



How Frontline Workers are Shaping the Response to Public Health Emergencies in Afghanistan?

By Mr. Shoaib Naeemi, Technical Officer, EMPHNET's Afghanistan Office

When disaster or an emergency strikes Afghanistan, the voices of frontline public health professionals are the first to be heard. Complex emergencies in Afghanistan, when they unfold, could expose the depth of health challenges. The widespread outbreaks of infectious diseases such as measles, acute respiratory infection, Acute Watery Diarrhea (AWD) with cholera suspicion, endemicity of polio virus, recurring floods, earthquakes, hunger, climate change, and limited workforce capacity are aspects of this worrying emergency.

Frontline public health professionals play pivotal and detrimental role during emergency response, through providing needed care for affected people, engaging with communities, and coordinating relief endeavors. They are shouldering the dual burden of delivering immediate and life-saving care while exploring the circumstances and immense community needs, considering the resource-scarce context of Afghanistan. This narrative echoes the voices of frontline public health professionals during two sets of emergencies in Afghanistan, and how they are shaping the response efforts beyond care provision.

Infectious Diseases Outbreaks

One of the main aspects of working as a frontline public health professional is to investigate and respond to outbreaks of infectious diseases. The already fragile health system in Afghanistan is facing a surge in outbreaks of AWD, Acute Respiratory Tract Infection (ARI), and measles, alongside the emergence of dengue fever, Crimean-Congo Hemorrhagic Fever (CCHF), and the continued burden of malaria.

Since early July of this year, AWD outbreaks have been reported in the central region of Afghanistan at a concerning level. Mr. Wahidullah Rawofi, Field Epidemiology Training

Program (FETP) alumnus, surveillance coordinator of this region, tasked with investigating and responding to this widespread outbreak, believes their work extends beyond disease control. "During outbreak investigation, particularly with the AWD, we are not tasked only with investigating the outbreak but to coordinate with health personnel, engage with communities, communicate with authorities, and advocate to address the priorities." He believes frontline public health professionals are "the first responders and last leavers."

On the other hand, the geographical landscape of Afghanistan, along with the lack of available trained female healthcare workers, is a threatening challenge during outbreak investigations and responses. Mr. Ghulam Abbas Popalzay, Surveillance Officer of Samangan, a northern province of Afghanistan, says: "In some affected areas, transport is not possible at all, and we had to walk or use animals to reach. Another serious challenge was the lack of female health staff, which made it difficult to communicate with women in the community and limited our ability to collect complete information."

While challenges and risks during emergencies are diverse, frontline public health professionals are directly in contact with the communities. Mr. Abdul Saboor Dost, surveillance officer of Kabul, capital of Afghanistan. believes efficient outbreak response requires committed engagement and cooperation of the communities. "During outbreak investigations we carry out health education sessions, Social Behavior Change (SBC) interventions and other social mobilization activities. Communities have mostly been active and participatory, while in some areas, we lack the required engagement. This roughly translates to challenged investigation and response."

Beyond investigation and responding

to outbreaks, frontline public health professionals are playing a central role during natural disaster response efforts and other emergencies.

Natural Disasters and Emergencies

More than three decades of conflicts, environmental degradation, geographical landscape, infrastructural challenges such as housing structures, and overlooked risk-reduction strategies made Afghanistan prone to natural disasters and emergencies. Earthquakes, flashfloods, heavy snowfalls, and avalanches affect nearly 200,000 people on average each year. Afghan frontline public health professionals are collaboratively working with other sectors to ensure appropriate care provision during these disasters, while facilitating need assessment, community engagement and relief efforts coordination.

During midnight of August 31st, 2025,

an earthquake with a magnitude of 6.0 degrees violently shook the eastern region of Afghanistan, claiming more than 2,200 people and affecting more than 20,000 people. Mr. Fazil Rabi Ishaqzai, FETP alumnus and first responder as an Afghan Red Crescent Society member, states that his role is mentally, physically, and technically challenging. "When earthquakes or other natural disasters occur, the multilayered challenges arise, which require assessment and action. The impacts are extended beyond physical trauma, and affected people are experiencing waves of anxiety and depression, which makes our job extremely challenging. The remoteness of affected areas, exacerbated by landslides, is also concerning. We have to walk between valleys and mountains for more than 3 hours to reach those areas and provide services. What we are providing is an immediate response, while long-term planning and risk mitigation strategies would

enhance the efficiency of response by frontline health professionals."

Similarly, Herat province, located in the western region of Afghanistan, experienced a destructive earthquake on October 7, 2023, which resulted in nearly 1,500 fatalities, affecting more than 43,000 people. Dr. Mohammad Asif Kabir, the Emergency Operation Center (EOC) manager for the west region of Afghanistan was among the few public health professionals who played both frontline and managerial roles, describes that looking at the emergency events through the lens of a frontline worker would efficiently help the response efforts. He states: "While the emergency was devastating, we conducted a risk assessment firsthand to prioritize the needs and inform the stakeholders. What really helped us during this emergency response was viewing the disaster through the eye of a frontline public health professional in coordinating efficiently with the implementing NGOs. Furthermore, through elaborative risk assessment, we were able to operationalize and improve the public and private sector collaboration in cases of transport and admission. Frontline public health professionals were working on night and day shifts in mobile health team structures, providing health services under tents and health facilities."

From outbreaks to earthquakes, the voices of Afghanistan's frontline health professionals reveal a reality of courage, adaptability, and persistence. Their insights remind us that effective emergency response depends not only on resources and systems, but on the individuals who stand at the community's side in its most vulnerable moments. Supporting and listening to these frontline professionals is essential for building a stronger, more resilient health system.



EMERGENCY BULLETIN | AUGUST 2025

Empowering Yemen's Frontline: FETP's Role in Public Health Emergencies

By Dr. Khaled Abdallah, Yemen FETP Resident



Public health emergencies pose a significant challenge in Yemen, particularly in the context of ongoing conflicts and humanitarian crises. The Field Epidemiology Training Program (FETP) plays a vital role in enhancing local capacities for responding to public health emergencies by training health professionals in epidemiology and rapid response. The feature explores the role of FETP for strengthening public health emergency response in Yemen.

Why FETP Matters?

FETP is a specialized training program designed to enhance

and rapid response. By equipping health professionals with the essential skills to address public health emergencies, FETP plays a crucial role in improving emergency preparedness and response. During the training period, residents applied epidemiological skills in complex emergency settings, contributing to outbreak investigations and strengthening surveillance systems. Fieldwork also provided practical experience in addressing health challenges in conflict-affected and humanitarian crisis contexts, enhancing public health emergency response capabilities.

local capacities in epidemiology

FETP Amid Challenges and Opportunities

FETP in Yemen faces significant challenges, including limited resources and weak health infrastructure. Conflicts and humanitarian crises further complicate fieldwork and limit the program's ability to provide necessary health services. Despite the challenges, FETP serves as a catalyst for strengthening the skills and expertise of health professionals, enabling more effective responses to public health emergencies. Expanding and sustaining the program can lead to long-term improvements in Yemen's health system resilience and community health outcomes.

Updates from the International Academy of Public Health (IAPH)

Check out IAPH's updated profile! It highlights everything you need to know about the academy in an easy-to-read format.

Check Out Now!





On the Frontlines of Pakistan's Flood Crisis: How Rapid Response **Teams Protect Communities from Outbreaks and Emergencies**

By Dr. Muhammad Saleem, KPK RRT Lead; and Dr. Mussawir Manzoor KPK Deployment and Readiness Coordinator

monsoon rains struck Khyber that caused widespread devastation. Villages in Buner and Shangla districts—already vulnerable due to fragile terrain, limited infrastructure, and existing hardships—were among the hardest hit. The National Disaster Management Authority (NDMA) reported 479 lives lost, including 84 children and 61 women, while more than 2,000 people sustained injuries. Provincial figures indicated that nearly 150,000 residents in Buner and 60,000 in Shangla, almost half of them women and children, were directly affected.

Amid this unfolding crisis, the Provincial Rapid Response Teams (RRTs) became the backbone of the health response. Their role went became the link between disasterhit communities and an organized. life-saving system of public health preparedness.

From the onset, the Provincial Public impact.

In August 2025, unprecedented Health Emergency Operations Centre The RRTs played an important role (PHEOC) was activated, and an Pakhtunkhwa (KP), Pakistan, urgent RRT management meeting out targeted actions that reduced triggering flash floods and landslides was convened. A Deployment the risk of disease outbreaks and Coordinator was appointed to supported affected communities. mobilize both core and surge teams, pulling together expertise from multiple sectors. The team included epidemiologists, primary health physicians, laboratory technicians, mental health and psychosocial support specialists, data managers, and field officers. They worked alongside Rescue 1122 and the Provincial Disaster Management Authority (PDMA) to form a united front against the growing threats.

> field, visiting communities to assess urgent needs. They identified alarming gaps in water, sanitation, and hygiene (WASH) services. as well as in laboratory capacity. time, data-sharing protocols were initiated to improve logistics and supply distribution, though technical and procedural hurdles slowed their

by planning, monitoring, and carrying Yet, their efforts were not without obstacles. compliance with standard operating procedures by some actors created delays, financial gaps left critical supplies and transport underfunded, and coordination across multiple stakeholders often proved challenging. Inadequate data management further hindered realtime tracking of services and timely delivery of laboratory and WASH interventions.

The RRTs quickly moved into the In conclusion, the story of these teams is a reminder that effective disaster response is not just about saving lives in the moment; it is about building resilience against the crises that come next. In Pakistan. far beyond immediate relief; they critical for preventing outbreaks in RRTs continue to prove themselves the aftermath of floods. At the same as an essential force in protecting communities, strengthening public health systems, and ensuring that when emergencies strike, no one is left behind.

EMERGENCY BULLETIN | AUGUST 2025

In Numbers

In our turbulent world, crises have become a constant reality for communities across the EMR and beyond. These crises, ranging from natural disasters to man-made emergencies driven by war and conflict, take a significant toll on healthcare systems and the health of populations. This section provides an overview of alarming statistics:

Gaza



65,062+

people have been killed, as of September 18, 2025



165,697

people have been injured, as of September 18, 2025



2,504

fatalities and 18,381+ injuries have occurred among people trying to access food supplies since May 27, 2025



> 543

aid workers have been killed in Gaza, as of September 18, 2025



1106

suspected meningitis cases were reported since May 2025



28,000

cases of acute malnutrition among children under five have been identified by Nutrition Cluster partners across Gaza in July and August, exceeding the combined total of malnutrition cases identified in the first six months of 2025

Sudan



30.4 million

people are in need of humanitarian assistance, as of August 31, 2025



9+ million

people have been displaced



102,900

cholera cases and 2,500 deaths have been reported since July 2024



50%

of hospitals are partially functional, as of September 10, 2025. (18 out of 36)



39%

of primary health care centers remain functional, as of September 10, 2025



432

malnutrition-related deaths were documented, as of September 18, 2025



793

attacks on healthcare were recorded, as of September 11, 2025



11,877

children between six and 59 months were identified with acute malnutrition in July, out of 136,000 screened based on available data as of 6 August, marking the highest monthly figure recorded to date



24.6 million

people face high levels of acute food insecurity (IPC 3+) between December 2024 and May 2025



637,000

people face catastrophic food insecurity (IPC 5)



<25%

of health facilities are functioning in the worst-affected areas

Pakistan

Since late June, heavy monsoon rains and flash floods have been affecting Pakistan, displacing thousands of people and destroying homes and crops, with more severe weather expected in the coming weeks.



946+

people have lost their lives



5.8+ million

people have been affected



8,217+

houses have been destroyed or damaged



1,329

confirmed dengue fever cases have been reported across Khyber Pakhtunkhwa (KP)



100+

people have been injured



2.5 million

people were evacuated, with 97,000 seeking refuge in 1,626 evacuation centers established by provincial authorities



6,508

livestock have been lost



670

kilometers of roads and 239 bridges have been damaged across the country

Afghanistan

On 31 August 2025, an earthquake with a magnitude of 6.0 struck eastern Afghanistan, near the border with Pakistan.



2,205

people have lost their lives



498,130

people are in need of humanitarian



6782

homes have been destroyed.



181

confirmed cases of malaria were reported



3,640

people have been injured



2

health facilities were partially damaged, and 1 was fully damaged



2,156

cases of acute respiratory infections (ARI) were reported

References

- https://www.ochaopt.org/content/humanitarian-situation-update-323-gaza-strip
- www.emro.who.int/images/stories/palestine/Sitrep_64.pdf
- https://www.unocha.org/publications/report/sudan/key-facts-and-figures-sudan-crisis-31-august-2025
- https://reliefweb.int/report/pakistan/pakistan-flooding-re-
- sponse-situation-report-3-september-17-2025
- https://reliefweb.int/report/pakistan/pakistan-monsoon-floods-2025-flash-update-9-16-september-2025
- https://reliefweb.int/report/afghanistan/afghanistan-earthquake-who-situation-report-no-11-18-september-2025

EMERGENCY BULLETIN | AUGUST 2025