

ELECTIVE (SSC5c) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

At the end of my last academic year, I decided to undertake my medical school elective in Jordan. I chose Jordan because of the language, as I am fluent in Arabic. Having been to a Indonesia two years ago as part of an exchange programme, I appreciated the benefit of language and communication.

The Red Crescent Hospital, Amman was the hospital of choice. The hospital mainly treated Syrian and Iraqi refugees. Many NGOs such as MSF, the Iraqi Red Crescent commonly use this hospital as their main base in Amman. It is a small hospital with little speciality. There is one main obstetrician and gynaecologist and a couple of surgeons and medics. During the quieter period when not many patients were occupying the hospital, there were many private patients who were under going cosmetic plastic surgery.

We also organised with the hospital to visit some of the Palestinian refugee camps. At the time we went, the Syrian refugee camps were not safe. When I first heard the term 'camp', I envisaged tents and free running water and mud everywhere, whereas this may have been the case in 1967 when the refugees first started to enter Jordan, it is far from the reality. These 'camps' are basically crowded ghetto-like areas, with simple buildings, markets, shops, electricity, water that comes twice a week and schools. Every camp is different in terms of its people and facilities available. During our elective, we visited the Baqa'a camp which is the largest and most developed camp in Jordan and we visited the Jerash camp, also known as the Gaza camp, which could be described as a polar opposite to the Baqa'a camp. The camps are generally organised by which area of Palestine these refugees have come from. The majority of the Baqa'a camp came from the West Bank and those in the Jerash camp have mostly come from the Gaza area.

There are also many Syrian refugees that live in these camps but their health care provision, alongside with other refugees i.e. Iraqi is generally separated from the Palestinian refugees.

1) What are the common medical conditions seen in Jordan and how do they differ from the UK?

Statistics

Total population (2013) 7,274,000

Gross national income per capita (PPP international \$, 2013) 11,660

Life expectancy at birth m/f (years, 2013) 72/76

Total expenditure on health per capita (Intl \$, 2012) 483

Total expenditure on health as % of GDP (2012) 9.8

The diseases are generally quite similar to those that are seen in England however there are more cases of trauma on a daily basis. This is mainly because there are less safety precautions that are enforced in the general environment such as the home or traffic. Trauma patients form a large part of the patient population in the hospitals. Chronic diseases such as hypertension and diabetes are quite prevalent yet the treatment regimens are very different from the UK, many of the medications dispensed are limited by availability and financial constraint. Ischaemic heart disease, vascular

disease, diabetes and hypertension are the predominant chronic diseases prevalent in Jordan causing the biggest burden of disease.

Environmental factors play a large part in the quality of health and there are many differences between Jordan and the UK. The majority of the male population in Jordan smoke, there are no laws prohibiting smoking in public areas which means that much of the population will also suffer from passive smoking. Due to problems with sanitation and hygienic food conditions there are many more infectious diseases that contribute to the burden of disease, there are many cases of gastroenteritis which were generally more serious than are commonly seen in the UK.

2) How is medical care organised and delivered in Jordan? How does this differ from the UK?

There are public and private hospitals in Jordan. The ministry of health is the main provider of healthcare in Jordan which function on the basis of a civil insurance policy. There are other private insurance providers for those who can afford it and for those working in the military. The majority of the people cannot afford private care. Other non governmental organisations such as the Red Crescent Society provide healthcare for other refugees mostly coming from Syria and Iraq. Other NGOs such as MSF also collaborate with organisations such as the Red Crescent to offer a healthcare service to these refugees.

The The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) provide healthcare for registered Palestinian refugees. The UNRWA provide services in schools, hold health education programmes and facilitate environmental health services. UNRWA operates 23 public health facilities both in the camps and in the nearby areas. In the refugee camps, there is an UNRWA medical centre which is free for refugees but there are also privately run charities that own medical centres- the fees for these centres are usually not symbolic and not very expensive, around 2-3 JD. Having said that the average wage for an occupant of the camps is generally much less and so even these 2-3 JD mean using up a large chunk of the wage.

3) How does the healthcare system of Jordan cope with the huge influx of refugees from various parts of the world? How has the pattern of health conditions changed because of this influx?

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In the refugee camps, there are a lot of nutritional deficiencies particularly amongst the younger population of these camps. This is mainly due to the poverty and the quality of the food available, the majority of the food available and affordable is processed. As a result of some of the cramped conditions and slightly less sanitary environment, there are many cases of gastroenteritis seen on a daily basis. Culturally, it is normal to find many consanguinous marriages and a result I saw quite a few genetic problems.

The environment in the refugee camps is a big contributor to the overall health of the refugee population. Many of the houses are newly built and built with very cheap/reused materials such as plastic. In some of the old and less developed camps, there are still many houses made of asbestos which may have contributed to the prevalence of cancer.