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OVERVIEW OF THE HEALTH SITUATION IN AFGHANISTAN
Afghanistan continues to grapple with an enduring humanitarian crisis characterized by a multitude of challenges. Afghan citizens endure an unstable health system and confront the daily spectre of food scarcity and malnutrition. The situation is compounded by the significant burden of communicable and noncommunicable diseases, frequent disease outbreaks (increased numbers of cases of epidemic-prone infectious diseases), severe drought and other natural disasters (most commonly severe flooding and deadly earthquakes). Furthermore, the plight of Afghan women has worsened due to limited access to education and livelihoods for girls and women.

The need for humanitarian assistance in Afghanistan has surged dramatically, increasing from 18.4 million people in need prior to August 2021 to the current estimate that 23.7 million people will be in dire need in 2024. A substantial segment of this population – some 9.5 million people residing in more than 20,000 villages – still has limited or no access to the most basic health services.

The most severe repercussions of this protracted health emergency are borne by Afghan women and children, who find themselves on the margins of society. They are increasingly vulnerable to adverse health outcomes, particularly concerning reproductive, maternal, newborn, and child health. Tragically, preventable maternal mortality claims the lives of 24 mothers every day, and a staggering 167 infants die each day of preventable causes.

In addition, Afghanistan has one of the highest levels of food insecurity globally, affecting 15.8 million people. This dire situation has been exacerbated by three consecutive years of drought-like conditions that have left 30 of the country’s 34 provinces with severe water scarcity or extremely poor water quality. The drought has pushed the proportion of people affected by food insecurity from 10% in 2020 to a troubling 67% in 2023. In 2024, a staggering 2.35 million people will be targeted for safe water and sanitation access.

Six children were paralysed by poliovirus in Afghanistan in 2023, compared with 59 children in 2020. The country has made significant gains in polio eradication since 2021, giving Afghanistan a very real opportunity to interrupt transmission and end polio. Failure to make the most of this opportunity will lead to more children being paralysed and impose further burdens on an already struggling health system.

While efforts to eradicate polio have had some success, persistent challenges remain. These stem from a complex humanitarian crisis brought about by a confluence of factors, including a swift government transition, economic downturn, droughts, floods, food scarcity, displacement, and substantial deficiencies in health service provision.

This protracted humanitarian crisis has been overshadowed by ongoing geopolitical considerations, which have resulted in dwindling support from international partners. The health sector is struggling to meet the surging demand for services. Owing to severe underfunding, a total of 428 static and mobile health facilities were forced to close between January and December 2023. These closures have had a detrimental impact on access to health care for over 3 million individuals, including more than 600,000 children aged under 5 years and over 240,000 pregnant and lactating women.

To capitalize on the progress achieved to date, WHO Afghanistan requires an additional US$ 352 million to supplement the overall budget of US$ 423 million for the 2024–2025 biennium.
The Afghan health system continues to be significantly affected by underinvestment and economic hardships at all levels – a situation made worse by competing priorities. Key drivers of the health emergency, along with some of their effects, can be summarized as follows:

1. **Protracted health emergencies:**
   - **17.9 million** people need health assistance.
   - **9.5 million** people have limited or no access to basic health services.

   Afghanistan is **one** of the last two remaining polio-endemic countries.

2. **Lingering effect of more than 40 years of war and civil unrest:**
   - **23.7 million** people will be in dire need in 2024.

3. **Economic instability**

   For every **10 000** people in Afghanistan, there are just **10 health workers**. This is much lower than the required ratio of 44 health workers for every 10 000 people needed for universal health coverage.

4. **Restrictions hindering women’s access to health, education and employment:**

   - **24 mothers die** each day of preventable maternal mortality causes.
   - **167 infants die** each day of preventable causes.

   **80%** of Afghan households live on less than **US$ 1** a day per household member.
HOW WHO DELIVERS
HOW WHO DELIVERS

1300+ robust workforce

8 WHO offices across 34 provinces

121 surveillance support teams mobilized for outbreak investigations and response

35 active monitoring and evaluation officers

WHAT WHO DELIVERED IN 2022–2023

177 trauma facilities were supported

28 million people were reached with essential health services, together with the Health Cluster partners

98,525 children with severe acute malnutrition with complications were treated

310 primary health care facilities were supported

2156 survivors of violence received health services at the WHO-supported National Advance Referral Centre in Kabul

65 blood banks were supported

11.07 million children aged under 5 years were vaccinated against polio, achieving 100% of the vaccination reach

Over 10,580 metric tonnes of medical supplies were delivered

2122 outbreak alerts were detected, investigated, and responded to

75,029 people were reached through risk communication and community engagement campaigns

35 active monitoring and evaluation officers

121 surveillance support teams mobilized for outbreak investigations and response

8 WHO offices across 34 provinces

1300+ robust workforce

HOW WHO DELIVERS
HOW WE WILL RESPOND
HOW WE WILL RESPOND

In line with the expectations of our partners and aligned with the 2023-2025 Health Sector Transition Strategy (HSTS), WHO will continue to work with its partners to address critical health emergencies. This involves providing life-saving health interventions and building on the achievements and lessons learned in 2022–2023 to enhance health outcomes for the people of Afghanistan. With some adjustments, WHO will continue to uphold the same three overarching and integrated priorities in 2024–2025:

WHO’s 2024–2025 strategies

01 Reach the unreached and place women’s and children’s health first

02 Protect people every day by scaling up the response to ongoing emergencies and emerging health needs

03 Coordinate the health sector for maximum impact

WHO’s role in Afghanistan is unique and cuts across the various spheres of intervention. In the context of the humanitarian crisis, WHO’s work in Afghanistan focuses concurrently on providing strategic leadership, health information, technical expertise, and, most importantly, operational interventions at the provincial level to ensure basic health system functionality to maintain the delivery of essential and life-saving services for all. WHO is present in all regions across the country.

In 2023, WHO achieved significant progress in a challenging operational landscape. This was made possible by adopting a stay-and-deliver approach, mobilizing a dedicated workforce of over 1300 WHO personnel, along with the support of over 80 000 campaign workers, and a budget exceeding US$ 360 million.

“The humanitarian crisis in Afghanistan demands urgent action to address escalating health needs, particularly those of women and children, who are disproportionately affected by the crisis. WHO remains steadfast in its commitment to coordinate efforts and provide vital assistance at a time when international support and solidarity are indispensable.”

DR HANAN BALKHY
WHO Regional Director for the Eastern Mediterranean
Priority 1: Reach the unreached and place women’s and children’s health first by (a) taking a “for women, by women, with women” approach; (b) expanding the coverage and increasing the quality of health service delivery, especially in underserved areas; and (c) sustaining the momentum of polio eradication and increasing immunization coverage. These objectives will be realized through the following key interventions:

- **WHO will drastically increase the coverage of essential health services in these areas.**
  - It is estimated that over 9.5 million people in Afghanistan have been without health care services for over 20 years.

- **WHO will enhance the capacity and skills of frontline health providers to identify GBV cases and provide standard services including psychosocial counselling based on the WHO-updated Gender-based Violence Treatment Protocol.**
  - Gender-based violence (GBV) is a major public health and human rights issue globally as well as in Afghanistan.

- **WHO will increase its capacity for nutritional surveillance to ensure early and effective interventions to address the current malnutrition peak.**
  - Reduction of maternal and child morbidity and mortality cannot be realized without a concerted focus on addressing the public health dimensions of food insecurity and acute malnutrition.

- **WHO is committed to enhancing the quality of health products and equipment supply chains through strengthening the regulatory framework.**
  - Significant barriers to the provision of quality health services have emerged owing to supply chain issues.

- **WHO intends to increase vulnerable populations’ access to qualitative and comprehensive mental health and psychosocial support, noncommunicable diseases, and substance use disorder services.**
  - Large populations are suffering from drug addiction and mental illness.

- **WHO will support technical coordination and capacity-building at the primary, secondary and tertiary levels, including for life-saving reproductive, maternal, newborn and child health care, as well as injuries and trauma care.**
  - Building the capacity of health workers is essential for the health system and to ensure smooth transitions from United Nations-supported projects embedded within national health care programming.

- **WHO will aggressively pursue the poliovirus with a series of high quality, localized campaigns, and fine-tune the highly vigilant surveillance system to detect the virus wherever it may be hiding.**
  - Interrupting polio transmission in the country’s East region, the only remaining area of endemicity in Afghanistan and the source of all polio cases in 2023. As long as the poliovirus exists anywhere, it threatens children everywhere.
**Priority 2:** Protect people every day by scaling up the response to ongoing emergencies and emerging health needs by (a) strengthening disease prevention, preparedness, and response; and (b) strengthening the health information management system. These objectives will be realized through the following key interventions:

<table>
<thead>
<tr>
<th>Support outbreak response immunization campaigns:</th>
<th>Offer continued support:</th>
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<tbody>
<tr>
<td>Life-saving emergency and trauma care services, including mass casualty preparedness and response.</td>
<td>Including other supplementary immunization activities among high-risk populations.</td>
</tr>
<tr>
<td>Provision of health services to GBV survivors, especially complex and severe cases.</td>
<td>Life-saving emergency and trauma care services, including mass casualty preparedness and response.</td>
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<th>Ensure preparedness and rapid response to infectious outbreaks:</th>
<th>Surveillance support teams to be trained and deployed at the provincial level, including to provide required supplies.</th>
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<td>Digitize the system and foster event-based surveillance and training of surveillance officers at various levels.</td>
<td>Support public health laboratories to improve case confirmation rates.</td>
</tr>
<tr>
<td>Use of adequate case management and response to prevent avoidable morbidity and mortality due to high-threat pathogens.</td>
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</tr>
</tbody>
</table>

Enhance early warning function of the surveillance system for early detection of outbreaks:

- Ensure preparedness and rapid response to infectious outbreaks:

- Offer continued support:

- Support outbreak response immunization campaigns:

- Including other supplementary immunization activities among high-risk populations.

- Life-saving emergency and trauma care services, including mass casualty preparedness and response.

- Provision of health services to GBV survivors, especially complex and severe cases.

- Digitize the system and foster event-based surveillance and training of surveillance officers at various levels.

- Support public health laboratories to improve case confirmation rates.

- Surveillance support teams to be trained and deployed at the provincial level, including to provide required supplies.

- Use of adequate case management and response to prevent avoidable morbidity and mortality due to high-threat pathogens.
**Priority 3: Coordinate the health sector for maximum impact** by responding to health-related humanitarian needs at the national and subnational levels through the donor/partner coordinating forum, Health Cluster and other coordinating mechanisms.

WHO will continue to ensure effective leadership and coordination of the health sector and response to health-related humanitarian needs in Afghanistan at the national and subnational levels. As Afghanistan remains one of the most complex humanitarian emergencies in the world, leadership and coordination of health sector activities are of the utmost importance. Coordination and collaboration among critical stakeholders are the cornerstones of effective health response in today’s uniquely challenging and fragmented context.

WHO is the directing and coordinating authority for health within the United Nations system in Afghanistan. WHO is committed to the effective leadership of the health sector at the national and local levels to facilitate the efficient use of trusted resources and effective interventions towards the reduction of morbidity and mortality among the beneficiaries.

WHO demonstrates effective leadership of the health sector at the national and local levels, through:

- **Ensuring that evidence and strategy guide the interventions of all health actors, starting from needs and risk assessments to intervention prioritization and subsequent monitoring.**

- **Data-driven leadership and coordination to prevent duplication of effort by actors and ensure that gaps are appropriately filled.**

- **Strategic oversight to provide an intentional response aimed at long-term health system strengthening and response to acute needs.**
MAINSTREAMING GENDER, EQUITY, AND RIGHTS; PREVENTION OF SEXUAL EXPLOITATION AND ABUSE AND ACCOUNTABILITY TO AFFECTED POPULATIONS
Recognizing the health sector’s crucial role in preventing and responding to violence against women and girls, WHO Afghanistan is collaborating with the GBV, de-facto authorities, and the Prevention of Sexual Exploitation and Abuse (PSEA) networks, along with partners, to fulfill commitments to address GBV. It is doing so chiefly by strengthening health responses to GBV through the capacity-building of health workers and partners on survivor-centred skills and knowledge to care for and support women experiencing GBV, as well as sexual exploitation and abuse.

In addition, WHO in Afghanistan strategically manages a national GBV centre equipped with nurses, doctors, psychologists and others who provide survivor-centred medical services for girls and women at risk of or affected by GBV, including sexual violence.

In 2022–2023, WHO provided health services, including psychosocial counselling, to 2156 GBV cases at the National Advance GBV Referral Centre, Kabul, which is run by WHO. Over 500 frontline health providers received training on the health response to GBV and PSEA. WHO plans to scale up these interventions with the aim of providing comprehensive health services to GBV survivors.

**Prevention of sexual exploitation and abuse**

Addressing sexual exploitation and abuse is a top priority in WHO’s Health Emergency Preparedness and Response Strategy 2023–2025. In collaboration with the Afghanistan PSEA Network, WHO conducted sexual exploitation and abuse risk assessments and consultations from October to December 2023, involving 10 000 community members and health workers, of whom 53% were women and 12% were people with disabilities. The findings reveal risks such as unclear PSEA reporting procedures, fear of losing jobs, limited PSEA capacity among health workers and implementing partners, and reluctance to report sexual exploitation and abuse cases, especially those linked to child marriages.

Stigma, widespread cultural acceptance of any form of violence against women, and harmful social norms, as well as men’s disproportionate power and control over women’s lives and bodies, continue to present persistent and multifaceted threats to Afghan women, affecting PSEA awareness and reporting. Women and girls lack reporting information and have low awareness of PSEA. Overcoming these challenges is crucial to build trust among health providers in mandatory PSEA reporting.

To address these issues, WHO and the Afghanistan PSEA Network are working together on key initiatives. These include capacity-building for health partners in emergency responses, focusing on PSEA procedures; community engagement to raise awareness among women and girls about their rights; and the establishment of confidential reporting mechanisms. WHO provides comprehensive support for survivors of sexual exploitation and abuse and partner capacity assessments to align with the United Nations Protocol on Allegations of Sexual Exploitation and Abuse.

**Accountability to affected populations**

Linked to the above, accountability to affected populations is a vital aspect of WHO’s commitment to ensure the provision of quality health care everywhere. The Community Voices Initiative identified health care as the second-highest priority, with calls for additional health infrastructure, female staff, health education, awareness, and services for psychosocial issues in remote areas.

WHO views affected Afghans as key partners in health care delivery and emphasizes special attention to vulnerable households, including returnees, elderly people, women, and people with disabilities. WHO focuses on strengthening partners’ capacity to provide information to the affected populations, collaborating with Awaaz Afghanistan, the nationwide interagency complaint and feedback mechanism, and the Accountability to Affected Populations Working Group’s Community Voices project. This effort involves employing the revised client and patient satisfaction survey and adjusting programming based on feedback.
WHO’S WORK WITH PARTNERS
WHO’S WORK WITH PARTNERS

Enhancing health service delivery in all 34 provinces, including underserved areas, through strategic partnerships for health.

Under the auspices of the Secretary-General’s Deputy Special Representative, Resident, and Humanitarian Coordinator, WHO provides timely and accurate health information to partners for informed decision-making. In September 2022, WHO launched a health information hub with interactive maps and products for use in optimizing and facilitating emergency humanitarian interventions.

This hub offers detailed data for over 4760 health facilities, trauma services, and other health system assets in the country. It can also assist health partners in identifying underserved, so-called white areas, using interactive maps and static infographics. The health information hub aims to promote the efficient use of resources and aid all health stakeholders in making informed decisions about their health interventions in Afghanistan.

WHO is partnering with the United Nations Children’s Fund (UNICEF), United Nations Development Programme (UNDP), United Nations Office on Drugs and Crime (UNODC), United Nations Population Fund (UNFPA), UN Women, International Organization for Migration and more than 25 non-state actors to implement various health projects in over 90% of Afghanistan’s provinces. Building on each partner’s comparative advantage, this collaboration strives to deliver as one to ensure health services delivery across the country.

United in purpose, WHO and its partners in Afghanistan strive to provide essential healthcare and support resilient health systems that enable access to quality services for every Afghan individual leaving no one behind.

MR INDRIKA RATWATTE
Deputy Special Representative for Afghanistan with UNAMA and the United Nations Resident and Humanitarian Coordinator

"United in purpose, WHO and its partners in Afghanistan strive to provide essential healthcare and support resilient health systems that enable access to quality services for every Afghan individual leaving no one behind."
Inside Kabul’s drug addiction treatment centre for women and children

Located in the heart of Kabul, the 100-bed Female and Children Drug Addiction Treatment Centre (DATC) tells stories of strength and hope in a city scarred by war and displacement. Currently helping 100 patients, including 44 children and 56 adult females, the centre addresses the serious effects of drug addiction.

Since its establishment in December 2023, the DATC has undergone a transformative journey, thanks to unwavering support from the European Union. Beyond providing essential treatment for children aged 0–17 years, the centre extends its reach through child counselling sessions that surpass conventional education, acting as a crucial pillar of support for young minds navigating the complexities of addiction. The comprehensive curriculum, covering a spectrum of subjects and emotional awareness, not only moulds young students but also positively influences entire families.

Dr Shaista Hakaim, Director of the DATC, urges all parents, particularly mothers, to prioritize the safety and well-being of both themselves and their children. She underscores the vital role of mothers in remaining attentive to their children’s surroundings, acquaintances and activities, and in maintaining a vigilant watch over their whereabouts.

Dr Hakaim also emphasizes the necessity of educating parents about the detrimental effects of drug use on their children, highlighting the long-term consequences and drawbacks associated with substance use disorders.
How will who will measure its impact and value for money?
The WHO Afghanistan Country Office is adopting a value-for-money approach to ensure the effective, efficient and economical use of resources. This involves evaluating relevant costs and benefits, assessing risks, and promoting competition to ensure a fair and transparent process.

Moreover, in response to the political transition, WHO implemented a streamlined monitoring system for its health care projects by establishing the Programme Management Unit (PMU) in 2021. The WHO PMU has played a pivotal role in ensuring the effective, efficient and economical use of resources, contributing to the delivery of high-quality health services in health facilities. Additionally, the WHO PMU monitors all prospective WHO-supported projects, including the Health Emergency Response landmark project.

To oversee the implementation of health care projects, WHO uses its PMU, employing both standard and customized monitoring and evaluation tools. A standard electronic system is in place for the management and analysis of monitoring data. These data play a crucial role in informing evidence-based decision-making to enhance the delivery of health services.
WHO’S FINANCIAL REQUIREMENTS: 2024–2025
WHO’S FINANCIAL REQUIREMENTS: 2024–2025

Much work still needs to be done to deliver on the three strategic areas and drive impact in Afghanistan. With a budget of US$ 423 million, WHO will need an additional US$ 352 million of predictable and thematic funding to be able to continue to implement this ambitious plan for the 2024–2025 biennium: US$ 115 million to reach the unreached and place women’s and children’s health first; US$ 231 million to protect people every day; and US$ 6.1 million to coordinate the health sector for maximum impact.

WHO needs US$ 231 million to protect people every day

US$ 115 million to reach the unreached and place women’s and children’s health first

US$ 6.1 million to coordinate the health sector for maximum impact

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1 This case for support is designed for WHO Afghanistan to assist in leading and coordinating the health response in an integrated approach to contain outbreaks and to provide effective relief and recovery to affected populations. To this end, aspects of the respective funding request enumerated within each overarching priorities align and are subsumed within the WHO 2024 Global Health Emergency Appeal for Afghanistan.
CONSEQUENCES OF UNDERFUNDING:

While much work has been done by WHO and partners, there is still a need to leverage the sustained gains made in the 2022–2023 biennium to scale and maintain basic and essential health services. A deficit in funding will create huge barriers to accessing health care for those who need it most, which will, in turn, lead to increased vulnerability, particularly in underserved areas. Failing to address these challenges now will result in dire consequences for the Afghan population, including the following:

- **167 infants** die each day of preventable child mortality causes, and this number is expected to increase if funding continues to decline.
- **310 health facilities**, including hospitals, will remain with little to no support.
- **24 mothers** die each day of preventable maternal mortality causes, and this number is projected to rise dramatically without an increase in funding.
- **Polio** immunity gaps will grow, risking the further spread of poliovirus and creating burdens for families, communities and the health system.
- **850 000+ children** will suffer from severe acute malnutrition, and 68 000 children with medical complications will potentially have no means of support.
- **3000 women** and girls will not have access to emergency specialized services for women.
- **8 million** people with mental health conditions will have little or no access to mental health consultations and psychosocial support.
- **7.6 million** people will lose access to essential and potentially life-saving health assistance.

**8 million** about 1100 outbreak alerts annually will potentially not be detected, investigated, and responded to.

**DR JAMSHED ALI TANOLI**
WHO Representative to Afghanistan a.i.
THANK YOU TO OUR CURRENT PARTNERS
With the gracious and steadfast support of our partners, US$ 430 million of predictable funding was entrusted to WHO for the 2022–2023 biennium. WHO Afghanistan would like to take this opportunity to acknowledge and thank you.

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