

Screening Practices for Infectious Diseases among Newly Arrived Migrants Jordan Case

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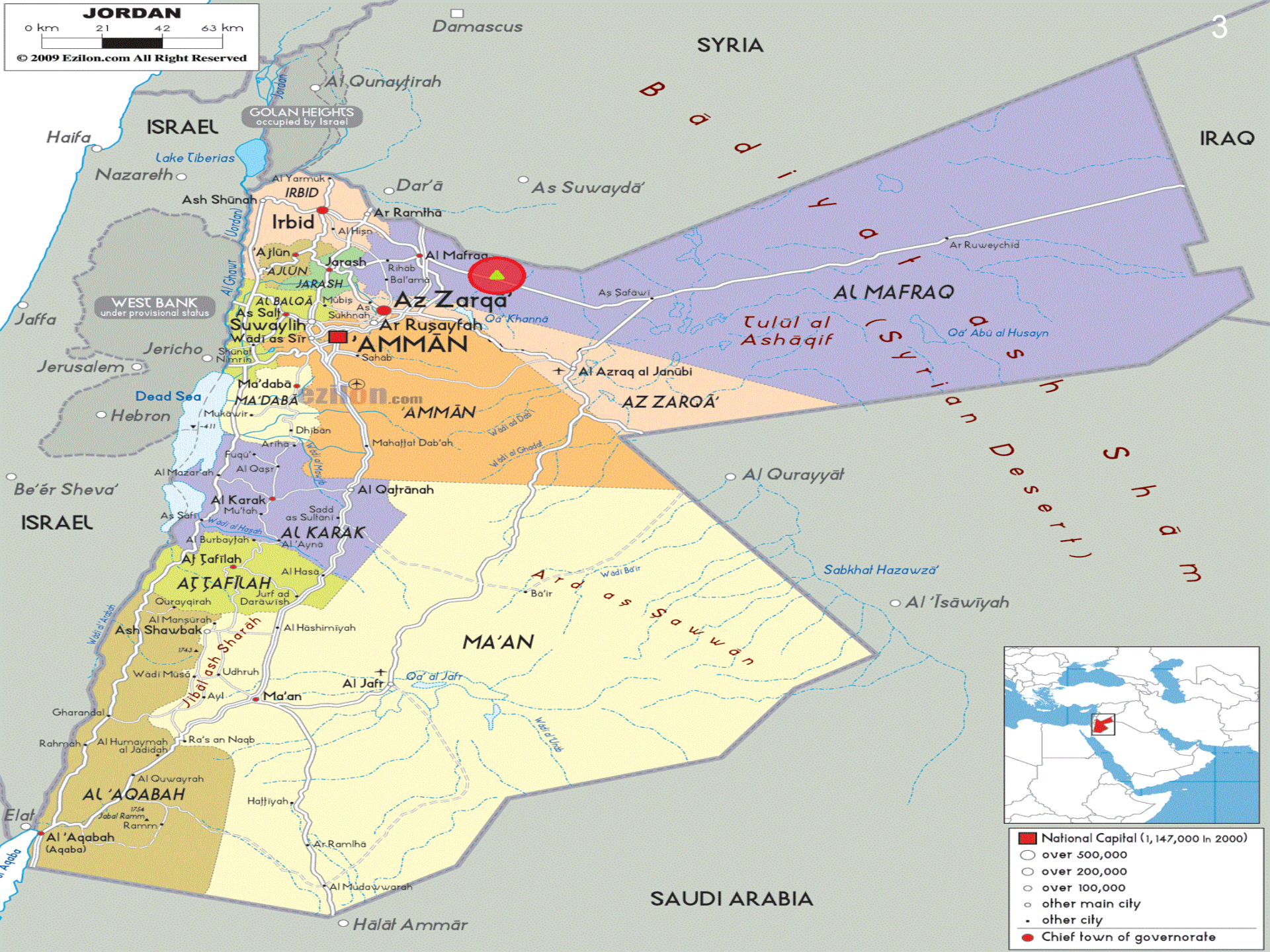
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JORDAN

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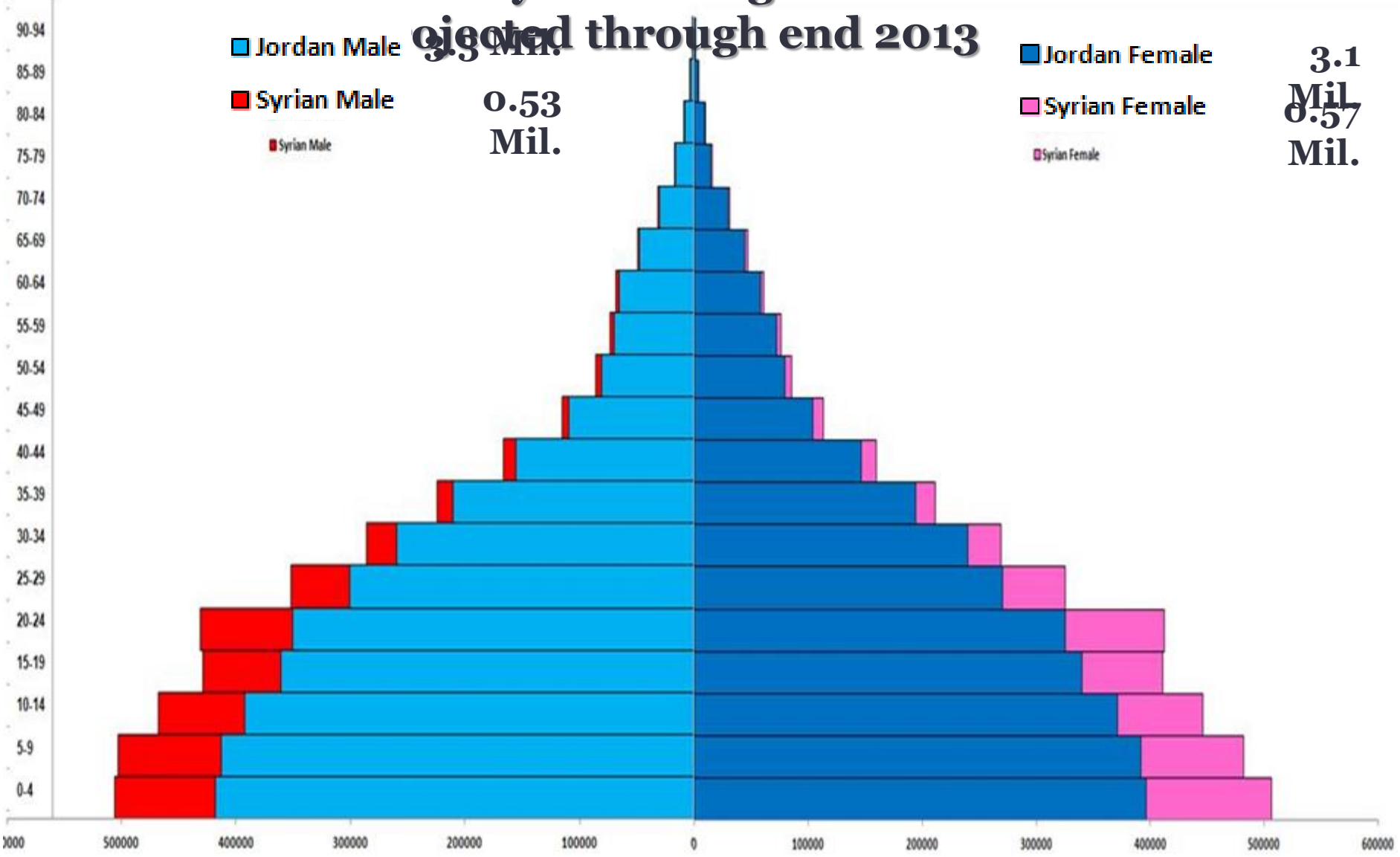
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- National Capital (1,147,000 in 2000)
- over 500,000
- over 200,000
- over 100,000
- other main city
- other city
- Chief town of governorate

Syrian Refugees

projected through end 2013





Some General Facts and demographics on Jordan for the year 2014

Pop : 7,1 million

Life expectancy of around : 74.4 years

IMR : 21 per 1000 live births

MMR : 19 per 100.000 live births

Decrease in C.D.

Increase morbidity and mortality of N.C.D

Patterns of Immigration.

Jordan has a high percentage of migrants and as a result , is continuously faced with the challenge of how to best address the effectively response to the health needs of the vast number of migrants and refugees in the country .

Continued influx of migrants from politically unstable neighboring countries , such as Syria , Palestine and Iraq , (as refugees)

In addition to the Labour migrants coming from Labour migrant sending countries , notably Egypt , and South East Asia like Sri Lanka , Bangladesh and Philippine .

Migration Routes

- Refugees cross borders of the neighboring countries
- Labour migrants (Migrant Workers) coming through airport entry

Relevant National Laws

- Refugees : cross borders and registered by UNHCR and the remaining big part cross borders and not registered living in cities and towns pooled with host pop. even by UNHCR or by the government
- Migrant labor (workers) Rules and policies Regulating their flow is described as multi-sartorial approach by related ministries (No specific immigration centers available in the country)

Screening

- Migrant health screening programs

Migrant labour (workers) screened to C. D as TB , HB and HIV as it is decrease among Jordanians , its prevalence has increased in Non- Jordanians and it is considered as ongoing challenges for MOH

Thanks to technical cooperation on Migration health by IOM (International Organization for Migration)

- Refugees screening programs at route of entry , targeted pop. vaccinated and classified to flow to the suitable camps (especially nowadays , the Syrian refugees)

National Guidance

Technical Health Coordination Committee is established in MOH , including representative from UNHCR , UNICEF , WHO , IOM and others in objective to :

- Discuss , coordinate , monitor and follow up the health policy for refugees
- PHC issues of refugees in camps and outside camps .

Disease Burdens and challenges facing MOH

- Increase in T.B and HIV linked to immigration
- 180 T.B cases occurred post- entry to Jordan .
- HIV/AIDS cases ratio of Jordanian to Non Jordanian is 300 : 900 since the establishment of HIV prevention programe
- Increase of some CD during the previous 5 years since the beginning of Syrian crises which disappeared in Jordan like measles , cutaneous. and visceral Leshmaniasesets

Results and Examples of screening practices targeting newly arrive migrants

- T.B camp screening
- Check examination and vaccination screening
- Pre-arrival migrant worker screening
- Household screening on STD and other C.D

Challenges and Possible solutions.

- Poor support of International community
- Pressure on MOH Health Services .
- Lack of drugs especially chronic diseases drugs .
- Exhaustion of vehicles and ambulances and medical equipments
- Exhaustion of health staff
- Clusters of refuges living in remote areas lacking sound living condition.
- Pressure on water sources supply and education
- PHC services in Jordan free of charge



Thank You