



Key figures (monthly)



89 237
Outpatient consultations
(PHCs & Hospitals)



306
Medical kits distributed



480
Health workers trained

Major Infectious Diseases Cases (2026)



41 923
ARI-Pneumonia



12 427
Measles



41 923
AWD with dehydration



450
COVID-19



923
Dengue fever



473
CCHF



UN and NGO joint mission to Herat to discuss the situation of returnees (Photo credit: WHO Afghanistan)

Highlights

Compared with April, reported suspected cases of measles, COVID-19, ARI-pneumonia and dengue decreased by 27.1%, 47.7%, 39.1% and 20.8%, respectively, despite May having a shorter reporting period.

A total of 480 health workers, including 172 women, were trained in trauma care, infection prevention and control (IPC), noncommunicable disease (NCD) management, and acute watery diarrhea (AWD) case management.

WHO distributed 306 medical kits, including measles, NCD and primary health care (PHC) supplies, supporting frontline health services and benefiting an estimated 30 500 people.

Over 41,800 individuals were screened at points of entry and 8,498 at returnee camps. Rapid testing for COVID-19, dengue, and AWD supported the early detection and management of potential public health threats.

Epidemiological Overview

Disease outbreaks

The epidemiological situation in May 2026 was marked by the below trends:

Acute watery diarrhea (AWD): A total of 13 645 AWD cases with dehydration and 8 associated deaths (monthly CFR 0.06%) were reported, compared to 10 704 cases and 4 deaths in April. This represents a 27.5% increase in reported cases compared with the previous month.

Acute respiratory infection (ARI)- pneumonia: A total of 80 330 ARI-pneumonia cases and 129 associated deaths (monthly CFR 0.2%) were reported, compared with 131 864 cases and 198 deaths in April. This represents a 39.1% decrease in reported cases compared with the previous month.

Suspected dengue fever: A total of 224 suspected dengue fever cases were reported, compared with 283 suspected cases in April. This represents a 20.8% decrease in reported suspected cases compared with the previous month. No dengue-fever associated deaths have been reported since January 2026.

Suspected measles: A total of 2 318 suspected measles cases and 12 associated deaths (monthly CFR 0.5%) were reported, compared with 3 183 cases and 7 deaths in April. This represents a 27.1% decrease in reported suspected cases compared with the previous month.

COVID-19: A total of 46 confirmed cases were reported, compared with 88 confirmed cases in April. This represents a 47.7% decrease in confirmed cases compared with the previous month. No COVID-19 associated deaths have been reported since January 2026.

A total of 1 370 samples (test positivity rate of 3.4%) were tested among suspected COVID-19 cases in public laboratories, representing a 40.0% decrease compared with the number of tests conducted in April (2 284).

Suspected Crimean-Congo hemorrhagic fever (CCHF): A total of 176 suspected CCHF cases and 9 associated deaths (monthly CFR 5.1%) were reported, compared with 153 cases and 7 deaths in April. This represents a 15.0% increase in reported suspected cases compared with the previous month.

Health facilities supported by WHO

WHO maintains a strategic health network across Afghanistan, providing essential health care services through 40 primary healthcare facilities in eight provinces. This network is complemented by specialized services, including six national specialized integrated infectious disease hospitals, one national mental health hospital, and five acute mental health wards across 10 provinces. Additionally, WHO supported 11 Drug Treatment Centers (DTC) and four Opioid Agonist Maintenance Treatment (OAMT) centers in 13 provinces, ensuring integrated care. To sustain these efforts, WHO distributed 306 medical kits and trained 480 healthcare workers in fields such as trauma care, infection prevention and control, malnutrition management, and surveillance, AWD case management, accountability to affected people (AAP), basic emergency care, climate change adaptation, safe blood banking and safe blood transfusion and data quality assurance and community engagement.

Returnee response

Since January to May, a total of 754 085 returnees entered Afghanistan through five key points of entries (PoEs): Torkham (376 049), Milak (154 353), Islam Qala (145 577), Spin Boldak (46 477) and Bahramcha (31 629). They comprised 457 051 family members and 297 034 single travelers. Most returnees were male (82%).

A total of 41 846 individuals, including returnees and travelers at key border points, were screened for infectious diseases. These included 8 498 returnees screened by the WHO-supported surveillance support teams at returnee camps. Among returnees, 785 COVID-19 RDTs (15.9% positivity), 53 dengue RDTs (1.9% positivity) and 73 AWD RDTs (6.8% positivity) were conducted, enabling rapid detection and response at returnee camps.

TOTAL RETURNEES TO AFGHANISTAN BY POINT OF ENTRY (POE)

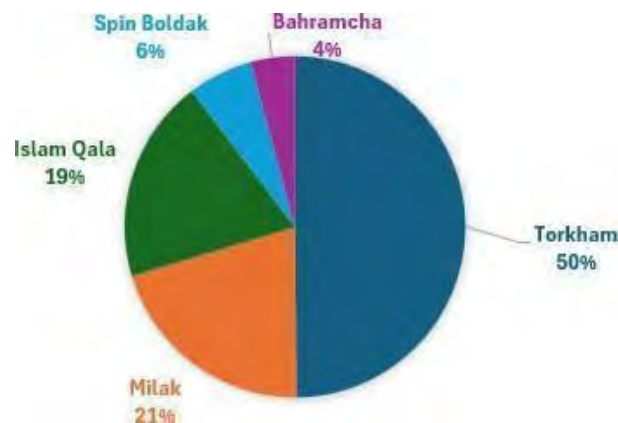


Fig. 2: Returnee population to Afghanistan by point of entry since January to May 2026

Health logistics and supplies

WHO distributed 306 kits expected to reach 30 500 beneficiaries: 290 measles kits for 14 500 beneficiaries, and 16 primary health care (PHC) kits for 16 000 beneficiaries.



Fig. 3: Distribution of medical kits to Bamyan provincial hospital (Photo credit: WHO Afghanistan)

Noncommunicable diseases (NCD)

WHO strengthened capacity for noncommunicable disease (NCD) prevention and control in Kunduz Province by training 21 midwives on the screening, early detection, and referral of NCD cases, including common cancers. Additionally, 55 community health workers (20 men and 35 women) and 14 physicians (including seven women) were trained on the WHO Package of Essential Noncommunicable Disease Interventions (PEN) to enhance community-level service delivery and access to NCD care.



Fig. 4: Kunduz midwives train in NCD early detection and referral. Photo credit: WHO Afghanistan

Project monitoring unit (PMU)

The PMU conducted 98 monitoring and supportive supervision visits to health facilities across multiple health programmes to assess performance, address previously identified gaps and provide on-the-job technical support. Using standardized WHO monitoring tools and DHIS2 reporting systems, the missions identified key service delivery gaps, reviewed clinical performance and developed corrective action plans. Findings and recommendations were shared with partners to support timely follow-up and improvements.



Fig 5: Patient interview Torkham-Omary Camp BHC: Photo credit: WHO Afghanistan

Safeguarding

WHO strengthened prevention of sexual exploitation, abuse and harassment (PRSEAH) in Afghanistan's humanitarian health response. Key actions included PRSEAH briefings for 73 staff from 18 Health Cluster partners, reinforcement of ethical responsibilities among emergency teams, and an action-learning workshop with 51 task force members to identify gaps in risk mitigation. WHO also conducted five safeguarding monitoring visits nationwide, trained over 5 000 individuals in PRSEAH principles, and shared key messages with more than 18 000 community members. Additionally, 702 frontline health workers (366 men and 336 women) signed Codes of Conduct. These efforts increased awareness of reporting mechanisms and standards of conduct, protecting vulnerable populations and building community trust for a more accountable health response.

Challenges & risks

The following are the most pressing issues and risks identified in May.

1. Rising AWD and CCHF cases
 - AWD with dehydration increased by +27.5% (13,645 cases and 8 deaths).
 - Suspected CCHF increased by +15.0% (176 cases and 9 deaths, CFR 5.1%).

2. Large returnee influx with disease risks

A total of 754,085 returnees entered Afghanistan since January to May among those screened:

- COVID-19 positivity rate: 15.9%
- AWD positivity rate: 6.8%

This puts additional pressure on border health posts and returnee camps.

Annexes

Annex A: Summary of training across disciplines nationwide, May 2026.

Training name	Male	Female	Total
AWD case management	45	14	59
Accountability to affected people (AAP)	7	2	9
Advanced trauma life support (ATLS)	21	3	24
Basic emergency care	0	48	48
Climate change adaptation	17	13	30
Infection prevention and control	70	1	71
IPD-SAM	0	36	36
Mass casualty management	27	2	29
Non-communicable diseases	30	25	55
Package of essential non-communicable diseases	7	28	35
Safe Blood Banking and Safe Transfusion	23	0	23
Data quality assurance & community engagement	59	0	59
Surveillance support team (SST)	2	0	2
Total	308	172	480

Annex B: Summary of infectious disease cases in Afghanistan, May 2026.

Indicators	AWD with dehydration	Suspected CCHF	Suspected Measles	Suspected Dengue fever	Confirmed COVID-19	ARI-Pneumonia
New monthly cases (% change compared to April) *	13,645 (↑27.5)	176 (↑15.0)	2,318 (↓27.1)	224 (↓20.8)	46 (↓47.7)	80,330 (↓39.1)
New monthly deaths (CFR%)	8 (0.06)	9 (5.1)	12 (0.5)	0 (0.0)	0 (0.0)	129 (0.2)
Cumulative cases (2026)	41,923	473	12,427	923	450	636,806
Cumulative deaths (CFR%) (2026)	18 (0.04)	25 (5.3)	51 (0.4)	0 (0.0)	0 (0.0)	1197 (0.2)

* Monthly percent figures should be interpreted cautiously. May covers data for 4 epidemiological weeks, while April covered 5 epi-weeks.

Annex C: Beneficiary demographics of WHO supported PHCs & hospitals services, May 2026.

Age	Male	Female
< 5 years	9,405	8,442
5-18 years	10,607	16,164
>18 years	16,310	28,309

Annex D: Infectious diseases cases reported among returnees by SSTs, 03-30 May 2026.

Diseases	Male		Female		Total		
	<5 Years	>5 Years	<5 Years	>5 Years	Male	Female	Total
Acute bloody diarrhea	246	227	248	140	473	388	861
ARI cough and cold	483	728	403	426	1211	829	2040
Acute Watery Diarrhea	4	36	2	23	40	25	65
Suspected Covid-19	0	446	1	346	446	347	793
Suspected dengue fever	0	35	1	19	35	20	55
Leishmania	0	2	0	1	2	1	3
ARI-Pneumonia	2	0	1	0	2	1	3
Scabies	15	85	17	79	100	96	196
Suspected Measles	6	2	1	1	8	2	10
AWD with severe dehydration	0	4	0	3	4	3	7
Malaria	0	7	0	5	7	5	12
Suspected Tuberculosis (TB)	0	2	0	2	2	2	4
Acute Jaundice syndrome	0	22	0	15	22	15	37
Grand Total	756	1,596	674	1,060	2,352	1,734	4,086

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