

Assessing the Public Health Impact of Afghan Refugee Repatriation from Pakistan on Malaria Risk in Afghanistan

Naimullah Safi¹, Abdur Rahman Shirindil²

¹WHO-Afghanistan

²National Malaria & other Vector Borne Disease Program (MVDP)

Date: 11/01/2024

Abstract: This article delves into the complex public health challenges arising from the large-scale repatriation of Afghan refugees from Pakistan back to Afghanistan. Focusing on the period post-November 2021, it examines the heightened risk of malaria and other vector-borne diseases among the returning population. The influx of over 471,500 individuals, predominantly through the Torkham and Spin Boldak ground crossings, has introduced significant health concerns in border areas already burdened with diseases like malaria and dengue. The article presents detailed technical findings from field assessments conducted by the World Health Organization WHO and the National Malaria and Vector Borne Diseases Program MVDP. These assessments reveal an alarming rate of malaria cases among returnees, particularly in temporary camps situated in high-risk malaria zones. The article concludes with strategic recommendations to mitigate these health risks, emphasizing the need for targeted public health interventions, enhanced surveillance, and preparedness to manage potential outbreaks, underscoring the urgency of coordinated response in face of this looming public health crisis.

Keywords: Afghan Refugee Repatriation, Malaria Risk Assessment, Vector-Borne Diseases, Public Health Interventions, WHO and MVDP Field Assessments

1. Brief Background

Pakistan was hosting more than three million Afghan refugees for a long time (Library, 8 December 2023). Most of the Afghan refugees fled the country during the 1979-1989 Soviet occupation (UNHCR, Afghan refugees in Pakistan during the 1980s: Cold War politics and registration practice, June 2008). In addition, more than half a million people fled Afghanistan when the Taliban seized power in August 2021 (Barlas, 2022) (aa.com.tr/asia-pacific, 13.09.2023).

In October 2023, the Government of Pakistan announced its plan for the repatriation of illegal foreigners, mainly Afghan refugees. They set 1st November as the last deadline for the "voluntary return" of all undocumented Afghans in Pakistan (UNHCR, PAKISTAN-AFGHANISTAN Returns emergency response, 10 November 2023).

An influx of Afghan returnees from Pakistan started in September 2023. From September 2023 up to 24 December 2023, a total of 471,500 returnees have arrived at Afghan border crossings, primarily Torkham ground crossing point of entry (PoE) in Nangarhar with 304,500 and Spin Boldak ground crossing PoE in Kandahar with 159,700. Around 48% of returnees are women and 62% are children and adolescents, with 24% under five years of age (Afghanistan, 2023).

Majority of the returnees pass through the Torkham border in Nangarhar Province and the Spin Boldak border in Kandahar Province, although, other crossing points are also opened in Khost, Paktia and Paktika provinces to accommodate the re-entry of large populations (UNHCR, Return Emergency Response, 4 January 2024).

The sudden influx of more returnees and related factors has significant public health concerns- mainly the risk of outbreaks of disease including vector-borne diseases like malaria and dengue (WHO, WHO: Afghan Returnee Response Plan, November 2023) at the Points of Entry and at the areas where the returnees will be residing, since the returnees are coming from high-risk areas of Pakistan. Pakistan is a highly endemic country for malaria and other vector borne diseases like dengue, leishmaniasis, etc (Fatima, et al., 2023) (Shiraz Jamal Khan, 2005) (Fatima Z., 2020). In addition, most of the returnees were settled in a poor living condition and were highly vulnerable for the vector borne diseases (WHO, WHO: Afghan Returnee Response Plan, November 2023). The disease trends report already indicates increasing cases of malaria and Dengue in bordering areas. Kandahar and Nangarhar are areas with a known high prevalence of falciparum malaria (WHO, WHO: Afghan Returnee Response Plan, November 2023).

WHO supported the National Malaria and other Vector Borne Diseases Program (MVDP) and jointly visited the entry points of returnees and the areas where the returnees are initially settled, as well as some health facilities in Nangarhar and Kandahar to assess the increased risk of malaria and other vector borne diseases, with the income of returnees.

Field-level review and assessment in Nangarhar and Kandahar:

WHO and MVDP jointly visited the camps that are prepared for returnees, the available health facilities at the camps, and the points of entry in Torkham of Nangarhar and Spin Boldak of Kandahar to review the number of returnees coming to the country; and assess the number of malaria and

other VBD cases detected among them. In addition, they visited the regional and infectious diseases hospitals in mentioned provinces to assess the available capacities for management of malaria especially severe malaria cases considering the possible increase of cases in next transmission season due to returnees.

They also had meetings with the Provincial Health Department (PHD), the PHO team, and relevant partners to discuss with them the possible risk of malaria and other vector-borne diseases in the next transmission season to be prepared for responding to any critical situation. The PHD and PHO team also requested the MVDP and WHO to support them with the preparation of needed tools and materials to enable them to respond to case increases or outbreaks efficiently.

2. Technical Findings

- 1) In visiting the points of entry in both provinces, it was found that still hundreds of people return from Pakistan through these points of entry, although, the massive influx has been reduced compared to the first weeks after the announcement of repatriation (UNHCR, Return Emergency Response, 4 January 2024). The reduction of the influx of returnees to the country could be due to the preparation of Pakistan's government for starting the second phase of forceful repatriation of Afghan refugees.
- 2) The Afghan government has prepared camps for returnees in the bordering areas in both provinces. The camps are temporary shelters for keeping the returnees for some days until arranging transportation to send them to their intended destinations. Most returnees were from Nangarhar province followed by Kandahar, Kunar, Kunduz, Kabul, and Laghman provinces, and have returned to their relevant provinces/ districts (WHO, Afghanistan Returnees Response, 16 November 2023). Some of the families who do not have places of residence in their relevant provinces will remain for a longer period in the camps.
- 3) There are 2-3 healthcare centers/ health facilities in points of entry and 3-5 centers in the camps at Spin Boldak and Torkham to provide healthcare services for the returnees. The healthcare centers in points of entry and in the camps, which are crossing and temporary areas for returnees, had recorded cases of malaria among the returnees. The healthcare centers in the entry point and returnees camp in Torkham-Nangarhar recorded a higher number of malaria cases, 3-5 cases/day.
- 4) Detection of malaria cases among the crossing and short-staying populations, especially in this season of the year that is not suitable for malaria transmission, is a sign of higher infection rates among mentioned populations that can significantly increase the risk of malaria in the community.
- 5) The risk of malaria will be much higher in the returnees' camps in both provinces (Nangarhar and Kandahar), as the camps are in malaria-high-risk areas. In addition, the availability of infection among returnees and transportation of the additional vectors from the other side of the border will contribute to the increase in the

risk of malaria transmission in the areas. The population of returnees that will remain for a long time in the camps due to any reason and the population living in villages located close to the camps will be at higher risk of malaria in the next transmission season.

- 6) The returnees that are moving forward from the camps to different provinces and districts would be divided into two categories- first those who will reside in malaria high-risk provinces, and second, those who will reside in malaria low-risk provinces. The first category will contribute to increasing the risk of malaria and they themselves will also be under higher risk of malaria, as they do not have any preventive tool to protect them against malaria transmission. The second category will take the risk of malaria transmission to the areas that have a low risk of malaria, especially those areas that were previously high risk and have malaria vectors existing there, so the areas will become prone to malaria outbreaks in the next transmission season(s).
- 7) The hospital and other health facilities in Nangarhar, Kandahar, and other provinces that will receive the returnees are prepared to respond to a normal situation, while it is expected that the risk of malaria will increase and an increased number of malaria cases including severe cases could be detected by the health facilities and hospitals in the next transmission season.

3. Technical Recommendations

- 1) The portion of returnees that will reside in the camps or other types of improper housing in bordering areas or/ and in some other provinces due to any reason will be exposed to vulnerable living conditions and at higher risk of malaria, therefore, it is needed to consider appropriate public health interventions including vector control i.e. bed net distribution to them to prevent malaria transmission and risk of the outbreak among them. To specify such populations, a review and assessment of such living settlements must be conducted before the next transmission season to specify the availability of such settlements and the estimated population that will be living there. All such populations must be considered for appropriate malaria control interventions including VC through bed nets.
- 2) The returnees that are distributed to different areas in the malaria high-risk provinces will be at higher risk of malaria, as they do not have any malaria preventive tools like bed nets to protect them against malaria transmission. If resources are available, they can be found through the relevant health centers and community health workers and target them for malaria control interventions, especially for vector control with the distribution of bed nets. If resources are not available, at least, the population of such returnees must be considered on top of the population of relevant high-risk areas for the malaria control intervention, especially the VC with bed nets distribution in the next planned phase.
- 3) The distribution of returnees in different areas, especially in malaria low-risk provinces, will increase the risk of malaria outbreaks in the mentioned areas, therefore, the provincial malaria team and relevant surveillance system must be enhanced to be vigilant to

timely detect the malaria cases and its outbreaks, especially in low-risk areas. The capacity of healthcare providers in low-risk areas on malaria diagnosis and management will be a challenge and will need more focus to ensure the cases are timely diagnosed and effectively managed.

- 4) An emergency stock to have enough needed materials including malaria medicine, diagnostics, and preventive tools like bed nets/ insecticide for IRS, etc. must be available at the national, regional, and if feasible at provincial level to provide an appropriate response and control the malaria outbreaks, if occurred.
- 5) Regular monitoring of the malaria trends and malaria control programs should be conducted at all levels to detect challenging conditions and prepare the system for an efficient response to control malaria in the country.

4. Conclusion

The repatriation of Afghan refugees from Pakistan poses a significant public health challenge, particularly in the context of malaria and vector-borne diseases. This situation demands urgent and coordinated responses from both national and international health agencies. The technical findings of the WHO and MVDP highlight the critical need for targeted health interventions, especially in high-risk areas. These should include the distribution of bed nets, enhanced surveillance, and capacity building of healthcare providers. Furthermore, an emergency stock of malaria medicine and diagnostic tools is essential to manage potential outbreaks effectively. This scenario underscores the importance of robust public health strategies in managing the consequences of large-scale human movements, particularly in regions prone to infectious diseases. Such proactive approaches are crucial in safeguarding the health of both the returnee population and the communities they rejoin, thereby contributing to the broader goal of global health security.

References

- [1] aa.com.tr/asia-pacific. (13.09.2023). *Over 600,000 Afghans came to Pakistan since Taliban takeover*. Islamabad: AA-Asia Pacific.
- [2] Afghanistan, W. (2023, December 21). *AFGHANISTAN Returnees Response Health Situation Report No. 6*. pp. 1-6.
- [3] Barlas, A. W. (2022, August). *Population Movements in Afghanistan: A Historical Overview, Migration Trends under the Taliban Regime, and Future Outlooks*. MPRA (Munich Personal RePEc Archive), 12.
- [4] Fatima, T. M., Habib, A. M., Khan, A. M., Riaz, R. M., ul Haq, M. Z., & Raufi, N. M. (2023, December 4). Mosquito-borne diseases in Pakistan: challenges, strategies, and future prospects. *International Journal of Surgery Global Health*, 6.
- [5] Fatima, Z. (2020, December). Vector-Borne infections in Pakistan do not come alone. *International Journal of Infectious Diseases*, 262. Retrieved from [https://www.ijidonline.com/article/S1201-9712\(20\)32440-1/fulltext](https://www.ijidonline.com/article/S1201-9712(20)32440-1/fulltext)

- [6] Library, H. o. (8 December 2023). *Expulsion of Afghans from Pakistan and Iran*. UK: House of Commons Library. Retrieved from <https://researchbriefings.files.parliament.uk/documents/CBP-9905/CBP-9905.pdf>
- [7] Shiraz Jamal Khan, S. M. (2005). Cutaneous leishmaniasis in Pakistan. *PubMed*, 4.
- [8] UNHCR. (10 November 2023). *PAKISTAN-AFGHANISTAN Returns emergency response*. reliefweb.
- [9] UNHCR. (4 January 2024). *Returns Emergency Response*. UNHCR.
- [10] UNHCR. (June 2008). *Afghan refugees in Pakistan during the 1980s: Cold War politics and registration practice*. Geneva, Switzerland: United Nations High Commissioner for Refugees. Retrieved from United Nations High Commissioner for Refugees
- [11] WHO. (16 November 2023). *Afghanistan Returnees Response*. WHO.
- [12] WHO. (November 2023). *WHO: Afghan Returnee Response Plan*. reliefweb.