

Key figures (monthly)



96 575

Outpatient consultations
(PHCs & Hospitals)



400

Medical Kits distributed



228

Health workers trained

Major Infectious Diseases Cases (2026)



556 309

ARI-Pneumonia



10 107

Measles



28 227

AWD with dehydration



4 814

Malaria



403

COVID-19



699

Dengue fever



296

CCHF



WHO delivers medical supplies to the burn treatment hospital in Balkh Province (Photo credit: WHO Afghanistan)

Highlights

WHO distributed 400 essential health kits, including cholera, measles, trauma and PHC kits, reaching 50,150 beneficiaries.

WHO conducted 845 rapid diagnostic tests among returnees, identifying COVID-19 positivity of 16.9% (24/142) and dengue positivity of 26.8% (19/71), enabling tailored response.

A gender-balanced team of 28 social mobilizers reached 37,000+ individuals across 10 high-risk districts in Badakhshan Province, including 60% female beneficiaries.

Epidemiological overview

Disease Outbreaks

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

Acute watery diarrhea (AWD): 10,703 AWD cases with dehydration and four associated deaths (CFR 0.04%) were reported, compared to 6,308 cases and one death in March, representing a 69.7% increase in reported cases from the previous month.

Acute respiratory infection (ARI) - pneumonia: 131,697 cases and 198 associated deaths (CFR 0.2%) were reported, reflecting a 25.3% increase from 105,094 cases and 198 deaths in March.

Suspected dengue fever: 283 suspected dengue fever cases and no deaths (CFR 0.0%) were reported compared to 115 suspected cases in March 2026, indicating a 146.1% increase in suspected cases. No dengue fever associated deaths have been reported since January 2026.

Confirmed malaria: 2,899 confirmed malaria cases were reported, compared to 746 confirmed cases in March 2026, representing a 288.6% increase. No malaria-associated deaths have been reported since January 2026.

Suspected measles: 3,181 suspected measles cases and seven associated deaths (CFR 0.2%) were reported, reflecting a 32.8% increase from 2,395 cases and 11 deaths in March.

COVID-19: 87 confirmed cases with no associated deaths were reported, compared to 85 confirmed cases and no deaths in March 2026, indicating a 2.4% increase. No COVID-19 associated deaths have been reported since January 2026. A total of 2,174 samples from suspected cases were tested, with a positivity rate of 4.0% representing a 3.6% increase in testing from 2,099 samples in March.

Suspected Crimean-congo hemorrhagic fever (CCHF): 152 suspected cases of CCHF and six associated deaths (CFR 3.9%) were reported, reflecting a 141.3% increase compared to 63 cases and five deaths reported in the previous month.

Health facilities supported by WHO

WHO maintains a strategic health network across Afghanistan, providing essential health services through 75 primary health care facilities in 16 provinces. This network is complemented by three integrated infectious disease hospitals and five inpatient mental health wards across eight provinces.

WHO also expanded substance use treatment services through 11 drug treatment centers (DTC) and four opioid agonist maintenance treatment (OAMT) centers across 12 provinces.

WHO further strengthened emergency and trauma care systems through the distribution of more than 400 medical kits and the training of 220 healthcare workers across multiple specialized disciplines, including AWD Case Management, Advanced Trauma Life Support (ATLS), Package of Essential Noncommunicable Disease Interventions, Preparedness and Response for Health Emergencies at Points of Entry (PoE), and Surveillance Support Team (SST) training.

Returnee response

In April, a total of 228,457 individual returnees entered Afghanistan through five key points of entries (PoEs): Torkham (123,288), Milak (37,144), Islam Qala (31,545), Spin Boldak (13,148) and Bahramcha (23,332). They comprised 145,659 family members and 82,798 single travelers. Most returnees were male (81%).

A total of 35,965 individuals, including returnees and travellers at key border points were screened for infectious diseases. These included 11,808 returnees screened by the WHO supported surveillance support teams at returnees' camps. Among returnees, 845 COVID-19 RDTs (16.8% positivity), 71 dengue RDTs (26.8% positivity) and 85 AWD RDTs (1.2% positivity) were conducted, enabling rapid detection and response at returnee camps and Zero points in Herat and Nangarhar.

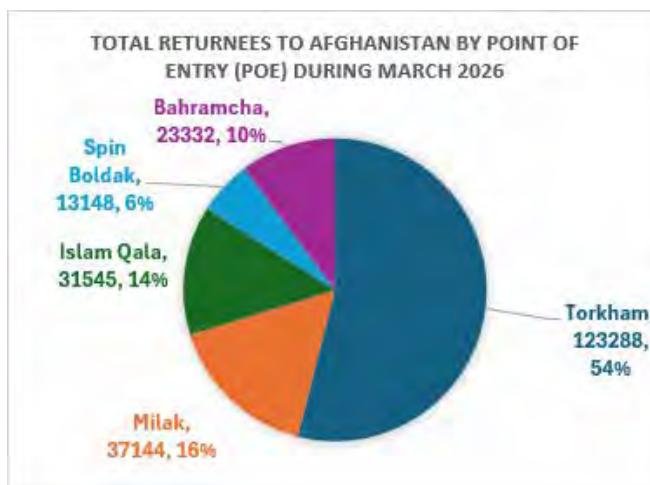


Fig. 2: Returnee population to Afghanistan by point of entry in April 2026

Health logistic and supplies

WHO distributed 400 essential health kits across Afghanistan, reaching a total of 50,150 beneficiaries. This included 223 Cholera kits for 22,300 beneficiaries, five basic interagency emergency health kits for 5,000 beneficiaries, 156 measles kits for 7,800 beneficiaries, 15 PHC kits for 15 000 beneficiaries and one trauma emergency surgery kit for 50 beneficiaries.



Fig. 3: WHO distributed IEHK to Balkh Burn diseases hospital (Photo credit: WHO Afghanistan)

Mental health and psychosocial support (MHPSS)

WHO finalized the MHPSS/DDR transition strategy, establishing a clear roadmap to sustain continuity of care and operational viability for mental health and drug demand reduction services. This milestone marks a pivotal advance in embedding long-term service delivery and strengthening the resilience of mental health and psychosocial support systems in Afghanistan

WHO strengthened Afghanistan's crisis preparedness and response architecture by delivering targeted psychological first aid (PFA) and stress management training to the PSEAH network, equipping frontline personnel with practical skills for immediate crisis intervention and self-care strategies to reduce vicarious trauma and burnout.

Noncommunicable diseases (NCD)

WHO strengthened Afghanistan's national capacity for noncommunicable disease (NCD) prevention and control by delivering a training to 95 health personnel: 25 midwives in screening, early detection and referral of NCD cases; 55 community health workers (20 male, 35 female) in the Package of Essential Noncommunicable (PEN) disease interventions; and 15 medical doctors including eight women, in the WHO Essential Package of NCD Interventions. This systematic capacity-building effort directly advances the implementation of national NCD strategies, strengthens community-level service delivery and supports Afghanistan's response to the most prevalent NCDs, including cancers.



Fig. 4: NCD training (Photo credit: WHO Afghanistan)

Project Monitoring Unit (PMU)

Strengthened oversight, service quality and partner accountability through the implementation of 119 monitoring and supportive supervision visits. These missions provided targeted on-the-job training to address both persistent and emerging service gaps, enabling continuous quality improvement across a diverse of 111 health facilities and specialized sites, including 12 primary health care facilities, two Drug Addiction Treatment Centers (DATCs), six emergency wards, six Mental Health and Psychosocial Support (MHPSS) sites, 29 Asia Development Bank-supported SAFE project facilities, 11 HER-AF2-WB hospitals, 43 TFUs, and two Infectious Disease hospitals (IDHs). Core activities encompassed performance review, clinical observation, corrective action planning and direct debriefing with implementing partners to drive measurable improvements.



Fig. 5: Supportive supervision (Photo credit: WHO Afghanistan)

Risk Communication and Community Engagement

WHO strengthened community-level infectious disease preparedness in Badakhshan Province by designing and implementing a data driven risk communication and community engagement campaign across 10 high-risk districts. The campaign focused on raising awareness of prevention measures, early recognition of signs and symptoms, and referral pathways for priority diseases including acute watery diarrhea, ARI-pneumonia, Crimean-Congo hemorrhagic fever, measles, dengue, and malaria. A gender-balanced team of 28 trained social mobilizers, including 50% women, successfully reach more than 37 000 individuals across 10 high-risk districts, with women comprising approximately 60% of all beneficiaries. This intervention directly addressed critical gaps in disease knowledge and health-seeking behavior and is expected to enhance community capacity for early detection and timely care-seeking.

Challenges & risks

The following are the most pressing issues and risks identified in April.

- 1) Over 35 health facilities closed due to lack of resources, disrupting primary healthcare services for vulnerable populations.
- 2) There is a surge in diseases such as dengue (+146.1%), CCHF (+141.3%), AWD (+69.7%), measles (+32.8%) all occurring within a five-week versus four-week comparison period in March, suggesting an even higher true weekly incidence.
- 3) More than 228,000 returnees in April alone, with Torkham PoE experiencing a massive surge, straining already limited health capacity.
- 4) Methadone shortage, which is a high-risk pharmaceutical disruption, may threaten Opioid Agonist Maintenance Treatment (OAMT) centers.

Annexes

Annex B: Summary of training across disciplines nationwide, April 2026.

Training Name	Male	Female	Total
AWD Case Management	53	7	60
Advanced Trauma Life Support (ATLS)	11	0	11
PEN NCD	19	76	95
Preparedness and Response for Health Emergency in PoE	21	1	22
Surveillance procedures and Sample collection storage and shipment	38	2	40
Total	142	86	228

Annex B: Beneficiary demographics of WHO supported PHCs & hospital services, April 2026.

Age	Male	Female
Over 18 years	25,055	42,085
Under 18 years	14,427	15,008

Annex C: Summary of infectious disease cases in Afghanistan, April 2026.

Indicators	AWD with dehydration	Suspected CCHF	Confirmed Malaria	Suspected Measles	Suspected Dengue fever	Confirmed COVID-19	ARI-Pneumonia
New monthly cases (% change compared to March)*	10,703 (↑69.7)	152 (↑141.3)	2,899 (↑288.6)	3,181 (↑32.8)	283 (↑146.1)	87 (↑2.4)	131,697 (↑25.3)
New monthly deaths (CFR%)	4 (0.04)	6 (3.9)	0 (0.00)	7 (0.2)	0 (0.0)	0 (0.0)	198 (0.2)
Cumulative cases (2026)	28,277	296	4,814	10,107	699	403	556,309
Cumulative deaths (CFR%) (2026)	10 (0.04)	15 (5.1)	0 (0.0)	39 (0.4)	0 (0.0)	0 (0.0)	1068 (0.2)

* Monthly percent change figures should be interpreted cautiously. April covers data for 5 epidemiological weeks, while March covered

Annex D: Infectious diseases cases reported among returnees by SSTs, 28 March-02 May 2026.

Diseases	Male		Female		Total		
	<5 Years	≥5 Years	<5 Years	≥5 Years	Male	Female	Total
Acute bloody diarrhea	349	216	280	122	565	402	967
ARI- Cough and cold	782	804	655	633	1,586	1,288	2,874
Acute Watery Diarrhea	13	39	10	25	52	35	87
Chickenpox	0	1	0	1	1	1	2
Suspected Covid-19	0	452	0	397	452	397	849
Suspected dengue fever	1	44	0	27	45	27	72
Leishmania	1	2	1	0	3	1	4
ARI- Pneumonia	4	1	1	0	5	1	6
Scabies	31	127	32	125	158	157	315
Suspected Measles	17	0	5	0	17	5	22
AWD with severe dehydration	1	7	0	4	8	4	12
Suspected Tuberculosis (TB)	1	4	0	1	5	1	6
Typhoid Fever	0	1	0	0	1	0	1
Acute Jaundice syndrome	0	19	0	16	19	16	35
Suspected Pertussis	0	3	0	1	3	1	4
Grand total	1,200	1,720	984	1,352	2,920	2,336	5,256

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