

The Jordanian National AIDS Programme

I. General Context:

1.1. Introduction.

Jordan has a population of 4.9 million. The adult literacy rate for 1998 was estimated to be 88.6% (Human Development Report for Arab States, 2002).

The Human Development Report for the Arab States in 2002 indicates that the Human Development Index (HDI) for 1998 is estimated to be 0.72, setting the country in the medium level of the HDI category. Although Jordan is a lower middle-income country with a GNP/per capita of US\$1,500 (1999 - World Development Indicators; World Development Report 2000/2001 World Bank, Washington), poverty is considered to be a serious problem in the country. The overall poverty incidence in Jordan is 11% according to a DHS survey conducted in 1997. The Gulf War, and its aftermath, combined with the collapse of oil prices and subsequent drop in worker remittances from neighboring oil-producing countries influenced the increase of the rate of poverty in the 1990s.

The technical report on Jordan National Health Account estimates that Jordan spent 9,12 % of the GDP on health. Almost 47% of the total funds originate from private sources, whereas 45 % is apportioned public funds, and international donors of other sources contribute the remaining 8%. In 1998, Jordan spent approximately US\$ 647 million on health and health expenditures per capita were estimated at 134 US\$.

In Jordan, persistent stresses on economic growth and remarkable demographic and societal changes have created unprecedented social pressures for children/youth. In the past 25 years, the ratio of urban to rural population has shifted from 20:80 to 80:20 and the percentage of Jordanians under 20 years has increased to 60%. Economic pressure such as rising costs, decline in purchasing power, and unemployables of wage earners (due to lack of jobs or skill to compete for jobs) have had a particular disastrous effect on families in urban, low- income neighborhoods. (Source: World Bank)

1.2. The current political commitment in responding to HIV/AIDS

Primary Health Care, which is adopted as main health policy in Jordan since 1978 after Alma Ata declaration, covers, in addition to other components, disease control. In this regard, the Directorate for Disease Control is the responsible department for receiving, analyzing and issuing reports on diseases in Jordan. To insure close collaboration of other sectors, there are several committees established in the Ministry of Health and give the technical and advocacy support. According to internal regulations, these Committees provide recommendations, which subject to the Minister of Health's approval obtain the required legal status for implementation. The Higher Health Council, headed by Prime Minister, represents the highest policy-making body on health issues in the country.

The NAP was established in 1986 as a result of the political commitment of the Ministry of Health. Subsequently, there has been governmental support to the national strategies on HIV/AIDS in the country. There is an active National AIDS Committee

(NAC), which was established by Ministerial decree and includes representatives of different sectors.

The Ministry of Health approved the provision of Anti-Retroviral Treatment (ART) for people living with HIV/AIDS (PLWHA) in 1999. By 2002, a sum 200,000 US \$ was allocated from the public budget to purchase and maintain the supply of drugs for PLWHA. The Ministry of Health has also made considerable efforts to provide the needed laboratory support for treatment by providing CD-4 CD-8 laboratory equipments. The NAP has also been able to ensure viral load tests free of through the support of the private sector.

2. The Epidemiological Situation of HIV/AIDS

The latest available HIV/AIDS *statistics of cumulative total number* of all HIV/AIDS cases detected in Jordan as reported to the National AIDS Programme (NAP) is 310 with 228 males and 82 females (September 2002). The highest incidence is among the age group 30-39 (35.8%) followed by the age group 20-29 (31.9%) (Please see table 3). The data indicates that 23.5% of all reported cases were due to blood and blood products whereas the highest percentage of cases is due to sexual contacts leading to the occurrence of 50.3% of all cases (see table 2). Vertical (mother to child) transmission was the mode of transmission for 4 detected cases or 1.3% and intervenes drug use (IVDU) comprises 13 or 4.2% of all HIV/AIDS cases. In addition, of all reported cases, the total number among expatriates in Jordan is 182 or 59% of all detected HIV/AIDS cases and is mostly due to sexual contact (99% of 182). It is noteworthy to point out that cases as a result of blood/blood products were early cases since currently blood transactions in Jordan are 100% safe due to centralized mandatory testing.

However, available figures do not reflect the actual situation of HIV/AIDS prevalence in the country. There is a knowledge gap in terms of the actual number of cases that occur despite the fact that HIV/AIDS reporting is obligatory in accordance with the Public Health Law. For example, the prevalence of HIV/AIDS among pregnant women is unknown and there are no estimations made for the number of children infected with HIV/AIDS. In addition, some focus groups' studies were conducted among high-risk population segments which revealed that more effort need to be concentrated among this population segment in order to control the spread of HIV infection among them.

The estimated prevalence of cases in Jordan is 0.02%. These estimates are based on several existing factors outlined below. The fact that these factors exist and the majority of these population segments remain untested leads to a higher projection of existing cases. The factors include the existence of:

- Extra marital affairs
- Hidden sex workers and homosexuals
- Vulnerable groups termed “bridging groups” since they represent a link between their families and high-risk groups, such as truck drivers and foreign domestic workers.
- Clients of prostitutes
- Many tourists due to the centrality of Jordan’s location
- Students studying abroad

Foreign workers estimated at 300,000 (only the legal ones are tested)

Based on the existing trends and present existing factors that may lead to the spread of the disease, it is *projected* that the cases will increase especially due to the inadequacy of awareness campaigns on the causes of the disease and its prevention.

Table 1 : Cumulative HIV/AIDS (Dec, 2002).

Year	Jordanians	Others	Total
1986	2	0	2
1987	12	2	14
1988	6	0	6
1989	13	1	14
1990	5	6	11
1991	10	5	15
1992	8	4	12
1993	7	10	17
1994	11	10	21
1995	4	6	10
1996	7	7	14
1997	16	22	38
1998	12	12	24
1999	1	21	22
2000	4	34	38
2001	2	26	28
2002	8	16	24
Total	128 **	182	310

**65 died

Table 2: Cumulative HIV/AIDS Sero-positive according to mode of transmission

Mode of Transmission	Cases			
	Jordanian	Non-Jordanian	Total	%
Blood/blood products	50	23	73	23.5
Sexual Contact	57	99	156	50.3
IVDUs	2	11	13	4.2
Vertical Transmission	4	0	4	1.3
Unknown	15	49	64	20.6
Total	128	182	310	100

Source: National AIDS Programme

Table 3: Cumulative AIDS/HIV Sero-positives in Jordan by Age & Sex

Age Group	Numbers			
	Male	Female	Total	%
00-04	3	2	5	1.6
0-14	15	0	15	4.8
15-19	5	2	7	2.3
20-29	56	43	99	31.9
30-39	87	24	111	35.9
40-49	33	6	39	12.6
50+	27	5	32	10.3
Unknown	2	0	2	0.6
Total	228	82	310	100

Source: National AIDS Programme

3..Financial context

In 1999, the Ministry of Health's expenditure represented 5.9% of the National

Budget. The public health sector includes the Ministry of Health, the Royal Medical Services and the Public University Hospitals.

The Jordan National Health Account exercise (project undertaken by the Partnerships for Health Reform) estimates that Jordan, in 1998, spent approximately US\$ 647 million on health and expenditures per capita were estimated at 134 US\$.

Almost 58% of public health expenditures by function are spent on curative health care, 27% on preventive services, 5% on administrative activities, 3% on training and 7% on miscellaneous activities.

National health spending for 2001,

	Total national health spending: 1998 (million USD)	Spending per capita (USD)
Public	291	60
Private	304	63
International Donors or other sources	52	11
Total	647	134
<u>From total, how much is from external donors?</u>	8 % is contributed by international donors and other sources	

Source: World Development Indicators 2001, World Bank, Washington DC.

Earmarked expenditures for HIV/AIDS, (expenditures from the health, education, social services and other relevant sectors):

Total earmarked expenditures from government, external donors,,: 2002	In US dollars:
HIV/AIDS	US\$ 340,000 from the Government US\$ 225,000 from other international sources

4.National programmatic context

Regarding human resources, the NAP staff includes the Manager and a counselor. Limited number of staff and support budget are among the constraints for developing, managing, implementing, monitoring and evaluation of HIV/AIDS activities throughout the country.

AIDS control activities are integrated within the health system structure. Activities of the NAP are undertaken in coordination with and through concerned departments in the Ministry, with monitoring and follow up by the NAP Manager. Prevention activities are conducted within the existing Ministry's departments and health structures facilities including at the regional and peripheral levels. The Health Education Department in the Ministry of Health is the technical unit responsible for designing and implementing health promotion activities on HIV/AIDS, under the guidance of the NAP.

There are 12 part-time Focal Points (FP) for HIV/AIDS in the main districts of the country (12 districts). As part of their role as public health officers, the Focal Points have the responsibility to follow up on STD and HIV/AIDS-related matters. They assist the NAP in training activities in their districts, case follow up, provision of information and health promotion activities.

There is only one counseling center in the whole country, with three professional staff that work in collaboration with the NAP Manger and are administratively part of the program. Budget constraints and lack of transportation limit the capacities for outreach. Counseling on HIV/AIDS is not available outside of the capital. There is a need for a national strategy to ensure the access to appropriate counseling for the population throughout the country.

The approach to tackling HIV/AIDS has been multi-sectoral rather than medical/health. However the effectiveness of the coordination among the various ministries and relevant sectors has not been very effective. The government allocates its priority to maintaining the current prevalence of the disease and curtailing its spread. Due to the small number of cases and the existence of other urgent socioeconomic priorities, AIDS is seen among decision-makers as less of a priority on their long list. Thus, the government has entrusted all matters related to HIV/AIDS to the National AIDS Programme within the Ministry of Health.

The NAP objectives are two pronged: the prevention of HIV/AIDS transmission; and the reduction of the impact of HIV infection on individuals, groups, and society at large. The strategies and interventions outlined to achieve the above objectives highlight the following priority areas:

- Advocacy/awareness raising and education
- Epidemiological surveillance
- Prevention of transmission through blood
- Reduction of the impact of HIV/AIDS infection on individuals, groups, and society
- Offering of counseling and case management

NAP carries out diverse activities/programmes in the area of prevention and treatment of HIV/AIDS. These center on health education activities, training of health care providers, surveillance, blood screening, treatment and care, counseling, advocacy, and studies.

4.1. Health Education Activities

The health education activities focus on patient education regarding transmissibility to others etc. These activities encompass the preparation, printing and distribution of pamphlets, posters and other educational materials. In addition, lectures are conducted to youth, students & other groups as well as publishing health education messages in daily newspapers. The target groups for these programmes are:

- Students and Youth
- Police and Civil defense staff.
- Tourist guides and workers
- School teachers
- Religious preachers

4.2. Training of Health Care Providers

Many health care providers including physicians, nurses, midwives and MCH workers have been trained in the field of HIV and STD prevention. This training was

carried out through extensive workshops as well as the printing and distribution of guidelines and other training material.

4.3. Surveillance

The National AIDS Programme conducted surveillance for HIV infection among STD clinics and a special team assigned by the Ministry of Health follow up patients. Testing of STD patients discontinued in surveillance sites but STD patients who are diagnosed in health centers for HIV are still voluntary tested.

4.4. Laboratory & Blood Banks

HIV tests are performed in laboratories of both the private and public sectors, but the Central laboratory is the main laboratory for confirmatory tests. NAP performs tests for those who want to be tested and also tests those referred by treating physicians. On the other hand the testing of foreigners is conducted in the central laboratory for those who wish to obtain residency permits for study or work. Testing of all blood donations is also carried out under the auspices of National Blood Bank

4.5. Treatment and Care for patients with HIV infection

A special curative committee is established to follow up on patients and their needs. In addition, there is a special team assigned to the central Public Governmental Hospital (AL Bashir) to care for patients. In addition, as of 1999, the Ministry of Health has been offering free treatment with triple therapy and thus allocates the needed budget for purchasing these drugs for AIDS patients estimated at JD1000/per patient/per month.

4.6. Counseling for HIV/AIDS

The National AIDS Committee adopted a plan of counseling to be implemented as an important activity within the national AIDS programme. This activity started with trained capacities from MOH with the support of USAID through Family Health International. A counseling center has been established in Amman to carry out pretest counseling. However, the Center is not accessible to all patients in the country due to its location in the capital without branches in other governorates. It also offers a type of hotline by providing individuals with information via the telephone.

4.7. Studies and surveys

NAP carries out a number of studies and surveys; these include sero-surveys in selected population groups and testing of foreigners who intend to stay in Jordan for work or study (UN personnel and Diplomats are excluded)

4.8. Advocacy/Awareness

NAP in cooperation with other relevant actors including the UNAIDS theme group, ministries, and NGOs develops educational and informational materials and disseminates this information to the public at large.

5. Effectiveness of the Programme

Considering the limited financing and other challenges facing the NAP, it has been very successful in achieving its objectives. This is more so due to the fact that HIV/AIDS does not constitute a high priority for the government despite its high commitment to its prevention. However, the structure of the NAP especially in terms of the High Level Committee is not very effective. Being composed of undersecretaries of ministries, the committee rarely meets and follows up on decisions taken within the programme. Thus, the programme is deprived of a medium f