

# AFGHANISTAN

People in need - Health<sup>1</sup>

**14.4 MILLION**

People targeted - Health<sup>1</sup>

**7.2 MILLION**

Funding requirement

**US\$ 65 MILLION**

<sup>1</sup> Figures represent health-specific People in Need and people targeted drawn from the Humanitarian Needs and Response Plan (HNRP) 2026

## CONTEXT

Afghanistan continues to face one of the world's most complex humanitarian crises, shaped by decades of conflict, economic hardship, population displacement, natural hazards and a fragile and under-resourced health system. Compounding shocks in 2025, including the continuous influx of returnees from neighbouring countries, recurrent earthquakes and frequent disease outbreaks have further intensified needs, particularly for women and children who are disproportionately affected.

An estimated 14.4 million people are expected to need health assistance in 2026, compared with 14.3 million in 2025, reflecting rising needs amid persistent vulnerabilities. The return of Afghans from the Islamic Republic of Pakistan and the Islamic Republic of Iran has placed additional pressure on the fragile health system and is overwhelming health facilities in border reception areas. As of December 2025, over 2.7 million returnees had been recorded, with many settling in remote and mountainous areas that have been underserved for decades. Communities remain highly vulnerable to both communicable and noncommunicable diseases, while facing heightened social and economic tensions.

Reduced humanitarian funding in 2025 led to the closure of more than 422 health facilities, limiting access to essential health services for an estimated 3 million Afghans. The impact has been particularly severe for women and girls, who already face significant barriers to accessing health care. Movement restrictions, the limited availability of female health workers and restrictive social and institutional norms have further constrained the ability of women and girls to access timely and appropriate health care, deepening gender inequities in health outcomes and increasing the risk of preventable health complications and maternal deaths.

Food insecurity remains a major driver of poor health outcomes in Afghanistan. Around 17.4 million people are projected to face severe food insecurity (Integrated Food Security Phase Classification 3 or above), contributing to rising rates of acute malnutrition among children under five as well as pregnant and breastfeeding women. Prolonged drought, recurrent earthquakes and seasonal floods have not only triggered spikes in trauma and emergency health needs but have also heightened the risk of communicable diseases, undermining fragile health and nutrition gains. In 2025, Afghanistan reported 97 368 suspected measles cases and 161 791 cases of acute watery diarrhoea with dehydration, as well as the detection of 6010 dengue fever and 1479 Crimean-Congo haemorrhagic fever cases. Polio transmission risks persist, with nine confirmed cases as of October 2025.

In 2026, humanitarian health needs are projected to remain high as Afghans will continue to return, the funding landscape will continue to contract, and natural shocks will recur. Safeguarding essential health services, supporting vulnerable populations and maintaining readiness for disease outbreaks and natural disasters will remain vital components of the WHO humanitarian response in Afghanistan.



WHO provides support to families following an earthquake in the Noorgal district of Kunar.  
Photo credit: WHO/  
Zakarya Safari

## WHO'S STRATEGIC OBJECTIVES

1. **Ensure equitable access to essential and life-saving health services**, with a focus on women, children and underserved communities, through integrated primary and emergency health care services and strengthened referral systems.
2. **Strengthen surveillance, preparedness and rapid response capacities** to prevent, detect and respond to infectious disease outbreaks and health emergencies.
3. **Enhance coordination, accountability and system resilience** by supporting national capacities, sustaining critical health services and reinforcing the humanitarian-development-peace nexus.

Through this partnership with WHO, we aim to strengthen Afghanistan's capacity to prevent, detect and respond to outbreaks and health emergencies. With an ongoing surge of migratory movements and the undeniable reality that viruses respect no borders, a stronger and more effective health security system in Afghanistan is a crucial investment in mitigating the risk of cross-border spread and safeguarding the health of populations.

**Mrs. Veronika Boskovic Pohar, Chargé d'Affaires of the European Union Delegation to Afghanistan**



## WHO'S CHANGING ROLE AND APPROACH: DELIVERING UNDER THE HUMANITARIAN RESET

WHO's role in Afghanistan continues to evolve in line with the Humanitarian Reset, focusing resources on essential and life-saving services while strengthening national systems to enhance resilience and sustainability. WHO remains committed to safeguarding access to critical health interventions, particularly for women, children and communities in remote and underserved areas, amid an increasingly constrained funding environment. In 2026, WHO will prioritize core health functions and interventions that prevent avoidable mortality and morbidity while optimizing efficiency and coordination to reach those most in need.

As part of the transition, WHO continues to advocate for stronger engagement from the de facto health authorities, with an emphasis on sustained technical collaboration and targeted capacity-building. This approach is intended to enable a gradual and responsible handover of selected health services. WHO is also supporting the development of Afghanistan's National Health Strategy 2025–2030 and investing in key health system building blocks to improve service coverage and utilization. At the same time, WHO continues to work closely with United Nations (UN) agencies, national and international NGOs and other health partners to maintain service delivery where other actors have scaled back. Structured phase-out strategies and contingency plans are being implemented to mitigate funding gaps and sustain critical programs.

Looking ahead, WHO's approach will balance immediate life-saving health service delivery with longer-term system strengthening, safeguarding essential services, reinforcing national capacities and maintaining readiness to respond to ongoing and emerging health threats.



WHO's work is extremely important in Afghanistan where both the Central Emergency Response Fund and the Afghanistan Humanitarian Fund have facilitated the scaling up of its lifesaving interventions. These vital allocations come at a time when an unprecedented number of Afghans are returning from the Islamic Republic of Iran and Pakistan, and large parts of country face the prospect of severe drought.

**Kate Carey, Deputy Head of the United Nations Office for the Coordination of Humanitarian Affairs, Afghanistan**



52-year-old Bibi Maryam receives hepatitis treatment at the National Infectious Disease Hospital in Kabul.

Photo credit: WHO/  
Zakarya Safari

## WHO 2026 RESPONSE STRATEGY

In 2026, WHO will sustain the delivery of essential and life-saving health services through fixed and mobile service modalities, prioritizing women, children and communities in remote and underserved areas. In collaboration with the de facto health authorities, WHO will ensure that service delivery aligns with national priorities and global technical standards, supporting the implementation of the National Health Strategy 2025 to 2030 and building institutional capacity at national and provincial levels. Emphasis will be placed on maintaining access to reproductive, maternal, newborn and child health services while deploying female health workers where possible to address gender-related barriers to care.

WHO will reinforce Afghanistan's early warning, detection and response system for infectious disease outbreaks and health emergencies. This includes supporting surveillance support teams, strengthening laboratory and diagnostic capacities and expanding early warning and response networks in high-risk districts. WHO will continue to ensure emergency readiness through the provision of trauma care and referral services, emergency mental health support and the pre-positioning of essential medicines and medical supplies.

WHO will mainstream Accountability to Affected Populations and Protection from Sexual Exploitation and Abuse risk mitigation across all activities. This includes ensuring that communities and patients are informed, consulted and able to provide feedback on services, while maintaining zero tolerance for sexual exploitation and abuse. Mechanisms for confidential reporting, community engagement and staff training will continue to be strengthened at both national and subnational levels.

At the same time, WHO will lead and coordinate the health sector response at national and subnational levels to ensure that humanitarian health interventions are evidence-based, complementary and aligned with the National Health Strategy 2025 to 2030. This includes close technical collaboration with the de facto health authorities and health partners, strengthened monitoring of service delivery and enhanced accountability mechanisms. In parallel, WHO will support capacity-building and transition planning to preserve essential health functions, sustain the health workforce - particularly women - and reinforce the foundations for a resilient, equitable and inclusive health system.

### OPERATIONAL PRESENCE

WHO maintains a nationwide operational presence across all 34 provinces of Afghanistan, ensuring direct access to project sites and close engagement with affected populations. This reach is supported by seven regional and subnational offices, in addition to the Kabul-based country office, with a total workforce of 1197 national and international staff.

At the subnational level, WHO works in close collaboration with provincial de facto health authorities, national and international NGOs and communities to coordinate service delivery and align humanitarian health interventions with national priorities. This field-based approach enables WHO to bridge emergency response and early recovery, sustaining continuity of care and national health system capacities.

WHO continued to lead the Health Cluster in Afghanistan at both the national and provincial levels, in close collaboration with Save the Children as the NGO co-coordinator. A phased and time-bound transition strategy is being developed in accordance with interagency guidance. This strategy aims to gradually shift from the cluster approach to a government-led coordination mechanism. The current proposal outlines an ongoing, phased transition process for coordination arrangements. During this time, a consortium model is being considered as an interim arrangement while the final structure is defined.

As the Health Cluster lead, WHO coordinates more than 158 Health Cluster partners, of which 71 are currently active and reporting. These include four United Nations agencies, 25 international NGOs and 42 national NGOs, as well as other organizations engaged in the delivery of emergency health services. Coordination is conducted through regular national and subnational Health Cluster meetings, providing a platform for joint needs prioritization, the development of harmonized response plans and systematic monitoring of implementation to prevent service gaps and ensure complementarity across interventions.

Health Cluster partners are active across all regions and provinces, covering more than 361 districts. Through Health Cluster coordinated activities, over 6.9 million people were reached until October 2025. In 2025, the Health Cluster effectively coordinated responses to earthquakes, returnees, and disease outbreaks.



WHO training on laboratory diagnosis.  
Photo credit: WHO/Zakarya Safari



WHO provides treatment to a resident of Deh Wogul village in Chakway, who was injured during an earthquake.  
Photo credit: WHO/  
Zakarya Safari

## KEY ACTIVITIES FOR 2026

- **Sustain access to essential and life-saving health services** in priority locations, with a focus on women, children and underserved communities.
- **Strengthen disease surveillance, early warning and laboratory systems** to enable rapid detection, investigation and response to outbreaks.
- **Support immunization and polio eradication efforts**, including surveillance and targeted interventions in high-risk areas.
- **Maintain trauma, emergency and referral care capacity**, ensuring preparedness for mass-casualty incidents and other health crises.
- **Enhance reproductive, maternal, newborn and child health services**, while reinforcing nutrition surveillance and early action to address malnutrition.
- **Expand access to integrated mental health, psychosocial support and noncommunicable disease services**, including for substance use disorders, in priority locations.
- **Strengthen national preparedness and response capacities** through updated contingency plans, pre-positioning of medical supplies and improved logistics systems.
- **Improve hospital readiness and resilience** through rehabilitation, provision of medical equipment, staff training and climate adaptation measures.
- **Strengthen core health capacities at Points of Entry to meet International Health Regulations (2005) requirements** through upgraded infrastructure, trained health personnel and enhanced cross-border coordination.
- **Strengthen Accountability to Affected Populations and Protection from Sexual Exploitation and Abuse risk mitigation mechanisms** across all health operations through staff training, community feedback systems and confidential reporting channels.
- **Reinforce public health risk communication and community engagement** to promote preventive behaviours, raise awareness and increase health service utilization.

## KEY ACHIEVEMENTS IN 2025

In 2025, WHO further strengthened health service delivery across Afghanistan by:

- **Providing over 1.87 million outpatient consultations**, including medicines.
- **Delivering around 84 000 mental health consultations**, improving psychosocial well-being.
- **Supporting 116 416 women with reproductive health services**, including antenatal care, postnatal care and safe deliveries.
- **Facilitating 365 415 consultations for noncommunicable diseases (NCDs)** in WHO-supported health facilities.
- **Ensuring 402 885 children under five received immunization services** - including oral polio vaccine (307 659), DTP (20 078), measles (36 574) and Penta3 (38 574).
- **Screening 259 977 children under five for malnutrition.**
- **Training 4308 health workers**, enhancing capacity across multiple disciplines nationwide.
- **Reaching 1.45 million people** with health education and awareness messages through multiple risk communication and community engagement campaigns.
- **Distributing 5070 health emergency kits across the country**, benefiting an estimated 3.7 million people.
- **Detecting 1732 outbreak** alerts, responding to 1700 (98.2%) within 48 hours.
- **Testing 7895 samples**, confirming 2569 cases, and expanding diagnostic capabilities for acute watery diarrhoea with dehydration at the Regional Reference Laboratory in Kunduz Province.
- **Completing the Joint External Evaluation Exercise (JEE).**
- **Reaching over 130 000 people nationwide**, including 58 727 women and girls, with community-based risk communication and community engagement campaigns.



Afghan boys injured during earthquakes.  
Photo credit: WHO/Zakarya Safari

# IMPACT IN 2025

## WHO'S TRAUMA CARE UNIT IS A LIFELINE AT THE ISLAM QALA BORDER CROSSING



WHO Health Emergencies team lead visiting Islam Qala. Photo credit: WHO/Zakarya Safari

Every day, thousands of returnees from the Islamic Republic of Iran arrive at the Islam Qala border crossing in Herat province. Exhausted from long journeys, fleeing hardship and seeking safety, many are sick, injured or simply overwhelmed.

WHO Afghanistan set up a trauma care unit at the Islam Qala reception centre. From the outside it may look like a tent, but inside it is a fully equipped emergency care facility with seven beds, lifesaving supplies and a team of dedicated health professionals ready to act fast.

Over 3905 patients received emergency treatment here in 2025. But care doesn't stop at this trauma tent. Through WHO's primary health care project, 31 frontline workers, including doctors, vaccinators and surveillance teams, provide additional support on-site. They've screened and vaccinated more than 1 299 567 people, mostly women and children, protecting them from diseases like measles and polio.

The story of four-year-old Akmal Younus is just one example of how needed this care unit is. On 9 July 2025, after a 16-hour journey, he arrived from the Islamic Republic of Iran with a head injury. His father, Ahmad Farid, was desperate.

"When my son got injured, I was terrified," said Ahmad. "But the WHO team at the border stepped in and treated him immediately."

Akmal received emergency care, vaccinations and follow-up support from WHO's nutrition unit. His story is one of many at this busy border.

"At Islam Qala, WHO teams are providing the highest level of health care, treating injuries and saving lives. Every patient is a reminder of what is possible when humanity and health care meet on the frontlines," said WHO Representative in Afghanistan, Dr Edwin Ceniza Salvador.

Needs are growing as more families return. WHO plans to expand mobile health teams, train more female health workers and strengthen emergency supplies. Continued donor support is essential to keep this lifeline open.

### FOR MORE INFORMATION

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A patient receiving treatment at the National Cancer Hospital. Photo credit: WHO/Zakarya Safari



WHO inaugurates a new oxygen facility at Indira Gandhi Child Health Hospital in Kabul.  
*Photo credit: WHO/ Zakarya Safari*

# WHO'S 2026 FUNDING REQUIREMENTS

AFGHANISTAN COMPLEX EMERGENCY	
FUNDING REQUIREMENT BY RESPONSE PILLAR	FUNDING REQUIREMENTS (US\$ M)
<b>Collaborative surveillance</b>	<b>3.11</b>
Laboratory systems, diagnostics and testing	0.47
Surveillance, case investigation and contact tracing	2.64
<b>Community protection</b>	<b>1.28</b>
Risk communication and community engagement	0.80
Vaccination	0.48
<b>Safe and scalable care</b>	<b>39.07</b>
Case management and therapeutics	4.93
Essential health systems and services	31.54
IPC within health care settings	2.60
<b>Access to countermeasures</b>	<b>15.77</b>
Operational support and logistics	15.77
<b>Emergency leadership</b>	<b>5.79</b>
Lead, coordinate, plan and monitor protracted response ops	4.67
PSEAH in protracted emergency response operations	0.45
Risk and readiness assessments	0.68
<b>Total</b>	<b>65.02</b>