SITUATION IN JORDAN
According to UNHCR, there are currently over 618,000 registered Syrian refugees in Jordan, comprising approximately 10% of the country’s population.

The Government of Jordan continues to remain committed to keeping its borders open and allowing Syrian refugees the right to access public services. However, this is putting an enormous strain on local health services. It is estimated that over 80% of all Syrian refugees in Jordan live in host communities.

KEY HEALTH ISSUES AND NEEDS
1. Communicable diseases
Many Syrian refugees are arriving in Jordan having had limited access to healthcare and children have missed vital routine vaccinations. These vulnerable populations are at higher risk of contracting communicable diseases particularly when living in crowded conditions with limited access to safe water and sanitation facilities.

Ministry of Health Jordan (MoH) in partnership with WHO and UNICEF have strengthened routine immunization and have implemented campaigns for polio. Recent outbreaks in Syria and Iraq have not crossed into Jordan.

2. Reproductive health care
Few pregnant refugee women attend prenatal health appointments, and instead, present themselves at time of delivery. This increases the risk of complicated deliveries. There is a significant gap in the availability of reproductive health services as health facilities are overwhelmed in non-camp settings.

3. Non-communicable diseases (NCDs)
The Syrian refugee health profile is that of a country in transition with a high burden of NCDs. Diabetes, cardiovascular disease, renal failure and hypertension are important health issues.

4. Mental health
Mental health problems are expected to be exacerbated as most refugees spend their third year in Jordan. More attention is needed for chronic mental health conditions, cognitive impairment, and pervasive developmental disorder.

5. Health system strengthening
Facilities in areas hosting large numbers of refugees are often overburdened. This manifests in shortages of medications, diagnostic and therapeutic equipment, beds, overworked staff and short consultation times. There is a critical need to boost the capacity of the overburdened national health system.
6. Surveillance
Continued early detection of outbreaks and timely disease surveillance remains imperative. Strengthening health information and surveillance systems is needed.

WHO JORDAN KEY ACHIEVEMENTS (JULY - SEPTEMBER 2014)
1. Leadership and coordination
WHO Jordan is actively co-chairing with UNHCR the health coordination working group, and with International Medical Corps, mental health and psychosocial support coordination meetings.

2. Provision of emergency life-saving medicines and supplies
WHO procured life-saving essential medicines and supplies for the MoH. Thousands of Syrian refugees living outside camps and presenting in MoH hospitals in the governorates of Ajloun, Amman, Irbid, Jerash, Mafraq and Zarqa benefitted from the medicines and supplies. WHO procured emergency medical supplies that were sent across the border into Syria via UN convoy, as part of UN Security Council Resolution 2165.

3. Expanded programme on immunization and immunization campaigns
As part of a larger regional response, WHO supported the MoH in continuing to conduct mass oral polio vaccination campaigns. Two Supplementary National Immunization Day (SNID) campaigns were held in June and August in identified high risk areas in all governorates. Also conducted were two post-campaign evaluation surveys by independent monitors (reported coverage June: 90%, August: 94%).

4. Early detection of communicable diseases and rapid response
WHO together with the MoH continues to expand the country’s disease early warning alert and response network (EWARN) system and has conducted several outbreak investigations.

5. Strategic information and disease surveillance
WHO and MoH continue the implementation of a pilot surveillance system for communicable diseases in 50 sites in northern Jordan, involving the use of tablet technology for data entry, collection and analysis. The project involves:

- GPS mapping for the 50 pilot sites in Jordan
- producing weekly epidemiology reports
- planning of surveillance expansion, in agreement with MoH, including the extension of the system to 293 sites
- finalizing the standardization of case definitions for communicable, non-communicable, injury and mental health conditions and drafting nutrition and reproductive health case definitions based on international guidelines
- integration of outbreak response and automatic SMS alert protocol for reportable conditions
- integrating automatically generated reports with disaggregated data by gender, age, nationality, status and location

6. Mental health and psychosocial support
WHO and International Medical Corps released results of a survey assessing the mental health and psychosocial status and needs of Syrian refugees in Jordan, and services currently available to them, both in camps and in urban areas. Based on interviews with 1,811 families and information on 7,964 individuals, the main symptoms of mental health problems reported were distress, fear, anger, disinterest, hopelessness, sadness, excessive nervousness and social isolation. A need for counselling or psychological support services was reported by 13% of respondents.

Other WHO mental health activities:
• Provision of training and supervision to the above-mentioned teams, to address mental health problems in children and adolescents

• Conducting of training on psychological first aid for 16 psychosocial workers from the Ministry of Social Development.

• Launching of an awareness raising campaign in preparation for World Mental Health Day 2014 under the theme “Living with mental illness”, in collaboration with MoH, Our Step Association for mental health beneficiaries and families, International Federation of Medical Students’ Association - Jordan Branch, Caritas Jordan, and International Medical Corps. The campaign targeted seven governorates: Amman, Irbid, Ma’an, Madaba, Mafraq, Karak and Zarqa.

7. Hospital-based treatment support
WHO through the Jordan Health Aid Society and Caritas Jordan is supporting the hospital-based treatment of vulnerable Syrians with multiple sclerosis and renal dialysis, as well as paediatric cancer patients.

8. Enhancing environmental health services monitoring
WHO in collaboration with WHO Regional Centre for Environmental Health Activities (CEHA) continues to work on enhancing routine environmental health services monitoring capabilities in governorates in Jordan with high concentrations of Syrian refugees.

CHALLENGES FACED
1. Drugs, medicines and medical supplies
The northern governorates reported serious deficiencies in the supply of vaccines, delivery-related medications, cardio-vascular drugs and oral rehydration therapy. A lack of chronic disease medicine has also become apparent.

2. Medical equipment
Clinics throughout the same northern governorates reported variations in access to medical equipment. Most needed are delivery tables, delivery sets, vacuum extractors, emergency trolleys and pulse oximeters, antenatal, postnatal equipment in addition to surgical, orthopaedic and internal equipment, radiation departments and medical laboratories, in order to maintain an acceptable level of healthcare delivery.

3. Capacity of facilities (hospitals and health centres)
There is a major concern regarding the capacity of the Jordanian health care system to absorb the increased volume of Syrian patients currently accessing health services in Jordan.

KEY STRATEGIC INTERVENTIONS FOR THE REMAINDER OF 2014
1. Primary healthcare including: continuing prevention and control of communicable diseases and immunization; maternal and child healthcare; reproductive health; chronic and non-communicable disease management; mental health support; early warning systems; capacity building; and technical support.

2. Secondary and tertiary care including: stabilizing and improving the health status of Syrian refugee women, men, boys, girls and newborns through ensuring equitable access and coverage for essential secondary and tertiary health care services. Supporting the hospital-based treatment of:
WHO DONOR SNAPSHOT — JORDAN
JULY - SEPTEMBER 2014

- vulnerable Syrian women in need of emergency obstetric and reproductive health services
- vulnerable Syrian neonates in need of newborn care
- vulnerable Syrians in need of cardiac interventions
- vulnerable Syrians in need of general emergency care

3. Medicine and medical equipment: continuing support for an over-burdened health system; with the procurement of essential medicines and equipment and replenishment of MoH reserves and stockpiles.

KEY STRATEGIC AREAS IN RRP6 FOR 2014
WHO estimates that to continue its work to support access for all residents in Jordan to basic health services for the remaining months of 2014, the following activities are needed:

- continued health sector coordination
- improving access to primary and essential secondary health care services
- communicable and non-communicable disease management
- improving access to mental health services at different levels
- capacity building (including various mental health and psychosocial trainings; updating surveillance guidelines; conducting surveillance refresher trainings; surveillance lab guidelines and establishing surveillance steering committee)
- supporting health information management and coordination including co-chairing the health sector working group and mental and psychosocial working group
- ensuring availability of essential chronic disease drugs
- polio vaccination campaigns and the strengthening of immunization response capacity