# Jordan Report NCPI

## NCPI **Header**

**is indicator/topic relevant?**: Yes
**is data available?**: Yes
**Data measurement tool / source**: NCPI
**Other measurement tool / source**:
**From date**: 01/01/2012
**To date**: 12/31/2013
**Additional information related to entered data. e.g. reference to primary data source, methodological concerns:**:
**Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source:**:
**Data measurement tool / source**: GARPR

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**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 Ministry of Health/ National AIDS Programme, with technical and financial support provided by UNAIDS MENA-RST and in country. Assistance was provided through a contractual partner to conduct interviews with key informants, collect data to complete the National Commitments and Policies Instrument (NCPI), and further write the report. The 2014 country progress report provides data on the status of, and response to the HIV epidemic in Jordan in the previous two years (January 2012- December 2013). Primary data was obtained from a desk review of relevant documents (policies, strategies, laws, guidelines, reports) and interviews carried out with key informants. Moreover, the midterm review process of the Political declaration targets executed in 2013, including assessment of national targets and prioritization of interventions and resource allocations was also helpful. 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 in February, 2014. Representatives from government, civil society, and multilateral agencies were contacted by phone and further interviewed to complete the NCPI. The national consultation on the report was executed through a number of small meetings to verify findings with MoH/ NAP, some NGOs, and also few UN agencies and NGOs involved in the humanitarian response to Syrian refugees.

**Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions**: N/A

**Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like)**: N/A

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

| Organization | Names/Positions | Respondents to Part A |
|---|---|---|
| Ministry of Health | Dr. Bassam Al Hijawai/ Director | A1,A2 |
| Ministry of Health | Dr Assad Rahhal/ Deputy manager of NAP | A1,A2,A3,A4,A5,A6 |
| Ministry of Health | Mr. Ahmad Nasralla/ Public health officer | A3,A4,A6 |
| Ministry of Health | Mr. Abdulla Hanatleh/ M&E unit manager | A3,A4,A6 |
| Ministry of Health/NAP-VCT and treatment unit | Dr. Hydar Khasawneh/ Director | A4,A5,A6 |
| Ministry of Health/NAP-VCT and treatment unit | Ms. Ibtisam Kannan/ Nurse | A4,A5,A6 |
| Ministry of Health/ Chest Diseases and Immigrants Health Directorate | Dr Khalid Abu Rumman/ Director | A4,A5 |
| Ministry of Health/ National Centre for Rehabilitation of Addicts | Dr. Jamal Anani/ Director | A3,A4,A5,A6 |
| Ministry of Health/ Directorate of Blood Bank | Dr. Karim Yarfas/ Director | A4,A6 |
| Ministry of Labour | Mr. Sherine AL Tayeb/ HIV focal point | A4 |
| Higher Council for Youth | Mr. Jamal Khreisat/ Director of Youth Affairs | A4 |
| Higher Population Council | Dr. Sawsan Al Majali/ Secretary General | A2,A3,A4 |
| Ministry of Interior/Public Security Department – Anti Narcotics Department- Substance Abuse Treatment Centre | Ministry of Interior/Public Security Department – Anti Narcotics Department- Substance Abuse Treatment Centre | A3,A4,A5,A6 |

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

| Organization | Names/Positions | Respondents to Part B |
|---|---|---|
| National Centre for Human Rights/ Monitoring & Ending Violations Unit | National Centre for Human Rights/ Monitoring & Ending Violations Unit | B1,B2,B3 |
| Bushra Centre for Studies | Ms. Jihan Mourjan/Director | B1,B4 |
| Bushra Centre for Studies | Ms. Maram Al Nabulsi | B1,B4 |
| Family and Childhood Protection Society | Mr. Fadi Dawagreh/ Project Coordinator | B1,B4 |
| Nour Al Hussein Foundation/ Family Health International | Dr. Manal Al Tahtamouni/ Director | B1,B3,B4,B5 |
| Friends of Development and Investment Association | Mr. Ali Noubani /Director | B1,B2,B3,B4 |
| Curves centre for Training and Research | Mr. Ayman Omar/Director | B1,B4 |
| Family Protection Association | Ms. Amal Al Wahdan/ Director | B1,B4 |
| HIV and Law Project | Mr. Mohammad Al Nasser/ Lawyer | B1,B4 |
| Forearms for change Centre | Ms. Sahar Al Shamayleh | B1,B4 |
| Arab Bridge Centre for Development and Human Rights | Dr Amjad Shammout/ Manager | B4 |
| IRD | Dr. Uma Kandalayev/ Country Director | B3,B4 |
| IRD | Ms. Mona Hamzah/ Health Project Manager | B3,B4 |
| UNHCR | Dr Ann Burton/ Senior Public Health Officer | B3,B4,B5 |
| UNFPA | Ms. Layali Abusir | B1,B4 |
| UNFPA | Ms. Yasmine Al Tabba | B1,B4 |
| Y Peer | Ms. Darein Abu Lail/ Coordinator | B4 |
| UNFPA/ Emergency and Humanitarian Response | Dr. Shible Sahbani/Humanitarian Coordinator | B3,B4,B5 |
| UNFPA/ Emergency and Humanitarian Response | Ms. Maysa Al Khateeb/ Emergency RH Officer | B4,B5 |
| WHO | Dr. Sabri Gmach/ Public Health Officer | B5,B4 |

## A.I Strategic plan

**1. Has the country developed a national multisectoral strategy to respond to HIV?**: Yes

**IF YES, what is 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, decentralized and multisectoral response to HIV and AIDS.

## IF YES, complete questions 1.1 through 1.10; IF NO, go to question 2.

**1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?**: The Jordanian Ministry of Health in collaboration with a number of ministries, CSOs and involved populations.

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

**Education**:

**Included in Strategy**: Yes

**Earmarked Budget**: No

**Health**:

**Included in Strategy**: Yes

**Earmarked Budget**: Yes

**Labour**:

**Included in Strategy**: Yes

**Earmarked Budget**: No

**Military/Police**:

**Included in Strategy**: Yes

**Earmarked Budget**: Yes

**Social Welfare**:

**Included in Strategy**: Yes

**Earmarked Budget**: No

**Transportation**:

**Included in Strategy**: Yes

**Earmarked Budget**: No

**Women**:

**Included in Strategy**: Yes

**Earmarked Budget**: No

**Young People**:

**Included in Strategy**: Yes

**Earmarked Budget**: No

**Other**: Ministry of Toursim, Ministry of Religious Affairs

**Included in Strategy**: Yes

**Earmarked Budget**: No

**IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?**: In light of Jordan's high reliance on GFATM funding and the current scarcity of resources, a number of HIV specific activities are and will continue to be funded from MoH budget; these include: provision of ARVs (GFATM – COS covers 40% of the cost of ARVs for all PLHIV diagnosed till end of 2012) , treatment for opportunistic infections for all eligible Jordanian PLHIV, including new identified cases in 2013 and onwards. MoH will also continue to cover costs related to screening of all donated blood for key pathogens, including HIV, and provision of voluntary counseling and testing services throughout the Kingdom.The Royal Medical services / Military does allocate some funds for implementation of HIV specific activities.

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

**KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS**:

**Discordant couples**: Yes

**Elderly persons**: No

**Men who have sex with men**: Yes

**Migrants/mobile populations**: Yes

**Orphans and other vulnerable children**: Yes

**People with disabilities**: No

**People who inject drugs**: Yes

**Sex workers**: Yes

**Transgender people**: Yes

**Women and girls**: Yes

**Young women/young men**: Yes

**Other specific vulnerable subpopulations**: No

**SETTINGS**:

**Prisons**: Yes

**Schools**: Yes

**Workplace**: Yes

**CROSS-CUTTING ISSUES**:

**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 identified?**:

### 1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country?

**People living with HIV**: Yes

**Men who have sex with men**: Yes

**Migrants/mobile populations**: Yes

**Orphans and other vulnerable children**: Yes

**People with disabilities**: No

**People who inject drugs**: Yes

**Prison inmates**: Yes

**Sex workers**: Yes

**Transgender people**: Yes

**Women and girls**: Yes

**Young women/young men**: Yes

**Other specific key populations/vulnerable subpopulations [write in]:**: Refugees - newly identified vulnerable population group

: Yes

**1.5 Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?**: Yes

**1.6. Does the multisectoral strategy include an operational plan?**: Yes

## 1.7. 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

**1.8. 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.**: Development of the NSP was led by the National AIDS Programme. The process was participatory and involved 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 subnational levels. CSO representatives participated in the NSP validation workshop held end of 2011. Moreover, some studies carried out by CSOs earlier contributed to the evidence base of the NSP ;

**IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case.**:

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

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

**IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why**: There is minimal alignment/ harmonization of the external development partners' HIV-related programmes to the national multisectoral strategy. This is due to a number of factors: Limited follow up by the leading organisation (MoH) on this matter; with end of the GFATM grant by 2012, limited is the funding available that can enable the harmonisation and implementation of activities as per NSP priority areas. The political instability in the region and reign of the Syrian crisis has shifted the focus from HIV and AIDS, amid all other uprising priorities (safety and security and response to basic needs of the refugee population).

## 2.1. Has the country integrated HIV in the following specific development plans?

**SPECIFIC DEVELOPMENT PLANS**:

**Common Country Assessment/UN Development Assistance Framework**: Yes

**National Development Plan**: Yes

**Poverty Reduction Strategy**: Yes

**National Social Protection Strategic Plan**: Yes

**Sector-wide approach**: Yes

**Other [write in]**:

:

## 2.2. IF YES, are the following specific HIV-related areas included in one or more of the develop-ment plans?

**HIV-RELATED AREA INCLUDED IN PLAN(S)**:

**Elimination of punitive laws**: Yes

**HIV impact alleviation (including palliative care for adults and children)**: 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 protection or other schemes)**: Yes

**Women's economic empowerment (e.g. access to credit, access to land, training)**: Yes

**Other [write in]**:

:

**3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?**: N/A

**3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evalua¬tion informed resource allocation decisions?**:

**4. Does the country have 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 and children**: 1. USAID funded project: Jordan Health System Strengthening project II (2009-2014). The project is divided into two phases: Phase I (2009 –2011) focused on renovating and equipping the Emergency Rooms, and Obstetric and Neonatal Wards of selected hospitals and associated training; Phase II (2010 –2014) focuses on supporting improvements in the quality of services at hospital and primary health care levels. Interventions focus on addressing the country's important health priorities in family planning, reproductive health, neonatal care, and access to healthcare services and information. - The Ministry of Health National Strategy (2013-2017). The strategy identifies nine main thematic areas for work of the Ministry of health in the next five years: primary, secondary and tertiary heath care, financial management, human resource management, infrastructure, quality of health care services, regulation and supervision, knowledge management and leadership. MoH continues to identify HIV and AIDS as a key area under primary health care thematic area, and objectives: Control of communicable diseases, promote adoption of healthy behaviors and improving the overall care provided in heath centers

## 5. Are health facilities providing HIV services integrated with other health services?

**a) HIV Counselling & Testing with Sexual & Reproductive Health**: None

**b) HIV Counselling & Testing and Tuberculosis**: Many

**c) HIV Counselling & Testing and general outpatient care**: None

**d) HIV Counselling & Testing and chronic Non-Communicable Diseases**: None

**e) ART and Tuberculosis**: Many

**f) ART and general outpatient care**: None

**g) ART and chronic Non-Communicable Diseases**: None

**h) PMTCT with Antenatal Care/Maternal & Child Health**: None

**i) Other comments on HIV integration:** :

**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 your country’s HIV programmes in 2013?**: 8

**Since 2011, what have been key achievements in this area**: The development and endorsement of the new National Strategic Plan on HIV and AIDS for the years 2012-2016. Integration of HIV in a number of strategic development plans: The Jordanian Ministry of Health Strategic Plan (2013-2017) United Nations Development Assistance Framework (2013-2017) - Jordan National Strategy for Women (2013-2017) Poverty Reduction strategy (2013-2020). Improved partnership of NAP with some relevant stakeholders; that with CSOs was significant.

**What challenges remain in this area:**: 1.Limited resources available to implement priority activities included in the NSP and also to enable effective integration of HIV into other plans and health services 2.Important strategies still do not include HIV in their Logical Frameworks; namely the National Reproductive Health/ Family Planning Strategy (2013-2017). 3.Absence of a coordinating body to follow up on all aspects of HIV programme implementation. 4.More advocacy and sensitisation for decision makers is required to lead efforts that will contribute to an effective response.

## A.II Political support and leadership

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

**A. Government ministers**: Yes

**B. Other high officials at sub-national level**: Yes

**1.1. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?**: Yes

**Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership**: A number of high officials at MoH have addressed the importance of multisectoral efforts for an effective HIV response, and on a number of occasions: 2012 World AIDS day ceremony, TV PSAs and radio interviews to raise public awareness on HIV and AIDS. Moreover, some resource mobilisation efforts were in place, focusing on the private sector in Jordan and to lesser extent the international donor community. With escalation of the Syrian crisis, some officials also highlighted the increased vulnerability of refugees and the importance of addressing HIV prevention and access to treatment and care as key components of the humanitarian response.

**2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?**: No

**IF NO, briefly explain why not and how HIV programmes are being managed:**: Given Jordan's extensive reliance on GFATM for funding – MoH opted to consider the CCM as multisectoral coordinating body with the following key responsibilities: harmonization of GF projects with existing support programs for HIV (and TB) diseases in Jordan, design and management of Jordanian GF project proposals, with an oversight of programme implementation; The information provided in section 2.1 – applies to CCM.

## 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?**: Mr. Deif Allah Al Louzi/ MoH Secretary General

**Have a defined membership?**: Yes

**IF YES, how many members?**: 33

**Include civil society representatives?**: Yes

**IF YES, how many?**: 11

**Include people living with HIV?**: Yes

**IF YES, how many?**: One person

**Include the private sector?**: No

**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 coordinationbetween government, civil societyorganizations, and the private sector for implementing HIV strategies/programmes?**: No

**IF YES, briefly describe the main achievements:**:

**What challenges remain in this area:**:

**4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?**: 0

## 5. What kind of support does the National HIV Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

**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]**:

: No

**6. Has the country reviewed national policies and laws to determine which, if any, are incon-sistent 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?**: Yes

**IF YES, name and describe how the policies / laws were amended**: Law of Narcotic Drugs and Psychotropic Substances- No. 11 of 1988. It imposes a punishment of one to two years imprisonment and a fine of JOD 1,000 – 3,000 (USD1,400– 4,200) for individuals who use, possess or procure a narcotic substance with the intent to use, as well as individuals who grow or buy plants from which narcotic drugs are produced in order to use. The "proposed" amendment of the the law has seen first-time possession cases become eligible for treatment programs rather than penalization when detained for drug-related offences for the first time. Development of a new national policy on HIV and AIDS and World of Work (MoL and MoH leading the process with technical and financial support from ILO).

**Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:**: Criminalisation of KPHR behaviour- namely FSWs and IDUs (Jordanian Penal Code). Deportation of foreigners who test positive for HIV (MoH and MoI regulations).

**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 2013?**: 8

**Since 2011, what have been key achievements in this area:**: Continued political support and leadership of a number of MoH senior officials to position HIV and AIDS on the agenda of national priorities. Moreover, this was evident in some resource mobilisation efforts in place both at the national level (private sector), and internationally, to support the national response. Development of a National Policy on HIV and AIDS and WOW and its endorsement and adoption in a national workshop held in April, 2013. Parallel to this was establishment of a Technical Committee to ensure the proper implementation and monitoring of the policy on a broader scale. Proposed changes in some national laws that constitute a challenge for an effective HIV response.

**What challenges remain in this area:**: The success of developing and endorsing a national policy on HIV and AIDS and WoW is hampered by the continuous change of decision makers (cabinet) in country and the minimal support that is being provided to the broader adoption of the policy, amid other priorities (Unemployment being No. ONE). The impact of the Syrian Crisis and the rise of other priorities constitute key areas of programming of many national and UN agencies; More political support is required to translate all strategies and plans into real work on grounds. The lack of a structured UN support to the national response continues to constitute a challenge.

## A.III Human rights

### 1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Select yes if the policy specifies any of the following key populations and vulnerable groups:

**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

**Transgender people**: No

**Women and girls**: Yes

**Young women/young men**: Yes

**Other specific vulnerable subpopulations [write in]**:

: 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 content of the/laws:**: The Jordanian constitution – Article 6: “Jordanians shall be equal before the law with no discrimination between them in rights and duties even if they differ in race, language or religion”. Moreover, Jordan is a party to many human rights agreement such as: International Convention on the Elimination of All Forms of Racial Discrimination, the Convention on the Elimination of all forms of discrimination against women and the convention on the rights of the child.

**Briefly explain what mechanisms are in place to ensure these laws are implemented:**: Adherence to the Kingdom’s commitments to international charters and conventions and submitting periodic reports on ratified conventions, illustrating effective measures that were undertaken to re-examine government policies, national and local, and to amend, rescind or invalidate any inconsistent national laws and regulations.

**Briefly comment on the degree to which they are currently implemented:**: Satisfactory for some; The example of CEDAW is as follows: The Kingdom signed CEDAW in 1992, which was ratified and published in the Official Gazette in 2007, with three reservations related to the citizenship, housing and women’s mobility clauses in the Personal Status Law. In 2009, reservation on paragraph four of Article 15 of the convention, which gives women freedom of mobility and choice of residence without the consent of their husbands or other male family members, was lifted. Rreservations remain on Article 9 - regarding the right of women to transfer their nationality to their children and husbands and Article16 which is concerned with matters related to marriage, divorce and custody of children. Recently, a coalition was formulated in February, 2013- the largest to date entitled “My Citizenship Is the Right of My Family”, in continuum of a number of previous movements that have long advocated for changing legislation that denies the right of Jordanian women married to foreigners to pass on their nationality to their children; efforts to attain the desired change continue to date.

**2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and vulnerable groups?**: Yes

**IF YES, for which key populations and vulnerable groups?**:

**People living with HIV**: No

**Elderly persons**: 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

**Transgender people**: Yes

**Women and girls**: No

**Young women/young men**: No

**Other specific vulnerable populations [write in]:**:

: No

**Briefly describe the content of these laws, regulations or policies:**: The Jordanian Penal Code continues to criminalize Key Populations at high risk, mainly female sex workers (FSWs). IDUs are also criminalized as per the original Jordanian Law on Narcotic Drugs and Psychotropic Substances. Regulations that Mandate HIV testing for certain population groups in the country; i.e. employees working in the public sector - 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. Deportation of foreigners who test positive for HIV* (although no consensus was reached on this regulation).

**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. The laws constitute a challenge for all programme implementers; issues of safety and security of staff implementing various outreach activities among KPHR in country is a concern. Challenges are also encountered in ensuring effectiveness of HIV prevention interventions targeting KPHR (many are hard to monitor and evaluate within the existent legal context). Restrictions on entry of PLHIV and deportation of foreigners in case of testing positive for HIV constitute a human rights violation and require concerted efforts, especially of the UNCT, to advocate for change with government in this regards (no consensus reached on this point).

## 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?**:

**Delay sexual debut**: No

**Engage in safe(r) sex**: No

**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]:**:

: No

**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

**a) age-appropriate sexual and reproductive health elements?**: Yes

**b) gender-sensitive sexual and reproductive health elements?**: Yes

**2.3. Does the country have an HIV education strategy for out-of-school young people?**: No

**3. Does the country have a policy or strategy to promote information, education and communi-cation and other preventive health interventions for key or other vulnerable sub-populations?**: Yes

**Briefly describe the content of this policy or strategy:**: Promoting IEC and preventive health interventions for key and vulnerable population groups is part of many policies and strategies that are sector/organisation specific. The content generally promotes the health and wellbeing of youth in general and vulnerable sub-populations in particular (i.e most at risk youth, Juveniles in rehabilitations centres, drug addicts in treatment and rehabilitation centers, survivors of child abuse, vulnerable girls and women), and utilises a number of participatory methods and approaches. It is common for HIV and AIDS to be addressed under a broader umbrella of "Healthy lifestyles", "Women Empowerment" or 'Reproductive Health".

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

**People who inject drugs**: Condom promotion,HIV testing and counseling,Reproductive health, including sexually transmitted infections prevention and treatment,Stigma and discrimination reduction,Targeted information on risk reduction and HIV education

**Men who have sex with men**: Condom promotion,HIV testing and counseling,Reproductive health, including sexually transmitted infections prevention and treatment,Stigma and discrimination reduction,Targeted information on risk reduction

and HIV education

**Sex workers**: Condom promotion,HIV testing and counseling,Reproductive health, including sexually transmitted infections prevention and treatment,Stigma and discrimination reduction,Targeted information on risk reduction and HIV education,Vulnerability reduction (e.g. income generation)

**Customers of sex workers**:

**Prison inmates**: Reproductive health, including sexually transmitted infections prevention and treatment,Targeted information on risk reduction and HIV education

**Other populations [write in]:**:

:

**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 2013?**: 7

**Since 2011, what have been key achievements in this area:**: Implementation of some targeted HIV prevention interventions on risk reduction and HIV education and also addressing stigma and discrimination reduction utilising the media (audio visual and also social media). Moreover, promotion of VCT services was significant. Good cooperation in place between the PSD/ AND and Centre for Rehabilitation of addicts with various ministries ; MoE, MoI, MoSD, MoH, MoHE especially in the area of preventive drug educational programmes (including a component on infectious diseases –HIV, HBV and HCV), targeting various population groups, especially the youth and through various channels (settings- schools or universities, media (i.e. radio, TV, Social Media – FB page) Continued capacity building for health care providers (MoH and INGOs) on a number of Reproductive health priorities, including sexually transmitted infections prevention and treatment (trainings were conducted in the context of the humanitarian response to Syrain refugees).

**What challenges remain in this area:**: Scarce funding available (GFATM grant finished in 2012), and the impact this had on implementation of a number of HIV prevention interventions. Limited availability of robust strategic information on the HIV epidemic to date. Absence of effective interventions promoting HIV prevention among youth in schools and universities; limited promotion of condom use, and utilisation of VCT services. Harm reduction strategy for drug addiction includes minimal components; strong resistance is in place to introducing Drug substitution treatment for individuals with opioid dependency, especially by the Anti Narcotics Department; Lack of PMTCT programmes; not a priority within the limited resources available. The current political instability in the region, and the open border policy of Jordan to the large influx of Syrian refugees entering the country; The psychosocial hardships that the refugees endure amid all this can be a gateway for behaviors that increase the risk for HIV infection- thus necessity for new policies and regulations to be in place.

**4. Has the country identified specific needs for HIV prevention programmes?**: Yes

**IF YES, how were these specific needs determined?**: National consultations prior development of the new NSP on HIV and AIDS enabled identification of a number of needs relevant to the nature of the current epidemic and priority intervention areas. Moreover, findings of some small scale studies executed also helped.

**IF YES, what are these specific needs?** : The needs identified were reflected in the key strategic areas of the National Strategic Plan on HIV and AIDS for Jordan(2012-2016): Strengthening the availability and reliability of strategic information for an evidence informed response Strengthening HIV prevention with a clear focus on key populations at higher risk Improving HIV case detection and scaling up coverage, utilization and quality of treatment, care and support for people living with HIV Creating a supportive legal and policy environment for an effective HIV response Building organizational, institutional and technical capacity for an effective national response. Moreover, the Syrian crisis has identified some vulnerabilities and risks facing the refugee population.

## 4.1. To what extent has HIV prevention been implemented?

**The majority of people in need have access to…**:

**Blood safety**: Strongly agree

**Condom promotion**: Disagree

**Economic support e.g. cash transfers**: Disagree

**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**: Disagree

**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**: Disagree

**Risk reduction for men who have sex with men**: Agree

**Risk reduction for sex workers**: Agree

**Reduction of gender based violence**: Agree

**School-based HIV education for young people**: Disagree

**Treatment as prevention**: 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 2013?**: 7

## 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 package includes interventions that can minimise the susceptibility of HIV infected persons to common opportunistic infections, help reduce illnesses, hospital visits and deaths among HIV positive people. ARV treatment and treatment for opportunistic infections had been available for all eligible Jordanian PLHIV since 2003 at the treatment unit. Moreover, all patients are monitored in accordance with national

guidelines, including regular CD4 and CD8 counts, as well as viral load testing. PLHIV also have access to home-based care, as well as psychosocial and non-HIV-related medical care. In addition, PLHIV are referred to support services of other government services, including social services and financial support by the Ministry of Social Development.

**Briefly identify how HIV treatment, care and support services are being scaled-up?**: Despite the limited funding available, MoH decided to cover for the costs of pharmaceuticals: ARVs and treatments for opportunistic infections for all eligible Jordanian PLHIV, including newly identified cases in 2013 and onwards, from MoH budget. Moreover, MoH will continue to cover all costs related to monitoring the HIV patients' diagnostic and prognostic indicators.

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

**The majority of people in need have access to…**:

**Antiretroviral therapy**: Strongly agree

**ART for TB patients**: Strongly agree

**Cotrimoxazole prophylaxis in people living with HIV**: Strongly agree

**Early infant diagnosis**: Agree

**Economic support**: Agree

**Family based care and support**: 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**: Agree

**Palliative care for children and adults Palliative care for children and adults**: Agree

**Post-delivery ART provision to women**: Agree

**Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault)**: Disagree

**Post-exposure prophylaxis for occupational exposures to HIV**: 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]:**: *Post Delivery ART provision to women-- In absence of PMTCT programmes, it is only provided for HIV positive pregnant women.

:

**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**: The NSP on HIV and AIDS (2012-2016) addresses the provision of socioeconomic support to PLHIV. Moreover, the newly developed Policy on HIV and AIDS and WoW addresses this important human right.

**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 substitu-tion medications?**: Yes

**IF YES, for which commodities?**: ARVs, medications for opportunistic infections, and condoms.

**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 2013?**: 9

**Since 2011, what have been key achievements in this area:**: All diagnostic tests and treatments (ARVs and those for opportunistic infections) are provided free of charge for all Jordanian nationals. Availability of ARVs – with sufficient quantities. Follow up and monitoring of patient indicators is thorough and the success rate for treatment is significant (minimal OI and other relapses). Improved skills of health care providers in provision of care and psychosocial support for PLHIV and also their families.

**What challenges remain in this area:**: No second or third line ARV regimens are available for either children or adults. Centralization of ART treatment initiation and maintenance- HIV- Drug Resistance testing is not available. Lack of Genotypic Testing for HIV Drug Resistance; although the equipment is available, but lab genotyping kits and the relevant guidelines are not available. Ongoing capacity building of health care providers on best standards of treatment and care is required.

**6. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?**: Yes

**6.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?**: Yes

**6.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?**: No

**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 2013?**:

**Since 2011, 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:**: UNAIDS MENA-RST provided technical support to MoH/NAP –through a national consultant- to develop a national HIV Monitoring and Evaluation Guide, together with its tools and a draft costed Monitoring and Evaluation action plan (one year). The guide was developed in line with the new NSP (2012-2016). In light of scarcity of resources available to implement the NSP/OP, the national M&E plan developed is not operational to date.

**1.1. IF YES, years covered**: The costed M&E action plan developed is for one year.

**1.2. IF YES, have key partners aligned and harmonized their M&E requirements (including indi-cators) with the national M&E plan?**: Yes, some partners

**Briefly describe what the issues are:**: The issues highlighted earlier with regards to scarcity of financial resources that are necessary to implement the NSP/OP and also limited follow up by the MoH/ NAP amid other challenges related to limited technical capacity of staff, staff turnover, and dismissal of prioritising HIV and AIDS on the agenda of a number of key partners have all contributed to interruption and minimal progress in this regards. Moreover, the burden of the Syrian crisis continues to play an important role.

## 2. Does the national Monitoring and Evaluation plan include?

**A data collection strategy**: Yes

**IF YES, does it address:**:

**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?**: In Progress

**3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?**:

**4. Is there a functional national M&E Unit?**: Yes

**Briefly describe any obstacles:**: Monitoring and Evaluation for HIV and AIDS is among responsibilities of the Communicable Disease Directorate DCC/ M&E unit (National AIDS Programme).

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

**In the Ministry of Health?**: Yes

**In the National HIV Commission (or equivalent)?**: No

**Elsewhere?**: No

**If elsewhere, please specify**:

## 4.2. How many and what type of professional staff are working in the national M&E Unit?

| POSITION [write in position titles] | Fulltime or Part-time? | Since when? |
|---|---|---|
| NAP- 4 staff members | Full-time | N/A |
| MoH- 13 staff members | Temps plein | N/A |

| POSITION [write in position titles] | Fulltime or Part-time? | Since when? |
|---|---|---|
| Focal points at partner organisation- almost 15 | Temps plein | N/A |

**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:**: An active case reporting mechanism is in place, and all health care providers in the kingdom have to report to NAP in case of any HIV or AIDS cases diagnosed. The VCT centers (active ones) provide regular monthly reports to the main VCT in Amman. Moreover, NAP has an HIV focal point in each of the twelve health directorates in Jordan, and they also report on the various HIV related activities implemented at governorate level. Key Partners are also requested to provide monthly/ quarterly reports to the M&E unit. Data describing the epidemic is included in the MoH/ Communicable Diseases Directorate annual report.

**What are the major challenges in this area:**: Human Resources: limited availability and capacity of staff involved in M&E, both at MoH and partner organisations and also lack of data management systems. Minimal Cooperation of some partners, despite follow up at instances.

**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.**: There is a central data base for the MoH/ Communicable Diseases Directorate. HIV related data, and until mid 2012, used to be managed by a responsible MoH staff member, based at Amman VCT; a position funded by GFATM grant. The database that was available was a simple computerized programme that entails the use of excel sheets for data storage and processing and also use of SPSS software for analysis. Data continues to be collected on the following: number of cases, mode of transmission, and demographic data for each of the cases registered. Additionally, data on diagnostic and prognostic indicators for patients on ART is documented. NAP/ Hotline also documents relevant data for hotline callers. Since mid 2012, data at Amman VCT/ treatment unit has been collected and stored manually.

**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?**: Data collected does include information about content, geographical coverage and to a lesser extent key populations receiving HIV services. Some information about the implementing organisations is included.

## 6.2. Is there a functional Health Information System?

**At national level**: Yes

**At subnational level**: No

**IF YES, at what level(s)?**:

**7.1. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?**: Estimates of Current Needs Only

**7.2. Is HIV programme coverage being monitored?**: Yes

**(a) IF YES, is coverage monitored by sex (male, female)?**: Yes

**(b) IF YES, is coverage monitored by population groups?**: No

**IF YES, for which population groups?**:

**Briefly explain how this information is used:**:

**(c) Is coverage monitored by geographical area?**: Yes

**IF YES, at which geographical levels (provincial, district, other)?**: Yes, to some extent at the Governorate Level – Ministry of Health Directorates and VCT centres.

**Briefly explain how this information is used:**: Data is used to monitor HIV programme coverage at the sub national level; additionally, it is used to improve programme implementation.

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

## 9. 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]:**:

: No

**Briefly provide specific examples of how M&E data are used, and the main challenges, if any:**: The challenge revealed by the minimal data reported by the public health providers on STIs (and also from the private medical sector) has identified the need for improving capacity of relevant health care providers on STI Surveillance and management. Consequently, a number of workshops have been executed (and efforts continue to date within the context of humanitarian response to Syrian refugees) to improve national capacity, programme monitoring and reporting in this regards.

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

**At national level?**: No

**IF YES, what was the number trained:**:

**At subnational level?**: No

**IF YES, what was the number trained**:

**At service delivery level including civil society?**: No

**IF YES, how many?**:

**10.1. Were other M&E capacity-building activities conducted other than training?**: Yes

**IF YES, describe what types of activities**: M&E training workshop for staff from MoH and relevant stakeholders (June, 2012); the workshop aimed at building national capacity on a number of M&E topics, utilizing UNAIDS newly developed training tools on “Monitoring and Evaluation for HIV/AIDS programmes in concentrated and low level epidemics”. An Integrated Biological and Behavioral Surveillance study was conducted in 2013, funded by the GFATM. The IBBS study was designed to measure the extent to which HIV is affecting KPHR (FSW and MSM), and to assess the potential for the virus to spread. The study constituted an opportunity to strengthen research and surveillance capacity of the national team (MoH and partner NGOs).

**11. 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 2013?**: 7

**Since 2011, what have been key achievements in this area:**: Technical assistance has been provided by UNAIDS to Ministry of Health/ National AIDS Programme, through UNAIDS, to conduct an M&E training workshop for staff from MoH and relevant stakeholders (June, 2012); the workshop aimed at building national capacity on a number of M&E topics, utilizing UNAIDS newly developed training tools on “Monitoring and Evaluation for HIV/AIDS programmes in concentrated and low level epidemics”. Assistance was provided to MoH in developing a Monitoring and Evaluation Guide, in line with the National Strategic Plan and Operational Plan (2012-2016), with the aim of guiding HIV and AIDS monitoring, evaluation and surveillance activities in Jordan. Execution of a second Integrated Biological and Behavioral Surveillance study in 2013. The study findings available to date, and despite their limited generalisability, highlight key vulnerabilities and risks for consideration in design of future HIV interventions targeting MSM and FSW.

**What challenges remain in this area:**: Despite progress made, challenges to HIV and AIDS monitoring and evaluation expressed earlier still persist; the high staff turnover at MoH/NAP and partner organisations, lack of a management information system to store and analyze data and further guide the national response, limited capacity and specialisation of staff and lack of sustainable financial resources are all present to date.

## 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 contrib¬uted to strengthening the political commitment of top leaders and national strategy/policy formulations?**: 3

**Comments and examples:**: CSOs contribution to strengthening political commitment of top leaders and national strategy/policy formulation has been significant in the past two years. CSOs have contributed to development and endorsement of the new NSP on HIV and AIDS (2012-2016) and development of the new policy on HIV and AIDS and WoW. Moreover, many CSOs have been involved in implementation of key activities targeting KPHR, in close partnership with MoH/NAP. CSOs continue to work on the ground, facilitating the reach out to marginalised and vulnerable key populations with the required interventions.

**2. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) have civil society repre¬sentatives 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)?**: 3

**Comments and examples:**: CSO representatives were involved in the planning process for the new NSP. Many representatives participated in various consultative meetings and workshops conducted in preparing for the NSP. Moreover, many facilitated visits of experts to the field and meetings with KPHR and vulnerable population groups. Participation in the budgeting process was minimal.

### 3. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:

**a. The national HIV strategy?**: 4

**b. The national HIV budget?**: 1

**c. The national HIV reports?**: 2

**Comments and examples:**: Existent regulations do not allow funding CSOs from MoH budget. HIV testing and counselling is provided by public laboratories, hospitals and VCT centres and also by private labs and hospitals. The MoH/NAP does not approve of establishing a “referral Mechanism” for referral of CSO beneficiaries to do HTC, free of charge, or even for HTC services to be provided by qualified NGOs and this is considered a “Lost Opportunity” by some. Moreover, and given that MoH/NAP is the main and only provider of medical treatment for HIV- this centrality of services also constitutes a challenge. Many HIV prevention activities implemented by CSOs (especially those targeting KPHR) are not reflected in national reports; that of the CDD annual report.

## 4. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society included in the monitoring and evaluation (M&E) of the HIV response?

**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?**: 0

**c. Participate in using data for decision-making?**: 2

**Comments and examples:**: There exists “No” national M&E Committee or working group responsible for coordination of M&E activities in the country. Minimal is the data made available for use by CSOs; to help them in developing policies and programmes that are evidence based. Reliance on CSOs in implementation of HIV prevention activities, especially those targeting KPHR and vulnerable population groups, and the participation of some in studies and research (the most recent of which is the 2013 IBBS study), all highlight their important role in monitoring and evaluation of the HIV response.

**5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, community based organisations , and faith-based organizations)?**: 2

**Comments and examples:**: Civil society representation in HIV efforts has been improving throughout; CSOs are involved in lots of efforts that aim at reaching KPHR, and other vulnerable population groups. KPHR (MSM, IDUs and FSW) are invisible, and continue to be highly stigmatized by the population, and many have no official representation through CSOs, except under broader thematic areas. More efforts should be in place to enhance their representation. CSOs representation in the existing coordinating body (CCM) is satisfactory; there are almost 11 CSO members, including faith based organizations and human rights centers. PLHIV representative is also a member. Although an NGO for PLHIV was established two years ago, the NGO is no more active.

## 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?**: 3

**b. Adequate technical support to implement its HIV activities?**: 3

**Comments and examples:**: Few NGOs succeeded in securing funding for their programmes (IDUs) from sources out of MoH/NAP. Generally, there is minimal guidance to NGOs involved in the HIV response on where and how to seek financial assistance; WHO and UNAIDS support is minimal and GFATM funding does not exist anymore. Moreover, capacity of some national NGOs working in the area of HIV prevention for key populations (MSM and IDUs) was strengthened through participation in regional workshops; a UNAIDS workshop on outreach programmes for MSM and also participation in the Regional Harm Reduction conference and workshops conducted by MENHARA.

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

**Prevention for key-populations**:

**People living with HIV**: <25%

**Men who have sex with men**: <25%

**People who inject drugs**: <25%

**Sex workers**: <25%

**Transgender people**: <25%

**Palliative care** : <25%

**Testing and Counselling**: <25%

**Know your Rights/ Legal services**: <25%

**Reduction of Stigma and Discrimination**: <25%

**Clinical services (ART/OI)**: <25%

**Home-based care**: <25%

**Programmes for OVC**: <25%

**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 2013?**: 6

**Since 2011, what have been key achievements in this area:**: The partnership and cooperation of CSOs with the MoH/NAP and other main stakeholders (PSD/AND) helped some CSOs to better define their vision, mission and relevant areas of programming, in line with some of NSP (2012-2016) priorities. Moreover, some were able to secure funds for their activities targeting KPHR (IDUs). This has also helped CSOs who genuinely focus on HIV and AIDS area of programming to blossom and sustain their work while some others vanished! A national NGO implemented a pilot Syringe distribution programme for the first time in the country.

**What challenges remain in this area:**: Despite the successful partnership between some CSOs and NAP in the past two years, there is a limited role for CSOs in decision making; many are considered implementing arms for various activities, especially those targeting KPHR. The technical capacity and ability to seek and secure funding requires enhancement; this continues to hamper specialization of the involved CSOs and also implementation of quality interventions. Limited is the existent coordination among CSOs at the national level. Generally, there is minimal awareness among service providers, CSOs and also KPHR of the laws and regulations that are relevant to their area of work and also that ensures their safety and protection. The World Bank classification of Jordan as an upper middle income country does not reflect reality and the financial hardships that the majority of the Jordanian population is experiencing on grounds, and also the increased burden of hosting and serving Syrian refugees in the last two years. Additionally, minimal was the work done on HIV and AIDS among the refugee population.

## 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:**: Involvement of PLHIV in the national response has been evident throughout; in the last two years, PLHIV have participated in the design of the NSP, and also in

implementation of a number of activities targeting both PLHIV and also KPHR (mostly in 2012). Moreover, the Association for PLHIV, and although recently not active, has been involved with NAP on a number of programme areas. The involvement of PLHIV in the design and endorsement of the national policy on HIV and AIDS and World of Work was remarkable.

## B.III Human rights

### 1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:

**KEY POPULATIONS and VULNERABLE SUBPOPULATIONS**:

**People living with HIV**: No

**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

**Transgender people**: No

**Women and girls**: Yes

**Young women/young men**: Yes

**Other specific vulnerable subpopulations [write in]:**: Refugees

: 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:**: The Jordanian constitution – Article 6: “Jordanians shall be equal before the law with no discrimination between them in rights and duties even if they differ in race, language or religion”. Moreover, Jordan is a party to many human rights agreement such as the International Convention on the Elimination of All Forms of Racial Discrimination, the Convention on the Elimination of all forms of discrimination against women and the convention on the rights of the child. The country continuously revises/ develops new laws that comply with the agreements signed, and ensure protection of some vulnerable population groups. Jordan is not a signatory member of the 1951 Convention relating to the Status of Refugees; in absence of any international or national refugee instrument in force, the 1998 Memorandum of Understanding between UNHCR and the Government of Jordan regulates the roles and responsibilities of the Kingdom as a host country, immigrants themselves and UNHCR as an observer and sponsor, and ensures provision of protection and access to basic services ** Political refugees shall not be extradited on account of their political beliefs or for their defence of liberty.

**Briefly explain what mechanisms are in place to ensure that these laws are implemented:**: Many existing laws are accompanied by regulations that facilitate their implementation. Moreover, a number of independent bodies monitor and document any human rights' violations in the country.

**Briefly comment on the degree to which they are currently implemented:**: Satisfactory for many.

**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?

**KEY POPULATIONS and VULNERABLE SUBPOPULATIONS**:

**People living with HIV**: No

**Men who have sex with men**: Yes

**Migrants/mobile populations**: Yes

**Orphans and other vulnerable children**: Yes

**People with disabilities**: No

**People who inject drugs**: Yes

**Prison inmates**: No

**Sex workers**: Yes

**Transgender people**: Yes

**Women and girls**: No

**Young women/young men**: No

**Other specific vulnerable populations [write in]:**: Refugees

: Yes

**Briefly describe the content of these laws, regulations or policies:**: A number of laws criminalise KPHR (Penal Code and the Jordanian Law on Narcotic Drugs and Psychotropic Substances). The current practice of mandatory testing (done in isolation from preventive and treatment interventions), and although defiant of public health evidence and international standards -is regarded as a best practice; Regulations that mandate deportation of non Jordanians who test positive for HIV.

**Briefly comment on how they pose barriers:**: Jordan imports large numbers of unskilled labor from neighboring countries (many work illegally); mandatory HIV testing and deportation of those who test positive for HIV constitutes a challenge to reaching them with effective HIV prevention interventions. Mandatory HIV testing, and access to treatment and care: some of these laws violate basic human rights- right to health- not complying with the “5 Cs” for HIV testing and also restricting access of many diagnosed to treatment and care. Criminalisation of KPHR constitutes a major challenge to reaching them with effective HIV prevention interventions; moreover, it also constitutes a threat for professionals working in the field.

**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 Domestic Violence Law was issued in March 2008, and parallel to this, new departments on domestic violence in the Ministries of Health, Education, Justice and Social Development were established and the Jordanian National Commission for Women-JNCW, founded an ombudsman's office to receive complaints and forward them to the appropriate authorities for follow-up. The new law has been been almost inactive to date. The law does not clearly specify the definition of "violence against women" and further awaits the regulations that stipulate its 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:**: The NSP on HIV and AIDS (2012- 2016) employs a rights based approach to all priority areas identified. Moreover, a key objective identified is the creation of an enabling environment in which all population groups, including KPHR and the most vulnerable will better enjoy their rights and fulfill their potential. The newly developed National policy on HIV and AIDS and World of Work explicitly addresses this area; main objectives include protecting and promoting rights at work, and fundamental rights and equality in access to employment for people living with HIV. Moreover, the policy aims at supporting the legal review process, including amendments of national legislation to comply with international standards, and ensuring a safe and healthy working environment within the standards of decent work.

**5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and other vulnerable populations?**: Yes

**IF YES, briefly describe this mechanism:**: The National Center for Human Rights continues to provide legal consultations and guidance to cases of discrimination experienced by people living with HIV and other key population groups. Cases are dealt with individually, and by the HIV focal point at the center.

## 6. Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle "yes" or "no" as applicable).

**Antiretroviral treatment**:

**Provided free-of-charge to all people in the country**: Yes

**Provided free-of-charge to some people in the country**: No

**Provided, but only at a cost**: No

**HIV prevention services**:

**Provided free-of-charge to all people in the country**: Yes

**Provided free-of-charge to some people in the country**: No

**Provided, but only at a cost**: No

**HIV-related care and support interventions**:

**Provided free-of-charge to all people in the country**: No

**Provided free-of-charge to some people in the country**: Yes

**Provided, but only at a cost**: No

**If applicable, which populations have been identified as priority, and for which services?**: 1. ART: (and also treatment for Opportunistic infections) is provided for all eligible Jordanian patients with HIV-related illness, including for

non-Jordanian spouses of Jordanian citizens free of charge. Moreover, arrangements were in place to provide this service for some refugees (Iraqi and Syrians) but no official data is available in this regards. 2. HIV prevention services – HTC – Provided for all people in the country 3. HIV related care and support is also provided to Jordanian PLHIV, also including for non-Jordanian spouses of Jordanian citizens. Syrian refugees have also been recently identified as priority population, and for all services, but structures to ensure this are not in place yet and currently under discussion.

**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:**: The new National Strategic Plan identifies a number of Key populations that are important to work with and address for an effective national response; the new NSP identifies the following: MSM, IDUs and FSWs, clients of sex workers, and inmates of CRCs and JRCs and also other vulnerable youth and women, and truck and taxi drivers. Moreover, the strategic plan identifies a number of approaches and to reach them with effective interventions.

**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 NSP employs a number of approaches guiding the national response to HIV and AIDS, namely: - Promoting human rights - Greater involvement of PLHIV (GIPA) - A gender based approach; - Evidence-informed approaches

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

**IF YES, briefly describe the content of the policy or law:**:

## 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:**: 1. The National Centre for human Rights (2002; an independent institution with the responsibilities of: providing advice and recommendations to amend national legislation to comply with the international standards, encouraging ratification and implementation of international treaties, and monitoring the situation of human rights through 1) inspection and monitoring visits to places where violations are suspected, 2) conducting national inquiries, and 3) monitoring local press and media reported cases of violations, and reporting to national, regional and international bodies on the situation of human rights in the country. 2. Office of the Ombudsman; a national independent regulator that receives complaints against public administration and seeks to resolve them 3. The JNCW/ Women’s complaints office that aims at supporting women, and raising public awareness of issues of violence and discrimination against in the country.

## 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)?**: No

**b. Programmes for members of the judiciary and law enforcement46 on HIV and human rights issues that may come up in the context of their work?**: No

## 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**: No

**Other [write in]:**:

: No

**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 2013?**: 5

**Since 2011, what have been key achievements in this area:**: Development and endorsement of a national policy on HIV and AIDS and World of Work. An informal agreement between UNHCR and Ministry of Health has been made recently; it entails that Syrian refugees diagnosed with HIV be exempt from regulations that mandate deportation of HIV positive foreigners.

**What challenges remain in this area:**: The challenge of deporting foreigners who test positive for HIV. The challenge of the Syrian refugees and their increased vulnerability; to ensure their safety and protection and access to essential HIV prevention services and also access to treatment and care in a structured manner.

**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 2013?**: 6

**Since 2011, what have been key achievements in this area:**: The proposed amendment of the the Law of Narcotic Drugs and Psychotropic Substances; Development and endorsement of a national policy on HIV and AIDS and World of Work.

**What challenges remain in this area:**: The continued criminalization of some KPHR (FSWs and IDUs), thus limiting success of many of the interventions that target them and also affecting the safety and security of the workers in the field. More advocacy efforts need to be in place to sensitise and gain support of decision makers on this matter. The current political instability in the region, and the open border policy of Jordan to the large influx of Syrian refugees entering the country, and the burden of hosting this large number on infrastructure and all aspects of life (economic, social) makes law enforcement a challenge. The traditional norms and attitudes continue to marginalise KPHR and also vulnerable populations including refugees. Moreover, they continue to exacerbate stigma and discrimination against PLHIV. The current practice of mandatory testing (done in isolation from preventive and treatment interventions), and although defiant of public health evidence, continues to nurture a false sense of security and fuels stigma and discrimination. Legal literacy of the professionals and KPHR of existent laws and what many entail is limited.

## B.IV Prevention

**1. Has the country identified the specific needs for HIV prevention programmes?**: Yes

**IF YES, how were these specific needs determined?**: A number of activities were carried out within the reporting period that helped in identifying specific needs for HIV prevention programmes: National consultations carried out broadly in preparing for developing the new NSP (2012-2016), and the key thematic areas highlighted. Evidence generated from a number of studies and research carried out A number of assessments that have been carried out among Syrian refugees – inside and outside camps- assessing risks and vulnerabilities.

**IF YES, what are these specific needs?** : Effective HIV prevention intervention for KPHR and vulnerable population groups (youth, migrants and refugees). This includes facilitating access to HTC and also to treatment and care for PLHIV. The Syrian crisis and increased vulnerability of Syrian Refugees (especially women and girls) and the importance of addressing them with effective interventions. Increase knowledge of all service providers involved, KPHR and vulnerable population groups on all aspects of the legal framework that governs their area of work and grants their safety and security. Improving the capacity of health care providers to better comply with standard operating procedures for all services provided; areas identified were comprehensive reproductive health services, clinical management of rape and also STI surveillance and management (mostly within the context of the humanitarian response to Syrian refugees).

### 1.1 To what extent has HIV prevention been implemented?

**The majority of people in need have access to…**:

**Blood safety**: Strongly agree

**Condom promotion**: Strongly disagree

**Harm reduction for people who inject drugs**: Agree

**HIV prevention for out-of-school young people**: Disagree

**HIV prevention in the workplace**: Disagree

**HIV testing and counseling**: Agree

**IEC on risk reduction**: Disagree

**IEC on stigma and discrimination reduction**: Agree

**Prevention of mother-to-child transmission of HIV**: Strongly 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**: Agree

**Universal precautions in health care settings**: Agree

**Other [write in]:**: Dental Health Services

: Disagree

**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 2013?**: 5

**Since 2011, what have been key achievements in this area:**: The production of high quality TV series by Ro’ya TV - entitled "Red Ribbon", supported by a social media campaign- to raise awareness on HIV and AIDS among youth in Jordan. Implementing more components of harm reduction programmes (syringe distribution programme in 5 governorates in the country). Improved capacity of some CSOs in designing and implementing programmes that target KPHR Development and endorsement of new guidelines – SOPs and protocols- relevant to areas of reproductive health and SGBV Continued capacity building of health care providers (Government (MoH, PSD/ Family Protection Department , national and international NGOs) providing reproductive health services and SGBV services for both Jordanians and also Syrian Refugees.

**What challenges remain in this area:**: Inconsistent implementation of HIV prevention programmes by CSOs, especially in the last year due to end of GFATM grant and the limited funding available. Much of donor funding is directed to the programmes addressing basic needs for Syrian Refugees, thus HIV prevention is a neglected area. Moreover, this shift in focus is at the expense of addressing key risks and vulnerabilities among Jordanians too. Limited availability and distribution of condoms – partially due to cultural sensitivity and the way condoms were marketed earlier The HIV PEP medications available are not registered at Jordanian Food and Drug Administration. Although a national Sexual Violence protocol is available, but it does not include emergency contraceptives and HIV PEP. Lack of PMTCT programmes. Capacity of CSOs is always in need of support and improvement. HIV and AIDS - not addressed satisfactorily in the university curriculum (medical/ allied health professionals’ students).

## B.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 fact that treatment and care for PLHIV is mostly if not all provided by the Ministry of Health/ National AIDS Programme was reflected in limited responses to this section by CSOs. ARVs and treatment for opportunistic infections for all Jordanian people living with HIV (free of charge).

**Briefly identify how HIV treatment, care and support services are being scaled-up?**: N/A

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

**The majority of people in need have access to…**:

**Antiretroviral therapy**: Agree

**ART for TB patients**: N/A

**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 disagree

**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**: N/A

**Paediatric AIDS treatment**: N/A

**Post-delivery ART provision to women**: Disagree

**Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault)**: Strongly disagree

**Post-exposure prophylaxis for occupational exposures to HIV**: N/A

**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**: N/A

**TB preventive therapy for people living with HIV**: N/A

**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 2013?**: 7

**Since 2011, what have been key achievements in this area:**: Provision of –free of charge- ART (and also treatment for Opportunistic infections) for all eligible Jordanian patients with HIV-related illness, including for non-Jordanian spouses of Jordanian citizens. Moreover, arrangements were in place to provide treatment for some refugees (Iraqi and Syrians), diagnosed with HIV, but no official data is available. Training for health care providers on STI management and clinical management of rape.

**What challenges remain in this area:**: Centrality of the provision of treatment for PLHIV (MoH/NAP). Disapproval of establishing a “referral Mechanism” for referral of CSO beneficiaries to do HTC, free of charge, or even for HTC services to be provided by qualified NGOs, with linkages to treatment, care and support is considered a “Lost Opportunity”, especially for KPHR. Lack of a structured mechanism/ official agreement that ensures access of PLHIV from among the refugee population to ARVs and treatment for opportunistic infections Mandatory HIV testing for some population groups and foreigners and regulations that mandate deportation of those testing positive for HIV (the case of the Syrian refugees constitute a challenge) with no access to treatment. HIV PEP medications available (Syrian refugees context) are not registered at Jordanian Food and Drug Administration. Moreover, HIV PEP is not included in the national Sexual Violence Protocol. Lack of PMTCT programmes; the newly developed national strategy for Reproductive health and family Planning does not include HIV and AIDS (not considered a priority within the low prevalence epidemic).

**2. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?**: Yes

**2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?**: Yes

**2.2. IF YES, does the country have a national action plan specifically for orphans and 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 in the implementation of HIV treatment, care and support programmes in 2013?**:

**Since 2011, what have been key achievements in this area:**: N/A

**What challenges remain in this area:**: N/A