HIV/AIDS Response in Jordan

Jordan is classified as a middle-income country with limited resources and the healthcare system is largely dependent on the services provided by the Ministry of Health (MOH) which offers coverage to more than 85% of the population. For decades Jordan’s unique geographic location and surrounding political instability directly involved it in the numerous humanitarian crises in the region. To a large extent, these developments have put pressure on health service delivery and infrastructure in light of the limited resources. Turmoil in Palestine and Iraq was overshadowed by the Syrian Refugee crisis during the past 10 years which constitutes a huge challenge and burden on the national health care system. However, this strained system had to divert the majority of its efforts in combatting the current COVID-19 pandemic.

The national HIV/AIDS programme (NAP) in Jordan was established by MOH as early as 1986. Ever since, MOH has been committed to control the HIV/AIDS epidemic in cooperation with national and international institutions and partners such as community-based organizations (CBOs), nongovernmental organizations (NGOs), government agencies, international organizations WHO, IOM, UNAIDS, Global Fund (GFATM), and others including involved populations. This could be one of the reasons that Jordan is considered a low HIV prevalence country with very low incidence rates.

Since 2014, MOH has adopted the 95-95-95 targets set by the Joint United Nations Programme on HIV/AIDS (UNAIDS). The aim is to diagnose 95% of all HIV-positive individuals, provide antiretroviral therapy (ART) for 95% of those diagnosed and achieve viral suppression for 95% of those treated by 2030. In order to achieve these aims the following steps were implemented; Diagnostic and follow-up testing, provision of –free of charge- Antiretroviral Therapy (ART) (also treatment for Opportunistic infections) for all eligible Jordanian patients with HIV-related illness, including for non-Jordanian spouses of Jordanian citizens. Training for health care providers on STI management and clinical management of rape.

During the period from 2004 to 2012 the Ministry conducted various preventive programs for key populations in collaboration with NGOs and CBOs during the implementation of the Global Fund grants. Unfortunately, these programs are no longer implemented because of lack of funding after 2012 coinciding with the Syrian refugee crisis which exacerbated the burden on the healthcare system.

These setbacks and constraints were compounded upon by the on-going COVID-19 pandemic in 2020. As lockdowns extended for several weeks, there were difficulties in reaching key populations for testing and dispensing treatment and medications. This necessitates founding a more sustainable mechanism to ensure continuous access to tests and medications in case similar crises or lockdowns arise in the future.

Therefore, in addition to the low prevalence HIV epidemic and limited awareness of importance of focusing on HIV prevention constituted a challenge for an effective UN support to the national response to HIV. The UNCT support, in advocacy efforts and bringing protection standards for vulnerable population groups in Jordan more in line with international human rights conventions and standards is vital (including Key Population at Higher Risk (KPHR) and People Living with HIV (PLHIV)).

Jordan’s launch and adoption of a national Policy on HIV and AIDS and World of Work (2013), marks an important accomplishment towards a comprehensive national response and the protection of rights at work in Jordan. The policy provides a means for coordination among all involved actors, including the government, employers’ and workers’ organizations and civil society, with inclusion of organization for people living with HIV to catalyze prevention of HIV transmission and alleviate its impact on the world of work. The Policy applies to all workers, under all arrangements and at all workplaces- including migrant workers, and further contributes to efforts promoting decent working conditions and elimination of all forms of discrimination in the workplace.

The National AIDS Programme (NAP) falls under the administration of the Communicable Disease Directorate at MOH. The programme still operates within the scope of the 2012-2016 National Strategic Plan (NSP) which was drawn with assistance from USAID. There is a need for an update to the NSP for the upcoming 5 years in cooperation with national and international stakeholders with updated priorities.

The current NSP has two overall goals:

1.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.

2. 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.

In our view, the planned NSP for the next 5 years are mainly centered on the following 8 objectives:

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 and international 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 in order to avoid stigma and discrimination.

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.

7. to promote social and psychological counselling and treatment are offered by a psychiatry clinic at the Voluntary and counselling test (VCT) either as part of counselling or for patients with psychiatric diagnoses and complaints.

8.To develop a digitalized management information system Jordan’s launch and adoption of a national Policy on HIV and AIDS and World of Work (2013), marks an important accomplishment towards a comprehensive national response and the protection of rights at work in Jordan. The policy provides a means for coordination among all involved actors, including the government, employers’ and workers’ organizations and civil society, with inclusion of organization for people living with HIV to catalyze prevention of HIV transmission and alleviate its impact on the world of work. The Policy applies to all workers, under all arrangements and at all workplaces- including migrant workers, and further contributes to efforts promoting decent working conditions and elimination of all forms of discrimination in the workplace.

to organize available data and linking with other departments of the healthcare system for increased efficiency. This entails extensive training programs and workshops for education and capacity building among the healthcare workforce and all levels.

Confidentiality and anonymity are ensured at all steps for everyone. Each client is given a special identifying code to be utilised at all levels of testing treatment or counselling.

A major challenge and key area addressed in Jordan’s national strategic plan on HIV and AIDS is scarcity of strategic information; biological data on HIV and STIs to identify and monitor trends among KPHR and behavioural data to identify risks and vulnerabilities. Two Integrated Biological and Behavioural Surveillance studies were conducted in 2008 and 2013 which were severely limited but constituted an opportunity to build national research capacity to an extent, benefiting from assistance of an international expert in the field. Moreover, and despite the challenges encountered and the limited generalisability of the findings which are available to date, they still contribute to better knowledge of the epidemic among KPHR (MSM and FSW). Further similar studies are essential.

In Summary, major revisions of Jordan’s national programme’s policies and implementation is paramount to keep us on par with the international efforts to combat the HIV/AIDS pandemic.