g., 27% for COVID-19 RDTs), places immense pressure on border health screening, supplies, and services in host communities.

With a CFR of 5.3% in February, Crimean-Congo Hemorrhagic Fever poses a severe threat to individuals and highlights the need for continued vigilance and specialized care protocols.

Annexes

Annex A: Summary of the trainings in various disciplines across the country; February 2026.

Training Name	Male	Female	Total
IPC TOT	19	9	28
MHGAP	13	14	27
PEN NCD	0	24	24
PSEAH	23	3	26
AWD Case Management	66	5	71
Health Response to Survivor of Violence and Emergency	0	28	28
Total	121	83	204

Annex B: Summary of infectious disease cases in Afghanistan; February 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) *	157,046 (↓3.3)	2,603 (↑35.0)	5,968 (↑12.6)	173 (↑35.2)	93 (↓25.6)	597 (↑4.2)	38 (↓7.3)
New monthly deaths (CFR%)	313 (0.2)	16 (0.6)	3 (0.05)	0 (0.0)	0 (0.0)	0 (0.00)	2 (5.3)
Cumulative cases (2026)	319,518	4,531	11,267	301	218	1,170	79
Cumulative deaths (CFR%) (2026)	672 (0.2)	21 (0.5)	5 (0.04)	0 (0.0)	0 (0.0)	0 (0.0)	2 (2.5)

Annex C: Infectious diseases cases reported among returnees by the SSTs, 01-28 Feb 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	4	0	1	0	4	1	5
ARI Cough and Cold	87	247	55	123	334	178	512
Acute Watery Diarrhea	6	18	2	0	24	2	26
Chickenpox	1	17	0	5	18	5	23
Suspected COVID-19	0	254	0	116	254	116	370
Suspected dengue fever	0	7	0	10	7	10	17
ARI Pneumonia	7	0	0	0	7	0	7
Scabies	3	39	10	23	42	33	75
AWD with severe dehydration	7	7	3	0	14	3	17
Suspected Pertussis	0	2	0	1	2	1	3
Suspected Measles	19	0	6	0	19	6	25
Acute Jaundice Syndrome	0	26	0	11	26	11	37
Grand Total	134	617	77	289	751	366	1,117

Annex D: Beneficiary demographics of WHO supported PHCs & Hospital services; February 2026.

Age	Male	Female
Over 18 years	32,547	45,584
Under 18 years	19,522	19,979

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