

Optimising epilepsy care through the Afghan refugee crisis

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The takeover of Afghanistan by the Taliban in August 2021 and the associated collapse of governmental institutions has led to innumerable security and humanitarian concerns, particularly for women and girls.¹ Even before this, more than 550,000 Afghans had been internally displaced during 2021.² At the end of 2020, 3 million Afghans were internally displaced, and 2.6 million Afghan people were recognised as refugees or asylum seekers - most of them hosted in neighbouring Pakistan and Iran.² The hastily arranged mass exodus, as international service personnel withdrew, has further spread Afghan refugees all over the globe.

While many people forced to leave Afghanistan are capable, literate, and determined, adjusting to new societies and lifestyles is not straightforward. Often forcibly displaced people, within or outside Afghanistan, have restricted access to security, shelter, healthcare facilities, and inadequate nutrition. Some individuals or minorities are also at higher risk of experiencing persecution and death.¹

Amongst people living in refugee camps, the most reported neurological condition is epilepsy.³ Despite affecting over 50 million people worldwide and being treatable with affordable anti-seizure medications in most cases,⁴ epilepsy remains a deeply stigmatised condition. This is partly attributable to long-standing misconceptions about the neurological basis of seizures and other traditional beliefs. Convulsions are also unpredictable and difficult to witness, leading to fear and anxiety, including in healthcare workers helping those displaced.⁵ Refugees may, therefore, be wary of declaring an epilepsy diagnosis, fearing that this will prejudice asylum claims.⁵ All these factors, coupled with, for example, a lack of medically trained personnel with appropriate expertise, contribute to forcibly displaced people with epilepsy receiving sub-optimal care.

As the turmoil in Afghanistan continues to unfold, healthcare systems must adapt to the increasing needs of forcibly displaced populations. Healthcare workers should be trained in the essential management of seizures to help in the acute setting. Improved knowledge about epilepsy, encouraging better adherence to anti-seizure medications and destigmatisation will help improve prognosis. A transcultural approach seems vital. For example, Afghan refugees have previously reported feeling isolated in their contact with host-country institutions that, superficially, seem culturally similar.⁵ Awareness of common causes of epilepsy in Afghanistan, differential diagnoses for seizures, and the context that people are leaving, with special attention to hardships faced by women and girls, should help forcibly displaced Afghans with epilepsy and those who develop seizures better integrate into their receiving countries.

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