Jordan Report NCPI

NCPI Header

COUNTRY

Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:
Ms. Lana Khoury
Postal address:
P.O. Box 17031 Amman 11195 Jordan
Telephone:
00962 777 833330
Fax:
-
E-mail:
lankhqa11@yahoo.com

Describe the process used for NCPI data gathering and validation:
The process of preparation and submission of the country progress report was primarily led by the National AIDS Programme, with technical and financial support provided by UNAIDS MENA-RST and in country. Moreover, assistance was provided through a third contractual partner to conduct interviews with key informants, collect data and further contribute to completion of the National Commitments and Policies Instrument (NCPI). The 2012 country progress report provides data on the status of, and response to the HIV epidemic in Jordan in the previous two years (January 2010- December 2011). Primary data was derived from a desk review of relevant documents (policies, strategies, laws, guidelines, reports) and interviews carried out with key persons most knowledgeable about the topic. A number of consultative meetings were held with senior staff at the National AIDS Programme to identify data needs and develop a plan for data collection and analysis early February, 2012. A total of 34 representatives from government, civil society, bilateral and multilateral agencies were contacted by phone and the majority were further interviewed to complete the NCPI. The national consultation on the report was executed through a workshop held in the third week of March, inviting all stakeholders interviewed. A comprehensive presentation was delivered, and the NCPI findings were discussed and validated. Moreover, the draft report was circulated among all interviewees for any final comments before official submission.
Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:
No disagreements.
Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):
-

NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
Ministry of Health/NAP	Dr. Bassam Al Hijawai /Director	Yes	Yes	No	No	No	No
Ministry of Health/NAP	Dr Assad Rahhal/Deputy Manager of NAP	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Health/NAP-VCT	Dr Hydar Khasawneh	No	No	No	Yes	Yes	Yes
Ministry of Health	Dr Naser AL Adham/Head of CRC Public Health department	No	No	No	Yes	No	No
Ministry of Health	Dr. Jamal Anani/ Director of the National Centre for Rehabilitation of Addicts	No	No	No	Yes	Yes	No
Ministry of Education	Mr. Mohammed Kiswani/AIDS focal person	No	No	No	Yes	No	No
Ministry of Islamic Affairs	Dr. Abdel Rahman Bdah/ AIDS focal person	No	No	No	Yes	No	No
Royal Medical Services	Dr. Mohammed Al Zoubi	No	No	No	Yes	Yes	No
Ministry of Tourism	Ms. Hana Kharabsheh	No	No	No	Yes	No	No
Ministry of Youth	Mr. Mohammad Jaradat	No	No	No	Yes	No	No

Ministry of Interior/Public Security Department – Anti Narcotics Department	Brigadier Anwar Al Tarawneh/	No	No	No	Yes	Yes	No

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
Positive Vision Association	Mr. Samer Al Mahmoud/Director	Yes	Yes	Yes	Yes	Yes
National Centre for Human Rights	Mr. Taha Maghareiz/AIDs focal person	Yes	Yes	Yes	No	No
Queen Zein Al Sharaf Institute for Development	Ms Sawsan Al Majali/ Director Ms. Tahani Shahrouri /Project Manager	No	No	No	Yes	No
Jordan River Foundation	Ms. Iman Aqrabawi/ Project Manager	No	No	No	Yes	No
Bushra Centre for Studies	Ms. Jihan Mourjan/ Director	Yes	No	Yes	Yes	No
Qudorat Society	Ms. Maha Abu Libdeh/ Director	Yes	No	No	Yes	No
MENA Friends of Global Fund	Ms Rawan Ababneh/Director	No	No	No	Yes	No
Family and Childhood Protection Society	Mr. Fadi Dawagreh/ Project Coordinator	Yes	No	No	Yes	No
Jordanian Red Crescent	Ms. Zeina Al Masri / Project Coordinator	No	No	No	Yes	No
Jordan Nursing Council	Ms. Isa Nioashi / Coordinator	No	No	No	Yes	No
Jordan Health AID Society	Ms. Abeer Al Natour / AIDS project coordinator	No	No	No	Yes	Yes
Caritas	Ms. Soufia Nafa/ Coordinator	No	No	No	Yes	No
Family Development Association	Ms. Fatima Zomer/ Coordinator	No	No	No	Yes	No
Friends of Development and Investment Association	Mr. Ali Noubani /Director	No	No	No	Yes	No
Aman Association	Dr. Mahmoud Sarhan/Director	No	No	No	Yes	No
Jordanian Scouts and Guides Association	Mr. Khalil Amaireh	No	No	No	Yes	No
Jarasia Association	Ms. Jalillah Smadi /Director	No	No	No	Yes	No
Jordanian Woman Association	Ms. Nisreen Sarhan / Director	No	No	No	Yes	No
Future Guardians Association	Ms. Abeer Shoriqui /Director	No	No	No	Yes	No
Church Council	Mr. George Hazou/Director	No	No	No	Yes	No
Jordan Association for	Ms. Wafa Naffa / Communication officer	No	No	No	Yes	No
IRD	Ms. Mona Hamzah/ Health Program/Director	No	No	No	Yes	No
UNFPA	Ms. Layali Abusir	Yes	Yes	Yes	Yes	No
UNODC	Ms.Yasmine Refaat	No	No	No	Yes	No
UNRWA	Dr. Ali Nimer	Yes	Yes	Yes	No	No
ILO	Ms Michela Martini	No	No	No	Yes	No
WHO	Dr Nada Al Ward	No	No	Yes	Yes	Yes

A - I. STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?
(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):
Yes
IF YES, what was the period covered:
2012-2016
IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.
IF NO or NOT APPLICABLE, briefly explain why.:
The new National Strategic Plan (NSP) for the years 2012-2016 builds on the main principles and strategic objectives of the older strategy (NSP, 2005-2009), and utilises available data from various sources, thus broadening the scope of Jordan's

national response to HIV in the coming five years. The NSP (2012-2016) has two main goals and six strategic objectives: Overall Goals: - To halt the further spread of HIV among the Jordanian population and maintain HIV prevalence rates below 1.0 percent among all most at risk population groups and below 0.1 percent among the general population by 2016 - To improve the quality of life, health and wellbeing of people living with HIV by providing universal access to comprehensive HIV treatment, care and support services of high quality. The NSP's six strategic objectives are: 1. To strengthen the availability, sharing and utilisation of strategic information on HIV/AIDS that will guide the development and implementation of evidence informed policies and programmes 2. To scale up and improve the quality of HIV prevention programmes and services for most at risk populations (MARPS) with the aim to reach universal access. 3. To scale up and improve the quality of key HIV prevention programmes and services for vulnerable groups in the general population 4. To strengthen the quality and scale up coverage and utilisation of comprehensive treatment, care and support for PLHIV, in accordance with national standards 5.To promote supportive social, legal, and policy environments that enable an effective national response to HIV/AIDS, with special attention for PLHIV, and key populations at risk and vulnerable to HIV 6. To strengthen and build technical, organisational and institutional capacity for the coordination, implementation, monitoring and evaluation of an effective, decentralised and multisectoral response to HIV/AIDS

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:
Ministry of Health

1.2. Which sectors are included in the multisectoral strategy with a specifc HIV budget for their activities?

SECTORS

Included in Strategy	Earmarked Budget
Yes	-
Yes	Yes
Yes	-
Yes	Yes
Yes	-
Yes	-
Yes	-

Other [write in]:
Tourism, Religious affairs, Social development
IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specifc activities?:
There are no specific financial allocations for HIV and AIDS in the budgets of the public sector, with the exception of the Ministry of Health and the Royal Medical Services. The annual plans of the various sectors include a number of activities that integrate HIV and AIDS as a main thematic area.

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

Men who have sex with men:
Yes
Migrants/mobile populations:
Yes
Orphans and other vulnerable children:
Yes
People with disabilities:
Yes
People who inject drugs:
Yes
Sex workers:
Yes
Transgendered people:
Yes
Women and girls:
Yes
Young women/young men:
Yes
Other specific vulnerable subpopulations:
-
Prisons:
Yes
Schools:

Yes
Workplace:
Yes
Addressing stigma and discrimination:
Yes
Gender empowerment and/or gender equality:
Yes
HIV and poverty:
Yes
Human rights protection:
Yes
Involvement of people living with HIV:
Yes

IF NO, explain how key populations were identifed?:
-
1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:
The key populations addressed are population groups characterised by specific behaviours that put them at higher risk of HIV infection - these include: female sex workers and their clients; men who have sex with men – including male sex workers – and their sexual partners, including non-regular male partners and the wives of these MSM; as well as injecting drug users (IDUs); including those in Correctional and Rehabilitation Centres. Other (vulnerable) population groups facing particular HIV risks include: young women and men from poor and disadvantaged communities, including those in Juvenile Rehabilitation Centers; as well as those who are away from their communities and families, such as working (young) women and men (including those in factories and Qualified Industrial Zones) and mobile populations, such as migrant laborers from Jordan and abroad; as well as University students, especially young women. Moreover, a very small but vulnerable group is infants born to HIV-infected mothers, and also people living with HIV.
1.5. Does the multisectoral strategy include an operational plan?: Yes

1.6. Does the multisectoral strategy or operational plan include

a) Formal programme goals?:
Yes
b) Clear targets or milestones?:
Yes
c) Detailed costs for each programmatic area?:
Yes
d) An indication of funding sources to support programme implementation?:
N/A
e) A monitoring and evaluation framework?:
Yes

1.7

1.7. Has the country ensured "full involvement and participation" of civil society in the development of the multisectoral strategy?:
Active involvement
IF ACTIVE INVOLVEMENT, briefly explain how this was organised:
The development of the NSP was led by the National AIDS Programme and followed a participatory process involving all national and local partners (government ministries and institutions, non government organizations, civil society representatives including PLHIV, UN agencies and other international partners) through a series of consultative meetings and workshops and site visits at the national and governorate levels. Moreover civil society representatives were involved in the NSP validation workshop held in October, 2011.

1.8. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?:
Yes

1.9

1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:
Yes, all partners

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?:
Yes

2.1. IF YES, is support for HIV integrated in the following specifc development plans?

Common Country Assessment/UN Development Assistance Framework:

Yes
National Development Plan:
Yes
Poverty Reduction Strategy:
No
Sector-wide approach:
Yes
Other [write in]:
-

2.2. IF YES, are the following specifc HIV-related areas included in one or more of the development plans?

HIV impact alleviation:
N/A
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:
Yes
Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support:
Yes
Reduction of stigma and discrimination:
Yes
Treatment, care, and support (including social security or other schemes):
Yes
Women's economic empowerment (e.g. access to credit, access to land, training):
Yes
Other[write in below]:
-

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:
Yes
3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evaluation informed resource allocation decisions?:
3
4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:
Yes
5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:
Yes
5.1. Have the national strategy and national HIV budget been revised accordingly?:
Yes
5.2. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:
Estimates of Current and Future Needs
5.3. Is HIV programme coverage being monitored?:
Yes

5.3

(a) IF YES, is coverage monitored by sex (male, female)?:
Yes
(b) IF YES, is coverage monitored by population groups?:
Yes
IF YES, for which population groups?:
1. Key population groups at higher risk of exposure to HIV (MSM, IDUs and FSWs). 2. Vulnerable Population groups: prison inmates, members of the army in the United Nations peace keeping mission, vulnerable youth and migrant workers.
Briefly explain how this information is used:
The information collected is used to monitor the programmes in place and further inform policies and future interventions.
(c) Is coverage monitored by geographical area:
Yes
IF YES, at which geographical levels (provincial, district, other)?:
Governorate level.
Briefly explain how this information is used:
The information collected is used to monitor the programmes in place and further guide future interventions.

5.4. Has the country developed a plan to strengthen health systems?:
Yes
Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:
The MoH Strategic plan (2008-2012) addresses a number of strategic areas that have a direct impact on HIV related

infrastructure, resources and capacities and logistical systems to deliver medications. These include more investment in cost effective and quality health care interventions, with a focus towards decentralized health care at the sub national level . Moreover, the strategy focuses on enhancement of financial sustainability and financial management systems, human resource and data management systems.

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:

8

Since 2009, what have been key achievements in this area:

The development and endorsement of a new National Strategic Plan on HIV and AIDS for the years 2012-2016. HIV and AIDS have been a major component in a number of national strategic documents such as the MoH strategic plan (2008-2012), the national strategy for information and health communication (2011-2013). Improved Surveillance: data collected through IBBS in 2008 has been analyzed and used to further inform interventions addressing key populations at higher risk. Investment in partnerships with various sectors has been paramount; NAP's partnership with a number of civil society organizations and governmental entities facilitated the reach out to vulnerable and key population groups at higher risk with various prevention interventions.

What challenges remain in this area:

Coordination among the various stakeholders and the involvement of all sectors for an effective national response to AIDS. Social norms and values that restrict the implementation of effective HIV prevention and further exacerbate stigma and discrimination against key populations at higher risk and PLHIV The knowledge and attitudes of decision makers constitutes a challenge that requires more concerted efforts from all stakeholders. Lack of financial sustainability for future programming.

A - II. POLITICAL SUPPORT AND LEADERSHIP

1. Do the following high offcials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year

A. Government ministers:

Yes

B. Other high offcials at sub-national level:

Yes

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):

Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:

The 2011 World AIDS Day event was held under the auspices of Minster of Health, Dr Abdul Latif Wreikat. The event took place in the governorate of Ma'an and involved the active participation of the Minister, representatives from various governmental and UN agencies (including the UN Resident Coordinator in Jordan) and attendance of more than 3000 members from local community. The development and discussion of a draft National Policy on HIV and AIDS and the world of Work in Jordan under the patronage of Labor Minster, Maher Al Waked.

2. Does the country have an offcially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?:

Yes

2.1. IF YES, does the national multisectoral HIV coordination body

Have terms of reference?:

Yes

Have active government leadership and participation?:

Yes

Have an official chair person?:

Yes

IF YES, what is his/her name and position title?:

Ministry of Health Secretary General Dr. Deifallah Al Lozi

Have a defined membership?:

Yes

IF YES, how many members?:

34

Include civil society representatives?:

Yes

IF YES, how many?:

21

Include people living with HIV?:

Yes

IF YES, how many?:

One
Include the private sector?:
Yes
Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:
Yes

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:
Yes
IF YES, briefly describe the main achievements:
Expansion of successful partnerships among the various stakeholders, such as NAP's partnership with the Public Security Department (AND and CRCs) and with local NGOs (16) facilitating effective reach out to most at risk and vulnerable population groups with HIV prevention interventions. The increased support from various governmental, nongovernmental, bilateral and multilateral organisations and a broad involvement of a range of population groups in the national response.
What challenges remain in this area:
HIV does not constitute a priority on the national agenda of decision makers since it is a low prevalence country. The important role of the private sector in the national response to HIV has been very limited. Programmatic and financial sustainability.
4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:
17%

5.

Capacity-building:
No
Coordination with other implementing partners:
Yes
Information on priority needs:
Yes
Procurement and distribution of medications or other supplies:
No
Technical guidance:
Yes
Other [write in below]:
-

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?:
Yes
6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:
No
7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:
7
Since 2009, what have been key achievements in this area:
To date, Jordan's national response to HIV has been characterized by a strong political commitment, best evident with the establishment of the National AIDS Programme and its sustainable funding through national and international sources and the development of a new NSP (2012-2016) highlighting key priorities for an effective national response.
What challenges remain in this area:
- As Jordan is experiencing an epidemiological transition in the pattern of disease, more emphasis is placed on non communicable diseases (cardiovascular diseases, cancer, diabetes and chronic respiratory infections). - The low prevalence HIV epidemic in the country prohibits investment in effective prevention. Moreover, the cultural norms and the culture of shame constitute a challenge.

A - III. HUMAN RIGHTS

1.1

People living with HIV:
Yes
Men who have sex with men:
No
Migrants/mobile populations:
Yes
Orphans and other vulnerable children:
Yes
People with disabilities:

Yes
People who inject drugs:
No
Prison inmates:
Yes
Sex workers:
No
Transgendered people:
No
Women and girls:
Yes
Young women/young men:
Yes
Other specific vulnerable subpopulations [write in]:
-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:
Yes
IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:
Jordan is a constitutional Monarchy; all Jordanians are equal in rights and duties under the Jordanian constitution. Moreover, Jordan is a party to many human rights agreement such as the Convention on the Elimination of all forms of discrimination against women and the convention on the rights of the child. In light of the turbulence experienced in the political life in Jordan, the government is executing a political reform which comprises the issuance/ amendment of laws that better protect the rights of Jordanian citizens.
Briefly explain what mechanisms are in place to ensure these laws are implemented:
Any person experiencing a violation of rights can file a law suit against the abuser or can report the case to the National Centre for Human Rights in Jordan. Moreover, the Jordanian National Commission for women recently established the women complaints office to assist women survivors of violence and discrimination to fully access their entitled rights.
Briefly comment on the degree to which they are currently implemented:
These mechanisms are fully in place and functional. Violations experienced by PLHIV and key populations at higher risk are exacerbated by dominant social norms and the stigma and discrimination that prohibit their access to service providers in this regards.
2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:
Yes

IF YES, for which subpopulations?

People living with HIV:
No
Men who have sex with men:
Yes
Migrants/mobile populations:
Yes
Orphans and other vulnerable children:
No
People with disabilities:
No
People who inject drugs :
Yes
Prison inmates:
No
Sex workers:
Yes
Transgendered people:
Yes
Women and girls:
No
Young women/young men:
No
Other specific vulnerable subpopulations [write in below]:
Migrant Workers

Briefly describe the content of these laws, regulations or policies:
The Jordanian Penal Code and the laws and regulations pertaining to the usage aand administering of Drugs and Mental Illness criminalise Key Populations at high risk, mainly female sex workers (FSWs) , and Injecing drug users (IDUs). - Mandatory HIV testing for certain population groups in the country; i.e. employees working in the public sector are expected to take the HIV test before being hired Foreigners staying in Jordan for a period that exceeds three months/ those applying for a

work or residency permit have to provide the department of foreigners and borders with a medical clearance certificate from MoH which includes HIV test. In case of a positive test result, the Minister of Interior will be informed and will proceed with the deportation of the HIV positive foreigner.

Briefly comment on how they pose barriers:

These laws continue to fuel stigma and discrimination against PLHIV and key populations at high risk and constitute a challenge to enjoyment of their rights. Moreover, they hinder reaching out to them with effective prevention intervention. - Restrictions on entry of PLHIV and deportation of foreigners in case of being tested positive for HIV is also another human rights issue that requires concerted efforts in the future.

A - IV. PREVENTION

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?:

Yes

IF YES, what key messages are explicitly promoted?

Abstain from injecting drugs:
Yes
Avoid commercial sex:
Yes
Avoid inter-generational sex:
Yes
Be faithful:
Yes
Be sexually abstinent:
Yes
Delay sexual debut:
No
Engage in safe(r) sex:
Yes
Fight against violence against women:
Yes
Greater acceptance and involvement of people living with HIV:
Yes
Greater involvement of men in reproductive health programmes:
Yes
Know your HIV status:
Yes
Males to get circumcised under medical supervision:
No
Prevent mother-to-child transmission of HIV:
No
Promote greater equality between men and women:
Yes
Reduce the number of sexual partners:
No
Use clean needles and syringes:
No
Use condoms consistently:
No
Other [write in below]:
-

1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?:

Yes

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:

Yes

2.1. Is HIV education part of the curriculum in

Primary schools?:
No
Secondary schools?:
Yes
Teacher training?:
No

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:
Yes
2.3. Does the country have an HIV education strategy for out-of-school young people?:
Yes
3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?:
Yes
Briefly describe the content of this policy or strategy:
The content varies based on the sector and the vulnerable population groups addressed. In general, various strategies, approaches and methods are included that increase the health awareness of the vulnerable groups and enable them to play a role in protecting their health (including HIV prevention).

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
Yes	Yes	Yes	Yes	No	taxi drivers
No	No	No	No	No	truck drivers
Yes	Yes	Yes	Yes	Yes	-
No	No	No	No	No	-
Yes	Yes	Yes	Yes	Yes	-
Yes	Yes	Yes	No	Yes	-
Yes	Yes	Yes	Yes	Yes	-
Yes	Yes	Yes	No	Yes	-

3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2011?:
8
Since 2009, what have been key achievements in this area:
The increased support from various governmental and civil society organizations and a broad involvement of a range of population groups in HIV prevention efforts. Creation of an Association for People Living with HIV in Jordan. The association represents PLHIV in various dealing and it further succeeded in reaching out to a significant number of MSM, some IDUs and FSWs with effective HIV prevention interventions.
What challenges remain in this area:
Many of the prevention efforts that aim at knowledge, attitude and behaviour change are not based on theories of behaviour change and thus have very limited impact on targeted populations. Moreover, there is a need for creating new effective IEC materials or utilizing whatever is available from internationally renowned sources after tailoring them to Jordanian social context. Data on key populations at higher risk is very limited. Proper population size estimations and more investment in surveillance and robust research is required to better understand transmission dynamics, and existing behaviours that increase the risk of exposure to HIV, and better support the design and implementation of more effective HIV prevention interventions in the future The dominant social norms and the legal environment that exacerbate stigma and discrimination in this regards that prohibits reaching out to key populations with HIV prevention interventions. Lack of a systemic plan that organises existing efforts and minimises duplication. Financial sustainability for HIV prevention interventions.
4. Has the country identified specifc needs for HIV prevention programmes?:
-

4.1. To what extent has HIV prevention been implemented?

Blood safety:
Strongly Agree
Condom promotion:
Disagree
Harm reduction for people who inject drugs:
Agree
HIV prevention for out-of-school young people:
Agree
HIV prevention in the workplace:
Agree
HIV testing and counseling:
Agree
IEC on risk reduction:
Agree
IEC on stigma and discrimination reduction:
Agree
Prevention of mother-to-child transmission of HIV:
N/A

Prevention for people living with HIV:
Agree
Reproductive health services including sexually transmitted infections prevention and treatment:
Agree
Risk reduction for intimate partners of key populations:
Agree
Risk reduction for men who have sex with men:
Agree
Risk reduction for sex workers:
Agree
School-based HIV education for young people:
Agree
Universal precautions in health care settings:
Agree
Other[write in]:
-

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:
8

A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:
Yes
If YES, Briefly identify the elements and what has been prioritized:
The Care and Treatment unit (part of Amman's, the capital VCT centre) monitors the HIV patients' diagnostic and prognostic indicators in accordance with national guidelines (Plasma CD4 and CD8 counts and Viral Load testing, TB and Hepatitis B and C screening) and provides free of charge antiretroviral therapy and medications for opportunistic infections' for all eligible Jordanian PLHIV. The unit responds to other medical needs of PLHIV (quarterly medical examinations, home visits, distribution of first aid kits, referral to other medical care providers and condom distribution) and provides general awareness on nutrition and healthy lifestyle and on measures of safe handling of bodily fluids.
Briefly identify how HIV treatment, care and support services are being scaled-up?:
The MoH/NAP continues to provide free of charge treatment for all Jordanian PLHIV in the country (ART and treatment for Opportunistic infections) with a significant contribution from the MoH budget and international sources, mainly a Global Fund grant. The MoH is committed to continue this practice for all newly diagnosed cases despite the new development in Jordan's ineligibility to apply for the Global Fund (Transitional Funding Mechanism), and the limited resources available in the future.

1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:
Strongly Agree
ART for TB patients:
Strongly Agree
Cotrimoxazole prophylaxis in people living with HIV:
Strongly Agree
Early infant diagnosis:
Strongly Agree
HIV care and support in the workplace (including alternative working arrangements):
Strongly Disagree
HIV testing and counselling for people with TB:
Strongly Agree
HIV treatment services in the workplace or treatment referral systems through the workplace:
Strongly Disagree
Nutritional care:
Agree
Paediatric AIDS treatment:
Strongly Agree
Post-delivery ART provision to women:
Strongly Agree
Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):
Strongly Agree
Post-exposure prophylaxis for occupational exposures to HIV:
Strongly Agree
Psychosocial support for people living with HIV and their families:
Strongly Agree
Sexually transmitted infection management:

Agree
TB infection control in HIV treatment and care facilities:
Strongly Agree
TB preventive therapy for people living with HIV:
Strongly Agree
TB screening for people living with HIV:
Strongly Agree
Treatment of common HIV-related infections:
Strongly Agree
Other [write in]:
-

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:
No
Please clarify which social and economic support is provided:
-
3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:
Yes
4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?:
Yes
IF YES, for which commodities?:
Antiretroviral drugs, medications for opportunistic infections, condoms and other medications PLHIV might be in need of.
5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:
9
Since 2009, what have been key achievements in this area:
Free HIV diagnostic and prognostic laboratory tests for all PLHIV Free of charge ART, treatments for opportunistic infections, first aid kits and condoms. Professionalism in dealing with PLHIV, preserving respect and confidentiality. Activation of a hospital referral system through appointment of a focal person at al Basheer government hospital to facilitate PLHIV access to needed medical care.
What challenges remain in this area:
A number of structural, operational, logistical and social barriers such as: understaffing, limited technical capacity of the staff available to provide quality services, and inadequate space and poor infrastructure. Capacity building efforts should focus on updating the staff's knowledge on new scientific information on HIV and AIDS, including treatment protocols and guidelines and programmes for psychosocial counselling skills' improvement.
6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:
N/A
7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:
-
Since 2009, what have been key achievements in this area:
-
What challenges remain in this area:
-

A - VI. MONITORING AND EVALUATION

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?:
Yes
Briefly describe any challenges in development or implementation:
Despite achievements attained in the last two years in monitoring and evaluating the national AIDS response, challenges still exist in developing a National M& E system functioning across a range of sectors, various service delivery areas and at different levels of implementation. Most of the existent monitoring and evaluation effort is focused on programme activity monitoring and programme evaluation. The NAP has an M&E plan that is based on the GFTAM funded programme, with a specific set of objectives, service delivery areas and indicators.
1.1 IF YES, years covered:
2007-2012
1.2 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?:
Yes, some partners
Briefly describe what the issues are:
The existing M&E plan is based on the current programme implemented and does not cover all sectors and all levels of

service delivery. There is a limited role for partner organizations in M&E due to a number of challenges that are explained below.

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:
Yes
Behavioural surveys:
Yes
Evaluation / research studies:
Yes
HIV Drug resistance surveillance:
Yes
HIV surveillance:
Yes
Routine programme monitoring:
Yes
A data analysis strategy:
Yes
A data dissemination and use strategy:
Yes
A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):
Yes
Guidelines on tools for data collection:
Yes

3. Is there a budget for implementation of the M&E plan?:
Yes
3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities? :
7.5%
4. Is there a functional national M&E Unit?:
In Progress
Briefly describe any obstacles:
There is no specialized M&E unit for HIV, and the work is mainly dependent on a core team (4 full time and 15 part time staff members) from NAP at the central and directorate levels and some active NGO staff members. Full time staff allocate almost 15% of their time for M&E.

4.1. Where is the national M&E Unit based?

In the Ministry of Health?:
Yes
In the National HIV Commission (or equivalent)?:
-
Elsewhere [write in]?:
-

Permanent Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
MoH/NAP Staff	4	15	2003

Temporary Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
Focal Points at NAP Partner organisations	-	20	2003

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:
Yes
Briefly describe the data-sharing mechanisms:
Data is mainly submitted by the various stakeholders to the NAP. HIV surveillance is mainly based on case reporting from the various public and private hospitals and laboratories, blood bank and VCT centers. Data is also collected on various demographic characteristics of the patients, possible mode/s of transmission. Additionally, data is gathered on various clinical aspects of patients on ART. NAP has an HIV and AIDS focal point in each of the twelve health directorates in Jordan and is responsible for overseeing and monitoring the work of all VCTs in the country, with the main VCT in Amman taking the lead in data collection, analysis and final reporting. Final data is included in the Department of Communicable Diseases annual report.
What are the major challenges in this area:
Scattered and non systematic M&E efforts due to the lack of a National M& E system functioning across a range of sectors

The insufficient capacity of the involved staff in matters related to systemic data collection, analysis and report writing.

5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?:
No

6. Is there a central national database with HIV- related data?:
Yes

IF YES, briefly describe the national database and who manages it.:
HIV and AIDS data is centrally located and analyzed at the main VCT/NAP. The database available is a simple computerized programme that entails the use of excel sheets for data storage and processing.

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:
Yes, but only some of the above

IF YES, but only some of the above, which aspects does it include?:
The data includes information on HIV positive cases and testing site referrals. Moreover, data is collected on various demographic characteristics of the patients, possible mode/s of transmission and the various clinical aspects of patients on ART.

6.2. Is there a functional Health Information System?

At national level:
Yes
At subnational level:
No
IF YES, at what level(s)?:
-

7. Does the country publish an M&E report on HIV , including HIV surveillance data at least once a year?:
Yes

8. How are M&E data used?

For programme improvement?:
Yes
In developing / revising the national HIV response?:
Yes
For resource allocation?:
Yes
Other [write in]:
-

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:
An important example is monitoring an important indicator in the M&E plan- utilization of the VCT services in the last two years which was evidently low. This enabled taking corrective measures to increase promotion of VCT services among key populations at higher risk and vulnerable groups. Another example is related to monitoring condom distribution; challenges existed in successful condom distribution among the targeted key populations at higher risk in the past two years, the matter that led to moving this HIV prevention component to the directorate of mother and child health and its distribution through reproductive health programs. Data collected is programme specific and does not necessarily address all aspects of the national response to HIV and AIDS.

9. In the last year, was training in M&E conducted

At national level?:
Yes
IF YES, what was the number trained:
77
At subnational level?:
No
At service delivery level including civil society?:
No

9.1. Were other M&E capacity-building activities conducted` other than training?:
No

10. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:
7

Since 2009, what have been key achievements in this area:
Monitoring of the various aspects of programme implementation by NAP and the main implementing partners. An increased emphasis on the importance of M&E among the NAP and partner staff, the matter that led to implementation of a training programme for a total of 77 staff members on M&E. Current preparatory work for development of a new M&E plan, guide and tools in line with the new NSP and OP.

What challenges remain in this area:
A number of challenges exist in this regards: limited number of professionals with required M&E expertise in Jordan and at

NAP/MOH, lack of necessary tools to gather data and lack of management information system to store and analyse data to further guide the national response. Moreover, the high turnover of NAP's partners' staff (mainly relevant NGOs) and lack of sustainable financial resources are also contributing factors. Data on Sexually transmitted infections is very scarce in Jordan, thus prohibiting the accurate interpretation of HIV epidemiological risk factors. More efforts are to focus on improved management, documentation and reporting on STIs in the future. The need to collect both quantitative and qualitative data on the various aspects of programme implementation.

B - I. CIVIL SOCIETY INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:
2
Comments and examples:
Civil Society organizations have contributed to strengthening political commitment of top leaders through execution of a number of activities addressing HIV that involved policy makers, facilitating a bottom up approach for social change. Moreover, civil society has also participated in various preparatory work for development of the new NSP (2012-2016).
2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:
2
Comments and examples:
Various civil society organizations have admitted attendance of various consultative meetings and workshops in the scope of developing the National Strategic plan on HIV and AIDS (2012-2016). However, many confessed that they were not actively engaged and did not have a sense of ownership of the outcome. Moreover, they expressed being implementing partners with minimal involvement in the planning process of executed plans.

3.

a. The national HIV strategy?:
3
b. The national HIV budget?:
2
c. The national HIV reports?:
2
Comments and examples:
The scores provided here are based on the new NSP developed covering the years 2012-2016.

4.

a. Developing the national M&E plan?:
2
b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?:
2
c. Participate in using data for decision-making?:
1
Comments and examples:
Civil society organizations have been involved in the monitoring and evaluation of the HIV response in a limited manner due to their role as implementers of the various activities and the limited capacity of the staff in data collection and reporting. Moreover, much of their contribution in this regards is function of availability of funds to sustain existing efforts.

5. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:
2
Comments and examples:
Civil society sector representation in HIV efforts is satisfactorily inclusive of diverse organizations such as faith based organizations, human rights centers, and PLHIV. There is a need to include more representatives for key population groups at higher risk (MSM, IDUs and FSWs) and other vulnerable population groups.

6. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is civil society able to access

a. Adequate financial support to implement its HIV activities?:
1
b. Adequate technical support to implement its HIV activities?:
1
Comments and examples:
The capacity of civil society organizations in resource mobilization is very limited. Most of the funding they receive for HIV is channeled through NAP. Moreover, many organizations working on HIV prevention have limited number of permanent staff and are highly dependent on volunteers, the matter that restricts sustainable capacity building for effective HIV

programming.

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

People living with HIV:
25-50%
Men who have sex with men:
<25%
People who inject drugs:
51-75%
Sex workers:
<25%
Transgendered people:
<25%
Testing and Counselling:
<25%
Reduction of Stigma and Discrimination:
25-50%
Clinical services (ART/OI)*:
-
Home-based care:
<25%
Programmes for OVC:**
-

8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2011?:
8
Since 2009, what have been key achievements in this area:
Civil society participation in the national response to HIV has improved in the previous two years, facilitating the reach out to key population groups at higher risk and vulnerable groups. Moreover, many of their efforts focused on HIV education aiming at knowledge and attitude change and reducing stigma and discrimination in this regards.
What challenges remain in this area:
The inadequate technical capacity of civil society organizations Financial Sustainability Limited involvement of civil society in the planning process and design of HIV prevention interventions Stigma and discrimination many face working with key population at higher risk The need to expand involvement of civil society organizations in remote governorates which are rarely addressed (i.e Aqaba)

B - II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:
Yes
IF YES, describe some examples of when and how this has happened:
People living with HIV have been involved up to a good extent in HIV policy design through participation in development of the new NSP (2012-2016) that took place in 2011 and moreover, their membership in the CCM committee, represented by the newly created Positive Vision Association. There is a need to broaden the scope of involving other key and vulnerable population groups beyond implementation of programme activities in the future.

B - III. HUMAN RIGHTS

1.1.

People living with HIV:
Yes
Men who have sex with men:
No
Migrants/mobile populations:
Yes
Orphans and other vulnerable children:
Yes
People with disabilities:
Yes
People who inject drugs:
No
Prison inmates:
Yes

Sex workers:
No
Transgendered people:
No
Women and girls:
Yes
Young women/young men:
Yes
Other specific vulnerable subpopulations [write in]:
Foreign workers/ NO

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:
Yes
If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:
Many Laws are in place protecting the rights of all Jordanians, but moreover, there are a number of them that specifically protect vulnerable population groups: Women: protected under the Social Status law and the law on the protection from domestic violence Children: Jordan has ratified the CRC but no specific law is in place to date. The Public Health Law addresses many health issues that protect the health of all Jordanians, including medical insurance.
Briefly explain what mechanisms are in place to ensure that these laws are implemented:
Many existing laws are accompanied by guidelines and procedures and practical terms that facilitate their implementation. Moreover, many civil society organizations provide legal consultations for those who need it and further refer cases to courts whenever necessary.
Briefly comment on the degree to which they are currently implemented:
Many are implemented up to a good extent.
2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:
Yes

2.1. IF YES, for which sub-populations?

People living with HIV:
No
Men who have sex with men:
Yes
Migrants/mobile populations:
No
Orphans and other vulnerable children:
No
People with disabilities:
No
People who inject drugs:
Yes
Prison inmates:
No
Sex workers:
Yes
Transgendered people:
Yes
Women and girls:
No
Young women/young men:
No
Other specific vulnerable subpopulations [write in]:
migrant workers.

Briefly describe the content of these laws, regulations or policies:
Key populations at higher risk (IDUS, MSM and FSWs) still experience legal and societal discrimination and harassment (Penal Code, Laws and regulations pertaining to the Usage and Administering of Drugs and Mental Illness)- some articles in these laws criminalize acts of drug use (IDUs), FSW and MSM. A recently completed study to assess the extent to which current Jordanian legislation and policies are in tune with international standards pertaining to HIV and AIDS in the workplace highlighted some significant discrepancies between ILO Recommendation 200- and the legal requirements under the Jordanian law, mainly pertaining to mandatory HIV testing for Jordanians and migrant workers.
Briefly comment on how they pose barriers:
Despite considerable progress achieved to date in the field of human rights, some population groups are still highly discriminated and marginalized in society, the matter that challenges reaching out to them with effective HIV interventions (i.e. promotion of condom use among CRC inmates is forbidden to date). Moreover, some laws prevent PLHIV from enjoyment of their rights (i.e. right to work- the issue of mandatory testing/ inclusion of HIV as an occupational disease or injury that warrants compensation).

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:
Yes
Briefly describe the content of the policy, law or regulation and the populations included:
A new law on the protection from family violence was issued in 2008 .The law makes provision for the reporting of domestic violence, including sexual violence and harassment against women. The law was criticized on the basis of failing to criminalize domestic violence or provide adequately for the prosecution of those who perpetrate it. The law still awaits regulations for ease of implementation.
4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?:
Yes
IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:
Among many of the principles underpinning the new NSP (2012-2016) are protection of human rights and greater involvement of PLHIV in the national response. The NSP is inclusive of key population groups at higher risk, vulnerable population groups and PLHIV. The NSP identifies the creation of an enabling environment as one of its main objectives, stressing on legal measures that better protect the rights of these important population groups.
5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and/or other vulnerable sub-populations?:
Yes
IF YES, briefly describe this mechanism:
A number of cases for human rights' violations experienced by PLHIV have been reported to the National Centre for Human rights; legal consultation and further guidance was provided.

6. Does the country have a policy or strategy of free services for the following?

Provided free-of-charge to all people in the country	Provided free-of-charge to some people in the country	Provided, but only at a cost
Yes	-	-
Yes	-	-
Yes	-	-

If applicable, which populations have been identified as priority, and for which services?:
PLHIV and key population groups at higher risk of HIV infection.
7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:
Yes
7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:
Yes
8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:
Yes
IF YES, Briefly describe the content of this policy/strategy and the populations included:
A number of policies are in place, ensuring access of key populations/ other vulnerable sub populations to prevention, treatment, care and support including the old NSP (2005-2009) and currently the new one NSP (2012-2016) that is more comprehensive in addressing them all.

8.1

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:
Yes
IF YES, briefly explain the different types of approaches to ensure equal access for different populations:
The new strategy includes a number of interventions that target all important population groups (IDUs, FSWs, MSM, CRC inmates, youth, vulnerable youth and women, truck and taxi drivers) and various settings (CRCs, schools, CBOs).

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?:
No

10. Does the country have the following human rights monitoring and enforcement mechanisms?

a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work:
Yes
b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:
Yes
IF YES on any of the above questions, describe some examples:

The National Centre for human rights is an important entity that monitors the work of the various structures in country and the implementation of laws that protect the rights of all Jordanians, including vulnerable population groups (men, women, foreigners, PLHIV). There is still existing challenges in many of the key populations at higher risk accessing available services. The Jordanian National Commission for women also has measures in place to respond to cases of Violence against women (including sexual violence). Moreover, it is worth mentioning that Jordan is signatory to many Human rights conventions, which constitute benchmarks for protection of human rights.

11. In the last 2 years, have there been the following training and/or capacity-building activities

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:
Yes
b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:
Yes

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework:
No
b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:
No

13. Are there programmes in place to reduce HIV-related stigma and discrimination?:
Yes

IF YES, what types of programmes?

Programmes for health care workers:
Yes
Programmes for the media:
Yes
Programmes in the work place:
Yes
Other [write in]:
Religious Leaders from both faiths (Christianity and Islam).

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:
5
Since 2009, what have been key achievements in this area:
Drafting a National Policy on HIV and AIDS and the world of work based on Recommendation 200 which sets out international standards pertaining to the workplace, with the aim of strengthening prevention efforts, facilitating access to treatment, care and support measures for persons with HIV and calling for respect for the fundamental human rights of all workers.
What challenges remain in this area:
Many laws are in place, but the challenge remains in implementation of these laws and the cultural norms that fuel stigma and discrimination and prohibit enjoyment of rights. More studies need to focus on the analysis of available laws and efforts should be directed towards creating more awareness for the general public, key populations at higher risk and PLHIV on the content of these laws.
15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:
5
Since 2009, what have been key achievements in this area:
The development of a draft policy on HIV and AIDS and the world of work. The important role of NAP in protection of human rights of PLHIV.
What challenges remain in this area:
Stigma and Discrimination of the general public and those providing services The level of awareness of decision makers on the matter should be addressed for an effective implementation of existing laws and policies. The role of media in awareness raising is minimal

B - IV. PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?:
Yes
IF YES, how were these specific needs determined?:
Identification of HIV prevention needs was done informally at the level of programmes through monitoring and evaluation of implemented activities and the feedback received many times from the targeted populations in various meetings and

workshops executed. Some interviewees highlighted that no specific needs assessment for HIV prevention was done at the national level.

1.1 To what extent has HIV prevention been implemented?

Blood safety:
Strongly Agree
Condom promotion:
Agree
Harm reduction for people who inject drugs:
Disagree
HIV prevention for out-of-school young people:
Disagree
HIV prevention in the workplace:
Disagree
HIV testing and counseling:
Agree
IEC on risk reduction:
Agree
IEC on stigma and discrimination reduction:
Agree
Prevention of mother-to-child transmission of HIV:
Disagree
Prevention for people living with HIV:
Agree
Reproductive health services including sexually transmitted infections prevention and treatment:
Agree
Risk reduction for intimate partners of key populations:
Agree
Risk reduction for men who have sex with men:
Agree
Risk reduction for sex workers:
Agree
School-based HIV education for young people:
Disagree
Universal precautions in health care settings:
Agree
Other [write in]:
-

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:
6
Since 2009, what have been key achievements in this area:
Expansion of successful partnerships among the various civil society organisations and NAP facilitated the reach out to a total of 3679 members of key populations at higher risk with various HIV prevention activities (1345 FSWs, 1020 MSM, and 1314 IDUs). Moreover, many vulnerable groups were reached through various HIV and AIDS education interventions including women, youth (university and school students), and military on UN peace keeping missions, religious leaders, and refugees. Many interventions also targeted health care providers.
What challenges remain in this area:
Data on the comprehensiveness and effectiveness of the various HIV interventions that aimed at awareness raising and attitude and behaviour change remain scarce. Many of the prevention efforts that aim at knowledge, attitude and behaviour change are not effective and thus have very limited impact on targeted populations. The civil society organizations' sense of ownership and participation in the design and implementation of interventions is crucial for a more successful response

B - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:
Yes
IF YES, Briefly identify the elements and what has been prioritized:
The MoH/NAP is the entity responsible for providing treatment services in the country. All Jordanian people who are HIV positive have access to free ARV drugs and medications for opportunistic infections and other diseases encountered.
Briefly identify how HIV treatment, care and support services are being scaled-up?:
Provision of antiretroviral therapy and medications for opportunistic infections' for all eligible Jordanian PLHIV. Responding to other medical needs of PLHIV Expansion of home based care programme for PLHIV.

1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:
Strongly Agree
ART for TB patients:
Strongly Agree
Cotrimoxazole prophylaxis in people living with HIV:
N/A
Early infant diagnosis:
N/A
HIV care and support in the workplace (including alternative working arrangements):
Strongly Agree
HIV testing and counselling for people with TB:
Agree
HIV treatment services in the workplace or treatment referral systems through the workplace:
Strongly Disagree
Nutritional care:
Strongly Disagree
Paediatric AIDS treatment:
Agree
Post-delivery ART provision to women:
Agree
Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):
N/A
Post-exposure prophylaxis for occupational exposures to HIV:
Agree
Psychosocial support for people living with HIV and their families:
Agree
Sexually transmitted infection management:
Agree
TB infection control in HIV treatment and care facilities:
Agree
TB preventive therapy for people living with HIV:
Agree
TB screening for people living with HIV:
Agree
Treatment of common HIV-related infections:
Agree
Other [write in]:
-

1.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:
7
Since 2009, what have been key achievements in this area:
The high political commitment of decision makers at MoH/NAP to continue providing free ARTs for all people living with HIV in the country. The development of an association especially for PLHIV- a means for providing them with the necessary support to access their basic needs including health care. Community mobilization involving a number of community leaders to support and provide psychosocial care for PLHIV through the association.
What challenges remain in this area:
Stigma and discrimination of health care providers. Lack of second line ART regimens Lack of special kits for the laboratory machine that determines the genotype of the HIV, thus enhancing prescription of the most effective medication and minimizing any possible drug resistance in future. Limited access of PLHIV to dental health services and secondary and tertiary medical care.
2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:
No
3. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?":
-
Since 2009, what have been key achievements in this area:
-
What challenges remain in this area:
-
