



AFGHANISTAN EMERGENCY SITUATION REPORT

No. 45 | October 2024

Key figures (monthly)

134 666

People received emergency health care services (PHC & Hospitals)

11 865

People received trauma care services (IPD+OPD)

233

Medical kits distributed

909

Health workers trained



WHO Representative to Afghanistan, Dr Edwin Ceniza Salvador, visits Bamyan Provincial Hospital. © WHO

Summary of outbreaks (2024)

242 478

COVID-19 confirmed cases from the beginning of outbreak

158 044

AWD with dehydration

52 009

Measles

3600

Dengue fever

1160

CCHF

Highlights

- During October, a total of 134 666 outpatient consultations were conducted in the 117 WHO-supported health facilities (106 Primary Health Care (PHC) and 11 Hospitals) across Afghanistan.
- The most commonly reported epidemic prone infectious diseases were Acute Watery Diarrhoea (AWD) with dehydration, dengue fever, measles and COVID-19.
- WHO supported 12 Drug Addiction Treatment Centres and two Opioid Substitute Treatment clinics in the country.
- WHO Representative and Head of Mission in Afghanistan headed a delegation to Bamyan province where they visited several WHO-supported health facilities, including the Drug Addiction Treatment Centre and met with health officials.
- WHO Health Emergencies Programme Lead in Afghanistan visited Balkh province where he met with health authorities and health care providers in addition to visiting the WHO-supported Integrated Infectious Disease Hospital.

Health Service Delivery (Primary Health Care and Hospitals)

During October 2024, WHO supported 106 PHC in 19 provinces by five NGO partners. These facilities provided primary health care services to the remote and underserved populations, including women and children across Afghanistan.

WHO supported 11 hospitals in eight provinces through nine NGO partners. The hospitals supported by WHO included three infectious disease hospitals, two

emergency hospitals and six hospitals for Mental Health and Psychosocial Support (MHPSS).

A total of 134 666 (PHC: 88 652, Hospitals: 46 014) outpatient consultations were conducted in WHO-supported health facilities. Of these, 57.3% females and 42.7% males received the consultations. Around 79 118 patients received essential medicines for their health-related conditions in PHCs.



134 666
People received outpatient department (OPD) consultations



79 118
Patients received essential drugs for their basic health services



488
Institutional deliveries



23 958
Number of consultations for noncommunicable diseases



25 450
Pregnant, childbearing age women and under 5 children received TT2+, measles, and PENTA-3 Vaccination



1778
Pregnant and lactating women received malnutrition screening and Infant and Young Child Feeding (IYCF) counselling and treatment services

Sustaining health care services delivery

Beneficiaries of PHC & Hospital services at WHO-supported facilities for October 2024 (Total: 134 666)

Age	Male	Female
Over 18 years	35 602	56 600
Under 18 years	21 949	20 515



1884
Women received postnatal care (PNC)



4958
Women received antenatal care (ANC)



6683
Pregnant and lactating women received Infant and IYCF counselling

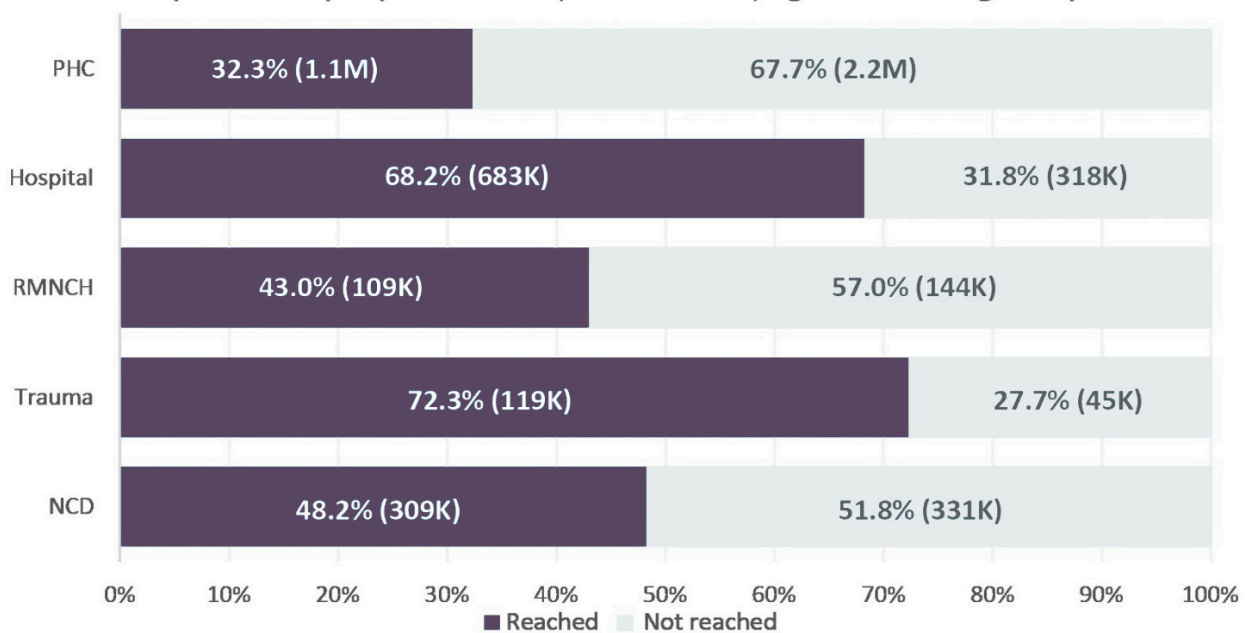


2612
Women received family planning and awareness services



14 808
Under 5 children received Oral polio vaccine (OPV), malnutrition treatment and screening

Proportion of people reached (Jan-Oct 2024) against the target in year 2024



The significant gap in the figure comparing the target reached and not reached is due to contributing factors such as operational challenges, resource limitations, and unforeseen emergency circumstances. We are actively working with stakeholders to ensure transparency and to help identify areas for improvement.

Trauma and Physical Rehabilitation

A total of 11 865 (8179 male, 3686 female) beneficiaries received trauma care and 31 739 (16 712 male, 15 027 female) received post trauma rehabilitation.

Following are some of the post-trauma rehabilitation services provided in health facilities:



4254
people received physiotherapy



6646
people received blood transfusion



5194
people received psychological counselling



11 585
people received minor surgical operations



4060
people received major surgical operations

Trauma care services

Beneficiaries of trauma care services at WHO-supported facilities for October 2024 (Total: 11 865)

	Male	Female
Over 18 years	4511	1475
Under 18 years	3668	2211

Post trauma rehabilitation

Beneficiaries of post trauma rehabilitation services at WHO-supported facilities for October 2024 (Total: 31 739)

	Male	Female
Over 18 years	10 300	9030
Under 18 years	6412	5997

WHO Representative’s visit to Bamyan

WHO Representative and Head of Mission in Afghanistan and team visited Bamyan on 26-29 October. Below are the highlights of the visit:

Bamyan Provincial Hospital

- Conducted a comprehensive tour of Bamyan Provincial Hospital. He was briefed about the current capabilities of the hospital and potential areas for support and improvement.

Integrated Infectious Disease Hospital

- Reviewed the operational status of the Integrated Infectious Disease Hospital, by focusing on its response to the pandemic and addressing any ongoing challenges.

Yakawlang District Hospital

- Visited Yakawlang District Hospital and engaged in discussions regarding the local community’s health needs.

Bamyan Female Drug Addiction Treatment Centre

- During the visit to he was informed about the services offered at the Bamyan Female Drug Addiction Treatment Centre, with an emphasis on addressing women’s health issues and enhancing access to care.



WHO Representative to Afghanistan, Dr Edwin Ceniza Salvador, visits Yakawlang District Hospital in Bamyan province. © WHO

Infectious Disease Hazard and Surveillance

The monthly summary of infectious disease outbreaks in Afghanistan, October 2024 (29 September to 02 November 2024)

Indicators	Suspected Dengue fever	AWD with dehydration	Suspected CCHF	Confirmed Malaria	Suspected Measles	Confirmed COVID-19*
Monthly new cases (% change compared to September)	1197 (↑166.0)	14 716 (↓17.4)	99 (↓17.5)	11 759 (↓20.3)	3904 (↑17.1)	1104 (↑7.0)
Monthly new deaths (CFR%)	1 (0.1)	10 (0.07)	5 (5.1)	1 (0.01)	15 (0.4)	4 (1.3)
Cumulative cases	3600	158 044	1160	73 880	52 009	242 478
Cumulative deaths (CFR%)	1 (0.03)	77 (0.05)	93 (8.0)	3 (0.004)	252 (0.5)	8039 (3.3)

*COVID-19 cumulative numbers have been reported since the start of the pandemic and the monthly number provided for confirmed cases.

Suspected Dengue fever

- A total of 1197 suspected dengue fever cases and one death (monthly case fertility ratio (CRF) 0.1%) were reported, compared to 450 cases and no deaths reported in September 2024. This shows a 166.0% increase in the number of suspected cases reported compared to the previous month.

Acute Watery Diarrhea (AWD) with dehydration

- A total of 14 716 AWD with dehydration cases and ten associated deaths (monthly CFR 0.07%) were reported, compared to 17 825 cases and seven deaths during September 2024. This represents a 17.4% decrease in the number of reported cases compared to the previous month.

Suspected Crimean–Congo Hemorrhagic Fever (CCHF)

- A total of 99 suspected cases of CCHF with five associated deaths (monthly CFR 5.1%) were reported, compared to 120 cases and ten deaths reported in September 2024. This shows a 17.5% decrease in the number of reported cases compared to the previous month.

Suspected Measles:

- A total of 3904 suspected measles cases and 15 associated deaths (monthly CFR 0.4%) were reported, compared to 3335 cases and 12 deaths during September 2024. This represents a 17.1% increase in the number of

suspected cases compared to the previous month.

Confirmed Malaria:

- A total of 11 759 confirmed malaria cases and 1 death (monthly CFR 0.01%) were reported, compared to 14 746 confirmed cases and no deaths reported in September 2024. This shows a 20.3% decrease in the number of confirmed cases reported compared to the previous month.

Confirmed COVID-19

- A total of 1104 confirmed COVID-19 cases and four associated deaths (monthly CFR 1.3%) were reported, compared to 1032 cases and seven deaths during September 2024. This represents a 7.0% increase in the number of confirmed cases compared to the previous month.
- A total of 9692 samples were tested among suspected COVID-19 cases in public laboratories, which shows an increase of 3.0% compared to the number of tests conducted in September 2024 (9411), with a test positivity rate of 11.4%.
- A total of 264 individuals have been vaccinated against COVID-19, and the proportion of those who received at least one dose of vaccine increased to 43.9%.



WHO Health Emergencies Team Lead, Dr Jamshed Tanoli, visits the 50-bed Balkh Infectious Disease Hospital in Balkh province. © WHO

Returnees: Epidemiological updates

- Two public health teams, each comprising 8 members, were operationalized to execute International Health Regulations-2005 (IHR)-recommended tasks in Torkham and Islam Qala points of entry. Furthermore, 2 Servillance Support Teams (SSTs), each consisting of two members, in Kandahar and a SST (composed of two members) were operationalized to conduct screenings of returnees and facilitate collecting, storing, and transporting samples from the respective localities to the Regional Reference Laboratories (RRLs).
- A total of 208 697 individuals were screened for various infectious diseases. Among these individuals, 2152 were returnees from Pakistan, while the remaining 206 545 were regular passengers from Iran and Pakistan.



208 697

Individuals were screened for various infectious diseases

Summary of reported cases from the returnee sites, in Afghanistan (29 September – 02 November 2024):

Diseases	Number of suspected cases reported among returnees from 29 Sep - 02 Nov 2024						
	Male		Female		Male	Female	Total
	< 5 Years	≥ 5 Years	< 5 Years	≥ 5 Years			
AWD with Dehydration	7	9	4	8	16	12	28
Suspected Malaria	0	39	0	5	39	5	44
Suspected Dengue fever	0	24	0	16	24	16	40
ARI-Pneumonia	78	154	84	126	232	210	442
Suspected COVID-19	0	114	0	53	114	53	167
Confirmed COVID-19	0	8	0	7	8	7	15

- Among the returnees, 165 rapid diagnostic tests (RTDs) and 92 polymerase chain reaction (PCR) tests were conducted for suspected COVID-19 cases. Out of these, 12 RDTs and 15 PCRs were positive, respectively, yielding a positivity rate of 7.3% for RDTs and 16.3% for PCRs.
- A total of 33 RDTs and seven PCR tests were conducted for suspected dengue fever cases. Out of these, nine RDTs and one PCR were positive, yielding a positivity rate of 27.3% for RDT and 14.3% for PCR.
- Additionally, eight RDTs and three culture tests were conducted for AWD with dehydration cases. Out of these, three RDTs were positive. No culture sample was positive. RDTs yielded a positivity rate of 37.5%.
- Furthermore, 41 RDTs were conducted for suspected malaria cases, with 18 of them testing positive, resulting in a positivity rate of 43.9%.

Supplies:

The following supplies were delivered to all regions for winterization purposes:

- 46 kits of 600 Carry Blair distributed to National Disease Surveillance and Response (NDSR) of 34 provinces.
- 150 doses of Ribavirin tab of 168 tabs.
- 400 STANDARD Q DENGUE kits of 10 tests.
- 2000 COVID-19 RDT kits distributed to the south region.
- 16 kits of PED-SAM 2020, MEDICINES MALARIA, 1 MODULE 1-1 distributed to Kandahar.



WHO delivers winterization supplies to health facilities in Nangarhar province. © WHO

Trainings:

The following trainings have been conducted during October.

Training	Date	Location	Training contents	Participants (#, affiliation, occupation, place of origin, etc)
Training of Surveillance Support Teams (SSTs)	1-3 October	Central Public Health Laboratory (CPHL) and Regional Reference Labs (RRLs) in Kabul, Paktya, Nangahar, Balkh, Kandahar and Herat	AWD Sample Collection, Transportation and RDT Use	123 Surveillance Support Teams (SSTs) on AWD sample collection, transportation and RDT use
Training of surveillance sentinel sites focal points	12-17 October	Herat	E-surveillance (automated analysis)	80 Sentinel sites focal points (including 7 females) from Badghis, Ghor, Farah, and Herat have been trained.
Training of MDs and CHSs on event-based surveillance	13-16 October	Bamyan	Signal detection, triage and verification, event definition, risk assessment and reporting	124 medical doctors and community health supervisors including 26 females were trained from Bayman province
Training of MDs and CHSs on event-based surveillance	26-31 October	Herat	Signal detection, triage and verification, event definition, risk assessment and reporting	205 MDs and CHSs participants including 26 females were trained from Bayman province
Training of health care workers on ARI case management	29-31 October	Kabul	ARI case management	100 MDs including 6 females of Khost, Paktika, Paktya, Ghazni, Kabul, Logar, Bamyan, Daikundi, Wardak, Panjshir, Parwan, and Kapisa were trained



79 238

People living in remote and underserved areas received health education and awareness-raising materials

Mental Health and Psychosocial Support

- The WHO Afghanistan Country Office commemorated World Mental Health Day with a series of impactful activities aligned with this year’s theme “Prioritizing Mental Health in the Workplace.” The event commenced with the unveiling of large banners that highlighted the organization’s commitment to mental well-being. Staff members received travel mugs, planner notebooks, and pens with mental health messages to encourage ongoing awareness in their daily routines.
- Celebration of the World Mental Health Day also included friendly football and chess games between WHO and other UN agencies, fostering collaboration and camaraderie among participants. Through these initiatives, WHO successfully promoted a supportive workplace culture, encouraging open dialogue about mental health and reinforcing the importance of prioritizing mental well-being in the workplace.
- WHO conducted a 6-day mhGAP IG rollout training for 28 (9 females, 19 males) doctors in October 2024 in Balkh province. This training was held for doctors working in health facilities in the northern region and Badakhshan province. Based on the agreement between WHO and UNODC all health staff working in DATCs supported by UNODC will be trained by WHO on MHPSS.



4103

Individuals received mental health consultations

- WHO conducted a 6-day Problem Management Plus rollout training for 27 psychosocial support staff. Out of them, 18 were female psychosocial counsellors, three were psychologists and six were social workers working in female DATCs supported by WHO in the northern region.



A friendly football match was organized in celebration of World Mental Health Day. © WHO

Drug Demand Reduction

- During the reporting period, a total of 1143 (133 females, 1010 males) clients were registered in DATCs and 555 (55 females, 500 males) were discharged.
- Coordination and follow up with the National Drug Demand Reduction (DDR) Directorate for handing over three DATCs including Bamiyan 20-bed Women and Children, Uruzgan 20-bed Male Adults and Paktika 30-bed Male Adults DATCs from the previous implementing partner of the project which was MAPWO NGO to the new partner RHDO.

DATC services at WHO-supported facilities for October 2024

Data element	Female			Male			
	0-11 yrs	12-17 yrs	18-60 yrs	0-11 yrs	12-17 yrs	18-60 yrs	60 yrs
Number of Discharged Clients	5	3	47	7		472	21
Number of monthly clients registered	15	6	112	12		980	18
Number of patients at the beginning of the month	11	7	116	13	2	677	32

Water, Sanitation and Hygiene (WASH)

Assessments:

- WHO has successfully conducted assessment on WASH in Healthcare Facilities targeting 32 WHO-supported health facilities operated by WORLD, HMLO, and HDAAF. Major gaps identified during assessment are as follows:
 - » Only four health facilities had piped water. The rest 28 relayed on the unprotected or far water sources without chlorination.
 - » Gaps in rehabilitation and maintenance of sanitation facilities, poor menstrual hygiene and limited access for persons with limited mobility.
 - » Lack of handwashing facilities near toilets.
- WHO WASH and Nutrition teams conducted WASH assessment in Khair Khana Hospital’s Therapeutic Feeding Unit (TFU) to identify WASH gaps and needs for

improvements. Few gaps identified included lack of water connection in milk preparation room, minimal facilities for water storage and toilet for staff was not functional.

WASH in Healthcare Facilities Country Survey: WHO is currently coordinating efforts with the Ministry of Public Health for an online country survey launched by the EMRO office to collect data on the progress of WASH services in healthcare facilities. The survey is led by the WHO/UNICEF Joint Monitoring Programme (JMP) and facilitated by the WHO WASH team at the country level. The survey findings will inform the UN Resolution on WASH in health care facilities progress report and guide future improvement efforts by assessing the status and progress in the country, highlighting areas needing further improvement.

Health Logistics and supplies:



79 118

Patients received essential drugs for their basic health services



233

Different medical kits distributed

A total of 233 different kind of kits were distributed in WHO-supported health facilities.

Kits	# of Kits
PED-SAM	6
IEHK Basic	32
IEHK Supplementary	12
Measles	12
PHC	158
Pneumonia	6
TESK	7
Total	233

Prevention of Sexual Exploitation and Abuse:

- In October, WHO Afghanistan launched a Training of Trainers (ToT) programme to build a network of champions dedicated to combating Sexual Exploitation, Abuse, and Harassment (SEAH) in healthcare. The training engaged 28 participants (8 women and 20 men), who are now prepared to lead SEAH prevention efforts across Afghanistan. The ToT concluded with a special address by the WHO Afghanistan Country Representative, he emphasized the importance of upholding the highest standards of conduct within WHO. This address, delivered to an audience of over 900 WHO workforce members, including those joining online, reinforced WHO’s commitment to integrity, safety, and respect. These SEAH champions received valuable training from expert facilitators, including Afghanistan’s Inter-Agency PSEA Coordinator, Maria Kjersem; UN staff counsellor Dr Njijiga; and UNOPS AWAAZ team leader. They acquired essential skills in risk assessment, survivor support, and ethical healthcare practices. WHO will continue to support these champions through mentorship and guidance.



Closing session for the Sexual Exploitation, Abuse, and Harassment (SEAH) Training of Trainers in Kabul province. © WHO

- WHO’s SEAH champions have already trained 387 healthcare personnel of which 47 were women, including frontline workers, Ministry of Public Health representatives, and community health supervisors. These sessions emphasize ethical conduct in emergency health services, creating safer healthcare environments for all.

Programme Monitoring Unit (PMU)

To ensure effective oversight of project implementation, WHO has been conducting systematic and regular monitoring and evaluation (M&E) activities. This involves deploying 21 monitoring officers on the ground who utilize specific tools tailored for each type of health intervention. In October, WHO carried out monitoring visits to 66 primary health care facilities, 60 hospitals, encompassing integrated infectious disease hospitals, DATCs, OST clinics, MHPSS, emergency hospitals, TFUs and hospitals.

During these visits, the monitoring officers closely assessed the performance of health facilities and identified areas for improvement. Newly identified issues requiring attention are

being addressed in collaboration with implementing partners to ensure that appropriate mitigation measures are promptly put in place.

This proactive approach to monitoring and evaluation highlights WHO’s commitment to enhancing the quality and effectiveness of healthcare services provided within the project’s scope. By timely addressing the identified areas for improvement, WHO aim to achieve better health outcomes and ensure the delivery of high-quality care to those who need it most. This continuous cycle of assessment and collaboration is essential for fostering an environment of accountability and excellence in healthcare delivery.



Orientation session and on-the-job training for midwives at the WHO-supported Garai Basic Health Center in Nangarhar province. © WHO



WHO team visiting patients at the emergency hospital in Spin Boldak, Kandahar province. © WHO

Trainings

The following trainings were conducted in October 2024:

Training Name	Female	Male
mhGAP IG	9	19
Problem Management Plus	26	0
Health Response to Survivor of Violence and Emergency	5	25
Event Based Surveillance (EBS)	52	277
e-Surveillance	7	73
SSTs Training	0	123
PSEAH	0	120
ICU	1	18
Oxygen	0	16
IPC	0	20
ARI	6	94
IPD-SAM	36	0
Total	142	785

Health Cluster

- A total of 49 Health Cluster partners provided humanitarian health services to 854 095 people. These services were delivered through 993 health facilities in 322 districts, covering all 34 provinces of Afghanistan. Of those reached, 44 percent were women, and 36% were children.
- Two national Health Cluster coordination meetings were held in October. The first meeting gathered 108 participants representing 65 organizations, and the second meeting included 121 participants from 70 organizations.
- Under the Humanitarian Needs and Response Plan (HNRP) 2025, the Health Cluster has developed a draft plan identifying the People in Need (PIN) as well as the target population to be assisted in consultation with the Health Cluster partners and Strategic Advisory Group (SAG) members. Furthermore, the Health Cluster successfully defended the plan during the Resident Coordinator/ Humanitarian Country Team (RC/HCT) meeting. The plan is now under review for finalization and endorsement.
- The Health Cluster Coordination Team received and began addressing 37 cases referred through the interagency reporting system, AWAAZ Afghanistan. This was done in close coordination with national and international NGOs across all regions, ensuring Accountability to Affected Populations (AAP). The Health Cluster worked with the Programme Management Team to create an interactive internal dashboard tracking patient satisfaction along with over ten factors. This will help improve evidence-based solutions to existing problems and gaps in healthcare.
- A Technical Level Coordination Forum (TLCF) meeting was held with the participation of Clusters (Health, WASH, and Nutrition), OCHA, the Ministry of Public Health, and the Ministry of Economy. The purpose of the meeting was to review the status of MoUs and strengthen technical coordination to streamline multi-sectoral response efforts in resolving issues. Key effects of the meeting included enhanced multi-sectoral collaboration, improved coordination among clusters and ministries, fostering a unified approach to addressing critical health and humanitarian challenges.
- Regional Health Cluster teams visited Badakhshan, Badghis, Bamyán, Jawzjan, Khost, Kunar and Sar-e-Pul provinces, highlighting critical healthcare challenges. Kunduz Regional Hospital, the main regional referral facility, has lacked long-term support since September 2023, threatening its sustainability. Similarly, the Northeast Region's sole infectious diseases hospital, serving 7000 patients monthly, risks closure due to funding shortages. Additionally, 35-40% of underserved/ hard-to-reach areas remain without essential health services across all the regions. The Health Cluster teams at the national and sub national levels continue to advocate for resources to address these gaps.
- Acute Watery Diarrhoea (AWD) Task Force meetings were conducted at both national and sub-national levels to ensure a coordinated response from the health and WASH sectors to AWD cases with dehydration.
- To accelerate the finalization of the MoU process, the Health Cluster actively participated in eight MoU review committee meetings at the Ministry of Public Health during the reporting period. Accordingly, 81 MoUs were successfully approved and signed by the MoPH, ensuring enhanced coordination and support for health partners to deliver critical health services. As such, this achievement reflects the collaborative efforts between the Health Cluster and the MoPH to streamline processes and strengthen health system functionality in priority areas.
- Between 01 November 2023 and 31 October 2024, a total of 25 Health Cluster partners collectively supported the health response for returnees. However, in October, 12 Health Cluster partners (AADA, AFGA, HealthNet TPO, HMLO, IOM, IRC, JACK, PU-AMI, SCI, UNFPA, UNICEF, and WHO) were actively involved in response activities for returnees. During this period, a total of 632 940 returnees were reached, including 230 146 women, 207 498 men, 104 784 girls, and 90 512 boys. Among them, 297 380 individuals received primary health care consultations, 28 807 accessed secondary health care services, 212 950 participated in health promotion activities, 40 715 received reproductive, maternal, newborn, and child health (RMNCH) services, 52 130 accessed (MHPSS) services, and 958 received trauma care services.



Regional Health Cluster coordination meeting held in Eastern region on 3 October 2024. © RHCC for eastern region



WHO conducts monitoring and supportive supervision of health facilities and hospitals under the WHE-supported project to ensure quality healthcare delivery. © WHO

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