CONTROLLING INSECTS AND DISEASE IN DISPLACED POPULATIONS

Ethiopians on the move. Displaced populations may be particularly susceptible to malaria *Photo by J.M. Goudstikker/UNHCR*

Diseases carried by insects are often a hazard for displaced populations. Frequently their importance is exascerbated when compared to local people populations (Table 1). As the majority of displaced populations are in Africa, Asia and Latin America, some of the commonest insect-borne diseases include malaria, typhus, sleeping sickness and dengue. Yet there is very rarely discussion or research on the control of insect vectors (insects which carry disease) in refugee health care.

Malaria

80% of the world's 14 million refugees, and a very large proportion of displaced people, are in areas where malaria is endemic. Leading NGOs include it as one of the five major causes of illness and death of refugees and displaced people (Nieburg *et al* 1989). The following examples illustrate why refugees and displaced people are particularly at risk.

The long and dangerous trek from Kampuchea through the jungle to the Thai border brought many Khmer refugees into contact with the highly infective forest mosquito. After 1983, many Khmer refugees were moved to the Kampuchean side of the border within the forested habitat of these vectors. Outbreaks of fighting sometimes resulted in the evacuation of these camps, but where monitoring was possible, it showed that in some cases, relocation of camps resulted in dramatic reductions in malaria transmission. This illustrates the potential for avoiding malaria where camps can be appropriately sited. As resistance to both chloroquine and Fansidar (prophylactic drugs) is widespread in this area, mosquito control in the camp environment is considered essential in reducing transmission, and therefore drug-resistant parasites (Meek 1989).

Afghan refugees who have fled into the North Western Frontier

Table 1.

Why insect-borne diseases may be exacerbated in refugee/displaced populations

1. Refugees may move from a non-malarious area into a malaria zone (or from one malaria zone to another where the parasite strains differ) and therefore lack the levels of immunity experienced by the local population.

2. Refugees may flee through an area which is infested with certain insect vectors (e.g. tsetse flies which transmit human and cattle sleeping sickness or sandflies, the vectors of kala azar).

3. Refugees may have to settle on land which local people do not inhabit because of insect vectors (e.g. blackflies, the vectors of river blindness).

4. Refugees may lose their livestock (in which case insects which bite both humans and animals will only feed on humans).

5. Refugees may live in unhygienic and crowded camps where certain vector populations may dramatically increase (e.g. clothing lice, the vectors of louse-borne typhus and relapsing fever and filth flies which transmit diarrhoeal diseases and trachoma).

Such problems may be compounded by the breakdown of national vector control programmes during such periods of stress.