



# AFGHANISTAN EMERGENCY SITUATION REPORT



No. 39 | April 2024

## Key figures (monthly)

**157 620**

People received emergency health care service (PHC & Hospitals)

**9158**

People received trauma care services (IPD+OPD)

**3014**

Medical kits distributed

**437**

Health workers trained



Monitoring visit from provision of humanitarian health services in Ghazni province. ©RHCC for the Southeastern Region

## Overview

WHO continued to support various health interventions across Afghanistan during the month of April 2024. Major highlights for the month are as follows:

## Health Cluster

- In April, 50 Health Cluster partners reached 718 736 people with humanitarian health services. These services were delivered through 854 health facilities across 298 districts, encompassing all 34 provinces of Afghanistan. Of the total reach, 44% were women and 34% were children.
- The Health Cluster organized an Accountability to Affected Populations (AAP) workshop in Kabul on 17 April. This workshop convened by key stakeholders, including the AAP advisor at the Global Health Cluster and 58 participants (13 female and 45 male), representing 45 Health Cluster partners, with the aim of crafting an AAP roadmap for the Health Cluster. This roadmap represents a unified vision detailing strategies and initiatives aimed at empowering affected individuals and ensuring equitable access to healthcare services.
- The Health Cluster organized a three-day training on minimum standards in two batches: the first batch on 28-30 April, and the second batch on the 29-30 April-01 May. The training was organized in coordination with the AAP Working Group, Gender in Humanitarian Action (GiHA) Working Group, the Disability Inclusion Working Group (DIWG), the Protection Cluster, and the Prevention of Sexual Exploitation and Abuse (PSEA) network, highlighting a collaborative effort to enhance humanitarian response standards. In the first batch, there were 35 participants representing 32 organizations, while the second batch had 31 participants from 28 organizations.
- The Health Cluster planned to organize data management training for Health Cluster partners across seven regions. As of 30 April, the training had been conducted in northeastern, northern and central regions, offering a comprehensive three-

## Summary of outbreaks (2024)

**236 283**

COVID-19 confirmed cases from the beginning of outbreak

**627 535**

ARI-Pneumonia

**33 307**

AWD

**21 843**

Measles

**735**

Dengue fever

**109**

CCHF

day program. In Kunduz, in the northeastern region, 22 participants attended (3 female, 19 male), representing 11 organizations. In Balkh, in the northern region, there were 20 participants (3 female, 17 male) from 13 organizations. Meanwhile, in Kabul, in the central region, 17 participants (all male) joined from 15 organizations.

- Regional Health Cluster coordination teams have collaborated with health partners across all seven regions (eastern, southern, southeastern, western, northern, northeastern, and central). Their activities encompass regular and ad hoc coordination meetings with relevant authorities and health partners, and undertaking joint missions with the partners, and UN agencies to monitor the health response.
- Between 01 November 2023 and 29 April 2024, a total of 25 Health Cluster partners supported the health response to returnees. The partners involved were: AADA, AFGA, ARCS, BARAN, HEALTHNET TPO, HEWAD, HMLO, INTERSOS, IOM, IRC, IRW, JACK, MEDAIR, MMRCA, OHPM, ORCD, PU-AMI, SCA, SCI, TDH, WORLD, WVI, UNFPA, UNICEF, and WHO. However,

in April 2024, 12 Health Cluster partners (AADA, HMLO, IOM, IRW, JACK, OHPM, PU-AMI, SCI, UNFPA, UNICEF, WHO, and WORLD) were involved in the response activities.

- Key activities carried out to support the health response for returnees included:
  - » As of 29 April, the Health Cluster partners provided health services to a total of 451 919 returnees. The beneficiaries included 163 668 women, 141 727 men, 77 376 girls, and 69 148 boys. Out of the total beneficiaries, 220 808 individuals received primary health care consultations, 20 494 received secondary health care services, 147 281 were reached with health promotion activities, 28 741 received maternal, newborn, and child health services, 33 766 received Mental Health and Psychosocial Support (MHPSS) services, and 829 received trauma care services.
  - » Bi-weekly Migration Health Task Force meetings were conducted and the updates on the returnees' situation response along with the preparation for the new influx of returnees were discussed.



Provision of MCH services to the returnees. ©IRW



Provision of primary health care services to the returnees. ©OHPM

### Health Service Delivery (Primary Health Care and Hospitals)

In April, WHO supported primary and secondary health care across the country through 93 PHCs and 26 hospitals through 12 NGO partners in 13 provinces: two emergency hospitals, nine infectious diseases hospitals, two maternity hospitals, nine drug addiction treatment centres, two OSTs and two MHPSS). All WHO supported hospitals were supplied with emergency kits and needed medical equipment.

- During April, a total of 157 620 (PHCs: 91 356, hospitals 66 264) outpatient consultations were conducted in WHO supported health facilities. Out of total patients received consultations, 55% were females. In addition, 105 066 patients received essential medicines for their basic health needs.
- Recorded number of institutional deliveries were 1348 in April (PHCs: 594, hospitals: 754).
- 5932 pregnant women received antenatal services and 3664 women received postnatal services in WHO supported facilities.
- In addition, children aged under 5 received oral polio vaccine (OPV), malnutrition treatment, and screening in April are: 32 164 (PHCs: 26 725, hospitals: 5439).
- Pregnant and childbearing age women and under 5 children received TT2+, measles and PENTA-3 vaccination: 7111 (PHCs: 4895, hospitals: 2216)
- Pregnant and lactating women received malnutrition screening and Infant and Young Child Feeding (IYCF) counselling and treatment services: 8667 (PHCs: 6 722, hospitals: 1945).

- A total of 4540 (PHCs: 3524 hospitals: 1016) individuals were provided with MHPSS consultations and 29 981 received Noncommunication diseases (NCDs) consultations.
- People living in remote and underserved areas received health education and awareness: 72 123 (PHC: 61 830, Hospital: 10 293).



**157 620**

People received OPD consultations



**105 066**

Patients received essential drugs for their basic health services



**5932**

Women received ANC



**3664**

Women received PNC



**1348**

Institutional deliveries



**29 981**

Number of consultations for Non-communicable diseases



**7111**

Pregnant, CBA Women and under 5 children received TT2+, measles, and PENTA-3 Vaccination

### Sustaining health care services delivery

Beneficiaries of PHC & Hospital services at WHO-supported facilities for April 2024 (Total: 157 620)		
Age	Male	Female
Over 18 years	43 943	62 268
Under 18 years	26 846	24 563

Proportion of people reached (Jan-Apr 2024) against the target in year 2024



### Trauma and Physical Rehabilitation

WHO supported trauma care and physical rehabilitation services during April. Overall, 9158 (6568 male, 2590 female) beneficiaries received trauma care and 20 797 (11 435 male, 9362 female) received post trauma rehabilitation.

Following are some of the post-trauma rehabilitation services provided in health facilities:

-  **1883** people received physiotherapy
-  **5332** people received blood transfusion
-  **2687** people received psychological counselling
-  **8306** people received minor surgical operation
-  **2589** people received major surgical operation

### Trauma care services

Beneficiaries of trauma care services at WHO-supported facilities for April 2024 (Total: 9158)		
	Male	Female
Over 18 years	3871	1072
Under 18 years	2697	1518




### Post trauma rehabilitation

Beneficiaries of post trauma rehabilitation services at WHO-supported facilities for April 2024 (Total : 20 797)		
	Male	Female
Over 18 years	6313	5402
Under 18 years	5122	3960

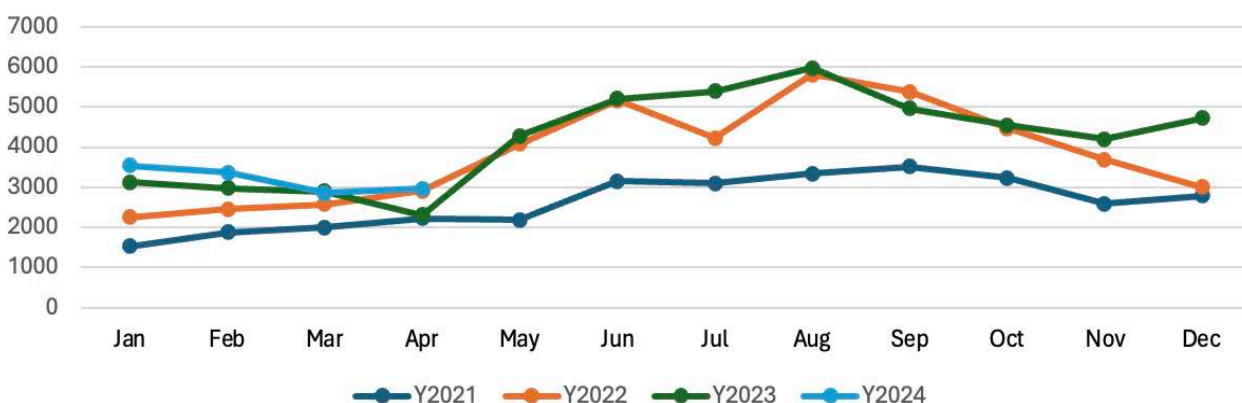
### Nutrition

In April, a total of 2969 (1455 girls and 1514 boys) with medical complications admitted and treated in 137 WHO-supported IPD-SAM centres. This is 3% more than the targeted number. WHO is helping in strengthening the national capacity to respond to food insecurity and malnutrition in the country. In the month of April, two IPD-SAM trainings were conducted for medical doctors and nurses from Badakhshan, Baghlan, Faryab, Jawzjan, Sari Pul and Samangan provinces. A total of 38 (36 female and 2 male) first line health workers received training on the management of complicated severe acute malnutrition cases.

Beneficiaries of 137 WHO-supported IPD-SAM centers for April 2024		
Under five	Boys	Girls
2969	1514	1455

-  **8667** Pregnant and lactating women received malnutrition screening and Infant and Young Child Feeding (IYCF) counselling and treatment services
-  **4637** Women received family planning services and awareness
-  **32 164** Under 5 children received OPV, malnutrition treatment and screening

IPD-SAM data admission trend 2021-2024



## Trainings

During April, 437 health care providers received trainings to build their capacity across the country.



Training of inpatient Management on Severe Acute Malnutrition in Badakhshan Province. ©WHO

Training Name	Male	Female	Total
Acute Watery Diarrhoea (AWD) case management training in Nangarhar and Kunduz	37	33	70
Basic Emergency Care course (BECC)	24	26	50
Dengue Fever Case Management Training in Kandahar and Paktika	72	44	116
Event-Based Surveillance (EBS)	28	2	30
IPD-SAM in northern and northeastern regions	2	36	38
Point of Entry training in Kabul	16	0	16
PSEAH	30	3	33
Surveillance and Early Case detection	79	5	84

## Infectious hazard preparedness and surveillance

The monthly summary of infectious diseases outbreaks in April (31 March to 04 May 2024) is as follows:

Indicators	Measles (Suspected)	ARI-Pneumonia	COVID-19 (Confirmed)	AWD	CCHF (Suspected)	Dengue fever (Suspected)
Monthly new cases (% change compared to March 24)	7273 (↑18.2)	126 091 (↓10.5)	2795 (↑147.1)	11 380 (↑58.0)	44 (↑158.8)	122 (↓22.3)
Monthly new deaths (CFR%)	27 (0.5)	251 (0.2)	5 (0.2)	5 (0.04)	1 (3.7)	0 (0.0)
Cumulative cases (2024)	21 843	627 535	236 283*	33 307	109	735
Cumulative deaths (2024)	100	1413	8000	16	2	0

\*Covid-19 cumulative numbers have been reported since the start of the pandemic and the monthly number provided for confirmed cases.

### Measles:

- During April, a total of 7273 suspected measles cases and 27 measles associated deaths (monthly CFR 0.5%) were reported, compared to 6155 cases and 34 deaths during March 2024. This represents 18.2% increase in the number of suspected cases compared to the previous month.

### Acute Respiratory Infections:

- During April, a total of 126 091 ARI-pneumonia cases and 251 associated deaths (monthly CFR 0.2%) were reported, compared to 140 816 cases and 320 deaths during March 2024. This represent a 10.5% decrease in the number of reported cases compared to the previous month.

### COVID-19:

- During April, a total of 2795 confirmed COVID-19 cases and five associated deaths (monthly CFR 0.2%) were reported, compared to 1131 cases and five deaths

during March 2024. This represents a 147.1% increase in the number of reported cases compared to the previous month.

- During this period, a total of 12 254 samples were tested in public laboratories, which is increased by 2.8% compared to the number of tests conducted in March 2024 (11 915), with the test positivity rate of 22.8%
- In April, almost 133 000 individuals have been vaccinated, and the proportion of those who received at least one dose of vaccine increased to 42.7%.

### Acute Watery Diarrhoea with dehydration:

- During April, a total of 11 380 AWD cases with dehydration and five associated death (monthly CFR 0.04%) were reported, compare to 7203 cases and one death during March 2024. This represent a 58.0% increase in the number of reported cases compared to the previous month.

**Crimean–Congo Hemorrhagic Fever (CCHF):**

- During the month of Arpil, a total of 44 suspected cases of CCHF with one associated death (monthly CFR 2.3%) were reported, compared to 17 cases and one death reported in March 2024. The deceased person was a female above 5 years of age from Balkh. This shows a 158.8% increase in the number of reported cases compared to the previous month.

**Dengue fever:**

- During April, a total of 122 suspected dengue fever cases and zero deaths were reported, compared to 157 cases reported in March 2024. This shows a 22.3% decrease in the number of cases reported during the previous month.

**Active surveillance of Herat earthquake-affected areas**

Active surveillance report during 31 March-04 May 2024:

- A total of five dedicated Surveillance Support Teams (SSTs) with two assigned vehicles are doing active surveillance in the earthquake-affected areas of the Zindajan district in Herat province. During the mentioned period, below infectious diseases have been detected:
  - » 1763 ARI cases
  - » 71 AWD cases
  - » 8 suspected measles cases
  - » 22 Leishmaniasis cases
  - » 3 suspected chickenpox cases
  - » 141 confirmed COVID-19

- A total of 940 rapid diagnostic tests (RDTs) and 1,159 polymerase chain reaction (PCR) tests were conducted for suspected COVID-19 cases; of which, three and 138 were positive respectively (RDT positivity rate: 0.3%, PCR positivity rate: 11.9%).
- Samples from all of the eight suspected measles cases were tested in the laboratory and the results were negative for all of them.

Active surveillance in Zindajan district of Herat province 31 March-04 May 2024

Districts	Diseases	Number of reported cases during 31 Mar –04 May 2024						
		Male		Female		Total		
		<5 Years	>5 Years	<5 Years	>5 Years	Male	Female	Total
Zinda Jan	ARI	217	513	310	723	730	1,033	1,763
	Suspected measles	4	0	3	1	4	4	8
	AWD	35	0	36	0	35	36	71
	Leishmaniasis	5	2	0	15	7	15	22
	Chicken Pox	0	1	0	2	1	2	3
	Suspected COVID-19	0	583	0	1352	583	1352	1935
	Confirmed COVID-19	0	39	0	102	39	102	141

**Returnees: Epidemiological updates**

- During the month of April, two public health teams, each comprising of eight members, were operationalized to execute International Health Regulations (IHR)-recommended tasks in Torkham and Islam Qala points of entry. Furthermore, one SST team in Kandahar with two members was operationalized to conduct screenings of returnees and facilitate the collection, storage, and transportation of samples from the respective localities to the Regional Reference Laboratory (RRL).

- During this reporting period, 105 399 individuals were screened for various infectious diseases. Below are the number of cases identified among these screened individuals:



**105 388**

Individuals were screened for various infectious diseases

Summary of reported cases from the returnee sites (31 March to 4 May 2024)

Diseases	Number of suspected cases reported among returnees during 31 March to 04 May 2024						
	Male		Female		Total		
	<5 Years	>5 Years	<5 Years	>5 Years	Male	Female	Total
AWD with Dehydration	2	14	0	11	16	11	27
Suspected dengue fever	0	13	0	10	13	10	23
Suspected malaria	0	26	0	16	26	16	42
Suspected COVID-19	0	53	0	30	53	30	83
Confirmed COVID-19	0	0	0	0	0	0	0

**Lab results:**

- A total of 83 RDTs and 31 PCR tests were conducted for suspected COVID-19 cases; of which, 31 RDTs and zero PCR tests were positive respectively (RDT positivity rate: 37.3%, PCR positivity rate: 0.0%).
- 23 RDTs were conducted for suspected cases of dengue fever, 27 for cases of AWD with dehydration, and 42 for clinical malaria cases. Only one RDT yielded a positive result for malaria.

**Supplies:**

- Ten AWD with dehydration case management kits were sent to outbreak-affected areas.
- 200 packs of medical masks were sent to Kabul regional National Disease Surveillance and Response (NDSR) office.
- 20 goggles (sent to all regional NDSRs).
- 18 500 Rabies Human Monoclonal antibodies and 60 000 Rabies vaccines were sent to all regions of the country.
- 300 COVID-19 RDTs were delivered to all regions.

**Mental Health and Psychosocial Support**

- A joint monitoring visit was conducted to the National Mental Health Hospital (NMHH) in Kabul by a team consisting of WHO, UNODC, the Mental Health Department, and the Drug Demand Reduction Directorate of the de facto Ministry of Public Health (MoPH) to assess mental health services and recommendations for improvement.
- As the co-lead, WHO coordinated and organized the monthly MHPSS Technical Working Group meeting and briefed the participants about MHPSS activities in general, findings of the joint monitoring of the NMHH, the establishment of a 20-bed MHPSS ward at Aino Menna Hospital in Kandahar, and capacity-building programmes.
- On 03 April, a WHO team participated in the meeting of Implementation Learning Collaborative for implementation of Problem Management Plus (PM+) in Afghanistan. The meeting aimed to jointly develop an inclusive Theory of Change (ToC) map for implementing and integration of PM+ within Afghanistan’s mental health service.
- WHO MHPSS team participated in two-day Training of Trainers on Prevention and Response to Sexual Exploitation, Abuse and Harassment (PRSEAH) on 22-23 April.
- On 30 April, a WHO team participated in the meeting of Child and Adolescent Mental Health (CAMH) mapping services tools with relevant stakeholders in Afghanistan. The CAMH questionnaire tool was presented before participants to review for further input, and discussion by all.
- WHO has recently received funding from UN-Women. The MHPSS team developed the concept note for a 6-month



**2766**

Individuals received mental health consultations

- mhGAP IG supervision programme for 181 mhGAP IG trained doctors in the southeastern region and submitted it to the selection committee. Furthermore, the team completed the MHPSS training plan for DATC/OST under the UN-Women fund.
- The MHPSS team updated the mental health indicators in coordination with the Mental Health Department of the MoPH. Furthermore, WHO proposed aligning the mental health indicators with the diagnoses of mhGAP-IG. The mhGAP-IG recommended seven indicators for common mental health conditions. This issue was discussed with the Director of PHC and subsequently submitted for recommendation and approval.
- A tripartite meeting was held on 29 April at the WHO Country Office with EU and ECHO experts. The MHPSS team conducted a brief presentation on MHPSS activities under EU and ECHO projects.
- An online meeting was held with UNFPA on 30 April for the integration of MHPSS into maternal and child health services at PHCs supported by UNFPA. UNFPA is supporting 51 PHC centres across the country and has shown interest in training their 51 female doctors in mhGAP and midwives on Thinking Healthy. It was agreed that WHO will provide technical support in the implementation of MHPSS at maternal and child health centres. WHO will arrange two batches of mhGAP IG training at two locations (Kabul and Herat).



Meeting of Implementation Learning Collaborative for implementation of PM+. ©WHO



Supervisory visit to integrate MHPSS into DATC Nangarhar. ©WHO

## Drug Demand Reduction

- During the month of April, nine Drug Addiction Treatment Centres (DATCs) and 2 Opioid Substitute Treatment centres (OSTs) were supported by WHO and were fully functional in seven provinces.
- WHO announced to develop a concept note on “Full Operational Support for the Farah 80-bed and Ghoryan 20-bed Pilot Drug Addiction Treatment Centres (DATC) and Three Affiliated Mobile Outreach Teams.
- WHO participated in the 3rd Meeting of Working Group on Counternarcotics (WGCN) chaired by Mr. Markus Potzel, Deputy SRSG (Political) for Afghanistan in the United Nations Assistance Mission in Afghanistan (UNAMA) and delivered a presentation on current DDR and MHPSS challenges in Afghanistan and advocacy for international support in presence of representatives of EU delegation and foreign embassies in Afghanistan.
- WHO collaborated with UNODC to conduct a one-day training on “DDR Task Force of MHPSS TWG Workshop” with presence of representatives from Deputy for Counternarcotics, Ministry of Interior (MoI), National Drug Demand Reduction Directorate (NDDRD), MoPH, WHO and UNODC implementing partners and presentation of a talk on “Evidence-based drug treatment and harm reduction services and principles of drug treatment services” by WHO.
- EU delegate high-level visit of Mr Peteris Ustubs, Director for Asia, Middle East and Pacific in Directorate for International Partnerships, European Commission, Mrs Raffaella Iodice, CdA EU Delegation to Afghanistan, Mr Eric Beaume, Head of Cooperation, EUD to Afghanistan, Mrs Karolina Lagiewka, Health Project Officer, EUD to Afghanistan to Kabul 100-bed Females and Children Drug Addiction Treatment Centre (DATC) with participation of Dr Jamshed Tanoli, WR and Ms Anubha Sood, UNODC Country Office Representative on 26 April.
- Organized DDR/MHPSS Project Progress Meeting between Mrs Karolina Lagiewka, Health Project Officer, EUD to Afghanistan, WHO MHPSS and DDR Teams, UNODC Health Team and representatives of implementing partners (IPs) on 29 April.
- Conducted an in person training session for M&E Officers of WHO and UNODC IPs for DATCs on “Guidelines for Reporting Data on Clients Receiving Drug Treatment and Rehabilitation Services” with close collaboration with IMO Team on 30 April.
- Finalized “Guidelines for Reporting Data on Clients Receiving Drug Treatment and Rehabilitation Services”.
- WHO Conducted a two-day Training of Trainers on “Prevention and Response to Sexual Exploitation, Abuse and Harassment (PRSEAH)” for 32 focal points (29 male, three female) of WHO’s IPs.



EU delegate high-level visit to Kabul 100-BED Females and Children DATC, 26 April 2024 ©WHO



DATC services at WHO-supported facilities for April 2024

Indicators	Male 0-11 yrs	Male 12-17 yrs	Male 18-60 yrs	Male >60 yrs	Female 0-11 yrs	Female 12-17 yrs	Female 18-60 yrs
HomeBased Services - Number of Discharged Clients			40				
HomeBased Services - Number of monthly clients registered			24	1			
HomeBased Services - Number of patients at the beginning of the month			38	4			
IPD Services - Number of discharged clients	4	10	112	100	12	6	28
IPD Services - Number of monthly clients registered	8	14	137	97	16	3	73
IPD Services - Number of patients at the beginning of the month	8	28	138	157	13	9	47
OPD Services - Number of discharged clients			29				
OPD Services - Number of monthly clients registered			72				47
OPD Services - Number of patients at the beginning of the month			37				

### Risk Communication and Community Engagement (RCCE)

Health education sessions through health facilities and awareness on ARI, AWD, measles, PFA and NCD provided at the earthquake-affected areas.



**72 123**

People living in remote and underserved areas received health education and awareness

### Water, sanitation and hygiene (WASH)

During April, WASH team distributed three essential items to get prepared for the response of upcoming AWD outbreak season.

In addition, joint WASH activities in the Hilmand provincial laboratory are ongoing with technical support of WHO and includes the following major activities:

- Boring of 140 meters deep water well with 14 inch diameter with all required activities, material equipment, etc.
- Installation of water tank with metal stand with all required activities.
- Solar power system for operation of bore well.
- Rehabilitation of existing toilets with all required facilities.

Activities are almost 90% completed for the laboratory.

Description of Item	Unit	Quantity
Bacteriological H2S field test kit bottle	Bottle	460
Water purification tablets, containing 67mg NaDCC Sodium Dichloroisocyanurate, for 10Ltr of water.	Each Tablet	100 000
Water purification tablets, containing 1.67gr NaDCC. Sodium Dichloroisocyanurate tablets.	Bottle of 200 Tab	5000

### Health Logistics:



**105 066**

Patients received essential drugs for their basic health services



**3014**

Different medical kits distributed

In the month of April, WHO distributed 3014 different types of kits to health facilities.

Kits	# of Kits
AWD with dehydration	556
PED-SAM	368
IARH	21
IEHK Supplementary	67
IEHK Basic	276
TESK	1517
Measles	143
Pneumonia	66
<b>Total</b>	<b>3014</b>

### Programme Monitoring Unit (PMU)

WHO continued systematic and regular monitoring and evaluation (M&E) activities. In total, 22 monitoring officers are deployed on the ground who utilize specific tools tailored for each type of health intervention. In April 2024, WHO carried out monitoring visits to 61 primary healthcare facilities, 37 hospitals encompassing Integrated infectious diseases and COVID-19 hospitals, DATCs, OSTs, MHPSS and emergency hospitals, four Therapeutic Feeding Units and a Ambulatory Services Project for the returnees.

During these visits, areas for improvement were identified and closely monitored at the health facility level. Any newly identified areas requiring attention will be addressed in collaboration with the implementing partner to ensure that appropriate mitigation measures are promptly implemented.

This proactive approach to monitoring and evaluation underscores WHO’s commitment to enhancing the quality and effectiveness of healthcare services provided within the project scope.

### Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH)

- Training of Trainers on Sexual Exploitation, Abuse and Harassment
  - » A training of trainers on sexual exploitation, abuse and harassment was conducted for 33 participants (30 male and three females) from WHO and UNODC implementing partners working with families of vulnerable individuals with drug and substance use disorders across the country. The focus of the training was to educate participants with the necessary knowledge and skills to facilitate learning sessions on SEAH and to address sexual exploitation, abuse and harassment within vulnerable populations dealing with drug and substance use disorders.



Herat 100-bed IDH Hospital, supported by WHO. ©WHO

### For more information about WHO’s work in emergencies, contact:

- Dr Jamshed Tanoli**, Health Emergencies Team Lead, WHO Afghanistan, Email: [tanolij@who.int](mailto:tanolij@who.int)
- Mr Mohammad Modaser Islami**, OIC, Communications, WHO Afghanistan, Email: [islamim@who.int](mailto:islamim@who.int)
- Mr Mohamed Kakay**, External Relations & Partnerships Lead, WHO Afghanistan, Email: [kakaym@who.int](mailto:kakaym@who.int)
- Dr Sadia Azam**, Emergency Officer, WHO Afghanistan, Email: [azams@who.int](mailto:azams@who.int)

### WHO’s work in emergencies is supported by the following donors and partners:

