



World Health
Organization

Eastern Mediterranean Region

Afghanistan annual report 2025

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World Health Organization –
Afghanistan Country Office



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Organization**

Eastern Mediterranean Region

Afghanistan annual report 2025

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Message from the WHO Representative to Afghanistan

In 2025, WHO Afghanistan proved once again that it can deliver under pressure. We navigated major reductions in funding, complex approval processes and restrictions affecting our workforce – especially female health personnel. At the same time, we scaled up responses to earthquakes, returnee influxes, disease outbreaks and rising malnutrition.

Throughout the year, our overarching aim remained simple and clear: keep health services running and keep people safe. This report shows how our teams and partners achieved that goal in practical terms by ensuring medicines were available, surveillance systems remained alert, health workers were trained and supported and communities were listened to and engaged.

I am proud of what we have accomplished together, and I am mindful of the work that still lies ahead. Afghanistan's health system requires sustained, predictable support. With continued solidarity from donors and partners, WHO will remain at the side of the Afghan people, working for a healthier and more resilient future.

Dr Edwin Ceniza Salvador
WHO Representative to Afghanistan





Abbreviations

AAP	accountability to affected populations
AHF	Afghanistan Humanitarian Fund
DEWS	Disease Early Warning System
ECHO	European Civil Protection and Humanitarian Aid Operations
EPI	Expanded Programme on Immunization
EWARS	Early Warning Alert and Response System
GER	gender, equity, rights
GBV	gender-based violence
IPD-SAM	inpatient department, severe acute malnutrition
M&E	monitoring and evaluation
MHPSS	mental health and psychosocial support
MNDSR	maternal and newborn death surveillance and response
MNDRC	maternal and newborn death review committee
NCDs	noncommunicable diseases
NIS	national immunization strategy
NTD	neglected tropical disease
OAMT	opioid agonist maintenance treatment
OPV	oral polio vaccine
PEI	Polio Eradication Initiative
PHC	primary health care
PPRSEAH	prevention of and response to sexual exploitation, abuse and harassment
RMNCAH	reproductive, maternal, newborn, child and adolescent health
SAM	severe acute malnutrition
WASH	water, sanitation and hygiene
WPV1	wild poliovirus type 1



Executive summary

In 2025, WHO Afghanistan delivered essential and life-saving health services across all 34 provinces despite a fast-changing operational environment and growing community needs. Safeguarding primary health care remained central to WHO's work as clinics, hospitals, emergency units and mobile teams managed rising caseloads and increasing demands.

A milestone achievement in 2025 was the launch of the National Health Policy and the joint work of WHO and the Ministry of Public Health towards developing the National Health Strategy for 2025–2030. This process ensured that WHO's technical support, operational interventions and capacity-building efforts remained closely aligned with national and Regional Office flagship priorities. By grounding its programmes within this evolving policy and strategic framework, WHO contributed to strengthening primary health care, improving service quality and reinforcing the foundations of a more resilient and equitable health system for Afghanistan.

Throughout the year, WHO-supported primary health care facilities that provided more than 1.86 million outpatient consultations, and 141 inpatient departments for severe acute malnutrition (IPD-SAM) centres treated 56 400 children with complicated severe acute malnutrition and medical complications. Mental health services continued to expand, with the National Mental Health Hospital and five new provincial inpatient wards providing specialized care to over 107 533 people.

At major border crossings with Islamic Republic of Iran and Pakistan, more than 189 000 people including returnees received trauma care and outpatient services. To maintain emergency readiness, WHO delivered 2978 metric



More than

1.86 million

outpatient consultations in
WHO-supported primary health
care facilities



More than

56 400

children with severe acute
malnutrition and medical
complications received treatment



More than

189 000

people including returnees
received trauma care and
outpatient services



The nationwide
measles follow-up
campaign vaccinated

16.6 million
children

tonnes of life-saving supplies to 489 facilities in 34 provinces, supporting an estimated 3.8 million people.

WHO strengthened epidemic preparedness and outbreak response nationwide. The surveillance system detected over 1800 alerts, 98% of which were investigated and addressed within 96 hours. More than 10 000 diagnostic and case-management kits for acute watery diarrhoea, Crimean-Congo haemorrhagic fever, dengue and other high-risk diseases reached approximately 333 000 people, while public health laboratories tested 8245 samples for priority diseases.

Immunization efforts delivered major public health gains. Afghanistan reduced wild poliovirus type 1 cases from 25 in 2024 to 21 in 2025, supported by two national and three subnational immunization days targeting more than 18 million children. A landmark fractional inactivated poliovirus vaccine campaign using jet injectors reached 1.3 million children in high-risk eastern districts, with further expansion planned. The nationwide measles follow-up campaign vaccinated 16.6 million children, achieving over 90% coverage and contributing to a marked decline in measles cases, outbreaks and deaths.

Integrated health
services advanced across

key programmes. In noncommunicable diseases (NCDs), 408 789 people were screened, identifying more than 207 182 possible hypertension and 38 745 diabetes cases. Twenty-three NCD kits were provided and supported continuous treatment for over 230 000 patients for three months. Cancer care progressed through the rehabilitation of the National Cancer Hospital, the training of 111 staff, procurement of more than US\$ 500 000 in oncology medicines, and collaboration with the International Atomic Energy Agency (IAEA) to initiate Afghanistan's first radiation therapy services.

Drug demand reduction services expanded to reach more people in need. Twelve drug treatment centres (DTCs) with a total of 690 beds and 17 mobile outreach teams supported 4000 admissions, 3600 inpatient/residential treatment episode completions in 11 provinces and 4 opioid agonist maintenance treatment (OAMT) centres, including 1 female-specific OAMT centre providing OAMT services to 900 individuals in three provinces.

Women, children and vulnerable groups remained at the heart of WHO's work. Maternal and newborn death surveillance and response systems expanded to 48 hospitals, with new provincial review committees in seven

provinces and full integration of reporting tools into DHIS2. WHO trained 710 providers in maternal, newborn and child health services and supplied 303 reproductive health kits to 26 hospitals. Preparations advanced for two obstetric fistula treatment centres in Kabul and Kandahar. Nutrition services strengthened facility readiness, treating more than 56 400 children and equipping 90 centres with essential tools and water, sanitation and hygiene (WASH) improvements.

WHO also reinforced safeguarding, gender-based violence response and accountability systems

nationwide. The national advanced gender-based violence referral centre provided care to 2725 survivors, 99% of whom were women and girls. A total of 139 female providers were trained on the updated gender-based violence treatment protocol, while prevention of and response to sexual exploitation, abuse and harassment (PRSEAH) systems reached 14 808 frontline workers, 170 health facilities adopted prevention of sexual exploitation and abuse (PSEA) standard operating procedures (SOPs), and community outreach engaged nearly 100 000 people. Accountability

was strengthened through 12 902 client exit interviews, the resolution of 265 cases via Awaaz Afghanistan, a nationwide humanitarian call centre and the activation of a 43-member accountability to affected populations community of practice.

Under Ministry of Public Health and WHO leadership, the Health Cluster ensured coordinated, equitable and needs-based health services, particularly in border and high-return provinces. Improved 4Ws reporting, joint missions and targeted advocacy contributed to smoother project start-up, faster memorandum of understanding processing and authorization of essential cash components.

The achievements of 2025 demonstrate that even under severe constraints, WHO and its partners can sustain essential health services and deliver meaningful impact at national scale. Looking ahead to 2026, WHO will continue working with the Ministry of Public Health and all partners to protect essential services, close immunity gaps, expand mental health and NCD care, integrate nutrition and mental health and psychosocial support into primary care, strengthen safeguarding systems and support a more robust and equitable health system for all Afghans.





Health Emergencies Programme

01

In 2025, WHO's Health Emergencies Programme (WHE) sustained life-saving health services across Afghanistan amid funding constraints, multiple crises and operational challenges. Through strong surveillance, rapid response, targeted immunization and system strengthening, WHO, through its WHE team, protected essential care for millions while reinforcing national preparedness and resilience.

1.1

Disease surveillance, outbreak response and immunization



1805

alerts investigated within 96 hours



8245

samples tested for priority diseases

1.8 million

individuals screened, **31 600** infectious disease cases detected at borders and points of entry

In 2025, WHO strengthened Afghanistan's capacity to detect and contain public health threats through a robust surveillance system, rapid outbreak response and targeted immunization in high-risk settings.

A total of 1805 alerts were investigated and responded to within 96 hours, ensuring timely detection and response. Laboratory capacity was reinforced with 8245 samples tested for priority diseases. At borders and points of entry, 1.8 million individuals were screened, leading to the identification of 31 600 suspected cases. In parallel, WHO supported the delivery of 459 551 doses of oral and inactivated polio vaccines and measles vaccines, helping protect vulnerable populations from vaccine-preventable diseases.

1.1.1 Surveillance and early warning

Weekly reporting from 613 sentinel sites covering 17 priority diseases achieved 99% timeliness. More than 1800 outbreak alerts were detected, with 98% investigated and responded to within 96 hours.

Rapid action helped keep case-fatality rates at globally acceptable levels, including below 1% for acute watery diarrhoea, measles, dengue and acute respiratory infections and pneumonia and 6.8% for suspected Crimean-Congo haemorrhagic fever.

Surveillance was reinforced through 105 surveillance support teams across 34 provinces and the training of 803 health workers, including 139 women.

1.1.2 Laboratory readiness

WHO supported eight public health laboratories nationwide, which tested 8245 samples for priority diseases. Over 10 000 diagnostic and case-management kits reached approximately 333 000 people. Influenza surveillance tested 3953 specimens (with 12% of these being positive), with the National Influenza Centre achieving a full score in the WHO External Quality Assurance Panel.

National guidelines for integrated influenza and SARS-CoV-2 surveillance were developed, alongside a finalized influenza burden study.

459 551

oral and inactivated
polio vaccine and
measles doses
supported



1.1.3 Preparedness and border health

WHO supported completion of a joint external evaluation and developed national preparedness plans for Crimean-Congo haemorrhagic fever and mpox. At borders and points of entry, 1.8 million individuals were screened, detecting over 31 600 cases of infectious diseases or conditions.

1.1.4 Targeted immunization

To close immunity gaps in high-risk areas, WHO supported teams administered 342 264 doses of oral polio vaccine (OPV), 62 759 doses of inactivated poliovirus vaccine (IPV) and 54 528 doses of measles vaccine, protecting mobile and underserved populations.



1.2

Primary health care



The 171 primary health care (PHC) facilities across 22 provinces in underserved areas delivered approximately 1.86 million outpatient consultations comprised of 43% female and 32% aged under 18. Services included immunization, reproductive health, nutrition and management of communicable and noncommunicable diseases.

WHO established and provided PHC services at four key entry points (Torkham, Milak, Spin Buldak, and Islam Qala) offering essential health services, trauma care and outpatient consultations to over 189 000 individuals, including returnees from Pakistan and the Islamic Republic of Iran.

WHO distributed 2978 metric tonnes of emergency supplies (including 4048 kits) across 489 health facilities in 34 provinces, directly benefiting 3.8 million people.

1.3 Noncommunicable diseases and cancer

1.3.1 Cancer care

WHO expanded early detection, strengthened frontline capacity, and improved treatment services for noncommunicable diseases (NCDs) and cancer.

In 2025, 408 789 people aged 35 years and above were screened for hypertension and diabetes and over 207 187 potential hypertension cases and 38 745 diabetes cases were identified. To support service delivery, 700 health workers including doctors, midwives and community health workers were trained, through national training of trainers and a cascade of training on using the WHO Package of Essential Noncommunicable Disease (PEN) interventions in humanitarian settings. In parallel, 700 NCD toolkits were distributed to equip community health workers with essential tools for screening, counselling and referral.

WHO also ensured continuity of care through the provision of 23 NCD kits, supporting treatment for over 230 000 patients for three months. Cancer care capacity was strengthened through the rehabilitation of the National Cancer Hospital in Kabul, the procurement of four mammography machines, including endoscopy equipment, medical supplies, reagents, equipment and furniture.

Further progress included cancer capacity assessments in six provinces, localization of national NCD guidelines, and the establishment of a strategic partnership with the International Atomic Energy Agency – laying the foundation for Afghanistan’s first radiation therapy service.

○ 1.3.2 Drug demand reduction

WHO strengthened Afghanistan’s response to drug use disorders by expanding treatment, outreach and recovery support during 2025 in the following ways:



WHO continued supporting 11 existing drug treatment centres and started and expanded its support to Khost province where one new adult male drug treatment centre with an 80-bed capacity in Khost province was opened. With this the total number of beds reached 690, including 580 for male adults, 20 for male adolescents and 190 for women and children across 11 provinces.



Over 4000 patients were admitted to the 12 drug treatment centres, and more than 3600 people including women and children completed their residential treatment episodes.



Over 900 clients received OAMT services in four centres supported by WHO.



Vocational skills training was given to 550 recovered clients who were discharged from drug treatment centres in collaboration with the United Nations Office on Drugs and Crime.

Seventeen mobile outreach teams affiliated with the WHO-supported drug treatment centres identified more than 6000 clients, provided over 11 000 follow-ups and reached 168 000 people with awareness raising, stigma reduction and prevention messages. WHO also trained 162 staff on international standards on treatment of drug use disorders, supported the development of national guidelines and SOPs, revised the National Drug Treatment Strategy 2026–2030 and conducted seven joint monitoring visits.

○ 1.3.3 Mental health and psychosocial support

WHO ensured uninterrupted specialized mental health care for more than 51 000 patients by fully supporting the National Mental Health Hospital in Kabul. Eight-bed acute mental health wards were piloted in four provincial hospitals (Bamyan, Badakhshan, Farah and Nimroz), and a 20-bed ward was integrated into a southern regional hospital, serving 45 369 patients. This model is now recommended for replication across 23 other provinces.

WHO trained 668 health care workers, including female trainers, through evidence-based WHO mental health and psychosocial support (MHPSS) intervention manuals (mhGAP, problem management plus, perinatal depression, self-care / staff care and school mental health). It expanded scalable psychological interventions and delivered MHPSS support to 80 000 people following earthquakes. To reduce mental health stigma nationwide,

WHO developed and distributed 330 000 leaflets and posters on conditions including post-traumatic stress disorder, insomnia, loss and grief, psychosis, self-care, aggression among children, epilepsy, bipolar disorder and dementia. WHO provided leadership in the development of the National MHPSS Strategy 2026–2030 and strengthened coordination between the national and regional technical working groups.

• **1.3.4 Trauma care and emergency preparedness**

WHO upgraded emergency units in 12 facilities, trained 521 health care providers, and supplied 479 trauma and surgical kits, and 179 blood bank kits, strengthening mass-casualty readiness and safe transfusion services nationwide.



1.4

Communicable diseases programme

Key achievements of the communicable diseases programme in 2025

- **Strengthened disease surveillance and field monitoring:** WHO supported multiple monitoring and assessment missions in provinces affected by malaria and tuberculosis (TB), including Nangarhar, Kunar, Laghman and other high-burden areas. These missions assessed the implementation of interventions supported by the Global Fund, identified operational gaps and informed corrective actions to improve diagnosis, treatment, vector control and community engagement.
- **TB prevention and care enhanced:** Targeted assessments addressed the rising burden of paediatric TB, supporting the introduction of improved diagnostic criteria and strengthening early case detection and reporting. WHO also led a comprehensive review of the National TB Programme, culminating in high-level discussions with Ministry of Public Health leadership to guide future TB strategy and planning.
- **National guidelines and strategic frameworks developed:** WHO supported the development and technical review of multiple national guidelines, including TB, paediatric TB, TB preventive treatment, drug-resistant TB, TB–HIV collaboration, malaria treatment, sexually transmitted infections and hepatitis. In parallel, Afghanistan’s first national strategic plan for neglected tropical diseases (NTDs) was finalized, providing a coordinated framework for NTD control and elimination.
- **Laboratory and diagnostic capacity strengthened:** Capacity-building initiatives trained 44 provincial laboratory coordinators and assistants on GeneXpert machine maintenance, alongside the provision of maintenance kits – helping ensure uninterrupted and reliable TB diagnostic services nationwide.
- **Outbreak response and emergency coordination:** WHO coordinated and supported outbreak response efforts for leishmaniasis in Kunduz and Faryab, ensuring timely access to essential medicines and improved case management. Preventive actions were also strengthened in earthquake-affected areas through vector-borne disease monitoring and bednet distribution.
- **Resource mobilization and medicines quantification:** Technical support was provided to quantify essential medicines and diagnostics for TB, HIV, hepatitis and NTDs, enabling proposals for in-kind support and improving the availability of life-saving commodities across the country.





1.5

Project Monitoring Unit

In 2025, WHO, through its Project Monitoring Unit (PMU), part of the Health Emergencies Programme (WHE), strengthened quality, accountability and performance across WHO-supported services, as shown in Table 1. Through 19 provincial monitoring and evaluation (M&E) officers, the PMU maintained field presence in all 34 provinces, conducting regular monitoring and offering supportive supervision.

Monitoring focused on health facilities functionality, service delivery, staffing, supplies, infection prevention and control and compliance with standards. Progress on PMU-identified gaps and issues were tracked through the action tracker Gantt chart framework, enabling timely follow-up and resolution. Monthly coordination meetings and routine health monitoring information system / DHIS2 data analysis strengthened evidence-based decision-making, while standardized tools improved data quality and comparability.

Table 1. Progress on PMU M&E findings, January-December 2025

Total PMU M&E identified gaps – 2025	Resolved by service provider	Resolved by PMU M&E officers during supportive supervisions
4562	2305	1452
100%	50%	32%

1.6

Key challenges

In 2025, WHE operations were constrained by severe funding reductions, resulting in the closure of 27 PHC facilities and reduced access to care for an estimated 294 000 people. Long project approval processes delayed implementation and disrupted service continuity. Restrictions on female staff participation, including travel and training limitations, significantly affected outbreak response, surveillance and community outreach. The ban on methadone disrupted OAMT services in some provinces.

At the same time, concurrent crises such as earthquakes, an influx of returnees and disease outbreaks overstretched health facilities, while high staff turnover and loss of skilled personnel, particularly female clinicians in remote areas, weakened service capacity. Delays in procurement of laboratory supplies further affected diagnostic readiness.

1.7

Lessons learned

Despite constraints, several approaches proved effective. Integrated PHC–nutrition–MHPSS outreach increased service uptake, reduced missed opportunities and strengthened community trust, especially among women in hard-to-reach areas.

The deployment of surveillance support team and community-based surveillance improved outbreak reporting timeliness by 40% and response time by 30%, while pre-positioning of laboratory and case-management kits enabled faster investigations.

Decentralized provincial laboratories reduced outbreak confirmation time from five to three days. Real-time DHIS2 reporting and the PMU’s red-flag alert system supported rapid corrective action and data-driven decision-making.

Finally, community mobilizers and community health workers strengthened local ownership and resilience, and early engagement of provincial health authorities streamlined implementation and problem-solving – demonstrating that coordinated, adaptive approaches can sustain impact even in highly constrained settings.

An example of PMU’s supportive supervision and on-site engagement is illustrated in below, showing an orientation session and review of previous monitoring identified gaps with drug treatment centre staff in Kabul province.



PMU orientation session and review of previous monitoring gaps with drug treatment centre staff in Kabul province



Polio Eradication Initiative

02

Despite significant operational barriers, Afghanistan recorded a reduction in WPV1 cases from 25 in 2024 to 21 in 2025. Two nationwide campaigns and three subnational campaigns reached millions of children.

WHO coordinated surveillance across 3644 acute flaccid paralysis reporting sites, supported 64 078 community volunteers and expanded environmental sampling to 43 sites. The first fractional inactivated polio vaccine campaign using needle-free injectors covered high-risk districts and achieved strong uptake.

2.1

Vaccination

The Polio Eradication Initiative (PEI) held two national immunization days for nearly 12 million children under five and three subnational immunization days in high-risk areas, reaching over 7 million children. Additional supplementary immunization and case-response campaigns in the west, south-east and south followed WPV1 detections and quickly increased population immunity. For the first time, Afghanistan launched a fractional IPV campaign in 50 districts across four eastern provinces to protect more than 1.3 million children. The campaign used needle-free intradermal jet injectors that made vaccination faster, safer and more acceptable to communities. Contingency interventions comprised integrated measles campaigns in the south and southeast, targeting children aged 0 to 120 months and Expanded Programme on Immunization (EPI) acceleration activities in the east.

These vaccination efforts were supported by a robust surveillance platform. The programme maintained over 3644 acute flaccid paralysis reporting sites and a network of more than 64 078 reporting community volunteers. Forty-two, complemented by 42 environmental surveillance sites conducted monthly wastewater sampling in epidemiologically critical areas. This integrated system enabled early detection of poliovirus circulation and a timely response.

Significant gains were achieved in the eastern region, a key area for poliovirus transmission. All districts passed independent post-campaign monitoring using lot quality assurance sampling, a cost-effective statistical method that assesses vaccination quality, reflecting high-quality implementation. Revised microplans brought vaccination sites closer to households, with each site serving an average of fewer than four houses. Strong engagement with community elders and religious leaders, along with tools like child registration books and missed-child tracking formats, improved coverage and accountability.

To reach high-risk mobile and migrant populations, the programme deployed permanent transit teams, cross-border teams, returnee vaccination teams and International Health Regulations teams at strategic border crossings and settlement centres. This ensured migrant, nomadic and returnee children received OPV doses as they moved across frontiers. Polio infrastructure also provided critical integrated health support, contributing to earthquake response, measles outbreak control, national measles

campaigns and EPI monitoring. This demonstrated the added value of the polio platform for wider health emergencies.



2.2 Surveillance

The vaccination efforts were supported by a robust surveillance platform that kept the programme on track in one of the last two polio-endemic countries. The programme maintained over 3644 acute flaccid paralysis reporting sites and a network of more than 64 078 reporting volunteers. Forty-two environmental surveillance sites conducted monthly wastewater sampling in critical areas. This integrated system enabled early detection of poliovirus and a timely response.

2.3

Key challenges

The ban on house-to-house vaccination in the PEI programme, low routine EPI coverage in some areas, high population movement and funding constraints remained serious challenges.



2.4

Lessons learned

The EPI programme responded by strategically optimizing the site-to-site modality. This approach focuses on a push, bringing services as close as possible to children; a pull, boosting community demand and turnout; strong advocacy with authorities; and targeted support to EPI in high-risk areas to ensure every tool is used to reach every last child with the polio vaccine.





Expanded Programme on Immunization

03

With WHO support, Afghanistan implemented one of its largest measles follow-up campaigns, vaccinating more than 16.6 million children over two phases. The campaign achieved over 92% coverage countrywide, which was confirmed by an 89% post-campaign coverage survey.

Routine immunization was strengthened through training of 5400 vaccinators, procurement of more than 5 million doses of vaccines and deployment of cold-chain equipment.

WHO also supported the Ministry of Public Health in developing and finalizing the National Immunization Strategy (2026–2030), laying the foundations for a stronger, more sustainable routine immunization system.



3.1 High-impact nationwide measles follow-up campaign

A nationwide measles vaccination campaign targeting 18 million children aged between six months and 10 years was conducted in two carefully sequenced phases across all 34 provinces. In the first phase (29 September to 8 October 2025), 17 provinces with persistently low vaccination coverage were targeted, with 8.9 million children targeted, regardless of their previous disease or vaccination history, and 8.3 million children reached – an impressive 93.1% coverage. In parallel, children in three south-eastern provinces (Paktika, Paktya and Ghazni) received bivalent oral poliovirus vaccine, with more than 1.4 million children receiving an additional OPV dose, directly contributing to polio eradication efforts.

The second phase, conducted from 29 October for 10 days in the 17 provinces with high vaccination coverage, targeted 9.1 million children, again vaccinating around 8.3 million children and achieving 91.7% coverage. In five southern provinces (Kandahar, Hilmand, Zabul, Uruzgan and Nimroz) and Khost in the south-east, nearly 4 million children also received bivalent oral poliovirus vaccine, further boosting immunity against poliovirus in historically high-risk areas.

WHO played a central role throughout the campaign as a core member of the national measles campaign coordination committee. The Organization supported development of the field guide, micro plans, training guidelines, readiness

assessment tools, recording and reporting formats and vaccination cards, and backed training from national level down to service delivery points. WHO also procured and distributed dry supplies and forms, and provided transportation and allowances for frontline workers, cluster supervisors and district coordinators, ensuring that teams could reach even the most remote communities.

These efforts translated into tangible epidemiological impact. A marked decline in measles cases, deaths and outbreaks was observed following the campaign, demonstrating both the quality of implementation and the substantial reduction in measles transmission across Afghanistan.

3.2 Shaping the future: National Immunization Strategy 2026–2030

Alongside campaign delivery, WHO provided support to the national EPI in developing the National Immunization Strategy (NIS) 2026–2030. Building on a comprehensive EPI review conducted in October 2024, WHO helped transform identified bottlenecks into concrete, costed interventions and activities. The process brought together key partners – including the United Nations Children’s Fund (UNICEF),

Gavi, the Vaccine Alliance, the Gates Foundation, Acasus and basic package of health service implementers – through a participatory, consultative approach.

A robust M&E framework was developed, while UNICEF supported costing through the NIS Cost tool. With the PEI/EPI component now completed and costed, the NIS is approaching its finalization stage following an extensive

consultative process. The next step will be bilateral donor consultations and a joint budget dialogue, bringing all partners together to secure financing commitments for 2026–2030. Importantly, the Ministry of Public Health has indicated its intention to gradually assume part of the national EPI financing, signalling growing national ownership of the immunization programme.



3.3 Strengthening routine immunization and system resilience

Through Gavi-funded grants for health system strengthening, equity accelerator funding and COVID-19 vaccination, WHO continued to enhance routine immunization delivery. Extensive support was provided for 21-day pre-service training and 12-day refresher courses for vaccinators. In 2025 alone, WHO trained 5400 vaccinators to implement the Big Catch-Up initiative, extending eligibility for routine

vaccination up to five years of age to reach previously missed children.

WHO also supported supportive supervision visits by national, regional and provincial EPI monitoring teams to provinces and health facilities, strengthening data quality, cold-chain monitoring and service delivery practices. Under a project funded by the Foreign, Commonwealth &

Development Office, United Kingdom, on strengthening immunization and surveillance to protect vulnerable populations, WHO procured 1 150 000 doses of hepatitis B vaccine and four million doses of measles vaccine bundled with syringes and safety boxes. A further 705 858 vaccinators completed a 12-day refresher training course under this project, bolstering frontline capacity.

3.4 Key challenges

Despite considerable achievements, the EPI programme continued to face administrative hurdles (e.g. printing and distribution of vaccination cards, field logistics during the measles campaign), persistently low routine immunization coverage in some areas and low community demand for vaccination.

3.5 Lessons learned

The experience of 2025 has reinforced key best practices. Excellent collaboration between the national EPI, WHO and UNICEF underpinned the high quality of the measles campaign and the development of a comprehensive NIS. In parallel, strong, transparent coordination with Gavi – through regular teleconferences, reports and technical updates – helped sustain donor confidence and unlock significant funding opportunities, placing Afghanistan's immunization programme on a stronger footing for the years ahead.





Reproductive, maternal, newborn and child health

04

In reproductive, maternal, newborn and child health (RMNCAH), WHO expanded maternal and neonatal death surveillance and response (MNDSR) to 48 hospitals and newly established maternal and newborn death review committees (MNDRCs) in seven provinces. More than 700 health care providers were trained in basic emergency obstetric and newborn care, essential newborn care, the Integrated Management of Neonatal and Childhood Illness (IMNCI), long-acting reversible contraception and the MNDSR process, strengthening the capacity of the health workforce to deliver quality maternal and newborn health services.

Essential reproductive health kits were supplied to 26 hospitals, strengthening maternal care pathways. WHO also advanced plans for establishing two obstetric fistula centres.

4.1 Strengthening maternal and newborn death surveillance and response

In 2025, WHO made substantial progress in strengthening maternal and newborn health systems across Afghanistan by expanding maternal and neonatal death surveillance, improving the quality of care, and building a more skilled RMNCAH workforce. Despite operating in hard-to-reach areas and a constrained operating environment, the programme achieved significant, high-impact results.

In RMNCAH, WHO maintained the MNDSR system in 24 hospitals and expanded it to an additional 28 health facilities in 2025. MNDRCs are now operational in 50 hospitals and the provincial public health directorates across 17 provinces. These committees review maternal and newborn deaths, including zero-death reports and support evidence-based actions to improve the quality of care.



Major achievements included:

A total of 48 hospitals (11 provincial and 37 district) were supported to maintain 22 existing MNDRCs and establish 26 new MNDRCs across 17 provinces.

Seven new provincial MNDRCs were established and 10 existing provincial committees were maintained in 10 provinces.

Twenty-two health information management and medical record officers were equipped with tablets for online reporting.

Revised MNDSR reporting tools were integrated into DHIS2, enabling digital, real-time reporting.

Forty-eight hospital visits and 17 provincial public health directorate visits were conducted by RMNCAH technical teams and provided hands-on orientation and coaching to MNDRC members and front line health care workers.

This expansion has laid the foundation for a more reliable, standardized and timely national MNDSR system.

4.2 Building a skilled workforce

To improve the quality of maternal, newborn and child health services, WHO delivered extensive competency-based training to frontline health workers in 20 provinces, reaching a total of 710 health care providers; details are provided in Table 2.

Table 2. RMNCAH capacity-building achievements, 2025

No.	Type of training	Male participants	Female participants	Total participants
1	Orientation – MNDSR	132	128	260
3	MNDSR	58	94	152
4	Basic emergency obstetric and newborn care	0	64	64
5	MNDSR online database	44	0	44
6	Essential newborn care	22	18	40
7	Medical certification of cause of death ICD-10 Coding	22	0	22
8	Integrated management of neonatal and childhood illness	24	20	44
9	Emergency triage assessment and treatment	13	7	20
10	Family planning – long-acting reversible contraception	–	20	20
11	Preconception care	–	20	20
12	Advanced surgical skills	–	24	24
Total		315	395	710

These training sessions significantly improved clinical competencies, strengthened MNDSR practices and enhanced the quality of emergency obstetric and newborn care.

4.3 Ensuring access to essential reproductive health commodities

WHO supplied 303 essential Inter-Agency Emergency Reproductive Health Kits (11A and 11B) to 26 hospitals in 12 provinces, ensuring uninterrupted provision of emergency obstetric and newborn care. These supplies strengthened maternal and newborn care pathways in high-need and remote districts.

Moreover, 800 patient gowns were distributed to major maternity and provincial hospitals in Kabul, Herat, Kandahar, Hilmand and Badakhshan, in addition to 32 Inter-Agency Emergency Reproductive Health Kits (A2 and B2) supplied to three border-transit health facilities (Torkham, Spin Buldak, Islam Qala) to support pregnant returnees

These investments improved service readiness, comfort and the safety of deliveries in facilities serving vulnerable populations.



4.4 Establishing two obstetric fistula treatment centres

A landmark achievement in 2025 was WHO's successful mobilization of funds to establish two national obstetric fistula treatment centres, namely the Rabia-e-Balkhi Maternity Hospital in Kabul and the Mirwais Regional Hospital in Kandahar.

By the end of 2025:

agreements had been signed with Cure International Hospital to train 18 health workers on fistula prevention, treatment and post-treatment counselling;

full preparations had been completed including project planning and implementation;

coordination had been established at national and provincial level;

procurement of equipment and services had been initiated.

When operational, these centres will close a major gap in specialized women's surgical care and restore dignity to survivors of obstetric fistula.

4.5 Key challenges

In 2025, programme implementation faced several operational challenges. Monitoring activities were constrained in hard-to-reach locations, particularly during the winter months. High staff turnover and varying levels of staff capacity also necessitated ongoing training efforts to maintain service quality. In addition, restrictions on the mobility of female staff affected programme delivery in several provinces.

4.6 Lessons learned

During 2025, important lessons emerged. Strong coordination at both national and subnational levels proved essential for smooth implementation and enabled faster scale-up of the MNDSR programme. Continuous capacity-building efforts were shown to improve the quality of maternal and newborn care, especially in health facilities experiencing high staff turnover.





Nutrition programme

05

Across 141 inpatient department severe acute malnutrition (IPD-SAM) centres, WHO-supported teams delivered treatment to over 47 000 children with severe acute malnutrition and medical complications.

Support included provision of equipment (monitors, oxygen concentrators, beds), water, sanitation and hygiene (WASH) rehabilitation, and training of over 200 frontline staff.

In 2025, moreover, WHO strengthened the continuum of care for children suffering from severe acute malnutrition with medical complications, improving survival and the quality of inpatient treatment in some of Afghanistan's most vulnerable communities. Despite operational challenges and funding constraints, the programme delivered tangible, high-impact results across the country.

5.1 Saving lives through quality inpatient care

Between January and 30 October 2025, a total of 47 192 severely malnourished children with medical complications (23 915 girls and 23 277 boys) were admitted and treated in 141 IPD-SAM centres nationwide.

This represents one of the largest IPD-SAM caseloads managed in recent years and reflects both the rising need and improved access to life-saving nutrition services.

5.2 Strengthening standards through global guidance

To align Afghanistan's treatment protocols with international best practice, WHO supported the Ministry of Public Health – alongside UNICEF – in completing the adaptation of the new WHO Wasting Guideline and developing a comprehensive national operational plan. This represents a major milestone towards modernizing Afghanistan's wasting monitoring system and standardizing care across all facilities.

5.3 Enhancing treatment capacity through essential equipment and supplies

With financial support from the Afghanistan Humanitarian Fund, the European Union and European Civil Protection and Humanitarian Aid Operations, WHO equipped 90 IPD-SAM centres with critical supplies to strengthen case monitoring, improve patient comfort and ensure continuity of services. Distributions are listed in Table 3.

Table 3. Supporting improved quality of care, clinical safety and treatment readiness in IDP-SAM

Category	Item	Quantity	Programme Impact
Clinical monitoring kits	Milk preparation kits	44	Ensures accurate preparation of therapeutic milk for SAM children
	Medicine kits	124	Guarantees continuous availability of essential medicines for inpatient treatment
	Renewable kits	63	Provides recurring supplies needed for daily case monitoring
	Equipment kits (A + B)	63	Enhances diagnostic and treatment capacity in stabilization centres
Inpatient care infrastructure	Beds	258	Increases treatment capacity and supports high caseload sites
	Bedside chairs	219	Improves caregiver comfort, enabling longer and safer inpatient stays
	Trolleys and serum stands	Included with beds	Facilitates safe administration of fluids and medication
Emergency and monitoring equipment	Cardiac monitors	12	Enables continuous monitoring of critically ill children
	Defibrillators	20	Strengthens emergency response and life-saving capacity
Cold chain and facility support	Refrigerators	19	Maintains the cold chain for therapeutic foods and essential medicines
	Water boilers	25	Ensures safe preparation of therapeutic feeds and sanitation needs
	Air conditioners	14	Improves inpatient environment and infection prevention

These investments significantly improved facility readiness and the ability of health workers to manage complex SAM cases safely and effectively.



5.4 Improving quality of care through WASH upgrades

WHO completed WASH rehabilitation in IPD-SAM centres across Nangarhar, Kunar, Kabul, Balkh and Baghlan.

Upgrades included improved water systems, sanitation facilities, waste monitoring and infection prevention measures. These improvements led to:



reduced length of stay for children

lower risk of hospital-acquired infections

better treatment outcomes and a more dignified care environment



5.5 Building a more skilled nutrition workforce

In 2025, WHO trained 202 frontline health workers – including 62 male doctors and 140 female doctors and nurses – on the monitoring of severe acute malnutrition with medical complications. This capacity-building contributed directly to improving case identification, treatment accuracy and the overall quality of inpatient care nationwide.

5.6 Strengthening national nutrition policy and leadership

Working closely with the WHO Regional Office for the Eastern Mediterranean, the programme developed a roadmap for revising the National Nutrition Strategy, supporting the Ministry of Public Health to modernize its nutrition policy framework and align future programming with emerging evidence and global recommendations.

5.7 Key challenges

In 2025, programme implementation was affected by a number of operational and financial constraints. Delays linked to high freight and demurrage costs slowed the timely procurement of internationally sourced supplies. At the same time, reduced funding availability placed pressure on service delivery across IPD-SAM centres, affecting service quality and raising concerns about the sustainability of gains achieved in previous years.

5.8 Lessons learned

Despite challenges, several best practices and lessons emerged. The integration of WASH and nutrition services, alongside targeted capacity-building efforts, proved highly effective in reducing children's length of stay and improving recovery outcomes. In addition, close coordination between the Ministry of Public Health, WHO, UNICEF and community partners highlighted the value of locally driven solutions. When combined with strong community engagement, these approaches strengthened early case detection, increased treatment uptake and helped maintain continuity of services even within Afghanistan's complex operational environment.





National health strategy

06

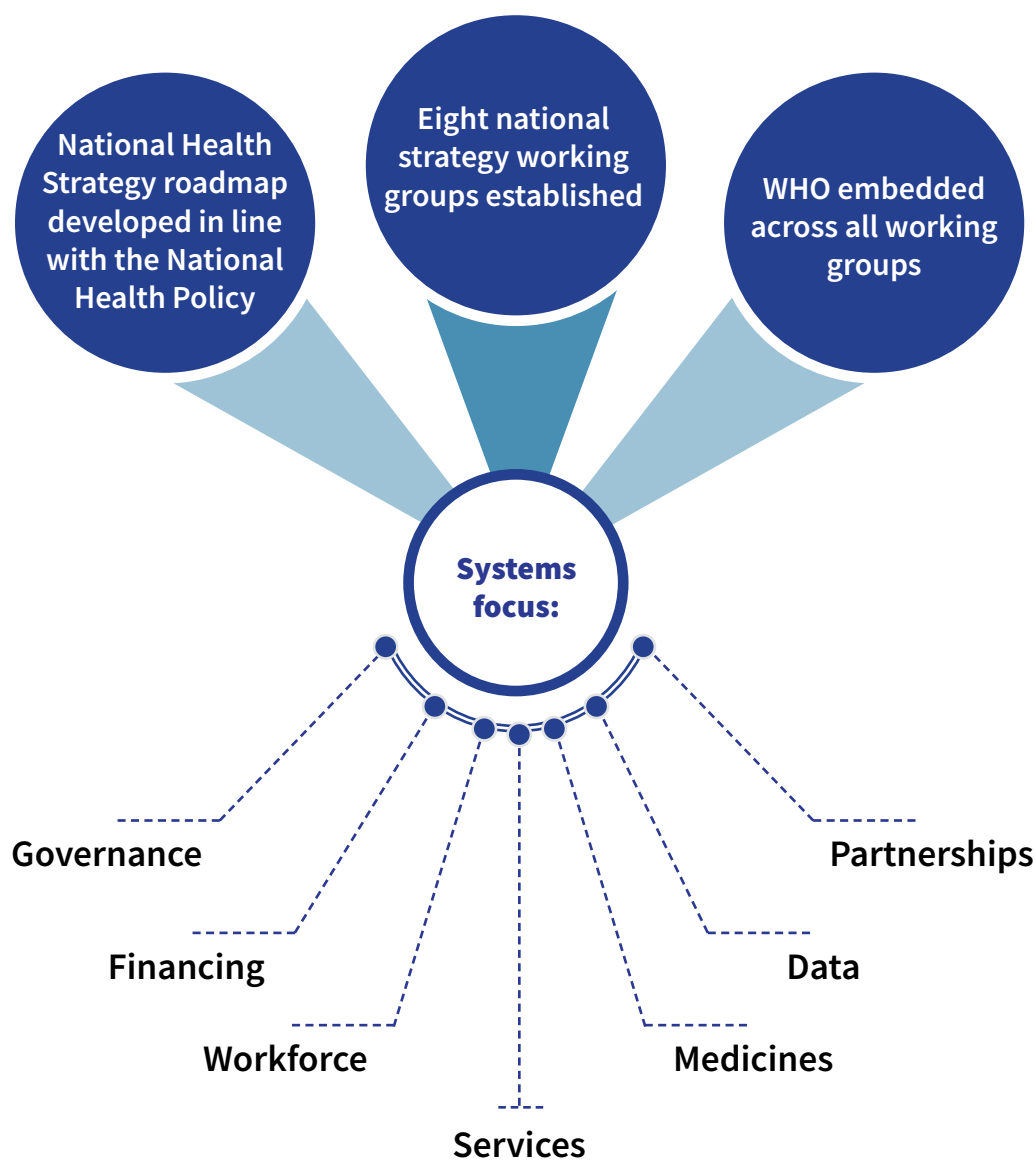
In 2025, the Ministry of Public Health advanced the development of Afghanistan's National Health Strategy, with technical support from WHO. Anchored in the National Health Policy and in line with the Afghanistan National Development Strategy 2025–2030, the process was guided by a structured roadmap to ensure strategic alignment, inclusivity and system-wide coherence.

6.1 Process

Eight strategy development working groups were established, covering governance and leadership, health workforce, health financing, curative and preventive service delivery, medicines and health technologies, health information systems and donor and stakeholder engagement. WHO provided technical support across all working groups.

6.2 First draft

The final draft of the Strategy was submitted to the offices of the Deputy Minister and Minister of Public Health on 11 December 2025 and is currently under senior leadership review, marking a critical step towards endorsement and implementation.







**The development of
Afghanistan's National
Health Strategy marks
a critical step towards
a more coordinated,
equitable and robust
health system, guided
by national priorities
and supported by
sustained technical
collaboration.**

Dr Edwin Ceniza Salvador

WHO Representative to Afghanistan

Gender, equity, rights and gender-based violence response programme

07

In 2025, WHO strengthened the national health sector's capacity to prevent and respond to gender-based violence (GBV), enhance gender-responsive services and promote equity across health programmes.

Despite a restrictive operating environment, the Gender, Equity and Rights (GER) and GBV unit delivered measurable progress in provider capacity, service delivery and gender integration.

WHO trained 139 health care workers on the updated GBV treatment protocol across priority provinces and supported clinical monitoring of 2725 GBV survivors. In parallel, gender integration in immunization improved equitable access to services in high-risk districts.

7.1 Strengthening health system capacity for GBV response

7.1.1 Training on the updated GBV treatment protocol

Through five provincial workshops, WHO trained 139 providers (doctors, midwives and nurses), with strong female participation, as summarized in Table 4. Training outcomes demonstrated significant knowledge gains through:



88% average improvement in pre- and post-test scores

99.2% correctly identified emergency contraception effectiveness up to 120 hours

98.5% correctly identified HIV PEP effectiveness within 72 hours

Table 4. GBV training summary, January–December 2025

Indicator	Value
Provincial workshops	5
Participants trained	139
Average score improvement	88%
Participants $\geq$ 35% improvement	138 (99.2%)
Female participation (basic workshops)	63%
Cumulative GBV trainees (all years)	840
Target achievement	93%

7.1.2 Integrating gender in immunization and health services

WHO developed and delivered a module on gender and social barriers aligned with the Gender and Immunization Agenda 2030. Integrated into national vaccinator refresher training, the module reached 300 vaccinators across nearly all targeted provinces and was adapted in Dari and Pashto.

Additional targeted training in Hirat prepared 30 frontline health workers supporting returnees to act as GBV referral focal points, strengthening first-line support and safe referral pathways.

7.1.3 Enhancing access to survivor-centred GBV services

From January to November 2025, the national advanced GBV referral centre provided care to 2725 survivors (99% women and girls).



Service uptake increased over the year, reflecting improved awareness and referral despite increasing mobility constraints for women.

To support quality care, WHO distributed more than 200 training and Information, Education and Communication (IEC) packages, updated clinical guidelines and developed a procurement plan for HIV PEP and essential GBV medicines to ensure service continuity.



7.2 Promoting gender integration across WHO programmes

The WHO Gender, Equity and Rights (GER) programme trained 20 staff members at the WHO sub-office in the southern region and conducted a strategic session on the gender equality marker for team leads and programme managers, strengthening systematic gender integration in planning, implementation and monitoring. The initiative strengthened systematic gender integration across planning, implementation and monitoring processes. Requested by the WHO Representative, this activity marked an important first step towards institutionalizing gender-responsive programming across the country office.

7.3 Key challenges

The GER and GBV response programmes are very sensitive in the current context; therefore, their implementation faced sensitivity around GER and GBV programming, variable baseline knowledge among health workers, limited staffing and data monitoring constraints.

7.4 Lessons learned

Targeted training, practical tools and integration into routine health services proved effective in strengthening survivor-centred care and sustaining gender-responsive health programming.





Prevention and response to sexual exploitation, abuse and harassment (PRSEAH)

08

8.1 Context and operating environment

In 2025, WHO Afghanistan continued to operate in an exceptionally complex humanitarian context marked by overlapping crises, restricted access and heightened vulnerabilities, particularly for women and girls. In such an environment, safeguarding is not theoretical, it is a core operational imperative. Recognizing this, the country office placed leadership accountability at the centre of PRSEAH efforts, ensuring that ethical conduct and protection standards are embedded across all levels of programming, partnerships, and service delivery.

8.2 Leadership accountability and culture of zero tolerance

Strong and visible leadership remained a defining feature of WHO Afghanistan's safeguarding approach. Senior leadership consistently reinforced a culture of zero tolerance and demonstrated commitment through leadership messaging, strategic discussions and integration of PRSEAH/safeguarding into operational decision-making processes.

WHO conducted 51 safeguarding advocacy engagements, reaching 641 influential personnel (627 men, 14 women), including health programme supervisors, implementing partner leadership, and other key stakeholders to strengthen institutional ownership and accountability. Safeguarding was further prioritized within human resources, onboarding,

and procurement processes, with workforce personnel and suppliers engaged on PRSEAH obligations and standards of conduct. These efforts contributed to institutionalizing safeguarding as an organizational priority and strengthening accountability across WHO-supported programmes and partnerships.

8.3 Formalized PRS unit and structure

In 2025, WHO Afghanistan further strengthened its institutional accountability by formalizing and empowering the Prevention of Sexual Exploitation and Abuse (PRS) Unit and Taskforce under the authority of the WHO Representative. This structure was approved with a clear operational mandate, ensuring strong governance, oversight, and coordination of safeguarding efforts.

The PRS Unit was guided by an approved terms of

reference (TOR), which established its role in conducting systematic risk assessments, ensuring sustained PRS presence, and driving risk mitigation measures across all levels of operations. This included oversight and support across WHO offices, health programmes, operational systems, implementing partners and grassroots-level service delivery.

The establishment of this formal structure strengthened

internal coordination, clarified roles and responsibilities, and enabled a more proactive and systematic approach to safeguarding. By embedding PRSEAH oversight within a dedicated and empowered structure reporting to senior leadership, WHO Afghanistan reinforced accountability and ensured that safeguarding risks are continuously identified, monitored and mitigated across the entire operational footprint.

8.4 Strengthening accountability across partnerships

Building on this leadership foundation, WHO Afghanistan strengthened accountability mechanisms across its extensive network of implementing partners. PRSEAH compliance was established as a

mandatory prerequisite for partnerships, donor proposals and participation in the Health Cluster. Safeguarding requirements were embedded in contractual agreements and operational frameworks,

including joint programming with the Ministry of Public Health. This approach ensured that ethical conduct expectations extended beyond WHO to the broader health system, contributing

to the integration of safeguarding principles within national health dialogue and coordination platforms.

8.5 Scaling capacity and operational systems

At the operational level, WHO Afghanistan made significant investments in strengthening workforce capacity and systems. In 2025, more than 19 722 frontline health workers were trained on PRSEAH through grassroots based PRSEAH champions.

Mandatory code of conduct signing and reinforced reporting pathways improved clarity on expected behaviours and responsibilities. The expansion of PRSEAH Champion Networks across WHO, implementing partners and the Ministry of Public

Health further enabled decentralized accountability by establishing PRSEAH focal points at service delivery level. These efforts collectively contributed to a shift from reactive to preventive safeguarding approaches.



8.6 Integration into programme design and financing

WHO Afghanistan ensured that PRSEAH was fully integrated into programme design and financing processes, with a commitment that 1% of each project budget be dedicated to PRSEAH risk mitigation, formalized

through an established SOP. Safeguarding considerations were made visible in all donor engagements and systematically incorporated into concept notes, project proposals and programme budgets. Technical teams

were guided to include dedicated safeguarding activities and resources from the outset, ensuring that PRSEAH remains a sustained and integral component of programme implementation.

8.7 Advocacy and community engagement

Advocacy and community engagement remained central to strengthening safeguarding outcomes and promoting community ownership of safeguarding principles. WHO engaged a wide range of stakeholders, including Health Shura members, heads of health facilities, EPI actors, community-based health care networks, and implementing partners to

strengthen awareness of safeguarding principles, reporting mechanisms, and a culture of accountability. During the reporting period, 127 334 community members and clients (77 249 men, 50 085 women) were reached through safeguarding awareness and education activities, while 7717 community members (3434 men, 4283 women) were

consulted on safeguarding risks, concerns and barriers to safe and dignified health services. To strengthen safeguarding visibility and awareness at service delivery and community levels, 32 990 safeguarding IEC materials, including posters and brochures, were printed and distributed to WHO implementing partners and supported health facilities.

8.8 Strengthening collaboration with the Afghanistan PSEAH Network

At the inter-agency level, WHO played a key role in advancing the Afghanistan PSEAH Network. Through leadership and coordination, WHO supported joint efforts to strengthen survivor-centred approaches, including the implementation of

psychological first aid and standardized PSEAH operating procedures. The organization actively represented the network in planning processes and contributed to joint risk assessments and capacity-building initiatives in collaboration with partners

and regional structures. These efforts have strengthened coordination, enhanced coherence and reinforced collective accountability across the humanitarian system.

8.9 Evidence of progress and risk reduction

These combined efforts have translated into measurable improvements in both provider and community-level indicators. Between 2024 and 2025, awareness of SEAH training, reporting mechanisms, and

codes of conduct among health workers increased significantly. Similarly, community awareness of entitlements, safeguarding principles, and reporting channels improved, alongside a growing willingness to

report incidents. These trends demonstrate meaningful progress toward behavioural change and reduced safeguarding risks in service delivery.

8.10 Looking ahead

WHO Afghanistan has established a robust, leadership-driven PRSEAH model characterized by strong accountability, system integration and measurable progress. Safeguarding is now embedded across leadership practice, partnerships,

programming and coordination mechanisms. (Table 5)

Looking ahead, priorities include strengthening female participation and representation, reinforcing community-based reporting

and accountability systems, sustaining financial integration of safeguarding across all programmes, and further leveraging the PSEAH Network to drive coordinated, survivor-centred action across the humanitarian response.

Table 5. Key PRSEAH outputs in 2025

Indicator	Total	Male	Female
Frontline PRSEAH/Safeguarding champions trained	244	183	61
Frontline health workers briefed/trained on safeguarding/PSEAH	19 722	12 722	7440
Frontline health workers who signed the SEAH/Safeguarding code of conduct	777	528	249
Health workers trained on survivor-centred approach, handling disclosures and referrals	449	352	97
Community members/clients reached with PSEA/Safeguarding awareness	127 334	77 249	50 085
Community members consulted on PSEA/Safeguarding risks	7717	3434	4283
Frontline health workers consulted on SEAH/Safeguarding risks	1684	862	822
PRSEAH/Safeguarding advocacy meetings conducted		51	
Implementing partners assessed on PSEA capacity		21	

8.11 Key challenges

Persistent gender disparities in participation in training, leadership networks, and safeguarding structures highlight structural barriers that continue to limit women's engagement.

Addressing these gaps is critical to ensure inclusive and accessible safeguarding systems, particularly given the heightened risks faced by women and girls in the Afghan context. Continued

efforts will be required to strengthen inclusion and ensure that safeguarding mechanisms effectively reach all populations.

8.12 Lessons learned

The implementation of PRSEAH in 2025 in Afghanistan generated important lessons to strengthen future safeguarding efforts. A key shift was achieved from policy commitment to enforceable accountability, with PRSEAH compliance linked to partnerships, funding, and coordination mechanisms, establishing it as a non-negotiable standard across the health sector. Embedding PRSEAH into programme design, proposals, and budgets from the outset ensured safeguarding was adequately resourced and systematically implemented. This was reinforced by the formalization of an empowered PRS Unit

and Taskforce under the WHO Representative, with a clear operational mandate and Terms of Reference, strengthening coordination, accountability, and risk mitigation across programmes, operations and partner networks.

Strong and visible leadership engagement proved critical in driving a culture of zero tolerance and elevating PRSEAH as a shared responsibility. Making compliance a requirement for partnerships and funding further strengthened enforcement across implementing partners. At the community level, engagement with health structures improved awareness, trust,

and reporting confidence, highlighting the importance of extending safeguarding beyond institutional settings. In addition, the use of male champions and targeted male engagement approaches proved effective in reaching families and communities, particularly in contexts where access to women is limited, reinforcing safeguarding messaging and community acceptance.

Finally, large-scale training and the expansion of PRS Champion networks strengthened prevention; however, experience confirms that continuous engagement and localized structures are essential to sustain behaviour change and accountability.



Accountability to affected populations (AAP)

09

In 2025, WHO Afghanistan significantly strengthened accountability to affected communities by expanding feedback systems, enhancing partner capacity and embedding people-centred practices across health operations. Through data-driven approaches and strong community engagement, WHO ensured that the voices of women, men, persons with disabilities and other vulnerable groups guided real-time adjustments in service delivery.

WHO conducted exit interviews across health facilities to determine overall client satisfaction. In parallel, community feedback cases received through the Awaaz platform were addressed.

9.1 Listening to communities at scale

From January to mid November 2025, WHO collected feedback from 12 902 patients through client and patient satisfaction surveys across health facilities nationwide. Feedback was disaggregated by age, sex, disability, location and facility type, enabling a deep understanding of service gaps and user priorities.

The surveys found an average satisfaction score of 75.24%

across five key service indicators, driving targeted improvements in waiting areas, medication access, staff behaviour, presence of female health workers and travel safety.

WHO also conducted regular focus group discussions, community forums and joint assessments with the Gender in Humanitarian Action group to ensure the perspectives of widows, female-headed

households, older women and women with disabilities informed programme design.

Accountability and feedback mechanisms were further strengthened in 170 facilities, while the accountability to affected populations (AAP) community of practice expanded to include 43 active partner organizations, reinforcing collective accountability and community engagement.

9.2 Building partner capacity for people-centred services

AAP capacity-building efforts expanded significantly in 2025, guided by a nationwide mapping and SWOT (strengths, weaknesses, opportunities and threats) analysis. Achievements included:

482 frontline health workers were trained (312 male, 170 female) across PHC partners and Health Cluster organizations;



53 organizations (34 national NGOs, 16 international NGOs, 2 Red Crescent Society observers, 1 UN entity) trained on humanitarian minimum standards;



training coverage spread across ECHO, AHF, Foreign, Commonwealth & Development Office (United Kingdom) and Cluster projects;

19 PMU enumerators and M&E officers trained on ethical and accountable data collection;

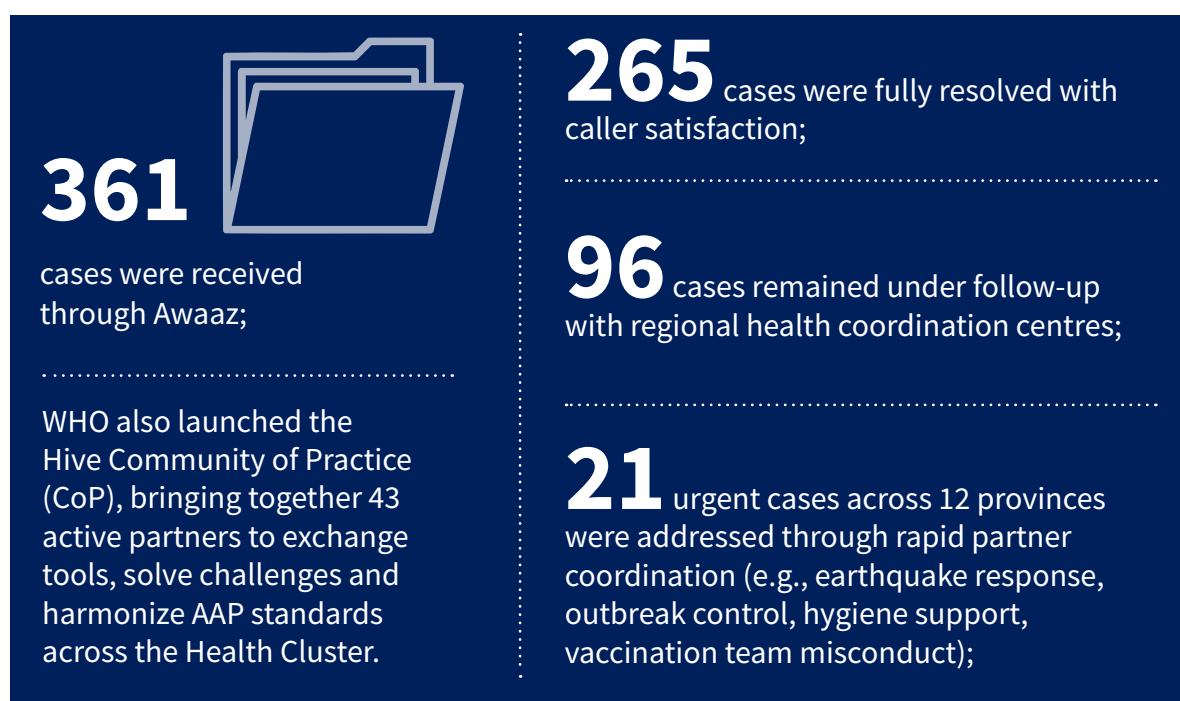


AAP intensified training helped partners develop organizational AAP action plans, strengthen complaint pathways, and improve respectful, transparent communication with communities.

These investments resulted in more consistent documentation and follow-up of feedback and strengthened inclusion of women and persons with disabilities in decision-making.

9.3 Improving responsiveness through feedback and referral mechanisms

WHO strengthened coordination with Awaaz Afghanistan and field partners, ensuring timely handling of community feedback. Between January and November 2025, the following achievements were recorded:



9.4 Strengthening coordination and community engagement

AAP efforts, summarized in Table 6, reinforced accountability across all levels through:

- technical support provided for Afghanistan Humanitarian Fund (AHF) proposal reviews, ensuring integration of AAP, inclusive community engagement and safe complaint handling;
- field missions to returnee and earthquake-affected areas, which strengthened feedback channels and improved access for vulnerable groups;
- development of clear messages for communities and health workers, which improved trust, rights awareness and ethical service delivery.

These actions helped institutionalize people-centred approaches and ensured communities were treated as equal partners in the health response.

Table 6. Key 2025 AAP results (summary)

Indicator	Achievement (2025)
Patient feedback collected	12 902 respondents
Average satisfaction score	75.24%
Total health workers trained on AAP	482
Organizations trained on minimum standards	53
Feedback cases received through Awaaz	361
Cases resolved with satisfaction	265 (73%)
Active members in Hive AAP Community of Practice	43

9.5 Key challenges

In 2025, AAP implementation faced challenges including delays in follow-up in remote areas, limited engagement of male influencers affecting women's access to services, uneven application of AAP standards across partners and constrained funding.

9.6 Lessons learned

Client and patient satisfaction surveys and focus group discussions enabled real-time learning and course correction, cascaded partner training strengthened field-level accountability and the Hive CoP promoted peer learning and standardization. Greater engagement of women and marginalized groups improved trust and responsiveness, while strong coordination with Awaaz Afghanistan ensured timely analysis and follow-up of community feedback.



Health Cluster coordination and response

10

In 2025, Afghanistan faced overlapping emergencies, including disease outbreaks, floods, drought, two major earthquakes and the return of over 2.7 million people, placing severe pressure on an already fragile health system. With 33% of the population living in underserved areas, coordinated humanitarian action remained essential.

Under the joint leadership of the Ministry of Public Health and WHO, the Health Cluster strengthened a harmonized, needs-based response across the country. Through 87 coordination meetings at national and subnational levels, the Cluster engaged over 90 active partners, including UN agencies and national and international NGOs, ensuring real-time information sharing, joint planning and gap identification particularly in high-need provinces such as Hirat, Nangarhar, Kandahar and Kabul.

10.1 Service delivery and coverage

Despite funding constraints, Health Cluster partners reached 7.9 million people out of 9.3 million targeted under the Humanitarian Needs and Response Plan 2025 (85% coverage). Of those

reached, 53% were children, 32% women and 15% men.

Mobile health teams, emergency health units and strengthened fixed services ensured continued access to

primary, maternal, emergency, nutrition and immunization services, especially for returnees at border points and transit centres.

10.2 Surveillance, information management and outbreak response

The Cluster strengthened reporting and situational awareness through the mapping mechanism of the 4Ws, the Disease Early Warning System (EWARS) and monthly dashboards, enabling early detection of outbreaks and evidence-based decision-making. In response to over 161 700 acute watery diarrhoea cases, the Cluster coordinated closely with WHO, UNICEF and

WASH partners to scale up case management, laboratory testing, risk communication and community engagement, WASH interventions and medical supply pre-positioning. The Acute Watery Diarrhoea Operational Plan (2025–2026) was finalized at national and regional levels.

Advocacy, access and operational enablement: Advocacy and coordination efforts delivered tangible

results. The Cluster mobilized additional resources for drought response, returnees and winterization.

The Migration Health Working Group (MHWG), led by the International Organization for Migration, was reactivated to coordinate returnee health responses, collect daily data using KoboToolbox and align partner actions at key entry points.

10.3 Key challenges

Severe funding gaps (45.3% funded under the 2025 Humanitarian Needs and Response Plan 2025), facility closures, staff shortages – especially of female health workers – supply chain delays, border closures and overlapping crises constrained service delivery in high-return and disaster-affected areas.

10.4 Lessons learned

The following lessons were learned:



integrated
cross-Cluster
coordination
improved quality
and efficiency



flexible service
delivery models
sustained care
under restrictions



unified Afghan-
to-Afghan
engagement
enabled smoother
approvals



**predictable, multi-year financing
is critical to prevent service
disruptions.**

Conclusion and way forward

11

Entering 2026, WHO Afghanistan remains committed to protecting essential health services, strengthening emergency preparedness, expanding mental health and NCD services, reinforcing immunization and supporting maternal and child health.

These objectives require sustained investment, strategic partnerships and a continued commitment to the health and dignity of the Afghan people.

11.1 Conclusion and outlook for 2026

As 2025 draws to a close, WHO Afghanistan reaffirms its commitment to safeguarding the health and dignity of all people across the country – especially the most vulnerable. Despite an exceptionally challenging operating environment, the collective efforts of our teams, partners, donors and communities have demonstrated that strategic investments, shared responsibility and evidence-driven action can deliver real and measurable impact for Afghan people.

In 2026, WHO will prioritize:

01

strengthening essential and life-saving health services across all levels, with a focus on PHC, maternal and newborn health and outbreak readiness;

02

expanding surveillance, early warning and emergency response capacity to rapidly detect and control disease threats;

03

scaling up immunization, nutrition care and high-impact public health interventions to protect children and reduce preventable deaths;

04

advancing gender, equity, accountability and community engagement, ensuring people – especially women and girls – remain at the centre of every programme;

05

supporting national systems and local health workforce capacity, enabling stronger, more resilient and sustainable health services;

06

deepening coordination with partners to align efforts, reduce duplication and maximize health gains in underserved and hard-to-reach areas.

WHO extends its sincere appreciation to all donors, partners and frontline health workers whose steadfast support made this year's achievements possible. Their investments continue to save lives, strengthen systems and bring hope to families and communities across Afghanistan.

Together, we move into 2026 with determination and optimism – committed to delivering better health for every woman, man and child, and to ensuring that no one is left behind.





