



# Afghanistan Locally Employed Staff Ex-Gratia Scheme

## Advice for primary care

Soon after individuals and their families arrive into the UK under the [Afghanistan Locally Employed Staff Ex-Gratia Scheme](#), they should be supported to register with a GP practice and attend a New Patient Health Check. This resource is intended to help primary care professionals to assess and address the health needs of individuals relocated through the Afghanistan Locally Employed Staff Ex-Gratia Scheme.

### Key messages

- Explain to individuals how the NHS works and that they are entitled to the same free NHS services as UK residents
- Conduct an initial health check
- Work with a professional interpreter where language barriers are present
- Consider the impacts of culture, religion and gender on health
- Assess for mental health conditions
- Ensure immunisations are up to date
- Screen individuals for latent tuberculosis
- Refer pregnant women to antenatal care

## Access to NHS care

Individuals relocated under the Afghanistan Locally Employed Staff Ex-Gratia scheme have the same entitlements to NHS care as UK residents. However, individuals may not know how the NHS works.

- Explain how the NHS works, and that they are entitled the same free NHS services as UK residents
- Explain that they do not need proof of identity or address to register with GP practices
- Explain how and when to access NHS111, urgent care and A&E
- Support individuals to [find an NHS dentist](#) and attend regular dental check-ups rather than waiting until dental issues appear
- Support individuals to access [vision and hearing services](#) where needed
- Support individuals to understand and access [NHS screening programmes](#)
- Provide individuals with [translated COVID-19 testing, vaccination, treatment and public health restrictions guidance in their preferred language](#)

## Language and culture

[Offer a professional interpreter](#) to all individuals who experience language barriers.

- Main languages in Afghanistan: Afghan Persian or Dari (majority), Pashto, Uzbek, Turkmen, Urdu, Pashayi, Nuristani, Arabic and Balochi
- A person with good conversational fluency in English may not be able to understand, discuss or read health-related information proficiently in English. They may be reluctant to request or accept professional interpreting and translation services due to fear of costs, inconvenience, or concerns about confidentiality.
- Always work with professional interpreters.
  - It is inappropriate to use family members or friends as interpreters as there is high risk of misinterpretation, breach of confidentiality, and [safeguarding](#) concerns.
  - Friends and family are not likely to have the skills to accurately interpret health-related information, are less likely to maintain impartiality, and should be given the opportunity to support the patient (emotionally and with decision-making) without the added pressure of needing to interpret.
  - It is inappropriate to use children as interpreters. Children are not likely to have the language competency and health literacy in English or any other languages to discuss complex health concerns. They may also experience vicarious trauma through listening to and relaying sensitive and distressing information concerning their family member's health.

- Where possible, work with interpreters of the same gender as the individual, particularly when addressing gender-specific concerns.
- Contact local commissioning teams if you are unsure about the availability of interpreting and translation services in your area, or how to access them.

[Offer translated health information](#) where appropriate. While literacy rates for this relocation scheme cohort is likely to be higher than the general population in Afghanistan, the literacy rate in Afghanistan is low, particularly for women. Check whether individuals can read health information in English and their main language. You can find a range of existing translated resources listed in the [written translations section of the language translating and interpreting Migrant Health Guide page](#), and in the [COVID-19 translated advice and guidance section of the COVID-19 Migrant Health Guide page](#).

Consider the impact of [culture, spirituality and religion](#). Health beliefs and values vary between and within cultures and religions. This can impact on health behaviour and attitudes towards health services. Strict [gender roles](#) in Afghanistan (e.g. men as income-earners, women as homemakers) and gender dynamics (e.g. women requiring male accompaniment to leave the house) may also impact health and wellbeing, particularly when integrating into UK society with different gender norms. Men may also be the decision-makers about family members' health. As general information about cultural, religious and gender norms in Afghanistan do not necessarily apply to all families, it is important to understand each individual's situation.

### **New Patient Health Check additional considerations**

Guidance is available on [assessing new patients from overseas](#), which contains a checklist for assessing new migrant patients, including supplemental checklists about [children's health](#) and [oral/dental health](#), and information about [women's health](#).

### **Country specific health guidance**

#### *Communicable diseases*

- **Vaccination:** Ensure individuals are [aligned with the UK vaccination schedule](#), particularly [polio](#) which is endemic in Afghanistan
- **Tuberculosis:** Individuals were screened for active pulmonary TB on arrival to the UK, while in a managed quarantine hotel. For individuals on the first three flights (up to 15 July), please contact Al Story ([al.story@nhs.net](mailto:al.story@nhs.net)) and Brendan Scott for ([brendan.scott2@nhs.net](mailto:brendan.scott2@nhs.net)) for screening results. For other flights, please contact [MigrationHealth@phe.gov.uk](mailto:MigrationHealth@phe.gov.uk) to find out how to get the results. As the incidence of tuberculosis (TB) is high in Afghanistan, screen individuals for [latent TB](#). Refer to [PHE guidance on latent TB testing and treatment](#).

- **COVID-19:** Afghanistan is currently a 'red' list country for COVID-19 risk; individuals completed at least 10 days in a managed quarantine hotel and were tested for COVID-19 at days 2 and 8. Individuals were also tested for COVID-19 before travel to the UK.
- **Hepatitis B:** As incidence is intermediate in Afghanistan, consider [Hepatitis B screening](#). Offer screening to pregnant women and ensure [post-exposure immunisation is provided to infants born to hepatitis B infected mothers](#).
- **Typhoid:** Consider enteric fever in the differential diagnosis of any illness following arrival into the UK. Severity of disease is variable, although most individuals experience fever and headache. Young children may experience a mild illness. Following recovery, convalescing patients may continue to excrete *S. Typhi* in their faeces and chronic carriers require prolonged courses of antibiotics to clear the organism.
- **Malaria:** [Risk varies based on altitude](#). For the main populated areas, the risk is low. For mountainous areas above 2000m, there is no risk. Test individuals who are unwell and from [affected areas of Afghanistan](#).
- **Helminths:** Consider requesting *Strongyloides* serology and refer to [further guidance for testing](#).

#### *Mental health*

- Assess individuals' [mental health and wellbeing](#) as those affected by war and conflict are at higher risk of mental disorders, including PTSD.
- Use [trauma-informed approaches](#) to care provision.
- Where appropriate, refer to specialist services through the IAPT or local voluntary-sector service providers.

#### *Nutritional and metabolic concerns*

- There is a high risk of [anaemia](#) in preschool-aged children and moderate risk of anaemia in adults from Afghanistan; testing for anaemia should be done as clinically indicated
- There is a high risk of [vitamin A deficiency](#) in Afghanistan. If you suspect vitamin A deficiency, seek advice on appropriate diagnosis and treatment from their local endocrinology or paediatric team.
- [Vitamin D deficiency](#) may also be possible, particularly for individuals who cover their body for cultural or religious reasons, or have darker skin colour. Refer to [NICE guidelines](#) to determine which individuals should be tested.

#### *Non-communicable diseases*

- The [burden of non-communicable diseases is rising in Afghanistan](#), including cardiovascular disease, diabetes, respiratory disease and cancer

- While data is limited, there is evidence suggesting [smoking is prevalent in Afghanistan](#). Consider signposting new arrivals to stop smoking services where applicable. Where applicable, provide information about the [risks of other tobacco products like pann \(betel\)](#).

#### *Maternal health*

- [Access to antenatal care in Afghanistan is often limited](#)
- Pregnant women and women of childbearing age from Afghanistan may not be aware of the importance of antenatal care and how antenatal services work in the UK. Explain these services to women, refer them to [useful women's health resources](#), and link them in with antenatal and postnatal services where appropriate.
- Explain how [Continuity of Carer](#) services work

#### *Other health concerns*

- Consider the possibility of [female genital mutilation](#) which is [practiced in Afghanistan](#)
- As male circumcision is highly prevalent in Afghanistan, ensure individuals know how to seek advice and understand the appropriate procedures for [men](#) and [boys](#) in the UK

The [Afghanistan page](#) of the [Migrant Health Guide](#) provides more information about these topics, reproductive health indicators and other country profile information.

### **Safeguarding**

Assess for any safeguarding concerns and take appropriate actions to prevent harm. Refer to the [NHS safeguarding policy](#) and the [NHS safeguarding app](#) for more information.

Visit the [Migrant Health Guide](#) for more information on a range of migrant health topics.

For any queries about this resource, please contact the Public Health England Migrant Health Team at [MigrationHealth@phe.gov.uk](mailto:MigrationHealth@phe.gov.uk).