World Health Organization

HEALTH CLUSTER

Afghanistan

Date: 04 August 2025

Public Health Situation Analysis (PHSA)

This is the second PHSA published by WHO on Afghanistan.

Typologies of emergency	Main health threats	WHO grade	UNDSS Security level[1]	INFORM (2025)[2]
Conflict Food security Displacement Epidemics Earthquake Floods	Trauma, Injury and Rehabilitation Malnutrition Diarrheal Disease Measles Malaria Acute Respiratory Infections (ARI) including Pneumonia and COVID-19 Maternal and Reproductive Health Conditions Tuberculosis (TB) Human immunodeficiency virus (HIV) Non-communicable diseases (NCDs)	G3	**High (5)**: East **Substantial (4):** Central, Northeast, Southeast, South **Moderate (3)**: Central Highlands. North, West	**Risk Ranking:** 7.8/ 10 *(Very High)* **Global Risk Ranking:** 7 out of 191 countries

SUMMARY OF CRISIS AND KEY FINDINGS

In 2025, an estimated 22.9 million people in Afghanistan — nearly half of the country's 46 million population — require humanitarian assistance.[3] As a result of the humanitarian reprioritisation process, 16.8 million people have been targeted for assistance, for which $2.42 billion is required.[4]

In 2025, Afghanistan is expected to receive a substantial influx of returnees, with projections estimating around 1.6 million individuals arriving from Pakistan and up to 2 million returnees coming from Iran.[5] More than 836 713 individuals (92% from Iran) arrived from Iran and Pakistan since April 10 2025.[6] Despite determined efforts of UN agencies and local authorities, and a powerful public outpouring of practical support to the returnees, the pace and scale of returns are overwhelming already fragile support systems. Meanwhile, humanitarian operations remain dangerously underfunded.[7]

Afghanistan is grappling with significant health challenges marked by a fragile healthcare system and unequal access to services, particularly in rural areas.[8] Outbreaks of communicable diseases, maternal and child health issues, malnutrition, and non-communicable diseases contribute significantly to mortality and morbidity rates. There is a looming threat of disease outbreaks, including acute watery diarrhea (AWD), measles, Polio, Crimean Congo Hemorrhagic Fever (CCHF), dengue fever, COVID-19, pertussis, and malaria.[9] Trauma cases remain prevalent due to explosive ordinance contamination, sporadic explosions, and road traffic accidents. Psychosocial distress affects half the population, with one in five individuals experiencing impaired daily functioning due to traumatic events.[10]

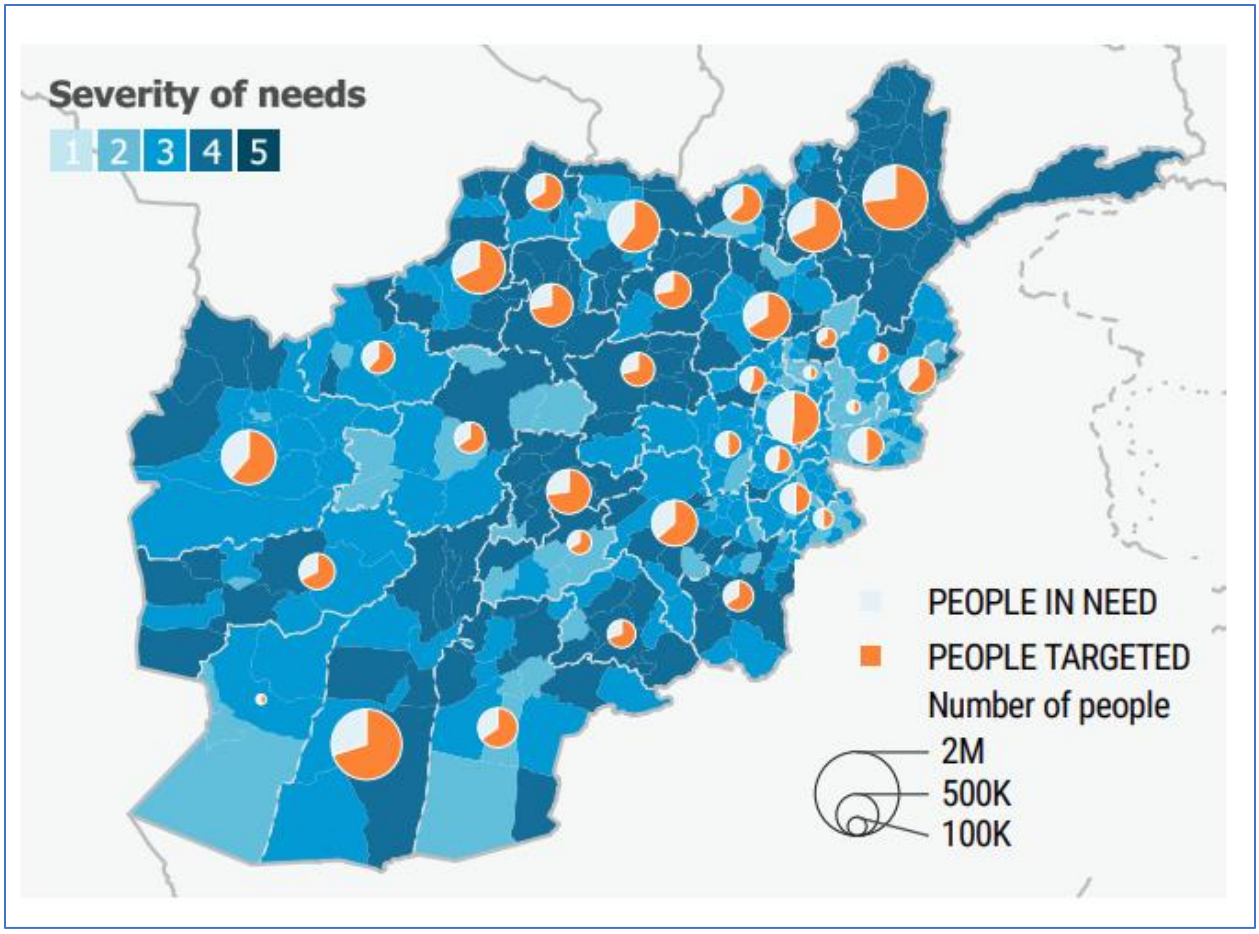


Figure 1 People In Need and Targeted by Health Cluster, 2025 (HRP)

HUMANITARIAN PROFILE

PEOPLE IN NEED (PiN) 2025[11]

PiN: 22.9 million

Original Target: 17.7 million

Urgent Target: 12.5 million

HEALTH NEEDS 2025[12]

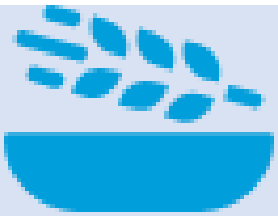
PiN: 14.3 million people

Target: 9.3 million people

DISPLACEMENT

Returnees: More than **836 713 individuals** arrived from Iran and Pakistan since April 10, 2025.[13]

IDPs:6.3 million[14]



FOOD SECURITY

Projections for May to October 2025 indicate that **9.5 million people** will face IPC Phase 3 or higher.[15]

Humanitarian Response to Date

In 2025, an estimated 22.9 million people in Afghanistan ─ nearly half of the country's 46 million population ─ require humanitarian assistance. Among them are 5.7 million women and 5 million men facing acute vulnerabilities.[16]

Humanitarian actors initially aimed to reach 16.8 million people with critical, life-saving support. However, a sudden shift in the funding landscape in January ─ following the suspension of nearly all foreign aid by the United States, has prompted an urgent reprioritization. As a result of this reprioritisation, 12.5 million people have been targeted for assistance, for which $1.62 billion is required.[17] As of 23 July 2025, the plan is just 24% funded.[18]The Health Cluster requires USD$280 million to aid more than 9 million people. As of 23 July 2025, the plan is just 10% funded.[19]

Funding shortfalls had far-reaching impacts on humanitarian operations, affecting projects and staffing and prompting partners to reprioritize assistance. As a result, hundreds of health facilities were closed, essential malnutrition services for children were limited, critical protection services for vulnerable Afghans were cut, cash programmes supporting thousands of families were suspended, and tens of water systems supporting hundreds of thousands of people were left unrepaired.[20]

OCHA reported in June 2025 that the dramatic reduction in humanitarian funding has meant that approximately 420 health facilities have closed, denying three million people access to primary health care.[21]Furthermore, 298 nutrition sites (out of 3455) remain closed, depriving 80 000 acutely malnourished children, pregnant women, and new mothers of treatment posing a serious risk of increased mortality.[22]

Displacement

In 2025, Afghanistan is expected to receive a substantial influx of returnees, with projections estimating around 1.6 million individuals arriving from Pakistan and up to 2 million returnees coming from Iran.[23] Over 8 million Afghans are estimated to be displaced in Pakistan and Iran, making this refugee crisis one of the most protracted in the world.[24] More than 836 713 individuals (92% from Iran) arrived from Iran and Pakistan since April 10 2025.[25]Daily returns from Iran increased significantly after 13 June, with the highest number recorded on 1 July, when over 43 000 people returned.[26] This is a stark increase from the January to June average of 5 000 arrivals per day. [27] On 8 July, Tajikistan ordered all Afghan refugees, close to 10 000 to leave within 15 days, or to face deportation.[28]

These returns are part of a complex protection crisis as many are not voluntary.[29] Many people who returned said that they felt compelled to leave, as they saw fellow Afghans being deported. Returnees who arrived in Afghanistan in recent months have been sharing concerning stories of increased restrictions, harassment and discrimination. [30] This is part of a broader, worrying regional trend. Refugee-hosting countries have issued return orders with deadlines for Afghans to depart, or face deportation. Since these announcements, the situation for Afghans in bordering countries has deteriorated quickly.[31]

The returnee population also adds to the existing 6.3 million internally displaced Afghan nationals, who often reside in the same locations. This hinders communities' capacity in areas of return to integrate returnees and exacerbates overall protection situation, further hindering the access to limited resources and services.[32]

Food Insecurity

The findings from the latest Integrated Food Security Phase Classification for acute food insecurity have been published. Projections for May to October 2025 indicate that 9.5 million people will face IPC Phase 3 and above (crisis and emergency levels of food insecurity), of which 1.6 million are in IPC Phase 4 (emergency). However, a serious drought in the North and Northwest of the country, affecting 19 provinces, is now driving up these numbers.[33]

Furthermore, nine out of every 10 young children in Afghanistan live in child food poverty (around 2.1 million children).[34] These children lack access to the variety of foods essential for their growth and development, often consuming diets that include, at most, four food groups, and on some days even less.[35]The national average WFP in-kind food basket price experienced a slight 0.7% decline from last week with almost no change from last year. The FSAC food basket, revised to 5800 AFN in May 2024, shows a 5.4% decline from the revised transfer value, which does not meet the threshold to trigger a revision.[36]

Humanitarian Access

Across Afghanistan, some 300 humanitarian access-related incidents were recorded from January to April 2025, a 52% decrease from the same period in 2024. The primary challenge was interference in humanitarian activities by the de facto authorities, comprising 70% of incidents. Other challenges included physical environment, violence against humanitarian workers, including detentions of 76 aid workers (including 13 United Nations personnel), movement restrictions, ongoing military operations and denial of the existence of humanitarian needs.[37]

More broadly, in terms of security, between 1 February to 30 April 2025, the United Nations recorded 2299 safety and security-related incident reports, marking a 3% increase as compared with the same period in 2024. There were 175 robbery incidents, marking a 7% increase as compared with the same period in 2024.[38]

In March 2025, a survey showed a drop in the mobility of women NGO and UN staff, with only 40% able to visit field sites (down from 52% in December). Only 43% reported they were fully operational with women and men, a 19% reduction, attributed to both restrictions and funding shortfalls.[39] Despite restrictions, 98% of women in eligible households collect their assistance in person, including widows. In a context where women are being pushed out of sight, this shows remarkable agency.[40]

Vulnerable Groups

- **People with Disabilities (PwD):** Decades of conflict have left an estimated 800 000 Afghans (2.7% of the population) with a range of severe disabilities. The main categories of disability are physical (37%), sensory (26%) and multiple disabilities (46%). Between 60-80% of people with disabilities live in rural and informal urban settlements.[41]
- **Children and Youth:** At least 12 million children need humanitarian assistance. Adolescent girls in Afghanistan face a heightened risk of child marriage and gender-based violence. Additionally, limited access to skills development and employment opportunities leaves young people vulnerable to child labour and economic exploitation, and often compelled to engage in hazardous work.[42]

- **Women and girls**: Afghanistan has the second-widest gender gap in the world, with a 76% disparity between women's and men's outcomes in health, education, financial inclusion, and decision-making. The Index also shows that women, on average, are realizing just 17% of their full potential to make choices and access opportunities, while on average, women worldwide achieve 60.7%.[43] No women hold positions in the de facto Cabinet or in local offices, a setback that impacts the ability of women to shape policies and laws affecting their lives. Despite being all but erased from public and political life, Afghan women still continue to push for inclusive governance and find ways to raise their concerns with authorities, at the national and subnational level.[44] The effects of political transition, economic contraction, and diminished development assistance have amplified protection risks and humanitarian needs at the household-level, with women and girls bearing the brunt of the impact.[45]
- **Older People:** Accounting for 2% of the population, older adults are particularly at risk of multidimensional poverty as evidenced in Afghanistan and the loss of access to basic services.[46]
- **Returnees from Pakistan:** Immense challenges lie ahead for returnees, from accessing documentation, housing healthcare and education, to rebuilding their lives in a country they do not know. It is particularly worrying as returns are highly concentrated in just a few areas. Returns mark the start of a difficult journey in a country facing multiple, overlapping crises, and struggling to recover after four decades of instability. For women and girls in particular, life in Afghanistan brings extreme restrictions.[47]

HEALTH STATUS AND THREATS

Population mortality: In Afghanistan, the current population is 46 million as of 2025 with a projected increase of 85% to 76 885 135 by 2050. [48] In Afghanistan, life expectancy at birth (years) has improved by 4.14 years from 55 years in 2000 to 59.1 years in 2021. [49] The top five causes of death include collective violence and legal intervention, ischaemic heart disease, preterm birth complications, stroke and lower respiratory infections.[50]

Maternal and child health needs, coupled with malnutrition, contribute significantly to mortality, with Afghanistan bearing the highest global maternal and under-5 mortality rates.[51]

Mortality Indicators	Afghanistan	Year	Source
Life expectancy at birth	62.88	2022	World Bank
Infant mortality rate (deaths < 1 year per 1000 births)	45	2023	IGME
Child mortality rate (deaths < 5 years per 1000 births)	58	2023	IGME
Maternal mortality ratio (per 100 000 live births)	620	2022	WHO

Vaccination coverage: The Ministry of Public Health of Afghanistan recommends all infants and young children (especially those under 5 years of age) to be vaccinated against tuberculosis, polio, hepatitis B, diphtheria, tetanus, pertussis, haemophilus influenzae type b, pneumococcal disease, rotavirus, and measles.

Over the past 25 years, significant strides have been made in reducing the under-five mortality rate in Afghanistan, from 192 to 77 deaths per 1000 live births between 2001 and 2015.[52] These improvements are largely because of ongoing immunisation programs. While substantial progress has been made, vaccination rates still remain low. Just 36.6% of children between the ages of 12 and 23 months receive basic immunisations in Afghanistan, and only 16.2% of children aged 24 to 35 months are fully vaccinated.[53]

This lack of access, combined with a lack of awareness about the role of vaccines, has serious consequences. While non-communicable diseases, illnesses that are not passed from person to person such as heart disease or cancer, account for more than half of all deaths in Afghanistan – 52%, the remaining 48% are linked to infectious diseases, many of which could be prevented through vaccination.[54]

Without access to vaccination services, especially in remote areas, communities face heightened risks of disease outbreaks, increased child mortality rates, and long-term health challenges. Vulnerable groups, such as children and pregnant women, are particularly impacted, resulting in preventable deaths and placing major strain on already burdened healthcare systems.[55]

Vaccination Coverage Data	Afghanistan	Year	Source
DTP-containing vaccine, 1st dose	450 948 (90%)	Q2, 2024	DHIS2
DTP-containing vaccine, 3rd dose	389 937 (78%)	Q2, 2024	DHIS2
OPV, 3rd dose	389 149 (78%)	Q2, 2024	DHIS2
Measles-containing vaccine, 1st dose	355 636 (71%)	Q2, 2024	DHIS2

COVID-19 Vaccination: Among the Afghanistan population, 39.5% are fully vaccinated for COVID-19 (17 028 759), 43.8% received one dose at least (18 893 256), and 7.9% received various booster doses (3 893 256).

OVERVIEW OF KEY DISEASE RISKS

AFGHANISTAN: KEY HEALTH RISKS IN COMING MONTHS		
Public health risk	**Level of risk*** **	**Rationale**
Trauma, Injury and Rehabilitation		The impact of trauma is not just premature death or a potential life-long disability, but also the social and economic burden on the family and the wider society.[56] Trauma cases persist at alarming rates due to widespread contamination of explosive ordnance, sporadic explosions, and road traffic accidents.[57]
Malnutrition		High levels of food insecurity, driven mainly by a fragile economy and environmental disaster like drought, puts 9.8 million people into acute food insecurity, while nine out of every 10 young children in Afghanistan live in child food poverty (around 2.1 million children).[58]
Diarrheal Disease		Between 29 Dec 2024 and 12 Jul 2025, a total of 78 972 AWD with dehydration cases were reported, resulting in 35 deaths with a CFR of 0.04%.
Measles		Measles outbreaks can result in epidemics with a high case fatality rate, especially among young, malnourished children. Measles is endemic in Afghanistan, with almost all provinces reporting suspected cases every year.
Malaria		Afghanistan has the world's third-highest malaria burden. Over 76% of Afghans live in at-risk areas. There are 123 districts at high risk and 213 districts at low risk of malaria, with eastern Afghanistan having the highest burden.[59]
Acute Respiratory Infections (ARI) including Pneumonia and COVID-19		Between 29 Dec 2024 and 12 Jul 2025, a total of 840 374 cases of ARI pneumonia and 1871 associated deaths (CFR 0.2%) were reported.[60] Of the returnees to Afghanistan, the most commonly reported health conditions among returnees included respiratory tract infections (RTIs), and suspected COVID-19.[61]
Maternal and Reproductive Health Conditions		Afghanistan remains one of the most dangerous places in the world to be a baby, a child or a mother.[62] The maternal mortality ratio in Afghanistan has improved from 1 346 in 2000 to 620 in 2020. Maternal mortality in Afghanistan is higher than its regional average.[63]Maternal and child health needs, coupled with malnutrition, contribute significantly to high maternal and under-5 mortality rates.[64]
Tuberculosis (TB)		Tuberculosis (TB) continues to be a major public health challenge in Afghanistan. Medicines and diagnostics are made available free of charge in the country.[65] In 2021, the estimated TB incidence in Afghanistan was 76 000, and an estimated 12 000 people died. Afghanistan reported 50 324 case notifications.[66]
Human immunodeficiency virus (HIV)		According to the latest UNAIDS estimates (2023 data, published in the 2024 Global AIDS Report), in Afghanistan, 1700 people were newly infected with HIV.[67] Afghanistan is experiencing a low and concentrated HIV epidemic and HIV is a public health concern among the key affected and vulnerable populations.[68]

Non-communicable diseases (NCDs)		Almost 50% of all deaths in Afghanistan are caused by NCDs, and this proportion is projected to rise by 2030.[69] There is a double burden of communicable and non-communicable illnesses in Afghanistan, made worse by the humanitarian catastrophe that has been triggered by the country's political instability and armed conflict during the last 40 years.[70] The health situation has been deteriorating, particularly for women, due to widespread vulnerability, which includes extreme poverty, food insecurity, lack of access to safe drinking water and sanitation services, and natural catastrophes such as drought, flooding, and earthquakes.[71]
Mental Health Conditions (including drug use)		In 2018, two million Afghans were struggling with mental distress, and these numbers are likely much higher today.[72] Studies have found that mental health problems and psychological distress show higher risks for women, ethnic minorities, people with disabilities and youth.[73] The country is facing a significant drug use problem, as one in three households has been affected. According to the 2015 Afghanistan National Drug Use Survey (ANDUS), 11% of the country's population (2.9 – 3.5 million people) tested positive for at least one type of drug, including women and children. [74] Despite significant need, healthcare facilities attending to mental health and drug use disorders are scarce.[75] It is estimated that around 57,239 people use drugs through injection in Afghanistan, which is a major cause of transmission of infectious diseases (e.g., HIV, infectious hepatitis).[76]
Crimean-Congo Haemorrhagic fever (CCHF)		CCHF is a particular regional concern because of endemicity in Afghanistan and many neighbouring countries. The prevalence of CCHF has been increasing in this region. These concerns are compounded because there is no vaccine or therapeutic for CCHF and Afghanistan lacks adequate public health infrastructure in preventing, detecting, and containing cases.[77]
Dengue Fever		Dengue fever is endemic in Afghanistan and was first detected in 2019. Since 2022, it has spread along seven border provinces in the country's eastern and south-eastern regions, threatening approximately five million people living in high-risk areas due to rapid population movements. As of 12 July, more than 700 suspected cases have been reporting, while the trend is slightly higher than the average of the last 3 years (2022-2024) [78]
Polio		Afghanistan continues to experience ongoing transmission of Wild Poliovirus type 1 (WPV1) and remains one of the two endemic countries in the world. As of the current year 2025, two WPV1 human cases have been reported, along with 33 positive environmental samples. In comparison, the year 2024 recorded a total of 25 human cases and 113 positive environmental samples [79]
Protection Risks (including GBV)		Afghan women face physical and sexual violence from intimate partners at rates nearly three times higher than the global average; 34.7% reported being subject to such violence in the preceding 12 months, compared to 13% globally. [80] Practices such as honour killings, forced and child marriages, and the exchange of women and girls in dispute resolutions (baad) exacerbate gender-based violence.[81]
Diphtheria		There is a low coverage of EPI (extended program for Immunization). According to MICS report 2022-2023, the 3rd dose of DTP vaccination coverages was 51.3% among children between 12-23 months and

		41.6% among children between 24-35 months. This resulted in many VBD outbreaks including Diphtheria outbreaks.
Skin Infections		Kabul is currently the largest focus of anthroponotic cutaneous leishmaniasis worldwide. In Afghanistan, 10 out of 34 provinces are badly affected.[82] Several outbreaks of leishmaniasis and scabies occurred in 2023 and 2024. Scabies have also been reported as outbreak events from different provinces. Migration and displacement contribute to increasing numbers of new cases annually.[83]
Mpox		To date there are no cases reported in Afghanistan.
Meningitis		Acute bacterial meningitis (ABM) is an important cause of morbidity and mortality in children but there is little published on ABM in Afghanistan.[84] There is widespread childhood malnutrition and approximately 50% of children have anaemia and vitamin A deficiency. Immunization coverage against routine childhood illnesses is very low with substantial differences between cities and rural areas.[85]
*Red: **Very high risk**. Could result in high levels of excess mortality/morbidity in the upcoming month. Orange: **High risk**. Could result in considerable levels of excess mortality/morbidity in the upcoming months. Yellow: **Moderate risk.** Could make a minor contribution to excess mortality/morbidity in the upcoming months. Green: **Low risk.** Will probably not result in excess mortality/morbidity in the upcoming months.*		

Trauma, Injury and Rehabilitation

Trauma is a major significant public health concern in Afghanistan. Every day, at least 8 civilians die and 17 more are injured because of trauma events. In 2020 alone, over 3000 civilians died from conflict-related trauma. Children also account for many trauma victims, with blast injuries accounting for most injuries suffered by children in Afghanistan.[86]

According to the Ministry of Public Health data, 369 Afghans lost their lives in traffic accidents while 25 654 sustained injuries because of road accidents in 2017. WHO estimates that more than 4700 Afghans die in road traffic accidents every year.[87]

Studies have highlighted major challenges in the delivery of trauma care services in Kabul, with systematic improvement in the workforce training, structural organization of the trauma care system and implementing externally validated clinical guidelines for trauma management could possibly enhance the functions of the existing trauma care services.[88]

At least 6.4 million Afghans are at risk of unexploded ordnance, with children accounting for 80% of blast fatalities and injuries.[89] Unexploded ordnance continued to cause harm to civilians, mostly children. During the first quarter of 2025, a total of 16 civilians were killed (six men, two girls and eight boys) and 35 were wounded (3 men, 1 woman, 9 girls and 22 boys).[90]

Decades of conflict have left an estimated 800 000 Afghans (2.7% of the population) with a range of severe disabilities. The main categories of disability are physical (37%), sensory (26%) and multiple disabilities (46%). Between 60-80% of people with disabilities live in rural and informal urban settlements.[91]

ICRC estimate that 200 000 people need a corrective device in Afghanistan, with close to 10 000 new Afghans registering with the ICRC to receive limb-fitting and physical rehabilitation every year. Only 10% of them are those who've suffered war-related injuries; the remaining 90% became disabled due to a congenital condition, disease or accident.[92]

Over the past decade, more than 600 000 people have been affected by earthquakes in Afghanistan, with an average of 188 fatalities annually.[93]

Malnutrition

High levels of food insecurity, driven mainly by a fragile economy and environmental disaster like drought, puts 9.8 million people into acute food insecurity, while nine out of every 10 young children in Afghanistan live in child food poverty (around 2.1 million children). These children lack access to the variety of foods essential for their growth and development, often consuming diets that include, at most, four food groups, and on some days even less.[94]

Afghanistan ranks among the top 15 countries with the highest rates of child wasting.[95] At least 3.5 million young children suffer from wasting, from which 1.4 million are at higher risk of mortality. Surprisingly, over 85% of these children are younger than 2 years of age.[96] Unfortunately, more than 2.1 million children under the age of five are in food poverty in Afghanistan, with 1.2 million trapped in severe food poverty. These children are 33% more likely to experience stunting and developmental delays. Afghanistan now ranks fourth globally in rates of severe child food poverty.[97]

Malnutrition is a top cause of death in children under five, contributing to 45% of deaths among children under 5. A child with acute malnutrition is 12 times more likely to die than a well-nourished child. Also, the complicated cases of severe acute malnutrition increased significantly compared to pre-15 August 2021.[98]

Chronic nutritional deficiency in Afghanistan is largely the result of the children eating the wrong types of food, in addition to not enough food. For example, only half of Afghan babies are exclusively breastfed in their first six months.[99] Only 12% of Afghan children aged 6-24 months receive the right variety of food in the quantity needed for their age.[100] One in three adolescent girls suffers from anaemia.[101] Despite impressive improvements in the past decade, Afghanistan's health system still faces a number of challenges including some cultural practices and preferences related to food.[102]

However, due to insufficient resources, WFP's activities aimed at preventing acute malnutrition are suspended from June to December 2025, cutting off monthly support to an average of 100 000 children and 150 000 pregnant and breastfeeding women at the year's most critical period.[103]Moderate Acute Malnutrition treatment sites have been closed across 16 provinces, with services scaled down in 98 districts. A total of 142 Targeted Supplementary Feeding Programme (TSFP) sites, through which WFP was treating acute malnutrition, have closed. As many as 22 Mobile Health and Nutrition Teams have been suspended. These reductions affect 13 500 children with moderate acute malnutrition and 9150 pregnant and breastfeeding women. Without additional funding, further closures can be expected.[104]

More than 836 713 individuals (92% from Iran) arrived from Iran and Pakistan since April 10, 2025.[105] Resource constraints mean that WFP are able to reach only a small fraction of those needing assistance. Without a further injection of funding, returnee assistance will diminish and cease within a few weeks.[106] Due to insufficient resources, WFP's activities aimed at preventing acute malnutrition were suspended in June, cutting off monthly support to an average of 100 000 children and 150,000 pregnant and breastfeeding women at one of the year's most critical periods.[107] Data from sentinel sites and admissions information from health centres indicate that earlier predictions on the number of acutely malnourished women and children may be surpassed.[108]

Diarrheal Disease (including Acute Diarrheal Disease (ADD), Acute Watery Diarrheal (AWD) with dehydration and Cholera

Between 29 Dec 2024 and 12 Jul 2025, a total of 78 972 cases of AWD with dehydration, with 35 associated deaths (CFR 0.04%), were reported from 321 districts; out of the total cases, 38 804 (49.1%) were females, while 45 237 (57.3%) were children under five.

Since the beginning of the year, the highest cumulative incidence of AWD with dehydration per 10 000 population was reported from Nimroz (59.4), followed by Paktya (51.8), Khost (43.3), and Kabul (41.5). Also, 4 988 Rapid Diagnostic Tests (RDT) have been conducted on AWD with dehydration cases, of which 398 tests turned positive (positivity rate 8.0%).

Of the returnees to Afghanistan, the most commonly reported health conditions among returnees included respiratory tract infections (RTIs), acute watery diarrhoea (AWD), suspected COVID-19, and scabies.[109]

WASH needs, particularly lack of clean water, are one of the largest drivers of waterborne diseases. Multiple districts in the Northern, Northeastern and Southern regions are exhibiting considerable WASH needs due to high drought stress, limited access to safe drinking water, low sanitation coverage, reported acute malnutrition, acute watery diarrhoea (AWD) outbreaks, and service gaps.[110] Economic barriers leave only 20% of households reporting sufficient water, while one-fourth use unsafe water, and one-third lack soap. Rural areas exhibit higher usage of unimproved latrines (38%) and open defecation (9%).[111]

Measles

Since the beginning of the year, the highest cumulative incidence of suspected measles cases per 10 000 population has been reported from Helmand (69.9), followed by Badakhshan (47.2), Nuristan (42.2), Jawzjan (42.0), and Urozgan (36.4). Moreover, a total of 24 208 children aged 9-59 months were vaccinated against measles as part of the outbreak response immunization activities across the country since the beginning of 2025; while a total of 257 Health Care Workers (HCWs) including 62 females have been trained in measles case management from 7 regions.

Measles outbreaks can result in epidemics with a high case fatality rate, especially among young, malnourished children.[112] Measles is endemic in Afghanistan, with almost all provinces reporting suspected cases every year.[113] However, limited resources and capacity within the public health system, along with hidden costs for private care and medicine, pose additional barriers to healthcare access. The threat of disease outbreaks, including measles, looms large.[114]

Malaria

The highest cumulative incidence of malaria per 10 000 population was reported from Nuristan (86.4), followed by Kunar (62.0), Laghman (39.0), and Nangarhar (32.1) since the start of the year. Afghanistan has the world's third-highest malaria burden. The country accounts for 11% of cases in the WHO Eastern Mediterranean region. In Afghanistan, 5% of malaria cases are attributed to Plasmodium falciparum (P.f.) and 95% to Plasmodium vivax (P.v.). Over 76% of Afghans live in at-risk areas. There are 123 districts at high risk and 213 districts at low risk of malaria, with eastern Afghanistan having the highest burden.[115]

The transmission of malaria is seasonal, and its distribution varies largely from place to place, depending on a variety of factors related to parasites, vectors, and human populations under different geographical, ecological and socio-economic conditions in the country. In 2023, the country reported total 180 718 cases of malaria, while from January till June 2024 around 65 000 cases of malaria have been reported from the country that is showing 64% increase in comparison to same period of previous year.

Most of the malaria cases are reported from the eastern provinces bordering with Pakistan, Nangarhar, Kunar, Laghman, Nuristan, Paktika and Khost. Latest challenges in the country and funding limitations, has much increased the risk of malaria even to resurgence in the low burden provinces that are recommended for elimination. The influx of Afghan returnees from neighbouring countries, particularly Pakistan where malaria is highly endemic, and seasonal disasters and flash floods have posed a significant risk for the increase of malaria burden in Afghanistan. Around 30 outbreaks of malaria, including Pf and Pv occurred in different provinces in 2024 (from January to June 2024.[116]

Acute Respiratory Infections (ARI) – Pneumonia and COVID-19

Since the beginning of 2025, the highest cumulative incidence of ARI pneumonia per 10,000 population has been reported in Nuristan (478.5), followed by Samangan (455.2), Kunar (403.9), and Panjshir (395.8) provinces. As of 12 Jul 2025, since the onset of the outbreak in February 2020, a total of 246 764 COVID-19 cases with 8052 deaths were reported from 34 provinces. In total, 1 002 858 lab tests were performed in public health laboratories. Between 29 Dec 2024 and 12 Jul 2025, a total of 33 363 samples were tested in public health laboratories, among which 2 655 were positive for COVID-19 (positive rate 8.0%) with 4

associated deaths reported (CFR 0.2%). Of the returnees to Afghanistan, the most commonly reported health conditions among returnees included respiratory tract infections (RTIs), acute watery diarrhoea (AWD), suspected COVID-19, and scabies.[117]

Maternal and Reproductive Health Conditions

Afghanistan remains one of the most dangerous places in the world to be a baby, a child or a mother.[118] The maternal mortality ratio in Afghanistan has improved from 1 346 in 2000 to 620 in 2020. Maternal mortality in Afghanistan is higher than its regional average.[119]

Although present conditions are improving, and many more children are living past infancy, in 2018, 4 out of 10 Afghan children died before their first birthday. While this is a significant drop since 1990, far too many families are unnecessarily losing their children, especially during the neonatal period. Most of these deaths can be prevented with timely and adequate care, and treatment, as well as healthy behaviours.[120]

Adolescents (ages 10-19), who make up 40% of the population in Afghanistan, face tremendous challenges in meeting their sexual reproductive health needs. Afghanistan ranks 169 on the Gender Inequality Index (GII) - among the least favourable scores, reflecting high levels of inequality in reproductive health, women's empowerment, and economic activity.[121] Adolescent pregnancy rate is concerning with 16.3% of women aged 20-24 years had a live birth by age 18. Pregnancy complications and unsafe abortions were responsible for 64% of female deaths among 15-19-year-olds and 70% among 20-24-year-olds.[122]

Low access to modern means of contraception impedes women's ability to manage reproductive health and family planning. Less than half (48.7%) of Afghan women with a need for family planning have access to modern contraception. While outside the data collection period, the ban on women attending medical institutes will further widen the gap between men and women. [123]

Four in every 10 women are undernourished and too often overlooked in the response.[124] Maternal and child health needs, coupled with malnutrition, contribute significantly to high maternal and under-5 mortality rates.[125] Good maternal nutrition is crucial for maternal health and the survival of newborns in Afghanistan, where many women start pregnancy undernourished. Poor maternal nutrition not only increases the risk of maternal mortality but also contributes to low birthweight, stunted growth, and poor developmental outcomes for children.[126]

Tuberculosis (TB)

Tuberculosis (TB) continues to be a major public health challenge in Afghanistan. Medicines and diagnostics are made available free of charge in the country.[127] In 2021, the estimated TB incidence in Afghanistan was 76 000, and an estimated 12 000 people died. Afghanistan reported 50 324 case notifications.[128]

Human immunodeficiency virus (HIV)

According to the latest UNAIDS estimates (2023 data, published in the 2024 Global AIDS Report), in Afghanistan, 1700 people were newly infected with HIV. [129] Afghanistan is experiencing a low and concentrated HIV epidemic and HIV is a public health concern among the key affected and vulnerable populations.[130] The drivers of the epidemic, being verified through a consultation process and research, are generally understood to include injecting drug use, partially intersecting with multiple and concurrent sexual partnerships, gender inequalities and violence, and stigma and discrimination. Determinants of vulnerability include high level of tuberculosis and sexually transmitted infections; drug cultivation, trade and use; low literacy level and poverty; poor HIV-related knowledge; and limited access to sexual and reproductive education.[131]

Non-communicable Diseases (NCD)

Almost 50% of all deaths in Afghanistan are caused by NCDs, and this proportion is projected to rise by 2030.[132] There is a double burden of communicable and non-communicable illnesses in Afghanistan, made

worse by the humanitarian catastrophe that has been triggered by the country's political instability and armed conflict during the last 40 years.[133] The health situation has been deteriorating, particularly for women, due to widespread vulnerability, which includes extreme poverty, food insecurity, lack of access to safe drinking water and sanitation services, and natural catastrophes such as drought, flooding, and earthquakes.[134]

A total of 56.6% of NCDs contribute to disability-adjusted life years (DALYs), and the probability of premature mortality from targeted NCDs is 30% in Afghanistan. Of this, 23.6% of the DALY burden is attributed to cardiovascular diseases. The subsequent NCDs with high DALY burdens are cancers (8.9%), chronic respiratory diseases (5.2%), digestive diseases (5.1%), and diabetes (4.3%).[135]

NCD services are mostly only available at the tertiary-care level and through the private sector, which makes accessing the services challenging for patients.[136] A national assessment on the provision and use of essential health services in 2022 showed that NCDs were the most disrupted services and an unmet need of the Afghan population during the COVID-19 pandemic. This study showed that people need diagnostic tests and medication for the treatment of chronic diseases.[137]

Afghanistan is in an epidemiologic transition stage, and the burden of cancer is expected to rise due to population growth and aging, as well as a lack of adequate strategies to prevent, diagnose, and treat diseases, especially non-communicable diseases, such as cancers. Analysis of the top five cancers, including breast, stomach, lung, cervix uteri, and colorectum, highlights the urgent need for improved healthcare infrastructure and comprehensive research in this context. Afghanistan faces significant challenges in terms of limited data availability, inadequate screening and prevention strategies, and lack of accessible and affordable cancer treatment options.[138] Afghanistan's inadequate cancer care infrastructure is a major issue due to a lack of data, skilled human resources, and policies and plans.[139]

Mental Health Conditions (including drug use)

Devastated by decades of war, instability and poverty, many Afghans suffer from mental health and psychosocial problems. Research from the World Health Organization in 2018 found two million Afghans struggling with mental distress, and these numbers are likely much higher today. Still, many suffer in silence. The mental well-being of Afghans has become a pressing concern that demands immediate attention.[140]

Studies have found that mental health problems and psychological distress show higher risks for women, ethnic minorities, people with disabilities and youth.[141] Issues of suicidality and drug use are emerging problems that are understudied. Afghans coping strategies are largely embedded in one's faith and family.[142]

Children in Afghanistan are under increasing emotional and psychological pressure as they bear the brunt of the worsening crisis in Afghanistan. Many go to bed hungry night after night, drop out of school to work to support their family, and have lost loved ones. In 2022, it was estimated 4 460 000 children and adults need mental health and psychosocial support in Afghanistan, but only 1 308 661 people were able to access services and treatment.[143] The report also found that one in four girls were showing signs of depression or anxiety, and that two thirds of children said they felt negative feelings – including feeling more worried, more sad and angrier.[144]

A survey by UNODC found that around one million Afghans (age 15-64) suffer from drug addiction. At 8% of the population, this rate is twice the global average.[145] Among illicit drugs, opioids are the most harmful, causing the highest burden of morbidity and mortality attributable to drug use disorders. Between 2016–2019, over 70% of disability adjusted life years (DALYs) attributable to drug use disorders were due to opioids alone. The high prevalence of illicit opioid use in a nation with one of the world's worst public health and socioeconomic indicators, and punitive laws, leads to devasting health and social outcomes for people who use drugs in general.[146]

Despite significant need, healthcare facilities attending to mental health issues are scarce. Currently, psychosocial counsellors provide services in most comprehensive health centres (CHCs). The lack of trained psychiatrists, psychiatric nurses, psychologists and social workers presents a serious challenge for

mental healthcare service delivery. Nationwide, only 320 hospital beds in the public and private sector are available for people suffering from mental health problems.[147] In 2025, WHO report that most of Afghanistan's 34 provincial hospitals still lack specialized mental health services.[148]

The provision of rehabilitative services to people living with disabilities is hindered by a lack of institutional expertise, trained practitioners and skilled teachers, and by weak community knowledge and physical barriers to treatment. The remoteness of services and lack of funding often hampers access to services for vulnerable groups.[149]

Crimean-Congo Haemorrhagic fever (CCHF)

Since the beginning of 2025, the highest cumulative incidence of suspected CCHF per 100 000 population is reported from Kapisa (7.8), followed by Kabul (5.7), Kandahar (4.8), Balkh (3.8), and Jawzjan (2.4). CCHF is a particular regional concern because of endemicity in Afghanistan and many neighbouring countries. The prevalence of CCHF has been increasing in this region. These concerns are compounded because there is no vaccine or therapeutic for CCHF and Afghanistan lacks adequate public health infrastructure in preventing, detecting, and containing cases.[150]

Dengue Fever

Dengue fever is endemic in Afghanistan and was first detected in 2019. Since 2022, it spread along seven border provinces in the country's eastern and south-eastern regions, threatening approximately five million people living in high-risk areas due to rapid population movements.[151] Dengue fever is endemic in Afghanistan and was first detected in 2019. In 2022 and 2023, it spread along seven border provinces in the country's eastern and south-eastern regions, threatening approximately five million people living in high-risk areas due to rapid population movements.[152]

Poliomyelitis

Afghanistan is affected by ongoing endemic wild poliovirus transmission and remain one of the two endemic countries globally. In Afghanistan, there are two wild poliovirus type 1 (WPV1) human cases reported in the year 2025 and 33 environmental samples while the total number of WPV1 human cases in 2024 was 25 cases and 113 environmental samples.153 A total of 3574 Acute Flaccid Paralysis (AFP) cases are reported for the period Jan - Jun 2025 consisting of 1623 girls and 1951 boys. Out of these cases two were WPV1 positive, 3001 are discarded and 571 awaits final classification. Recently a nationwide vaccination campaign was held from 26-28 May 2025. A total of 12.1 million children under 5 years of age were vaccinated for bOPV.[154]

Diphtheria

In Afghanistan, there is a low coverage of EPI (extended program for Immunization). According to MICS report 2022-2023, the 3rd dose of DTP vaccination coverages was 51.3% among children between 12-23 months and 41.6% among children between 24-35 months. This resulted in many VBD outbreaks including Diphtheria outbreaks. This disease can affect children less than five and spread vastly within communities when children don't have enough protection by vaccination.

Skin Infections

Anthroponotic cutaneous leishmaniasis is a major public health problem in Afghanistan. Kabul is currently the largest focus of anthroponotic cutaneous leishmaniasis worldwide. In Afghanistan, 10 out of 34 provinces are badly affected.[155] The rise in scabies cases is a result of a complex interplay of factors, including disruptions in healthcare services, economic hardships, and restricted access due to gender-related policies. The movement of populations and close human-to-human contact also contribute to the spread of the disease.[156] Of the returnees to Afghanistan, the most commonly reported health conditions among returnees included respiratory tract infections (RTIs), acute watery diarrhoea (AWD), suspected COVID-19, and scabies.[157]

Mpox

To date there are no cases reported in Afghanistan.

Meningitis

Acute bacterial meningitis (ABM) is an important cause of morbidity and mortality in children but there is little published on ABM in Afghanistan.[158] There is widespread childhood malnutrition and approximately 50% of children have anaemia and vitamin A deficiency. Immunization coverage against routine childhood illnesses is very low with substantial differences between cities and rural areas.[159]

DETERMINANTS OF HEALTH

Socio-economic Challenges

The Afghan economy grew modestly during the fiscal year from March 2024 to March 2025, although insufficiently to improve social indicators. Poverty, unemployment and limited purchasing power persist.[160]As of April 2025, 75% of the population faced subsistence insecurity, up from 69% in 2023, underscoring the deteriorating socioeconomic situation. Access to adequate housing, healthcare and essential goods declined, while shocks intensified.[161] Economic shocks impacted 90% of households, with female-headed households affected at 97%. Only 7% of women were employed outside the household, compared with 84% of men. Rural areas, home to 71% of the population, experienced 15% higher subsistence insecurity than urban areas, with acute shortages in sanitation, healthcare and heating fuel.[162]

Protection Risks

- **Gender Based Violence (GBV):** Afghan women face physical and sexual violence from intimate partners at rates nearly three times higher than the global average; 34.7% reported being subject to such violence in the preceding 12 months, compared to 13% globally.[163] Practices such as honour killings, forced and child marriages, and the exchange of women and girls in dispute resolutions (baad) exacerbate gender-based violence. This severely impacts their abilities to freely make decisions and live autonomously, affecting all dimensions of gender equality. A lack of legal protection and support systems and discriminatory policies make women's and girls' vulnerability to gender-based violence and its consequences even worse.[164]

- **Child Protection:** An estimated 1.4 million teenage girls are out of school due to the ban on secondary education, depriving them of their right to learn. [165] Since the ban on female secondary school attendance was imposed, only 3% of girls attend secondary school, while among boys aged 13-18, only 44% are receiving a secondary education.[166] Additionally, limited access to skills development and employment opportunities leaves young people vulnerable to child labour and economic exploitation, and often compelled to engage in hazardous work. The rates of child labour and marriage remain high at approximately 19% and 39%, respectively.[167]

- **Mine Risks:** At least 6.4 million Afghans are at risk of unexploded ordnance, with children accounting for 80% of blast fatalities and injuries.[168] Unexploded ordnance continued to cause harm to civilians, mostly children. During the first quarter of 2025, a total of 16 civilians were killed (six men, two girls and eight boys) and 35 were wounded (3 men, 1 woman, 9 girls and 22 boys).[169] Afghanistan remains one of the most landmine contaminated countries in the world - surpassed only by Ukraine. An area larger than the city of San Francisco is thought to be littered with unexploded ordnance.[170] The report shows that explosives contamination impacts approximately 20% of the population, including 100 000s of Afghan refugees forcibly returned from Pakistan and Iran in recent months.[171] The economic cost of explosives accidents is staggering, with each fatality representing an estimated lifetime loss approximately equivalent to $37 625 in 2025. A disability results in a loss of around $29 101.[172]

Education

On 20 March 2025, the academic year commenced, marking the fourth consecutive school year in which women and girls were excluded from education beyond grade six. The de facto authorities have not made any announcements on the reopening of education to girls and women.[173] The ban on girls' education beyond primary levels has created an educational void, severely limiting future employment opportunities and perpetuating cycles of poverty. Despite community recognition of education as a critical need, 43% of school-aged girls are enrolled, and virtually no girls aged 13–17 attend secondary school. This educational exclusion not only diminishes individual potential but also undermines the country's long-term socioeconomic development.[174] On 2 December 2024, the Ministry of Higher Education announced that all public and private medical institutes, including nursing and midwifery classes, would be closed to Afghan women.[175]

Water, Sanitation and Hygiene (WASH)

The scarcity of water, both in rural and urban areas, has intensified due to recurring droughts, escalating barriers for households from 48% in 2021 to 67% in 2023, with the likelihood of further increases without improved services.[176] Monthly household water expenditures surged from 185 AFN in 2021 to 317 AFN in 2023, indicative of the growing crisis.[177] Inequitable access to WASH services has elevated protection concerns, with 64% of females encountering barriers and exposure to GBV during water collection. WASH needs are anticipated to grow in urban, drought-affected, and return areas. Economic barriers leave only 20% of households reporting sufficient water, while one-fourth use unsafe water, and one-third lack soap. Rural areas exhibit higher usage of unimproved latrines (38%) and open defecation (9%).[178]

Climate Vulnerabilities, including Flooding and Drought

Afghanistan faces multiple natural hazards, with nearly two million people living in areas that would be heavily impacted by heavy flooding and 17 million people living near fault lines in high-risk seismic zones.[179] Over the past decade, more than 600 000 people have been affected by earthquakes in Afghanistan, with an average of 188 fatalities annually.[180] However, individual events have sometimes resulted in far higher casualties. In 2022, a magnitude 6.3 earthquake struck southeastern Afghanistan, causing over 1000 fatalities and 1500 injuries in Paktika and Khost provinces. The shallow depth of the quake magnified the destruction of mud-brick homes, demonstrating their vulnerability.[181]

A serious drought in the North and Northwest of the country, affecting 19 provinces, is now driving up the numbers of food insecure in Afghanistan.[182] Climate vulnerabilities, droughts, and economic shocks disproportionately impact the population of Afghanistan. Afghanistan ranks fourth on the list of countries most at risk of a crisis, and sixth on the Notre Dame Global Adaptation Index of countries most vulnerable and least prepared to adapt to climate change. From January 2024 to May 2024, 125 987 people were affected by natural disasters affecting 33 out of the 34 provinces throughout Afghanistan.[183]

Between 5 and 10 May 2025, severe weather conditions—including heavy rain, windstorms, thunderstorms, and flash floods—resulted in the loss of seven lives and affected 183 families across the eastern and southeastern regions of Afghanistan. In the eastern region, intense rain and windstorms killed two people, injured 32 others and affected 183 families across Kunar, Laghman and Nangarhar provinces. Structural damage to homes and public infrastructures was also reported, along with significant crop losses. In the southeastern province of Khost, flash floods and thunderstorms led to five deaths, including two children and injured one person. The floods also caused livestock losses and damaged wheat crops across 300 jeribs of farmland.[184]

HEALTH SYSTEMS STATUS AND LOCAL HEALTH SYSTEM DISTRIBUTIONS

Pre-crisis health system status

The health sector in Afghanistan is hampered by multiple chronic challenges undermining its performance and compromising population health outcomes. Starting in 2001, Afghanistan embarked on reforming its health system which resulted in introducing a Basic Package of Health Services (BPHS) in 2004 and an Essential Package of Hospital Services (EPHS) in 2005.[185]

Since then, BPHS and EPHS constituted the backbone of the health sector in Afghanistan, with services being primarily contracted out to international and national/local non-governmental organisations (INGOs and N/LNGOs, respectively), using different payment methods, and funded via a pooled fund from donors.

Following the political turnover of August 2021, much of the development funding, including for health, was paused, limiting the provision of basic services. Fortunately, a collapse of the BPHS/EPHS system was averted by quickly channelling donors' funding through United Nations (UN) agencies.

In crisis health system status

During the previous two decades, the Afghan government had depended on international development support from donors to fund essential services like primary health care. The previous government's own contribution to the public primary care system was negligible, leaving it vulnerable to collapse once aid was withdrawn. Donor development aid for Afghanistan's public health system was approximately six times the government's own expenditure on health.[186]

The sharp reduction in financial and technical development support for Afghanistan's public health system since the political turnover in August 2021 has severely harmed the country's healthcare system. The lack of sufficient healthcare services has undermined the right to health for millions of Afghans and has left the population vulnerable to disease and other consequences of inadequate medical care. Women and girls have been disproportionately affected by the healthcare crisis. The restrictions on women's freedom of movement and employment with humanitarian and other organizations have gravely impeded women and girls' access to health services.[187]

Health system status & local health system disruptions

ACCESS TO HEALTHCARE

About **16% of households are unable to access healthcare**.[188]

DISRUPTION TO SUPPLY CHAIN

Limited data available.

DAMAGE TO HEALTH FACILITIES

Out of 4257 reporting facilities, 4219 (99.1%) are at least partially operational (Dec 2024).[189]

ATTACKS AGAINST HEALTH

Incidents of violence against or obstruction of health care with **at least 3 incidents in 2024.**

Healthcare Workers

Afghanistan continues to suffer from a critical shortage of health workforce. Data from 2023 shows a density of 10.3 doctors, nurses, and midwives, per 10000 population across all sectors with imbalanced distribution.[190] Lack of funding for the health care sector meant that health facilities faced difficulties in paying health workers; lack of pay coupled with continued threats, arrests, and intimidation drove health workers to leave the profession or relocate.[191]

There is significantly less females than males in the health workforce.[192] Increasingly restrictive laws directed at women and girls also had a negative impact on Afghanistan's health care system and disproportionately affected women's and girls' access to health care. Female health workers faced many obstacles while attempting to carry out their work, including harsh interrogations at checkpoints about their dress, job, or lack of a mahram.[193] On 2 December 2024, the Ministry of Higher Education announced that all public and private medical institutes, including nursing and midwifery classes, would be closed to Afghan women, a consequential move that will have a deleterious impact not only on women's access to life-saving health services now and in the longer-term but for all of Afghan society – both women and men alike – for generations to come.[194]

Access

Systemic barriers severely restrict women's access to healthcare.[195] The shortage of women health workers, combined with mobility constraints and financial barriers, has resulted in deteriorating maternal, reproductive, and mental health outcomes. These issues are further magnified by the long-term implications of restricting educational opportunities for women in the health sector.[196]

Surveillance Systems

Over the past one and half decades, WHO has been working very closely with the MoPH to enhance surveillance activities, with focus on the early warning and response function. NDSR (National Disease Surveillance and response) system is built on indicator and event-based surveillance, which reports a total of 17 priority infectious diseases from 613 sentinel sites covering 99.0% of the country districts, the system also deployed a total of 105surveillance support teams (SSTs) in 34 provinces (2025) (a modified form of classical RRTs with two members in each team consisting of one epi and another lab focal point). NDSR system with financial and technical support from WHO working smoothly in the last 3 years with notable improvement in the quality and timeliness of reports, outbreak investigation, and response activities

Attacks on Healthcare

Incidents of violence against or obstruction of health care continues to take place in Afghanistan, coming under attack at least 109 times in 2023 and 3 times in 2024.[197] These incidents occurred against the backdrop of increasing humanitarian needs with two-thirds of the country's population in need of humanitarian aid, restrictive laws and policies severely limiting women's and girls' access to basic services and public life, shrinking humanitarian space that restricts aid delivery and a USD 1 billion funding gap.[198]

HUMANITARIAN HEALTH RESPONSE [199]

Health Cluster

In response, the global humanitarian community decided to activate the Afghanistan Health Cluster in 2007 under the leadership of the World Health Organization (WHO). As of May 2025, the Health Cluster in Afghanistan had 61 reporting organisations, including 4 UN agencies, 22 INGOs, 33 NNGOs and 2 RCRC. The Cluster covers 34 provinces, 351 districts and 1359 health facilities.[200]

In 2025, the Health Cluster in Afghanistan focused on addressing significant health vulnerabilities arising from factors such as the influx of returnees, natural disasters like earthquakes and floods, and ongoing economic challenges. The primary objectives included enhancing access to primary healthcare services,

particularly in hard-to-reach areas, and strengthening referral pathways. Special attention was given to services for persons with disabilities, rehabilitative care, and treatment of trauma cases.[201]

In 2025, the Health Cluster requires USD$ 280 million to aid more than 9 million people. As of 23 July 2025, the plan is just 10% funded.[202] In the month of May, 51 Health Cluster partners reached 799 165 people with humanitarian health services through 852 health facilities in 302 districts of all 34 provinces.[203]

Impact of Funding Cuts

As of May 27, 2025, a total of 422 health facilities have been suspended or closed by humanitarian partners due to the funding termination. This disruption is expected to affect approximately 3.08 million people across 30 out of 34 provinces.[204] The suspended health facilities include 153 Mobile Health and Nutrition Teams (MHNTs), 153 Family Health Houses (FHHs), 22 Basic Health Centers (BHCs), 67 Sub-Health Centers (SHCs), and 27 other health facility types.[205]

INFORMATION GAPS / RECOMMENDED INFORMATION SOURCES		
	Gap	**Recommended tools/guidance for primary data collection**
Health status & threats for affected population	Mortality (disease-specific)	Census, facility-based surveillance, prospective mortality surveillance
	Child health - malnutrition data	Anthropometric surveys (e.g., SMART), desk-based nutritional risk assessment
	Health Assessment Tool at Community Level	Tool developed and finalized
Health resources & services availability	Community health workers using HeRAMS tools	HeRAMS is updated up to December 2024
Humanitarian health system performance	Information on quality of humanitarian health services provided to beneficiaries (accountability to affected populations)	Client and patient satisfaction conducted monthly

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