

ANNUAL REPORT

MÉDECINS
SANS FRONTIÈRES
IN AFGHANISTAN

2025



داکتران بدون سرحد
بی پولی داکتران



An MSF vehicle drives up a narrow, winding dirt road in the central highlands of Bamyan province, Afghanistan, on the way to the MSF-supported subhealth centre in the Baghak village in Shibar district.

ABOUT MSF

Médecins Sans Frontières (MSF)/Doctors Without Borders is an international, independent, medical humanitarian organisation that delivers emergency aid to people affected by armed conflict, epidemics, exclusion from healthcare and natural disasters in more than 75 countries.

Our teams are made up of tens of thousands of professionals working in health and medical care, logistics, administration, communications, supply and finance – all bound together by our charter and serving people in need. Our actions are guided by medical ethics and the principles of impartiality, independence, and neutrality.

MSF PRINCIPLES

MEDICAL ETHICS

At the core of MSF's work lies a commitment to medical ethics and the principle of do no harm. Across all locations where we operate, we strive to provide highest quality medical care, guided by the best interests of our patients and respect for their dignity, confidentiality and right to make informed decisions about their treatment.

IMPARTIALITY

MSF delivers assistance solely based on need and irrespective of race, religion, gender, or political affiliation. Our priority is to reach those who face the most serious and immediate threat to their health and survival.

INDEPENDENCE

Our decisions are guided by medical needs, independent from political, economic, or religious interests. To maintain its independence, MSF does not accept funding from any government or international agency for its programmes in Afghanistan. Instead, it relies solely on private donations from around the world to support and carry out its work. This allows us to freely assess needs, access population and deliver assistance directly.

NEUTRALITY

MSF does not take sides in armed conflicts nor support the agendas of warring parties. In some situations, our presence may not extend to all sides of a conflict. This may be due to denial of access, security constraints, or because the main needs of the population are already covered by others.

BEARING WITNESS

Neutrality does not mean silence. Our proximity to people in distress implies a duty to speak out when access to lifesaving healthcare is hindered, when extreme acts of violence are witnessed, when crises are neglected, or when aid is abused – so that their suffering is not ignored.

TRANSPARENCY AND ACCOUNTABILITY

We are accountable to our patients and donors and remain transparent about the decisions we make. Continuous evaluations, open discussion and debate about our practices, public positions and broader humanitarian issues are essential to improving our work and impact.

CONTENTS



ABBREVIATIONS

ATFC
Ambulatory Therapeutic Feeding Centre

AMR
Antimicrobial Resistance

AWD
Acute Watery Diarrhoea

BOR
Bed Occupancy Rate

CEmONC
Comprehensive Emergency Obstetric and Neonatal Care

CHC
Comprehensive Health Centre

DoCs
Direct Obstetric Complications

DR-TB
Drug-Resistant Tuberculosis

ER
Emergency Room

HRH
Herat Regional Hospital

HSC
Health Sub Centre

ICU
Intensive Care Unit

IPD
Inpatient Department

KMC
Kangaroo Mother Care

KTC
Kunduz Trauma Centre

KMH
Khost Maternity Hospital

MDR
Multidrug-resistant

MDROs
Multidrug-resistant organisms

MDR-TB
Multi Drug-Resistant Tuberculosis

MoPH
Ministry of Public Health

NICU
Neonatal Intensive Care Unit

OPD
Outpatient Department

PICU
Paediatric Intensive Care Unit

RDT
Rapid Diagnostic Test

SAM
Severe Acute Malnutrition

TB
Tuberculosis

MSF IN AFGHANISTAN

Number of staff in 2025

3,604

Expenditure in 2025

€69million

MSF first worked in the country

1980

BAMYAN

Partnership with the Ministry of Public Health (MoPH) and local health shuras

Supporting 8 health centres in providing primary healthcare and normal delivery services closer to remote rural populations

Supporting maternity waiting area with 4 bed capacity in Bamyan Provincial Hospital

HERAT

Partnership with the MoPH at Herat Regional Hospital

Supporting paediatric and nutrition services, including an Inpatient Therapeutic Feeding Centre (ITFC)

HELMAND

Partnership with the MoPH at the Boost Provincial Hospital in Lashkar Gah

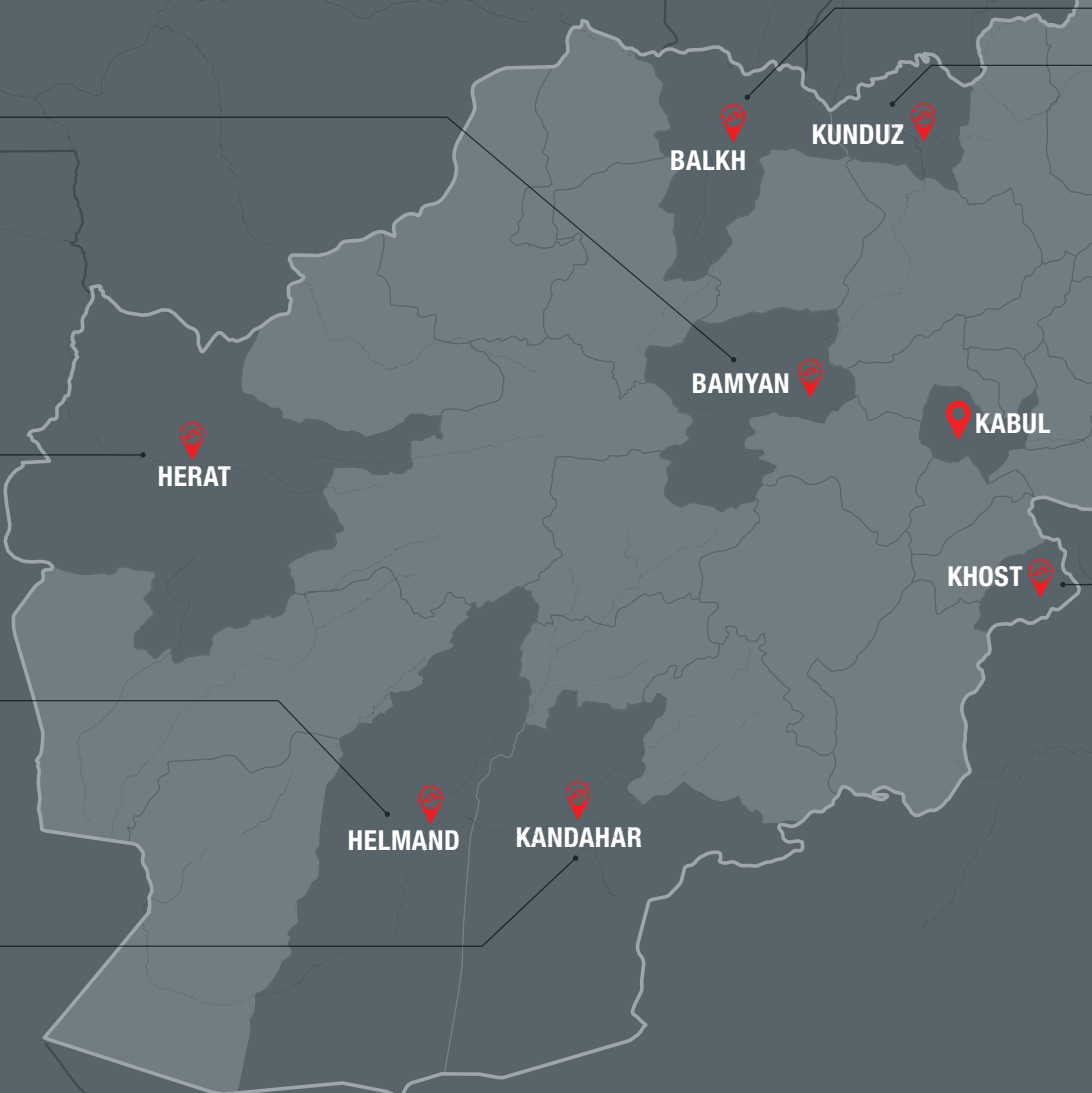
Providing emergency, inpatient, surgical, maternity, and paediatric services

KANDAHAR

Operating a hospital with a laboratory, an outpatient clinic, and inpatient department for drug-resistant tuberculosis (DR-TB) patients

Supporting the MoPH with drug-sensitive tuberculosis (DS-TB) activities, including trainings, supplies, and incentives

Operating a 40-bed ITFC and an Ambulatory Therapeutic Feeding Centre (ATFC), providing care for children affected by acute malnutrition



2025 IN FIGURES

417,395

Emergency Room
Consultations

151,822

Outpatient consultations

115,422

Inpatient admissions

53,971

Deliveries assisted

32,931

Intensive Care Unit
admissions

31,620

Measles patients treated

16,596

Surgical interventions

9,388

Inpatient Therapeutic Feeding
Centres admission

3,213

Caesarean sections
conducted

3,166

Children enrolled in Ambulatory
Therapeutic Feeding Centres

124

Drug-resistant tuberculosis
patients enrolled on
treatment

BALKH

Partnership with MoPH at
Abu Ali Sina Regional and
Teaching Hospital

Supporting paediatric
emergency department,
paediatric intensive care unit
(PICU), general paediatric
ward, neonatology unit and
measles ward

KUNDUZ

Operating a 79-bed trauma centre
Providing surgical, inpatient, and
emergency care

KUNAR

Responded to the magnitude
6 earthquake happened on 31
August 2025

Provided primary healthcare to
the affected populations in two
camps

KHOST

Operating the 100-bed Khost
Maternity Hospital

Providing Comprehensive
Emergency Obstetric and
Neonatal Care

Serving as a referral centre for
direct obstetric complications

 Coordination Office

 Projcets

Start of Activities
August 2023

KEY FIGURES IN 2025:

160,977

Patients triaged

56,505

Paediatric emergency room consultations

8,411

Neonatology admissions

6,317

Measles cases treated

6,180

Paediatric Intensive Care Unit admissions

1,787

General paediatric ward admissions (since November 2025)

MSF began medical activities at Abu Ali Sina Regional and Teaching Hospital in August 2023, in partnership with the MoPH, to help reduce paediatric and neonatal mortality in northern Afghanistan.

MSF's support initially focused on the paediatric emergency room (ER) and observation room for children up to 15 years old, where a triage system was established to ensure critically ill patients receive timely care. Upon arrival, all patients are assessed and classified according to clinical severity: red and yellow cases receive immediate medical attention, while green cases are referred to primary healthcare facilities.

In October 2023, MSF expanded its support to the neonatal ward and the neonatal intensive care unit (NICU) at Abu Ali Sina Regional and Teaching Hospital, providing specialised care for premature and critically ill newborns. This was followed by the initiation of support to the paediatric intensive care unit (PICU) in May 2024 and to the general paediatric ward in November 2025.

In January 2024, in response to a measles outbreak, MSF began supporting an 18-bed isolation unit, later expanded to 24 beds to meet increasing needs. The unit remained operational until end of October 2025, when the number of cases came down.

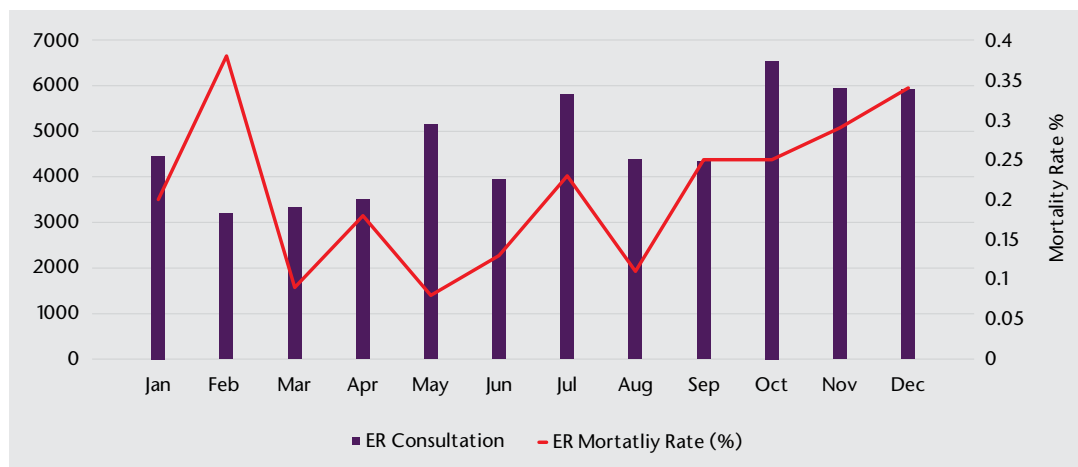
EMERGENCY ROOM

In 2025, a total of 160,977 patients were triaged, of whom 56,505 (35%) were classified as red or yellow, who then received consultations and medical care in the paediatric ER or were admitted to the hospital for further treatment, depending on their condition. Throughout the year, the paediatric ER has conducted 56,505 consultations – an average of 155 per day. Among those patients, 8,654 were treated and discharged directly from the ER; 18,163 were referred to the observation room; and 26,861 (74 per day) required hospital admission, while 2,198 left before completing care.

The primary morbidities observed in the ER were respiratory infections, which remained the leading diagnosis: upper respiratory tract infection (36%), lower respiratory tract infection (18%), and other respiratory system diseases (5%), followed by sepsis (18%) and diarrhoeal diseases (17%).

The overall mortality rate in the paediatric ER was about 0.2%, with the majority of deaths occurring within two hours of arrival. In addition, 386 children were declared dead on arrival, predominantly linked to delayed access to care.

Graph 1: Paediatric ER consultations and mortality rate of Abu Ali Sina Regional and Teaching Hospital in 2025





© Logan Turner/MSF

An MSF doctor reviews the medical records of three infants receiving care in the NICU at MSF-supported Abu Ali Sina Regional and Teaching Hospital in Balkh province.

NEONATOLOGY

In 2025, MSF continued supporting the neonatal ward and the NICU at Abu Ali Sina Regional and Teaching Hospital, providing care for premature and critically ill newborns. The neonatology unit has a total capacity of 154 beds.

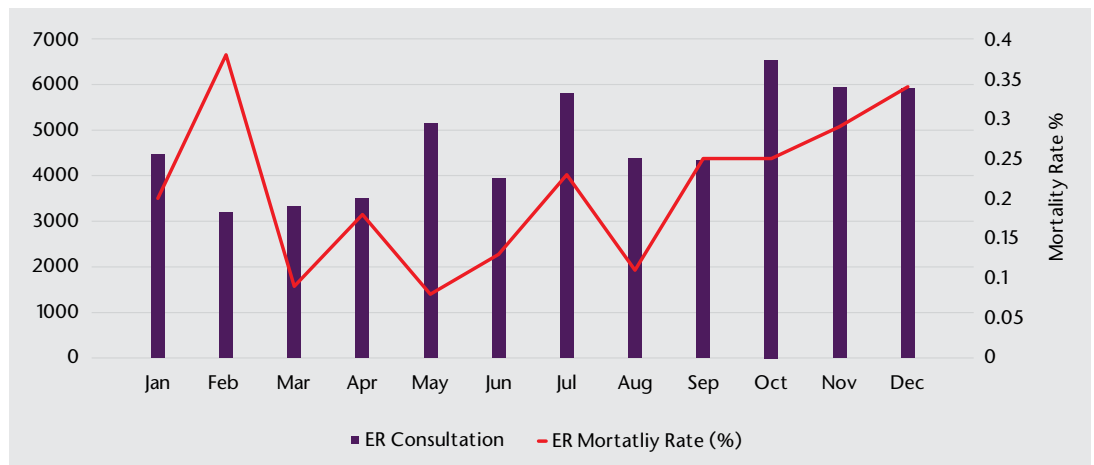
Throughout the year, the unit recorded 8,411 admissions – an average of 23 per day or 700 per month. Of these, 6,766 (80.4%) of neonates were admitted through the ER, while 1,645 (19.6%) were transferred from the maternity ward.

Prior to targeted interventions by MSF, the NICU operated with an average bed occupancy rate (BOR) of 151%, meaning two infants often sharing one bed during treatment. Following a series of measures implemented from November

2024 – including increased staffing and stricter admission and discharge criteria – the unit’s bed capacity was expanded to 154 beds, reducing the BOR to 110%.

The average mortality rate in neonatology unit was 14.2%, with the main causes of death being prematurity (37%), sepsis (33%), and perinatal asphyxia (17%). The average length of stay ranged from seven to eight days. The leading causes of admission were sepsis (64%), low birth weight (<2.5kg) or prematurity (13.3%) and perinatal asphyxia (13.1%).

Graph 2: Neonatology admissions and mortality rate of Abu Ali Sina Regional and Teaching Hospital in 2025



PAEDIATRIC INTENSIVE CARE UNIT

In 2025, a total of 6,180 children were admitted to the PICU – an average of 515 admissions per month. Of these, 5,001 (80.9%) were transferred from the ER, 897 (14.5%) from the general ward and ITFC, while 282 (4.6%) were re-admissions.

Throughout the year, the PICU recorded an average BOR of more than 160%, with an average length of stay of three days. The average mortality rate stood at 11.1%, primarily among patients with severe pneumonia, central nervous system infections—particularly meningitis and encephalitis—and complicated severe acute malnutrition.

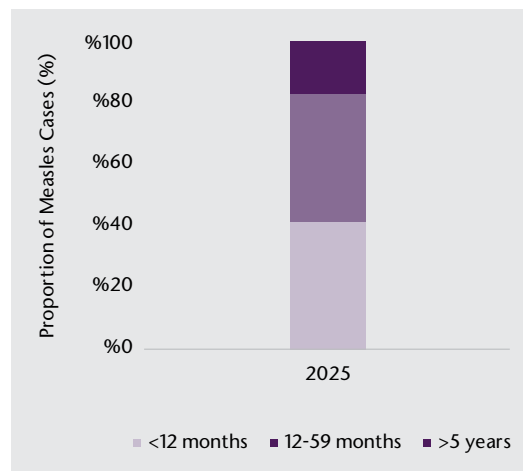
MEASLES ISOLATION WARD

From mid-December 2024 to early January 2025, Abu Ali Sina Regional and Teaching Hospital reported an increasing number of suspected measles cases. By the end of October 2025, a total of 6,317 measles cases had been reported, including 2,563 inpatient cases and 3,754 outpatient cases, representing a slight decrease when compared with 2024 which infants aged 12 months or below accounted for 40% of the cases. Throughout the period, 58 measles-related deaths were recorded, resulting in an overall case fatality rate of 0.9%.

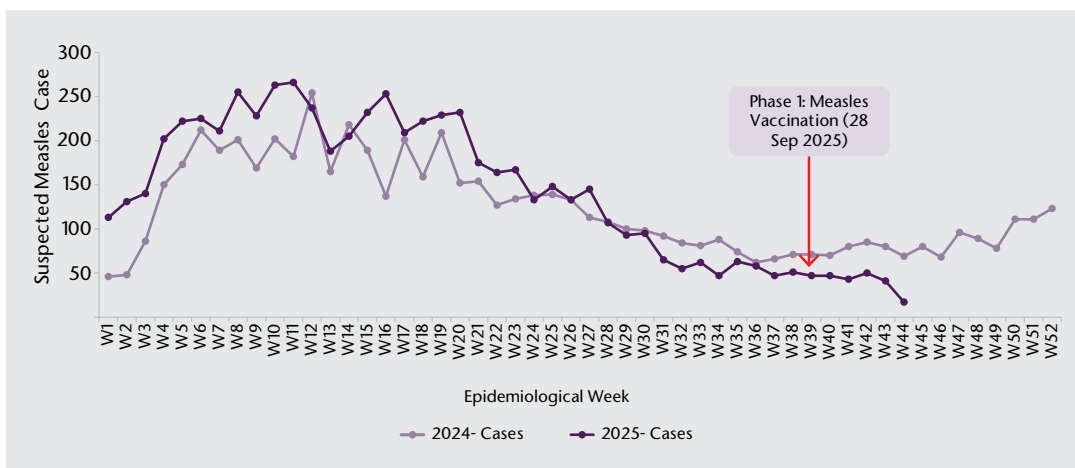
The peak of the measles outbreak occurred between February and March 2025, when the BOR exceeded 150%. From May onward, a gradual decline in cases was observed; however, measles remains endemic in Afghanistan.

In 2025, MSF saw patient overload in the pediatric ER and neonatology unit, despite the use of a triage system to prioritise the most severe cases. This situation has placed strain on resources and resulted in consistently high bed occupancy in the neonatal and PICU.

Graph 4: Age distribution of suspected measles cases received at Abu Ali Sina Regional and Teaching Hospital in 2025.



Graph 3: Weekly trend of suspected measles cases received at Abu Ali Sina Regional and Teaching in 2024 and 2025.



BAMYAN

Start of Activities
December 2022

KEY FIGURES IN 2025:

59,397

Outpatient consultations

5,017

Routine vaccine doses given

5,017

Gynaecological consultations

1,187

Antenatal consultations

315

Postnatal consultation

189

Deliveries assisted

Since December 2022, MSF has been running a community healthcare programme in Bamyan to provide healthcare services to underserved villages in the province, particularly in Saighan, Shibar, and Yakawalang (1) districts.

These communities were identified in collaboration with the MoPH and are located over 10 kilometres - or more than two hours walking distance - from the nearest health facilities.

MSF constructed and has supported eight health sub-centres (HSC): Baghalak, Dar-e-Ali, Band-e-Amir, and Sar-e-Tanook in Yakawalang (1); Amroot and Pusht-e-Waz in Saighan; and Baghak and Jalmish in Shibar districts. These centres provide mother and child health services, including antenatal and postnatal care, obstetric and gynaecological consultations, family planning, normal deliveries, and outpatient care for children and adults.

In 2025, MSF teams assisted 189 deliveries, conducted 5,017 gynaecological consultations

- including 1,187 antenatal and 315 postnatal consultations - and administered 5,017 doses of routine vaccines. Medical conditions requiring further care were referred to higher-level health facilities such as comprehensive health centres (CHCs), or district and provincial hospitals. In 2025, 42 mothers were referred for emergency obstetric care. Following the integration of immunisation services and the training of medical staff in 2025, nutrition component added to the health facilities services and all MSF supported health facilities have the capacity to treat severe acute malnutrition (SAM) cases.

Throughout the year, MSF continued to support human resources in the maternity waiting area of Bamyan Provincial Hospital, providing medical monitoring and timely access to healthcare for pregnant women with complicated or high-risk pregnancies living in remote areas. During this period, 287 women were admitted to the maternity waiting area. MSF teams provided 59,397 general consultations, with upper respiratory tract infections remaining among the most common conditions.



An MSF midwife provides antenatal consultation to a patient inside MSF-supported Band-e-Amir health facility in Yakawalang 1 district.

HELMAND

Start of Activities
August 2009

KEY FIGURES IN 2025:

223,758

Patients triaged in emergency room

207,124

Emergency room consultations

40,333

Postnatal care consultations

37,673

Patients admitted

31,977

Deliveries assisted

22,111

Antenatal care consultations

9,210

Surgical interventions

3,780

Malnourished children admitted to inpatient therapeutic feeding centre

Since 2009, MSF has collaborated with the MoPH to support Boost Provincial Hospital in Lashkar Gah, Helmand.

Serving as the primary referral hospital for Helmand and neighbouring provinces in southern Afghanistan, including Kandahar, Uruzgan, Farah and Nimroz, the facility has expanded significantly with MSF's support, growing from a 150-bed to a 340-bed hospital.

In 2025, the Hospital continued to provide essential medical services under immense pressure, recording over 207,124 consultations in the ER and 37,673 inpatient admissions. High-demand departments such as paediatrics, neonatology, maternity, and emergency care consistently operated at or beyond full capacity.

Overcrowding remains a critical challenge across the paediatric units, including NICU, PICU, general paediatric ward, and ITFC, as well as in the maternity department which managed an average of 90 deliveries per day.

EMERGENCY ROOM

In 2025, the ER triaged a total of 223,758 patients, averaging over 600 patients per day. Of these, 11,111 patients (5%) were classified as green cases and redirected to other health facilities, while 211,779 patients (95%) triaged as red, orange or yellow received treatment in the ER; 55% of these patients were children under

five, up from 46% in 2024. The high volume of emergency cases placed considerable strain on the paediatric and maternity units, reflecting limited access to quality primary healthcare at district level.

Upon arrival at the ER, patients are categorised as red, orange, yellow or green according to the severity of their condition, with red indicating the most critical and green the most stable cases. Green and yellow cases typically involve relatively minor conditions that could be treated at primary health facilities or district hospitals rather than at a provincial hospital.

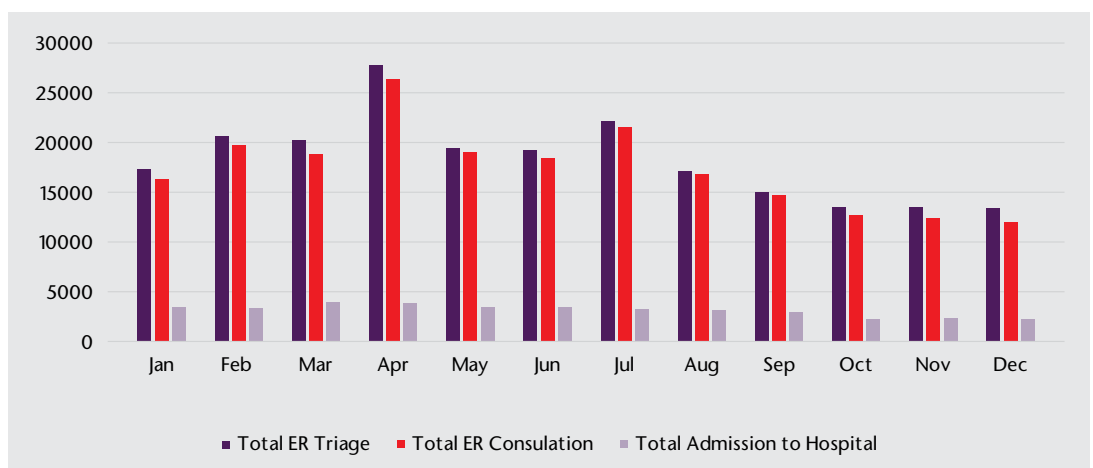
PAEDIATRIC SERVICES

In 2025, a total of 20,438 children were admitted to the paediatric department: 7,740 to the general paediatric ward, 3,780 to the ITFC, 3,697 to the PICU, and 5,221 to the NICU.

INPATIENT THERAPEUTIC FEEDING CENTRE

In 2025, MSF continued supporting the hospital's 37-bed ITFC, which frequently operated above capacity with beds often shared between two patients. The main complications among malnourished children includes acute watery diarrhoea (AWD), respiratory infections and sepsis. Infants under six months accounted for 24% of admissions. The stabilisation rate of ITFC was 88% during the year. Following stabilisation, patients are referred to ATFCs at other health facilities for continued care.

Graph 5: Number of patients triaged, admitted and consulted at the ER of Boost Provincial Hospital in 2025.



An MSF nurse checks the vital signs of a two-year-old boy at the general paediatric ward of MSF-supported Boost Provincial Hospital.



PAEDIATRIC INTENSIVE CARE UNIT

In 2025, MSF continued to support the 30-bed PICU, which consistently recorded BOR of 166–206%, requiring patients to share beds. Of the 3,697 children admitted, the stabilisation rate was 71.1%, with a mortality rate of 25.6%. The leading causes of mortality were respiratory failure (33%), multi-organ failure (25%) and sepsis (22%). Notably, 27% of PICU mortality occurred within the first 24 hours of admission, while 73% occurred after 24 hours.

NEONATAL INTENSIVE CARE UNIT

5,221 neonates were admitted to MSF-supported 53-bed NICU in 2025, 39% of whom were in-born and 61% were out-born. The BOR in the NICU ranged between 137 to 149%. Most neonates arrived critically ill after long travel distances. The primary morbidities were sepsis (40%), prematurity (26%) and birth asphyxia (17%). The mortality rate among neonates in the NICU was 15.7%, continuing a declining trend from 23.3% in 2023 and 19.7% in 2024.

MATERNITY SERVICES

During the year, MSF team has assisted a total of 31,977 deliveries (an average of 88 per day) in the hospital, marking a 17.5% increase from the 27,208 deliveries in 2024. Of these, 92.4% were normal spontaneous vaginal deliveries and 7.5% of deliveries were caesarean sections. Due to limited post-partum observation space, most women were discharged within six hours after delivery. During the year, 5,532 women were admitted for obstetric complications, including eclampsia, antepartum and postpartum haemorrhage, postpartum infections, and sepsis. Among these admissions, accounting for 31 (0.5%) maternal deaths were recorded. The average length of stay for admitted patients was 1.8 days.

SURGICAL DEPARTMENT, INTERNAL MEDICINE AND INTENSIVE CARE UNIT

To focus on supporting the maternal and child healthcare services at Boost Provincial Hospital, MSF handed over the 70-bed surgical department, 35-bed internal medicine department and 9-bed ICU to the MoPH starting in September 2025. MSF opened a new 6-bed maternity ICU dedicated to managing complicated maternal cases.

Prior to the handover, from January to August 2025, MSF team has conducted a total of 7,537 surgical interventions (an average of 31 surgical procedures per day): 72.2% urgent and 26% delayed semi-urgent. The most commonly procedures were appendectomy (23.54%), caesarean section (23.36%), burn dressings (8.24%), non-burn wound dressings (7.9%), and abscess drainage (7%). Additionally, 3,535 patients were admitted to the internal medicine department and general ICU.

ISOLATION WARD AND INFECTIOUS DISEASE SURVEILLANCE

In 2025, MSF continued supporting the 30-bed isolation ward, admitting 2,906 patients with various illnesses. The most common diagnoses were measles (86.3%), AWD (1.7%), tuberculosis (TB) (1.5%), and Crimean-Congo Haemorrhagic Fever (0.7%). During the year, a total of 14,382 suspected measles cases were reported, of which 2,725 required admission and 11,657 were managed as outpatients – representing a 198% increase compared to 2024.

HERAT

Start of Activities
2018

KEY FIGURES IN 2025:

473,934

Patients triaged

125,481

Patients seen in the paediatric emergency room

23,563

Admissions to the intensive care unit and stepdown

3,812

Children admitted to the inpatient therapeutic feeding centre

2,452

Measles admissions

Since 2018, MSF has collaborated with the MoPH to provide paediatric healthcare at Herat Regional Hospital (HRH) in Herat Province. In 2025, MSF continued to support the paediatric department, including triage, ER, ITFC, ATFC, PICU, intermediate care (stepdown) unit, and a dedicated measles isolation ward.

EMERGENCY ROOM

Compared to 2024, the paediatric ER consultations increased by 30% in 2025, while admissions from the ER to inpatient departments (IPD) - including the PICU, stepdown unit, and ITFC - decreased by 7%. In contrast, measles-related admissions increased by 31%.

In 2025, a total of 125,481 patients (an average of 348 per day) were presented in the ER, the majority with respiratory tract infections. Among them, 240 patients were declared dead on arrival or deceased shortly after presentation. From ER consultations, 3,704 children were admitted to the ITFC for severe acute malnutrition (SAM), with leading morbidities including respiratory tract infections, non-bloody diarrhoea, and sepsis.

ITFC

Delayed healthcare seeking resulted in increased mortality among children admitted to the ITFC, particularly in the presence of complex underlying conditions such as congenital heart disease and cerebral palsy. As a contributing factor, the proportion of children under six months is high (35.9%).

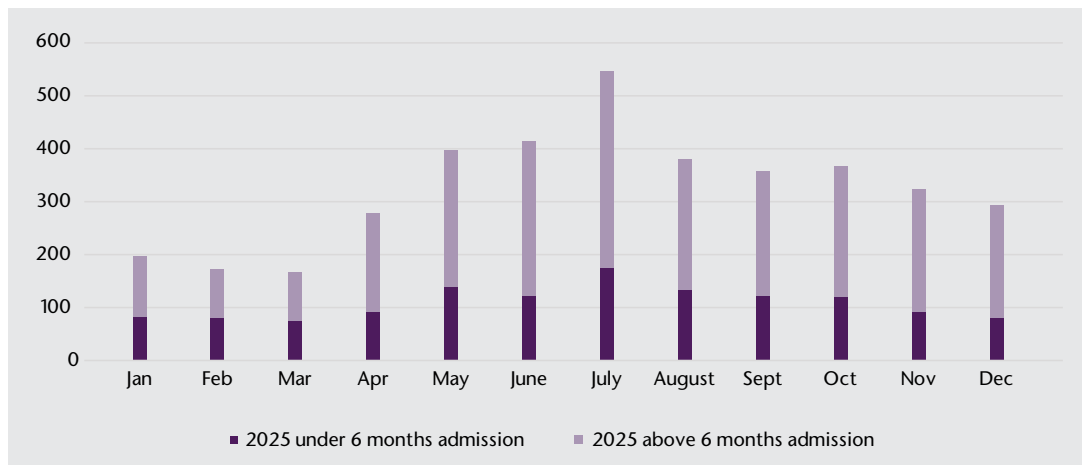
PICU AND STEPDOWN

In 2025, a total of 23,563 patients were admitted to the PICU and intermediate care (stepdown) units. The PICU experienced a marked increase in admissions in February and in June to July, largely driven by seasonal illnesses, particularly respiratory infections and diarrheal diseases respectively. The principal indications for PICU admission included acute respiratory failure, altered level of consciousness and haemodynamic instability or shock. Persistently high BORs of the units, averaging 128%, combined with a large proportion of patients under five years, continued to place significant strain on the units' capacity.

MEASLES ISOLATION WARD

In response to a measles surge started in January 2025, MSF rapidly expanded measles isolation capacity at HRH from 11 to 60 beds. During this period, 2,452 suspected measles cases required admission, while 8,470 cases were managed as outpatients. Among all cases, 39% involved children under 12 months. The mortality rate

Graph 6: Monthly distribution of patients admitted to the MSF-supported ITFC at Herat Regional Hospital in 2025.



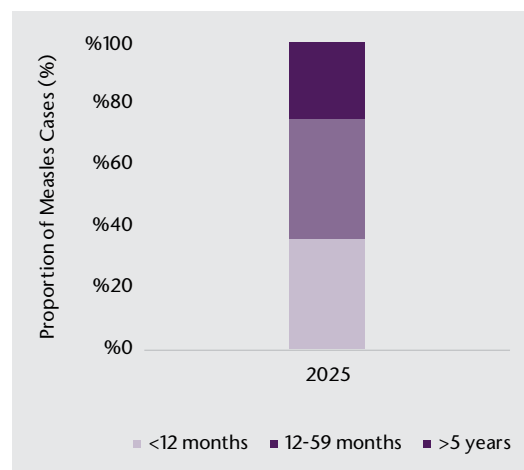


An MSF nurse checks the vital signs of a patient in the MSF-supported measles isolation ward at Herat Regional Hospital.

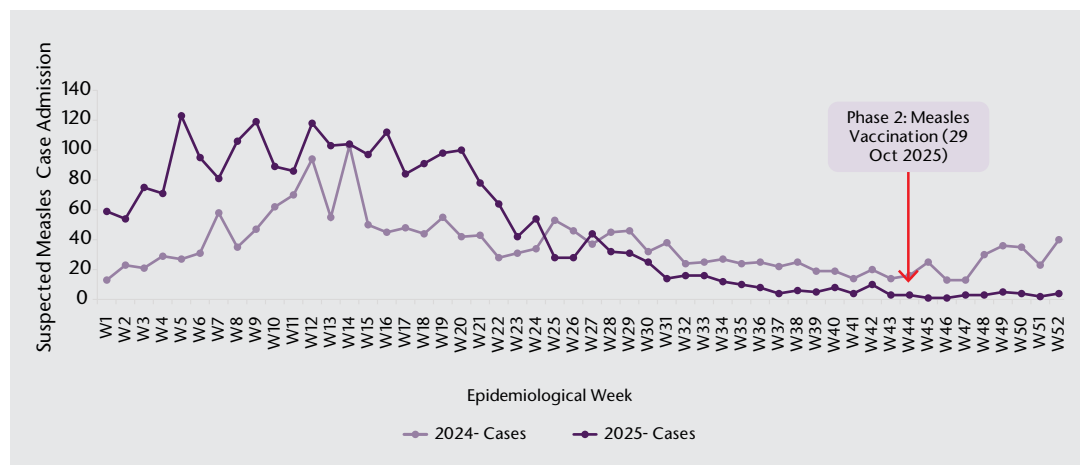
among admitted measles patients was 5.7%. In parallel, MSF continued to support catch-up measles vaccination at discharge to strengthen immunity coverage among paediatric patients.

MSF maintained support for the paediatric laboratory at the HRH, providing routine biochemistry and haematology services alongside a dedicated blood bank for the paediatric department. Psychostimulation activities for malnourished children in the ITFC, led by MSF's mental health team, continued throughout the year through group sessions and mother-and-child sessions designed to improve children's mental well-being and strengthen caretaker-child relationships.

Graph 8: Age distribution of suspected measles cases admitted to Herat Regional Hospital



Graph 7: Weekly trend of suspected measles cases admitted to Herat Regional Hospital in 2024 and 2025.



KANDAHAR

Start of Activities
2016

KEY FIGURES IN 2025:

57,077

Patients consulted for drug-sensitive tuberculosis

2,938

Malnourished patients enrolled to the ambulatory therapeutic feeding centre

2,619

Drug-sensitive tuberculosis patients diagnosed

1,796

Malnourished patients admitted to the inpatient therapeutic feeding centre

489

Drug-resistant tuberculosis patients completed treatment since start of project

124

Drug-resistant tuberculosis patients enrolled on treatment this year

Since 2016, MSF has been providing care for drug-resistant tuberculosis (DR-TB) patients in Kandahar Province.

MSF runs a dedicated DR-TB hospital with a laboratory, an outpatient clinic, and a 24-bed inpatient department for patients with comorbidities or treatment-related adverse effects. The facility serves as the main referral centre for DR-TB cases across Kandahar and southern Afghanistan.

In 2025, MSF provided consultations for 57,077 presumed TB patients (an average of 158 per day), diagnosing 2,619 with drug-sensitive tuberculosis (DS-TB). The hospital registered 126 new DR-TB cases, enrolling 124 patients in treatment. During the year, 57 patients completed DR-TB treatment: 47 cured, 8 died and 1 defaulted. Since the programme began in 2016, a total of 489 patients have either cured (7%) or have successfully completed DR-TB treatment courses (68%).

In 2023, MSF introduced a six-month oral treatment regimen for multidrug-resistant tuberculosis (MDR-TB) to reduce pill burden and treatment-related toxicity. In 2025, out of 67 patients who had enrolled in the 6-month regimen, 52 of them either completed the treatment or cured.

MALNUTRITION PROGRAMME

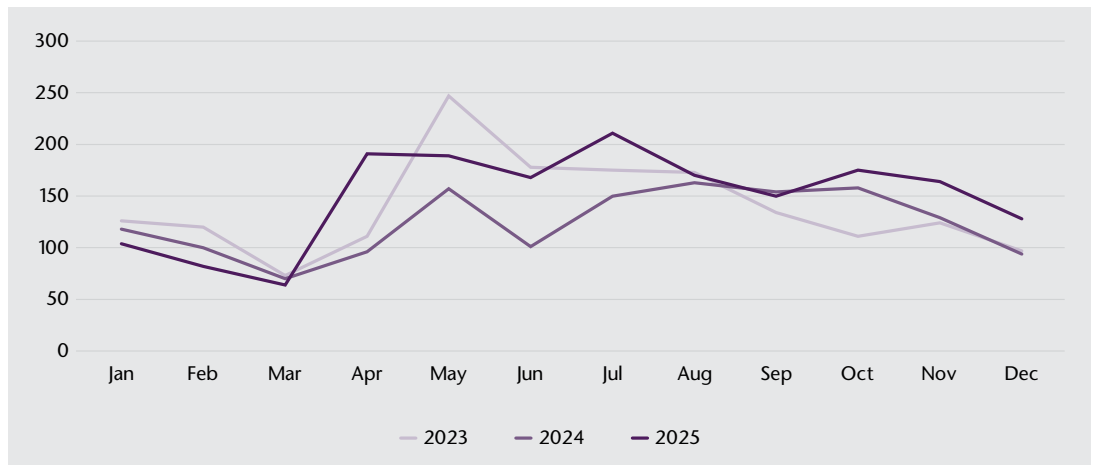
In 2022, MSF opened a 40-bed ITFC and an ATFC to address the high burden of malnutrition, providing treatment for SAM alongside routine vaccinations for children under five. In 2025, 5 additional beds of High Dependency Unit were added for patients in need and reduce referrals to MRH.

In 2025, 36,998 children were screened for malnutrition, with 16,432 diagnosed with SAM. Of these, 1,796 required inpatient care at the ITFC, while 2,938 were managed through outpatient services at the ATFC.



An MSF technician tests samples in the laboratory at MSF TB hospital in Kandahar, Afghanistan.

Graph 9: Yearly comparison of monthly distribution of children admitted to the ITFC during 2023 to 2025.



TB CULTURE LABORATORY

In late 2023, MSF established a TB culture laboratory at the Kandahar Regional Reference Laboratory. In 2025, the laboratory processed 1,260 samples, of which 100 tested positive. In late 2025, MSF began training the team on a new culture method, Thin Layer Agar, which allow faster culture results and enable drug sensitivity tests for bedaquiline. It is expected that the culture will start in January 2026.

MSF continued to support TB services at Mirwais Regional Hospital, Sarpoza Prison, and the Zabul TB Centre, and began supporting TB programme

in neighbouring Urozgan Province. In addition to training healthcare staff and providing community-based TB education, the programme integrates comprehensive psychosocial support, including mental health services, treatment adherence counselling, and the provision of a guesthouse for patients and caretakers travelling from remote areas. MSF conducts systematic household contact screening for TB patients to facilitate early case detection and reduce ongoing transmission.



©Noor Ahmad Saleem/MSF

An MSF nurse explains to a patient how to take her medication for drug-resistant TB patient at the MSF TB hospital in Kandahar, Afghanistan.

KHOST

Start of Activities
2012

KEY FIGURES IN 2025:

21,805

Deliveries assisted

4,577

Deliveries with complications

1,852

Neonatal admissions

795

Caesarean sections conducted

Afghanistan continues to have one of the highest maternal mortality rates in the world, with obstetric complications before, during, and after childbirth remaining a leading cause of maternal deaths.

In 2025, MSF teams assisted an average of 1,817 deliveries per month, a 23% increase from 2024, at MSF Khost Maternity Hospital, which has been providing Comprehensive Emergency Obstetric and Neonatal Care (CEmONC) since its opening in 2012. The majority of the deliveries involved direct obstetric complications (DoCs), including prolonged labour (34%), post-partum haemorrhage (22.5%) and ante-partum haemorrhage during the second half of pregnancy (16.9%). Of all deliveries supported at the KMH in 2025, 795 required caesarean sections. KMH continued to serve as the referral centre for DoCs across the province.

NEONATAL UNIT

During 2025, a total of 1,852 inborn newborns were admitted to the neonatal unit. The most common diagnoses included prematurity and low birth weight (25.5%), neonatal sepsis (17%), and birth asphyxia (15%). In addition, 255 mothers and their preterm or low-birth-weight infants were enrolled in the Kangaroo Mother Care (KMC) programme, which promotes skin-to-skin contact to improve neonatal outcomes.

ACUTE MALNUTRITION SCREENING AND VACCINATIONS

Throughout 2025, MSF continued screening pregnant and lactating women for acute malnutrition. Of the 24,824 women screened during the year, 16% were identified as acutely malnourished. Women diagnosed with malnutrition received supplementary, high-nutrient meals during their hospital stay and were subsequently referred to their nearest CHC for continued treatment and follow-up.

MSF teams also administered 69,222 doses of routine childhood vaccines. All patients were referred to the CHCs closest to their homes to ensure completion of follow-up vaccination schedules.

MSF-SUPPORTED COMPREHENSIVE HEALTHCARE CENTRES

To further decentralise maternity services, strengthen referral pathways, and reduce the workload on KMH, MSF supported eight CHCs located in Nader Shah Kot, Gurbuz, Tani, Lakan, Sabari, Terezai, Jaji Maydan, and Musa Khil districts, Khost province. MSF provided financial and technical support to healthcare staff, primarily midwives and cleaners, at these facilities. In 2025, MSF-supported CHCs assisted 8,549 deliveries and referred 1,256 women to KMH for higher-level care.



A neonatal nurse, checks the vital signs of a newborn baby in the neonatal intensive care unit (NICU) at the MSF maternity hospital in Khost province, Afghanistan.



Laila, 34, holds her baby in the NICU of the MSF Maternity Hospital in Khost. She is one of the tens of thousands of mothers who gave birth at the hospital in 2025.

MICROBIOLOGY LABORATORY

Established in May 2024, the microbiology laboratory at KMH was developed to enhance clinical care, especially for the neonatal unit, and to strengthen antimicrobial resistance (AMR) surveillance and response.

In 2025, the mini lab has processed 939 blood cultures for 776 patients. Out of these, multidrug-resistant organisms (MDROs) were

isolated in 22 cultures. The predominant MDROs isolated in 2025 were Extended spectrum beta lactamase producers Enterobacteriaceae, Carbapenem resistant Enterobacteriaceae and Methicillin resistant Staphylococcus aureus.

KUNDUZ

Start of Activities
2011

KEY FIGURES IN 2025:

28,285

Patients triaged at emergency room

14,558

Outpatient consultations

6,592

Surgical interventions

2,742

Inpatient admissions

480

Intensive care unit admissions

In 2025, Kunduz Trauma Centre (KTC) continued to receive trauma cases from Kunduz and surrounding provinces.

Over the year, triage services assessed 28,285 patients, of whom 78.5% were categorised as red or yellow cases and received immediate medical attention, while the remaining green cases were referred to primary healthcare facilities. Compared to 2024, the total number of patients triaged decreased by 13%, and the number of red and yellow cases decreased by 0.4%. Of the patients presenting to the ER, 11,784 (41.7%) were treated and discharged home, 2,138 (7.6%) required hospital admission, and 7,895 (0.3%) were referred to other health facilities for further management.

In 2025, a total of 6,592 surgical interventions were performed, an increase of 17% compared to the previous year. The most frequently performed procedures were extensive wound debridement, osteosynthesis or internal fixation, simple wound procedures, fracture reduction with external fixation and skin grafting.

The current KTC was opened in 2021, replacing the previous one which was destroyed by a US airstrike in 2015. It has now expanded to 79-bed capacity, providing comprehensive trauma care for patients presenting with major and minor injuries, including those from falls, road traffic accidents, gunshot wounds and unexploded ordnance.

ANTIMICROBIAL STEWARDSHIP AND MICROBIOLOGICAL SURVEILLANCE

Since 2023, MSF has implemented an antimicrobial stewardship programme at KTC to address the growing burden of antimicrobial resistance in the province. The programme aims to promote rational antibiotic use to optimize therapeutic effectiveness, minimize adverse effects, and limit the emergence and transmission of MDROs.

Throughout 2025, a total of 784 cultures were tested in the bacteriology lab for 365 patients. Out of 272 blood and urine cultures collected, 51 MDROs were isolated.



An MSF anaesthetist administers anaesthesia to a patient before cleaning his foot wounds in the operating theatre of the MSF trauma centre in Kunduz province.

KUNAR

Activity Period
Sep - Dec 2025

KEY FIGURES IN 2025:

16,413

Patients triaged

17,277

Outpatient consultations

704

Malaria Rapid Diagnostic Test

603

Ante-Natal Care consultations

165

Malaria Rapid Diagnostic Test positive

A magnitude 6 earthquake struck eastern Afghanistan on 31 August 2025, resulting in over 2,200 deaths and over 3,000 injured across four provinces, including Nangarhar and Kunar, where the epicentre was located.

In the day following the earthquake, MSF sent donations of medical supplies to three main hospitals in the affected area that were treating the injured. MSF teams were then deployed to conduct assessments in Jalalabad, Nangarhar province, and surrounding districts in Kunar province. Following the assessments, by mid-September, MSF began running a clinic in Patan camp in the Nurgal district of Kunar province, providing primary healthcare, including outpatient consultations, vaccinations,

antenatal and postnatal care, health promotion and individual mental health consultations. The response was extended to Ari Gamba camp near Shomash village in Kunar in mid-October.

Patan camp and Ari Gamba camp were among those that were established after the earthquake in Kunar, sheltered an estimated 8,000 people from the most severely affected villages in Kunar.

Between 10 September to mid-December, MSF team treated 15,825 patients at the clinic in Patan camp. The team also installed latrines, showers and handwashing points for earthquake-affected population. The MSF-supported clinic in Patan camp and Ari Gamba camp were handed over to Afghan Red Crescent Society Clinic and MoPH in December 2025 respectively.



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A nurse provides medicines to a patient in the Patan camp from inside the ambulance.

An MSF team stabilises a patient with a high fever and in generally bad condition before referring him to a hospital in Kunar.



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An MSF health promotor conducts a session on health awareness with mothers and care takers of newborns in the corridors at Abu Ali Sina Regional and Teaching Hospital in Mazar-i-Sharif.



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Interior view of 53-bed NICU at MSF-supported Boost Provincial Hospital, in Lashkar Gah, Helmand.

MSF team and neighbours from Patan Camp, a displacement camp for earthquake-affected population in Kunar, help set up the first tent, which serves as a consultation room for outpatient care.



MÉDECINS SANS FRONTIÈRES (MSF)

which translates to Doctors Without Borders, is an independent medical humanitarian organization that aims to deliver medical care where it is needed most. MSF works in more than 75 countries around the world and provides neutral and impartial medical and humanitarian assistance to individuals regardless of race, religion, gender, or political affiliation. To maintain its independence, MSF does not accept funding from any government or international agency for its programmes in Afghanistan. Instead, it relies solely on private donations from around the world to support and carry out its work.

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A mother with her 45-day-old baby visits the MSF-supported subhealth centre in Dar-e-Ali in Yakawalang district in Bamyan province, for routine vaccinations.

