

# **JORDANIAN NATIONAL STRATEGIC PLAN ON HIV/AIDS 2012-2016**

**PRIORITY STRATEGIES  
AND ACTIVITIES FOR  
THE NEXT 5 YEARS**

# HIV IN JORDAN IN NUMBERS (1)

- \* **781 HIV cases reported (2010, Q3)**
- \* **229 Jordanians:**
  - 114 still known to be alive
- \* **552 non-Jordanians:**
  - Mostly seeking residency or medical treatment

# HIV IN JORDAN IN NUMBERS (2)

- \* 229 Jordanian cases:

  - Almost three-quarters infected abroad*

- \* 54 infected inside Jordan = 24%

- \* 165 infected outside Jordan = 72%

- \* (10 unknown)

# HIV IN JORDAN IN NUMBERS (3)

- \* **Mode of transmission (n=229)**

(self-reported):

- \* **125 heterosexual (55%)**
- \* **60 blood transfusions (26%)**  
→ mainly outside Jordan
- \* **19 MSM (8%)**
- \* **8 MTCT (3.5%)**
- \* **5 IDU (2%)**
- \* **12 unknown (5%)**

# POTENTIAL “DRIVERS OF THE HIV EPIDEMIC”

- \* Large young population with changing sexual practice patterns
- \* Socioeconomic factors: poverty, unemployment
- \* Regional conflicts & refugee populations
- \* Mobility (labour migration, transport)
- \* Regional (sex) tourism
- \* Stigma and discrimination of PLHIV
- \* Stigma & criminalisation of MARPs
- \* Socio-cultural factors – incl. taboos on discussing sexuality

# GROUPS MOST AT RISK OF HIV

## *Most-at-risk populations (MARPs):*

- \* Female Sex Workers (FSWs)
- \* Men who have Sex with Men (MSM)
- \* Injecting Drug Users (IDUs)

# GROUPS MORE VULNERABLE TO HIV

## More vulnerable groups:

- \* ***(Potential) Clients of sex workers*** (e.g. Mobile men, Labour migrants, Unmarried young men, Foreign sex tourists, UN Peacekeepers, Truck drivers)
- \* ***Wives of Men with multiple sex partners***
- \* ***Male prisoners*** (MSM, violence)
- \* ***Most-at-risk Adolescents/Youth (MARA/Y):***  
Working girls and boys, Girls and young women from broken families; Early school dropouts; University students
- \* ***Poor communities; incl. Refugees***
- \* ***Victims of sexual abuse***

# NATIONAL RESPONSE TO DATE: *STRENGTHS (1)*

- \* Government funding of key programmes & services
- \* Experience with 2 GFATM programmes
- \* VCT crucial for finding hidden cases: despite low utilisation → last 5 years detected more than 50% of new cases (2009: 220 tests → 8 new cases = 3.6%)



# NATIONAL RESPONSE TO DATE:

## *STRENGTHS (2)*

- \* Blood safety → 100% screening
- \* Small number of NGOs effectively reaching MARPs: Sex worker, MSM, IDU peer educators
- \* ARV treatment available & high adherence
- \* First IBBS conducted in 2009/10
- \* Home-based care for PLHIV
- \* Active PLHIV support group
- \* Multisectoral involvement: Ministries of Health, Interior, (Higher) Education, Social Development, ..... Labour

# NATIONAL RESPONSE TO DATE:

## *KEY CHALLENGES*

- \* Very limited data: surveillance, research, M&E
- \* MARPs programmes heavily dependent on GFATM funding → Sustainability?
- \* Scale up programmes & services
- \* Strengthen *quality, comprehensiveness & utilisation* of programmes & services
- \* Strengthen partnerships, referral, cooperation
- \* Limited attention for MARPs: 5-10% budget
- \* Who/where are more vulnerable groups? → *Workplace key for reaching them*

# DEVELOPING THE NEW NSP:

- \* Rapid Situation & Response assessment
- \* Nat'l Consensus meeting on key priorities (Dec. 2010)
- \* Development draft NSP (Objectives, main strategies)
- \* Identify key Strategies & Activities NSP (National Consensus Workshop – February 2011)
- \* Finalise NSP, Draft Operational Plan
- \* Review Final NSP and draft OP (Technical Working Groups – March/April 2011)
- \* Finalisation NSP, OP, M&E framework, Budget (May/June 2011)

# PRIORITY AREAS NSP 2012-2016

- \* 1. Surveillance, Research, M&E
- \* 2. *Quality, comprehensiveness & coverage* of MARPs programmes
- \* 3. Focus on *most vulnerable* groups among general population (incl. VCT)
- \* 4. Treatment & Care for PLHIV
- \* 4. Supportive legal, policy and social environments
- \* 5. Strengthen institutional and technical capacity

# HIV/AIDS INTERVENTIONS IN THE “*WORLD OF WORK*”

- \* 1. Research on HIV & World of Work
- \* 2. Workplace HIV prevention programmes
- \* 3. Partnership building / Supportive environments
- \* 4. Labour-related rights
- \* 5. Mainstreaming HIV in policies and plans of private sector and Min. of Labour

# 1. RESEARCH ON HIV & WORLD OF WORK

- \* 1. Special study among labour migrants (Jordanians working abroad & foreign migrants in Jordan)
- \* 2. Special study among “most-at-risk adolescents and youth” (MARA/Y) including on workplaces

## 2. WORKPLACE HIV PREVENTION

- \* 3. Pre-departure & Post-return programmes for Jordanian labour migrants working abroad (promote VCT and HIV education)
- \* 4. Workplace HIV education for foreign labourers in Jordan (construction & agricultural sectors)
- \* 5. Workplace programmes for Asian labour migrants in Qualified Industrial Zones (QIZs)

## 2. WORKPLACE HIV PREVENTION

- \* 6. Workplace HIV education for selected “most-at-risk adolescents & youth” (e.g. Young men/women in factories, workshops etc.)
- \* 7. Operational research in context of Workplace programmes (“*what works*”?)



# 3. PARTNERSHIP BUILDING / SUPPORTIVE ENVIRONMENTS

- \* 8. Partnerships between Jordanian PLHIV Association and private sector employers, Trade Unions
  - \* → Advocacy & lobbying for employment rights
  - \* → Address workplace stigma & discrimination
- \* 9. World AIDS Day activities in workplace

# 4. LABOUR RIGHTS

- \* 9. Review and revise existing legislation:
- \* Impact on PLHIV in workplace
- \* Mandatory HIV testing by employers
- \* Regional discussion of national testing policies for migrant labourers

## 5. MAINSTREAMING HIV IN POLICIES & PLANS PRIVATE SECTOR & MoL

- \* 11. “Mainstreaming” HIV/AIDS in Min. of Labour
- \* Assess impact of current policies of Ministry of Labour in HIV prevention & care
- \* Develop MoL policies & guidelines for HIV-related issues
- \* HIV Focal point person in Min. Of Labour