



Key figures (monthly)



125,374

Outpatient consultations
(PHCs & Hospitals)



200

Medical kits distributed



383

Health workers trained

Major Infectious Diseases Cases (2026)



424,612

ARI-Pneumonia



6,926

Measles



17,574

AWD with dehydration



1,916

Malaria



311

COVID-19



416

Dengue fever



138

CCHF



The AYSO WHO implementing partner providing primary health care services in Paktika province. (Photo credit: WHO Afghanistan).

Highlights

WHO distributed over 200 essential health kits across Afghanistan, reaching a total of 810,750 beneficiaries

Acute respiratory infection (ARI) - pneumonia cases declined by 33.1% from February (157,046 to 105,094), while malaria increase by 25%.

Crimean–Congo hemorrhagic fever case fatality rate remained high at 10.2%

WHO screened 7,314 returnees, and the test results showed positivity rates of 44.4% (12/27) for COVID-19, 57.1% (8/14) for dengue, and 0% (0/5) for acute watery diarrhea (AWD) with dehydration.

Heavy rains and flash floods in Afghanistan displaced 4,680 families and caused 388 casualties (91 deaths, 297 injuries) and health care services in the 10 health facilities were disrupted.

Epidemiological overview

Disease Outbreaks

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

Acute watery diarrhoea (AWD): 6,308 new cases and one associated death (CFR: 0.02%) were reported, compared to 5,968 cases and three deaths in February 2026, representing a 5.7% increase from the previous month.

Acute respiratory infection (ARI) - pneumonia: 105,094 cases and 198 deaths (CFR 0.2%) were recorded, reflecting a 33.1% decrease from 157,046 cases and 313 deaths in February 2026.

Suspected dengue fever: 115 suspected cases and no deaths (CFR 0.0%) were reported, compared to 173 suspected cases in February 2026, indicating a 33.5% decrease.

Confirmed malaria: 746 confirmed cases were reported, compared to 597 cases in February 2026, representing a 25.0% increase. No malaria-associated deaths have been reported since January 2026.

Suspected measles: 2,395 new cases and 11 associated deaths (CFR 0.5%) were reported, reflecting an 8.0% decrease from 2,603 cases and 16 deaths in February 2026.

COVID-19: 81 confirmed cases with no deaths were reported, compared to 95 cases and zero deaths in February 2026, indicating a 14.7% decrease. A total of 1,990 samples from suspected cases were tested, with a positivity rate of 4.1%, representing an 8.0% decrease in testing from 2,162 samples in February.

Suspected Crimean–congo hemorrhagic fever (CCHF): 59 CCHF cases with six associated deaths (CFR 10.2%) were reported, reflecting a 59.5% increase compared to 37 cases and two deaths reported in the previous month.

Health facilities supported by WHO

WHO maintains a strategic health network across Afghanistan, providing essential health services through 106 primary health care facilities in 21 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 in 11 drug treatment centers (DTC) and five opioid agonist maintenance treatment (OAMT) centers across 12 provinces.

WHO further strengthened emergency and trauma care systems through the distribution of more than 200 medical kits and the training of 380 healthcare workers across multiple specialized disciplines, including mass casualty management, safe blood banking and safe transfusion, ambulance operations, the basic emergency care course, advanced trauma life support and PRSEAH, enhancing clinical competencies and life-saving capacities in high-risk settings.

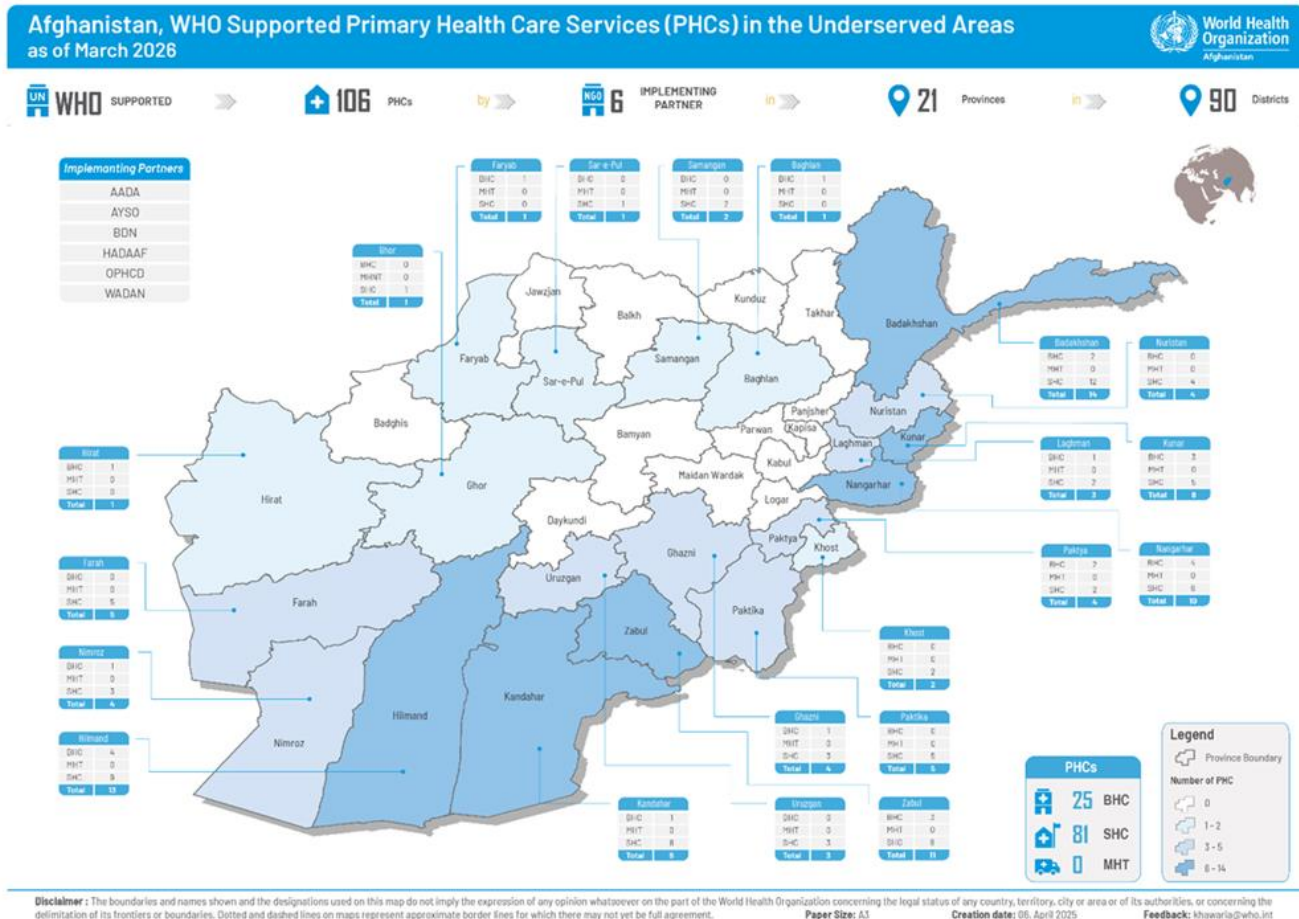












Fig. 1: WHO supported primary health care facilities, Afghanistan (March 2026)

Health service delivery

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

- 
125,374
 People received OPD consultations
- 
6,574
 Under 5 children received DTP, Penta3, and Measles vaccination
- 
4,034
 Pregnant, CBA women received TT2+ vaccination
- 
5,660
 Individuals received mental health consultations
- 
5,714
 Pregnant and lactating women received Infant and IYCF counselling
- 
94,639
 People living in remote and underserved areas received health education and awareness-raising materials
- 
2,551
 Women received postnatal care (PNC)
- 
2,476
 Women received antenatal care (ANC)
- 
111,692
 Patients received essential drugs for their basic health services needs
- 
763
 Institutional deliveries conducted

Returnee response

In March, a total of 51,051 individual returnees entered Afghanistan through five key border Points of Entries (PoEs): Torkham (554), Milak (20,637), Islam Qala (22,673), Spin Boldak (6,386) and Bahramcha (801). This represents a 67.8% decrease compared to (158,738) returnees in February 2026, with a 99.2% decline at Torkham linked to border closure due to armed conflict between Afghanistan and Pakistan. Most returnees were male (88%).

WHO screened 7,314 returnees. Testing results were as follows: COVID-19- 27 RDTs conducted, of which 44.4% (12) were positive; dengue - 14 RDTs conducted, 57.1% (8) positive; AWD with dehydration - 5 RDTs conducted, no positives.

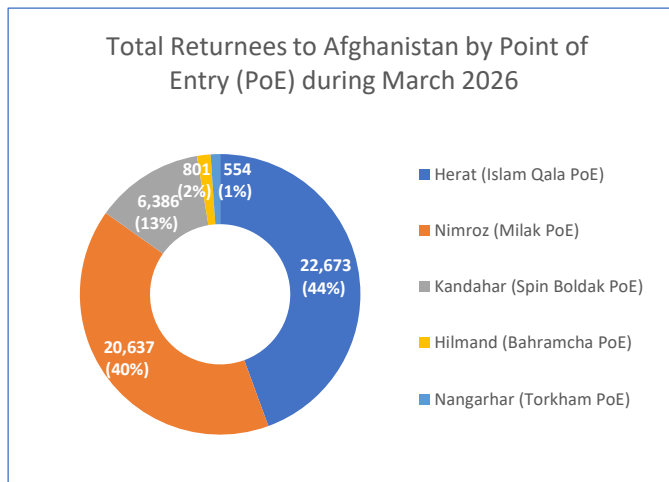


Fig. 2: Returnee population to Afghanistan by Point of Entry (PoE) in March 2026.

Health logistic and supplies

WHO distributed 200 essential health kits across Afghanistan, reaching a total of 810,750 beneficiaries. This included two interagency emergency health kits (IEHK) basic kits for 2,000 people, 30 IEHK supplementary kits for 300,000 people, 100 measles kits for 5,000 people, to reduce measles prevalence, three Mental health kits for primary health care for 3,000 people, 50 NCD kits addressing non-communicable diseases for 500,000 people and 15 trauma emergency surgery kits (TESKs) for 750 beneficiaries.



Fig. 3: WHO hands over NCD kits and anti-cancer medicines in Herat. (Photo credit: WHO Afghanistan).

Mental health and psychosocial support (MHPSS)

WHO strengthened emergency response in armed conflict areas through the distribution of three mental health kits and 124,000 MHPSS IEC materials, supporting outreach services for approximately 30,000 people over three months and increasing community awareness of critical mental health issues, including loss, grief and PTSD.

Drug Demand Reduction (DDR)

A transition plan for the transfer of WHO-supported DTCs, OAMT clinics and MHPSS activities to the Ministry of Public Health (MoPH) within three years was developed following a high-level advocacy meeting facilitated by WHO between DDR, MHPSS, UNODC teams and the EU delegation, reflecting WHO’s commitment to sustainable health systems. Key transition milestones include.

- A cost-sharing process to be started between the WHO, UNODC, and the MoPH
- Gradually reduce operation support from 100% to 50%, then to 25% over the three-year transition period.
- By end of 2028, complete transfer of responsibility for supported health facilities to the Ministry of Public Health (MoPH).
- WHO and UNODC will sustain technical assistance beyond the operational transition.

Noncommunicable diseases (NCD)

WHO donated essential anticancer medicines and 50 NCD preventive kits for 500,000 people to Afghanistan's National Cancer Hospital and regional units in Herat, Balkh and Nangarhar, sustaining critical oncology care nationwide.

Trauma care

WHO trained 123 frontline providers (49 female) in emergency trauma care across Herat, Badghis, Farah and Ghor. In response to the airstrike event in Kabul, 15 trauma and emergency surgery kits (TESKs) were supplied to major hospitals, expected to support an estimated 720 inpatient cases. Five of 15 targeted health facilities were assessed and findings will guide capacity-building support, provision of medical equipment and supplies and establishment of emergency protocols in emergency units.

Flash flood response

Since late March, heavy rain and flash floods in Afghanistan affected several regions and caused a displacement of 4,680 families, 91 fatalities and 297 injuries (388 total casualties). Health service delivery has been disrupted across ten facilities: in the East region, four are damaged and flooded; in the South, four are temporarily unable to provide services; and in the Central region, two are affected; one damaged and one flooded. In Baghlan province (Northeast), 358 houses were damaged. The East region accounts for 63% of injuries, while the East and South regions together comprise nearly 60% of deaths. Response

- Deployment of assessment teams in Central, Central Highland, Northern, Northeastern regions
- Deployment of mobile health teams to the affected locations
- Coordination of the response alongside other UN agencies, non-governmental organizations and government.

Project Monitoring Unit (PMU)

A comprehensive data quality and performance monitoring report (HER AF2 Project, 2018–2025) analyzing 11 hospitals indicated the following key findings:

- Patients consistently increased over the reporting period, with a notable acceleration post-2022.
- HMIS reporting coverage expanded since 2023 to include mental health, disability, eye care, and gender-based violence (GBV).
- Communicable diseases remain predominant; however, a gradual rise in non-communicable diseases (NCDs) signals an emerging epidemiological transition and shift in disease burden
- Operational efficiency gaps with variation observed across facilities in bed occupancy rates and average length of stay.
- Measurable improvements in diagnostic capacity, reporting accuracy, and service delivery scope have been documented as evidence of progress in health system strengthening.

Accountability to the Affected Populations (AAP)

WHO convened an AAP workshop for primary health care partners to review progress, share experiences and strengthen collective ownership of AAP. Participants assessed AAP action plans and Community Priority Setting Survey (CPSS) findings, co-developing practical actions to enhance community engagement, feedback mechanisms, service quality and overall accountability to affected populations.

The AAP, PMU and Health Cluster teams conducted 14,644 patient exit interviews across key demographic groups, capturing community perspectives to identify service gaps. Findings showed an average satisfaction rate of 75%, informing actions to improve the quality, inclusiveness and responsiveness of health service delivery.

Ethical conduct

WHO strengthened safeguarding across Afghanistan’s health system by training 1,385 health workers in ethical standards, engaging 134 staff and 564 community members to identify local risks and deploying 46 grassroots champions for ongoing outreach. Over 1,024 community members received rights-based messages on staff conduct and free access to care. Safeguarding advocacy was integrated into surveillance activities with NDSR officers and Health Cluster partners, while a workshop with 24 partners assessed emerging risks and strengthened risk preparedness. Internally, the Men’s Forum Showing Solidarity series promoted respectful workplaces. Collectively, these efforts reduce safeguarding risks and ensure emergency health interventions uphold dignity, safety and accountability.



Figure 4: PRSEAH orientation session to frontline health workers by PRS champions. Logar province HF staff. (Photo: WHO Afghanistan).

Challenges & risks

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

The closure of Spin Boldak and Torkham trauma centers affected the provision of lifesaving trauma and emergency care services.

Conflict between Afghanistan and Pakistan disrupted cross-border health services continuity.

Annexes

Annex B: Summary of trainings across disciplines nationwide, March 2026.

Training Name	Male	Female	Total
Advanced Trauma Life Support (ATLS)	25	0	25
Ambulance	19	0	19
BECC (Basic Emergency Care Course)	0	43	43
Emergency Care Toolkits and Surgical Site Infection	0	42	42
Mass Casualty Management - MCM	51	0	51
PSEAH	104	49	153
Safe Blood Banking and Safe Transfusion	47	0	47
Total	246	134	380

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

Age	Male	Female
Over 18 years	32,482	52,106
Under 18 years	20,365	20,421

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

Indicators	Suspected Measles	AWD with dehydration	ARI-Pneumonia	Suspected Dengue fever	Confirmed COVID-19	Confirmed Malaria	Suspected CCHF
Monthly new cases (% change compared to December) *	2,395 (↓8.0)	6,308 (↑5.7)	105,904 (↓33.1)	115 (↓33.5)	81 (↓14.7)	746 (↑25.0)	59 (↑79.5)
New monthly deaths (CFR%)	11 (0.5)	1 (0.02)	198 (0.2)	0 (0.0)	0 (0.0)	0 (0.00)	6 (10.2)
Cumulative cases (2026)	6,926	17,574	424,612	416	311	1,916	138
Cumulative deaths (CFR%) (2026)	32 (0.5)	6 (0.03)	870 (0.2)	0 (0.0)	0 (0.0)	0 (0.0)	9 (6.5)

Annex D: Infectious diseases cases reported among returnees by SSTs, 1-28 March 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
Suspected COVID-19	0	20	0	9	20	9	29
Suspected dengue fever	1	3	0	11	4	11	15
AWD with severe dehydration	0	1	3	0	1	3	4
Suspected Pertussis	0	2	0	0	2	0	2
Acute Jaundice Syndrome	0	12	1	11	12	12	24
Grand Total	1	38	4	31	39	35	74

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