Evaluation of HIV/AIDS Activities in Jordan, July 2018

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Country context

After reporting of the first case of AIDS in 1986; Ministry of Health (MOH) has established the national program to combat HIV/AIDS in Jordan. MOH is making strong efforts 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.

The Ministry has conducted preventive programs for KPs in collaboration with NGOs and CBOs during the implementation of the Global Fund grants in the period 2004-2012. Unfortunately, programs are no longer implemented because of the lack of funding.

In the last 6-7 years, Jordan has received more than 1 million refugees from neighboring countries as a result of political instability in these countries which placed considerable pressure on financial, human and natural resources. In addition to hosting about two million migrants who reside and work in Jordan, this led to a decline in the importance of certain health programs, including the national AIDS program as a priority and directing resources on programs provided to refugees. IOM works in close partnership with MOH and NAP in HIV/AIDS control and prevention for refugees, migrants and other vulnerable populations who are at increased risk of HIV. IOM, as principal recipient for the Global Fund’s Middle East Response (MER) grant, implements HIV/AIDS activities through partner INGO and NGOs in four governorates (Amman, Zarqa, Irbid, and Mafraq) where majority Syrian refugees live. HIV/AIDS activities address most at risk populations in HIV and other STIs awareness, testing, treatment and rehabilitation.

In terms of epidemiology, Jordan is considered as a low HIV epidemic country with an estimated prevalence rate of 0.02% among the general population, and may reach to an average of about 0.05% among the key populations (commercial sex workers, men who have sex with men, injecting drug users) according to the last integrated bio-behavioral survey (IBBS) that has been implemented in 2012-2013 in three major cities (unpublished report). As of December 2017, the cumulative number of detected HIV/AIDS cases is 1,408 including 383 Jordanians of whom 129 (34%) died (NAP records).
Non-Jordanians except UN agencies and diplomatic corps are exposed for HIV testing before giving them a residence permit where who tested positive is deported from the country. In some cases and for humanitarian reasons few of them remain in the country.

Measures taken by MOH to reduce the spread of HIV/AIDS during 2004-2012

- Screening of all blood donors.
- Health education through various means.
- Provide prevention, care and treatment for PLHIV, their families and contacts.
- HIV counseling and testing services in Amman center and other governorates.

- HIV testing for expatriates who intend to stay in Jordan for more than one month.
- Provide home based care programs for patients and their families.
- Provision of psychological, social and financial support for people living with HIV.
- Implementation of programs to reduce stigma and discrimination towards PLHIV and KPs.
- Provision of first aid kits containing antiseptics disinfectants, gauze, medical cotton, scissors, adhesives …etc. to be used in case of household injuries, and were distributed for PLHIV for household use.
- Engagement of PLHIV in the community by engaging them in various activities.
- Implementation of programs aimed at youth groups within and outside schools and universities.
- Implementation of mass media campaigns and distribution of IEC materials.
- Capacity building for health professionals and civil society organizations in the field of HIV/AIDS.
- Establish HIV surveillance system as well as monitoring and evaluation system.

Achievements of the National AIDS Program during 2004-2012

- Continuity of care and treatment programs for PLHIV, which contributed to improvement of the quality of life.
- Implementation of preventive programs for vulnerable and marginalized communities
- Preserving a low HIV/ AIDS prevalence in Jordan
- Building effective partnerships with governmental institutions and civil society organizations in the efforts and activities of combating HIV/AIDS in Jordan
- Establishing a monitoring and evaluation system for the national AIDS program
- Conducting two integrated bio-behavioral studies (2008, 2012) among KPs
- Developing a national HIV/AIDS strategic plan for the years 2012-2016 in cooperation with national and international stakeholders
- Implement capacity-building programs for health staff and civil society organizations through holding several training workshops and coordination meetings, and involving civil society leaders in these activities.
- Preparation and production of educational and training materials, and guidelines in the area of AIDS and sexually transmitted diseases
- Representation of various sectors in the CCM
- Establishing and strengthening HCT centers in the provinces
- Funds raising for the national AIDS program through two grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), and other sources

<u>A.</u> National AIDS program is attached to the Directorate of Communicable Diseases in Primary Health Care Department. The program manager is appointed by his Excellency the Minister of Health after consultation with DCD Director. NAP manager is usually a public health physician. A National AIDS Committee was established in

1986 to follow up the latest scientific and technical developments. Its members include representatives from various governmental and academic sectors, private sector, NGOs and CBOs, It took the role of CCM for HIV and TB programs during the implementation of the Global Fund grants. The last meeting of the committee was in 2014 and did not perform any activity after that. There are HIV/AIDS liaison officers in provincial health directorates. Liaison officer acts as HCT provider in the health directorate based on a part time job in addition to the chief responsibilities.

The main functioning HCT center is located in Amman. It provides counseling and hotline services. The available human resources are consisted from two employees an M.D; general practitioner; and a registered nurse. They provide both hotline and VCT services in addition to prevention, treatment and care for PLHIV. Through the hotline clients are filtered and those with risky behaviors are advised and invited to attend the VCT services to be exposed for counseling and testing. Client is referred for HIV testing to the Central Public Health Laboratory. The test result is sent to the VCT center regardless of the outcome where the person is informed and continues the process. One on one session is more frequent held in the center whereas group counseling session is rarely performed. The uptake of the services is relatively low in comparison to 3-4 years ago due to many reasons. In 2017 the staff has referred 231 clients for HIV testing, 14 tested positive for HIV, 9 males and 5 females.
Amman VCT Center receives information of the activities carried out by other centers in the governorates through the official information system. The HIV/AIDS liaison officer/the counselor is supposed to prepare a monthly report and send it to the Head Office in Amman/ National AIDS Program manager. It is noted that there is a deficit of such reports at the program and central level in Amman. (1-2 officers report on ad hoc basis)
HCT facilities receive clients during the official working hours. Counselor follows a standard form in conducting counseling session which contains the main required information (socio-demographic, knowledge, practices, attitudes, test result, client satisfaction …etc.). Anonymity and privacy are well preserved. Records are kept in a safe place only staff has access to the records.
NAP and Amman VCT center coordinates with CPHL for reporting of HIV positives. After confirmation of HIV positive CPHL reports it immediately to the NAP. NAP coordinates with VCT center in Amman for follow-up and providing necessary services. All diagnosed HIV cases by any testing method should be confirmed by Western Blot testing in the CPHL.

Ministry of Health in cooperation with Ministry of Interior is conducting HIV screening for all expatriates, HIV testing is not required for staff from UN agencies and diplomatic corps who wish to reside or work in Jordan. MOH pledged this to the Directorate of Chest Diseases and Expatriates Health in the Capital Amman and centers for chest diseases in the provinces. Specimens are sent to CPHL in Amman and public health laboratories in the governorates. When a positive case is detected, the NAP is notified. Anyone found to have AIDS is deported to his/her country of origin. NTP cooperates with the NAP to carry out TB screening for PLHIV and vice versa, PLHIV are referred to NTP for TB screening, for non-Jordanians they are screened for TB and HIV. Fortunately no coinfections of HIV and TB infections have been detected among

	VCT	Blood screening	Mandatory testing for migrants	Pre-employment	Provider-initiated testing	HIV testing in private sector	Outside Jordan	Total
Jordanians	10	5	0	1	1	8	1	26
Non-Jordanians	3	0	39	0	16	12		70

TB or HIV patients respectively. Routine TB screening is performed for Jordanians PLHIV, 36 patients were referred to NTP in 2017; it is better to have TB screening facility in Amman HCT to avoid exposure to TB

The Ministry of Health oversees blood donation services in the Kingdom through 31 blood banks distributed to the Ministry's hospitals and 13 affiliated to Royal Medical Services and other sectors. Blood donation is limited to Jordanian citizens. All hospitals in the public and private sectors are provided with blood units free of charge regardless of the patients' nationality (nationals and residents).

According to the statistics of the Directorate of Blood Banking (DBB), the total donated blood units in 2017 amounted to 220500 units. The Ministry of Health introduced HIV screening of all blood donors in 1985, which was the first to take this step. The DDB periodically sends quarterly and annual statistics to the NAP by preparing blood units examined and preparing cases of AIDS. Blood donors are also screened for other blood born diseases such as Syphilis, Hepatitis B and C and reported to the specific control programs in the ministry. Four HIV cases were detected in 2017 among blood donors and one case in 2018.

PLHIV distributed by testing site, 2017

No. of Blood Units Collected-2017

No.	Blood Bank	No. of Donation
1	Directorate of Blood Bank/MoH	65470
2	Other Blood Banks/MoH	55612
	Total Donation/MoH	121082
3	Royal Medical Services	61820
4	Red Crescent	30
5	Islamic Hospital	8729
6	King Abdullah Hospital	8935
7	Hussein Cancer Center	10072
8	Jordan University Hospital	9916
	Total Donation / Others	99502
	Total Donation	220584

Source: DBB- 2017.

The NAP aims to build partnerships with CBOs, NGOs and international organizations. For more than three decades, NAP has carried out many joint activities with these

institutions. NAP staff was invited to participate in many of various activities. IOM and Ministry of Health have an agreement to implement activities and programs for KPs granted by the GFATM. The national AIDS program has participated in the preparatory stages of the grant since 2016. IOM provided funding for CBOs to implement preventive and educational programs, voluntary counseling and testing services for KPs in four governorates hosting Syrian refugees and migrant workers in addition to local communities. CBOs Accessed hundreds of target groups as shown in the attached tables. Coordination continues between NAP and IOM in particular to extend GFATM grant activities beyond 2018 and to identify needs and priorities to support the various programs. NAP and IOM are committed to accomplish the targets for combating HIV/AIDS in Jordan.

For many years, NAP coordinates with UNHCR to provide treatment and care services for refugees complaining of HIV/AIDS living in Jordan. It has been agreed to receive patients at the VCT and Treatment Center in Amman and to refer them to necessary medical services. UNHCR also conducted an assessment of the health and protection services provided for KPs in the community in general (CW, MSM, women and girls at risk)).

WHO and UNAIDS have provided technical support by engaging the NAP in local and regional activities, as well as capacity building, developing various strategies, and in the field of HIV/AIDS research and surveys. National program is also invited to attend regional and international conferences and meetings in order to gain and share experiences and skills with regional and international programs. NAP shares available information with WHO and UNAIDS, in particular periodic technical reports such as Global AIDS Response and Progress Report (GARPR) and the epidemiological surveillance report. It is an extensive and complex report; and should be completed online (UNAIDS website). NAP manager has the authority and credentials to access it. NAP and international organizations are **lacking coordination, and cessation of technical and financial support, especially after refugee influx)**

CBOs, namely FOCCEC, Curve, Confront, and RAFD in Amman, Zarqa, Irbid, and Mafraq respectively; with the support of IOM and IRD; implement programs targeting MSM and CSW in these governorates. Two drop in centers are established in FOCCEC and Curve for the purpose to receive and serve the targeted groups in a friendly safe and secure place. They perform rapid diagnostic test (RDT) for HIV detection among these two groups. Eleven HIV positives diagnosed by RDTs where referred in 2017-2018 to the MOH health services for confirmation of diagnosis, treatment and care. **Reporting data of the implemented activities and programs to the NAP coordination, M&E systems, building trust are weak, no quarterly reports.**

B. HIV/AIDS is on the list of communicable diseases that must be reported immediately to the NAP. After reporting the case, NAP staff contact the affected person to attend VCT center to conduct the epidemiological investigation and to receive necessary information and services (prevention, care, antiretroviral treatment). Each

patient is given an ID. Laboratory investigations such as liver and kidney function, blood chemistry, viral load, CD4...etc. are performed. Patient's information is kept in medical file in the VCT and treatment center throughout the patient's life. These files are made available only for the staff in charge in the center and no information is given except upon consent from the patient. This documentation is performed manually in registries and logbooks; no electronic packages or programs are available to save the collected information in the center, which makes it difficult to interpret, analyze, and prepare the required data (statistical package e.g. SPSS, EpiInfo).

HIV/AIDS Surveillance System relies on routine reporting of detected cases in public and private health services. The notification sites are as follows:

- Public and private hospitals and laboratory services
- Blood banks
- Directorate of Chest Diseases / NTP and Expatriates' Health
- Rehabilitation centers for addicts in the Ministry of Health and Public Security Department (Ministry of Interior)
- Voluntary counseling and testing centers
- CBOs and NGOs implementing HIV/AIDS programs

NAP receives ad hoc reports (except from NTP and Directorate of Blood Banking) from these sites upon request. Zero reporting (reporting on regular basis daily, weekly, and monthly, etc. even if number of detected cases is zero in the reporting period) which makes the NAP alert for surveillance activities is not implemented.

NAP carried out two rounds of bio-behavioral surveillance surveys in 2008-2009 and 2012-2013 in three cities, Amman, Irbid and Zarq in cooperation with NGOs and CBOs. The quality of implementation varied due to different reasons. The results of the first survey were not adopted where three KPs were targeted, CSW, MSM and PWID. The NAP did not have the necessary technical expertise when implementing this study, which negatively impacted its progress. The second study was applied on two groups CSW and MSM. This study involved 680 commercial sex workers who were tested for HIV, three of whom were infected, while 644 MSM participated and one was infected. The study also showed a high percentage of risky behaviors between the two groups. NAP planned for a third study in 2017; but due to administrative barriers, lack of funding and qualified human resources was not carried out. Detailed analysis of the surveys was not possible due to the missed data in the documents of the surveys, and lacking of technical capacities.

A complete report on the study was not showed up due to the high financial cost of recruiting an expert from outside Jordan to perform this task; and the lack of local expertise capable of using the respondent driving sampling analysis tool (RDSAT); a statistical program used for this kind of studies.

Surveillance data (Behavioral) for refugees and migrants is not disaggregated from the nationals except for biological data which is collected from mandatory testing for obtaining permits of work or residency visa, and the testing of patients diagnosed in health facilities.

NAP is lacking the qualified human resources that can conduct IBBS activities; personnel turnover is high especially after the retirement of majority of staff and the absence of a qualified second generation to replace them.

M&E system also suffers from the same conditions. No surveillance or M&E plan is in place. M&E data collecting tools are not available in addition to specific guidelines. Data for the majority of standard national and global reporting indicators is not collected. Populations' size estimations for KPs do not exist which hinder analyzing of existing data.

C. Ministry of Health is the only provider of ARTs in Jordan. Treatment is available in the HCT and treatment center in Amman. It is prescribed only for Jordanian patients. The government procures ARVs from local agents or the international market in emergency cases. Bids for procurement of medicines are invited through the Joint Procurement Department (JPD) on annual basis for the public health sector. Most types of medicines are available in local market through national and international agents and pharmaceutical plants.

To register a new drug; the agent or manufacturer will submit an application to the Jordan Food and Drug Administration (JFDA), and attach all necessary documents. Application is sorted according to the type of treatment. JFDA makes the required applications, forms and instructions for the registration electronically to facilitate the process, and to save the customers' efforts and time.

JFDA has formed a technical committee of specialists in the field of pharmacy to consider applications and approve those completed the set of conditions. It is noted that the duration of the consideration of applications by the Committee may take a long time period which could delay the registration of medicine.

NAP submits a request of medications on annual basis, determines the types, quantity of medication, number of patients benefit of each type, formulas, strengths, daily doses, and the covered time period. After being approved by the Department of Procurement and Supplies the request is then sent to the JPD for inclusion within government bids. A technical committee determines the medication's specifications. Bids shall be subject to the General Supplies Department bylaw. The process goes through a long bureaucratic procedure. It may take about a year to process the bid and ensure the stock of treatment for the program. Therefore, NAP must request about 30% as a buffer to the real need so as not to get a shortage or stock out of treatments. His Excellency the Minister has the authority to send orders of medications overseas merely in emergency situation. After receiving ARVs the stock is sent to MOH warehouses. NAP sends a claim of ARVs on monthly basis. No stock outs of medications were experienced in the past years. Ministry of Health covers all expenses of ARVs and health services for PLHIV. NAP provides the first line regimen of ARTs since two decades. The treatment is available for nationals only. The second line regimen is not introduced yet, studies on HIV drugs resistance is lacking.

After the Syrian crisis, the Ministry of Health and UNHCR agreed to provide Syrian refugees living with HIV with antiretroviral drugs and other services through a non-governmental organization, and UNHCR to cover the costs of the services. Limited resources and financial constrains push the government to keep its services for

Jordanian PLHIV. Migrants who live in Jordan and diagnosed with HIV are obliged to leave the country to seeking treatment and care.

We believe that putting this issue to discussion with the government may help mitigate the effects on migrants, and donors to ensure additional resources to be directed to migrants and refugees.

D- Despite the high sensitivity and specificity of the rapid diagnostic test for HIV, the opportunity to detect on spot HIV positives among KPs communities, expansion of HCT in wider geographical areas, and facilitate the uptake of the services officials in laboratory department have long opposed its use in HCT. They lack confidence in the test for their reasons and inhibitions; the most important is not to inform the client the result before the confirmation with Western Blot testing to avoid the false positives. The national HIV/AIDS program showed more flexibility than the laboratory officials. They initially agreed to use the RDTs by NGOs and CBOs for HCT services with some conservation for use in government services.

E- When asked NAP manager and VCT staff, CBOs and NGOs about the availability of IEC materials, the answer was that no new materials have been developed or produced since the end of the Global Fund grant in 2012. A wide range of IEC materials is needed. There is an urgent need to develop new guidelines in line with Jordan's context especially with the large numbers of refugees and migrants in the country. There is a great need to develop clinical guidelines for HIV/AIDS, guidelines for KPs, HCT of these groups. It is also necessary to develop materials to be used across outreach programs for KPs. As for expatriate workers in qualified industrial zones, IEC materials should be developed in their national languages and commensurate with their culture and knowledge. In addition NGOs and CBOs are in need to update and produce new IEC materials for KPs.

F- NAP in collaboration with UNAIDS and GFATM has developed the last NSP for the years 2012-2016, an independent expertise was recruited to provide technical support, several activities and consensus meetings have been conducted to finalize the plan. The process has taken almost one year. An action and costing plan, and an M&E plan were also attached to the NSP. Limited strategies were applied such as provision of treatment and HCT. A new NSP for the years 2019-2023 is needed to be developed. This NSP should focus on KPs in principal through strengthening HCT, referral system and retaining PLHIV in prevention, care and treatment services, and retention and adherence of PLHIV to treatment strategies. (UNAIDS 90-90-90)

G- NAP conducted two IBBS surveys in Jordan in 2008 and 2012; a third study was planned in 2017. However, due to the prevailing conditions as a result of the influx of refugees this study was not carried out. From epidemiological point of view, such studies are required in countries with a low prevalence or concentrated epidemics every 4-5 years to determine the drivers and dynamics of the epidemic.

When assessing the availability of resources; human, technical, and financial which currently exist, we find that it is only available to a limited extent.

This requires the preparation of a complete plan consisting of:

1. Ensuring human and financial resources, and technical support
2. Forming a technical team to manage the study;
3. Recruiting an expert to follow up the study, analyze and prepare the final report;
4. Developing operational guidelines, protocols and data collection tools;
5. Preparing approvals and administrative formalities before starting the study
6. Capacity building of the implementers e.g. NAP, CBOs and NGOs to ensure the proper operation of the study;
7. Mapping the sites of the target groups (KPs) after determining the geographical location of the study so that the study method can be chosen;
8. Logistics and administrative matters
9. Data collection and analysis, report writing, and data dissemination

Studies on knowledge, attitudes and practices (KAP) have been widely used to design public health policies and for planning health interventions taking into account the needs of the community. The aims of these studies are to analyze knowledge on HIV/AIDS, as well as attitudes and practices with respect to HIV/AIDS and to estimate the prevalence of HIV infection if participants agree on the extraction of a blood specimen. Variable data; socio-demographic, prevalence of inadequate knowledge on HIV prevention and transmission mechanisms, prevalence of discriminatory attitudes to PLWHA, prevalence of unsafe practices (sexual, injecting drugs) could be collected in this type of studies. In the last 7-8 years there is a limited information on KAP on HIV/AIDS among KPs or the general population of Jordan, a very few KAP studies are published. The most recent population based KAP survey is part of the Jordan Population and Family Health Survey 2012. which is available online.

H- The opportunities to use ARV drugs for treating and preventing HIV more effectively are growing rapidly. In recent years there has been a consistent trend towards initiating antiretroviral therapy (ART) earlier and expanding the use of ARV drugs for HIV prevention to achieve greater impact. New recommendations now support ART initiation in all adults, adolescents and children with HIV regardless of CD4 cell count or disease stage.
The review of evidence in 2015 concludes that:

- Earlier initiation of ART results in better clinical outcomes for people living with HIV.
- The ARV drug tenofovir disoproxil fumarate (TDF), alone or in combination with emtricitabine (FTC), is efficacious as pre-exposure prophylaxis (PrEP) to prevent HIV acquisition in all populations and settings.
- Safer and more efficacious ARV drugs are becoming available, and a newer class of drugs – integrase inhibitors – is becoming more affordable for low- and middle-income countries.

In addition, new approaches to diagnosis, treatment and patient monitoring are emerging:

- Innovative approaches to HIV testing are being implemented (home testing, community-based testing and self-testing).
- Many countries now provide lifelong ART to all pregnant and breastfeeding women.
- Many countries are implementing viral load (VL) testing as the preferred monitoring technology for people taking ART. CPHL is providing this test.

It was noticed that clinicians in the HIV/AIDS treatment center rely on WHO guidelines where there is no national guideline. Clinicians have changed the treating regimen every period of time without relying on clinical or laboratory studies to assess the efficacy of the treatment being used. This may lead to the emergence of viral resistant. Data from medical files shows that almost 20% of PLHIV have an elevated viral load in addition to reporting of five PLHIV deaths in 2018. From this we conclude that there is a need to develop national clinical guidelines based on scientific evidence including the use of oral pre-exposure and post-exposure prophylaxis (PrEP, PEP) to prevent the acquisition of HIV.

As coinfections of HIV/TB do not exist among PLHIV; according to NTP manager and staff in treatment center; in Jordan since the onset of the HIV/AIDS epidemic, a chapter on HIV/TB coinfection management could be attached to the clinical guideline.

The reporting of sexually transmitted infections (STIs) is considered from the weakest health reporting systems in Jordan. STIs reporting system relies on syndromic approach from primary health centers. Unfortunately even this system is not efficient or of high quality. NAP in collaboration with clinical specialists on dermatology and obstetrics and gynecology has conducted several training programs on sexually transmitted infections for GPs, specialists and health workers in hospitals and primary health care centers to improve the reporting system. As for the private health sector, it is very rare to report sexually transmitted diseases under the pretext of maintaining the confidentiality and privacy of its patients. The level of stigma and discrimination against STIs patients is high as is the case with HIV/AIDS. Many STDs patients resort to private pharmacies to take the medication without a prescription which complicating things more. Currently there is no guideline for the management of sexually transmitted infections.

I- HIV/AIDS diagnosis is carried out in public health laboratories of the MOH by ELISA test, while the final diagnosis is done only by Western blot testing which is only available in the CPHL. The immune system CD4 and viral load are examined after diagnosis and are periodically reviewed every 6 to 12 months according to the availability of laboratory kits and reagents to ensure the effectiveness of ARTs. The Ministry shall provide all laboratory equipment and materials. The laboratories receive customers who are referred from VCT center or transferred from a physician who works in the MOH or Royal Medical Services. In private sector, the customer can do HIV testing upon his own request or by his physician. HIV positive must be referred to CPHL to confirm the result. Private laboratories should be licensed to perform HIV testing. Some laboratories in the private sector conduct RDTs for HIV as well very few

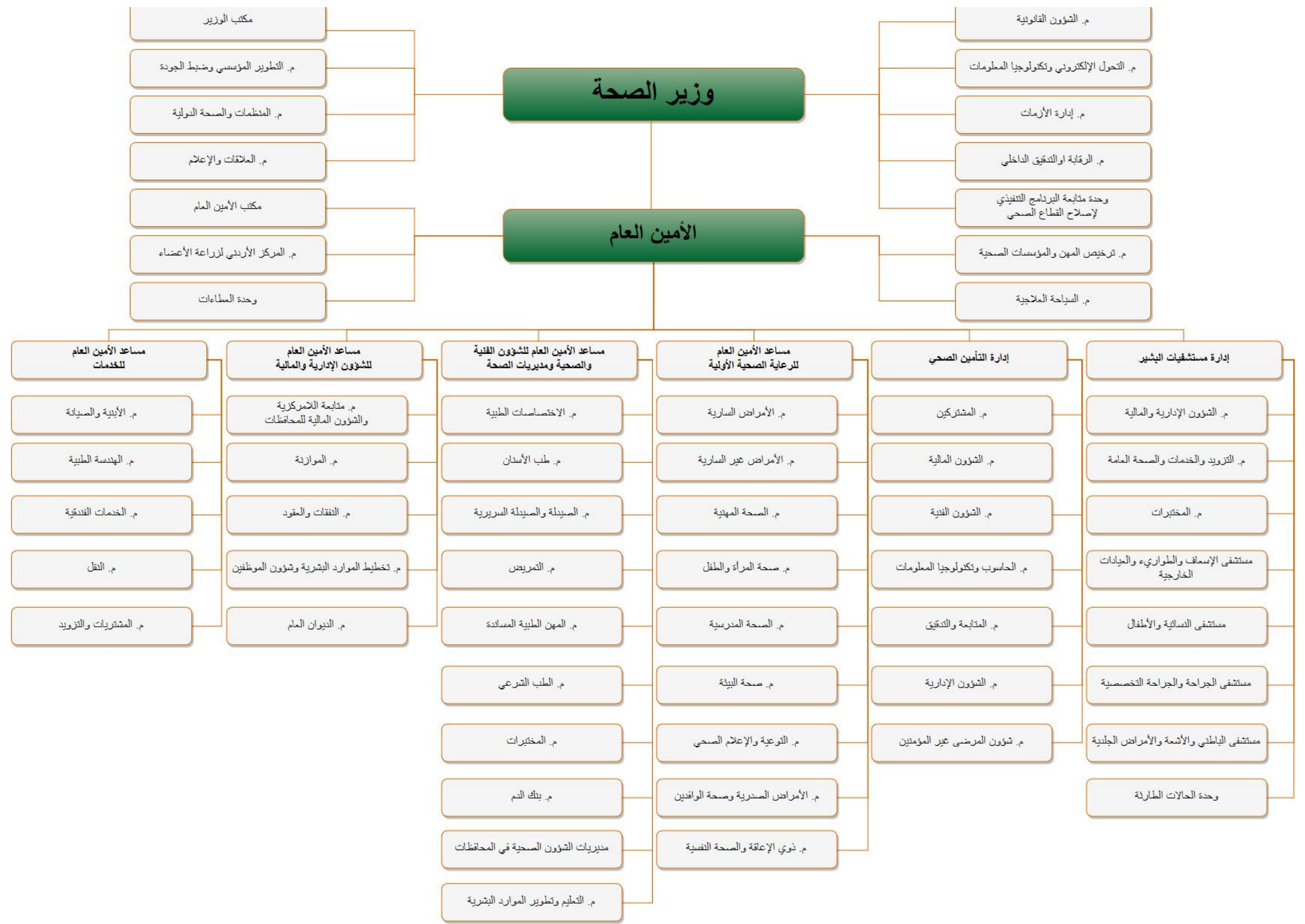
CBOs. Laboratory system is lacking the resources for HIV genotyping or monitoring drugs resistance in addition to research and studies on these topics.

All residents in Jordan are entitled to use all health facilities, including laboratory services, regardless of religion, race, color or country of origin in accordance with national laws and regulations, and agreements with third parties.

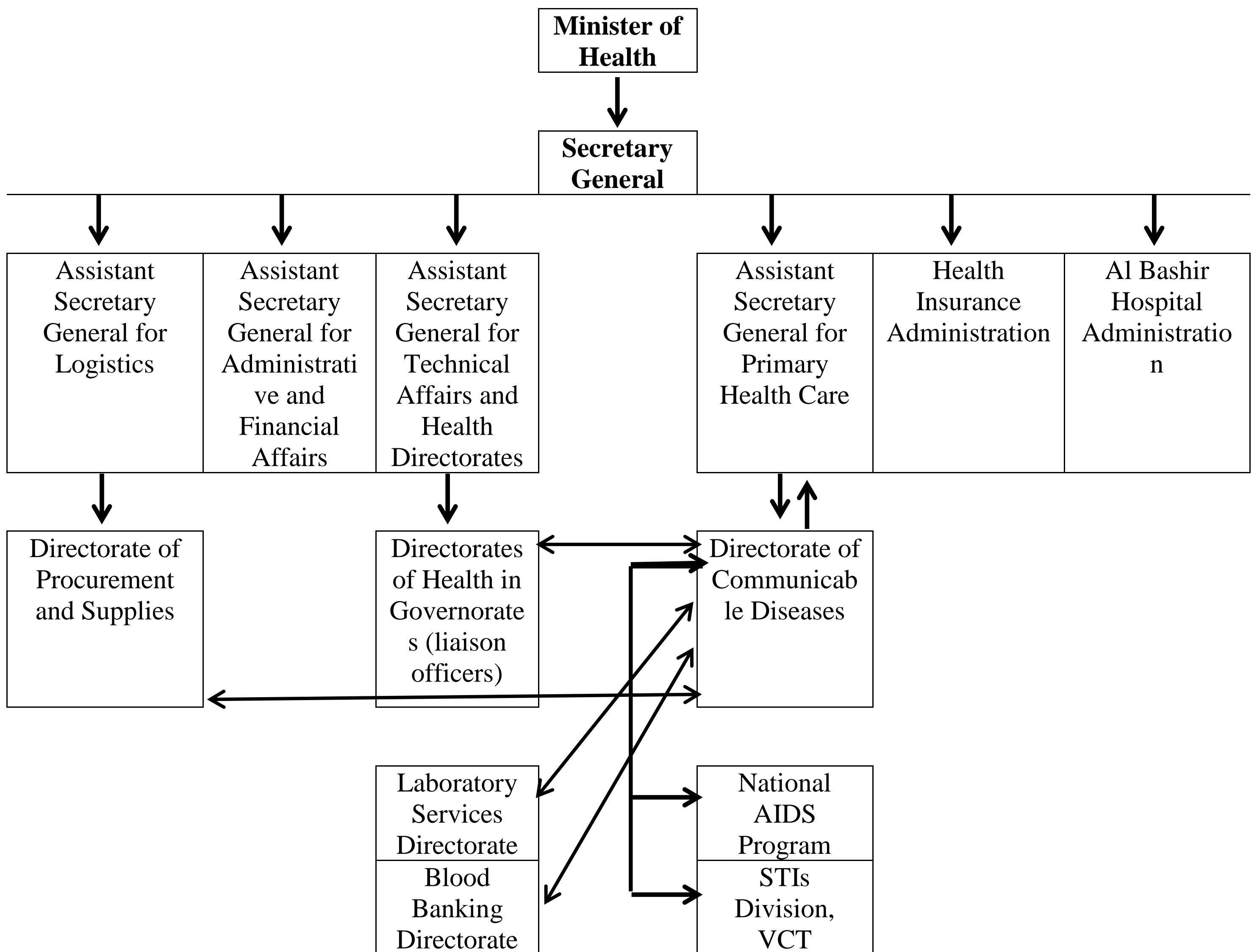
J- Reproductive health and family planning program is one of the successful public health programs in the Ministry of Health. Maternal and Child Health Department (MCH) purchase more than two million pieces of male condoms annually from the local market through government tenders taking into account the high quality of the product and from reliable sources. Condoms are distributed in maternal and child health clinics at primary health centers. MCH provides male condoms to VCT center continuously upon request. MCH did not encounter shortage of condoms as the quantities required are calculated according to a specific formula. Condoms are stored in the Ministry's warehouses. Condoms are available in the local market, especially private pharmacies, at an affordable price. Some of other parties distribute condoms, including the Jordanian Family Planning and Protection Association for family planning purposes, as well as few CBOs for prevention of STIs and HIV among KPs. Condoms are also distributed in the private health sector. The use of female condoms is not widespread in Jordanian society and is confined to some civil society organizations which distribute condoms for KPs through outreach programs and VCT.

Condom promotion is a sensitive issue in a conservative Jordanian community. Top level managers don't prefer to talk in public about condom promotion among KPs; they are reluctant to distribute condoms outside family planning programs.

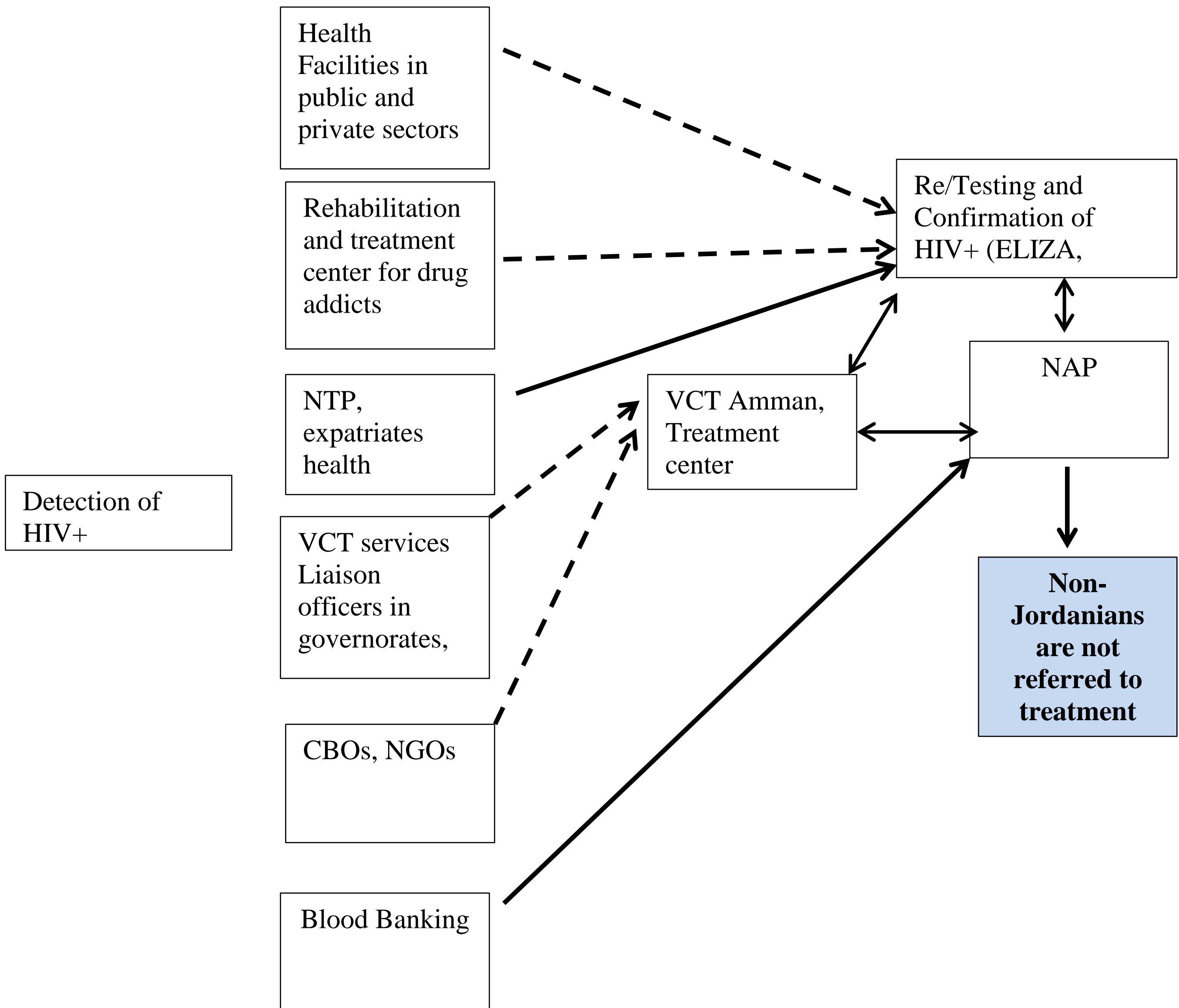
Hierarchy of Ministry of Health



Linkages of Directorate of Communicable Diseases and NAP



The flowchart of diagnosis / treatment for Jordanian and non-Jordanian patients



Data from Forearm of Change and Community Empowerment Center (FOCCEC)

Achievements in 2017

ITEM	Number
Conducting Field visits	1254
Providing awareness in the field	3643
Distributing Condom	27773
Distributing IEC materials	6842
Outreach workers	73

Positive Cases in 2017

Rapid Test	Number	Result		Nationality	Gender for positive cases
		Negative	Positive		
HIV	1320	1311	9	4Jordanian 2 Syrian 2 Egyptian 1 other	All of them Male
HBV	751	751	0		
Syphilis	942	929	13	10 Jordanian 1Syrian 2 others	All of them Male
HCV			3	2 Jordanian 1 Egyptian	All of them Male

Achievements in 2018

ITEM	Number
Conducting Field visits	390
Providing awareness in the field	1163
Distributing Condom	11657
Distributing IEC materials	2660
Outreach workers	29

Positive Cases in 2018

Rapid Test	Number	Result		Nationality	Gender for positive cases
		Negative	Positive		
HIV	573	570	3	3Jordanian	All of them Male
HBV	298	298	0		
Syphilis	408	403	5	3 Jordanian 2 Iraqi	All of them Male
HCV	42	42	0		

Positive cases for STIs in 2017

STIs	Number	Gender	Nationality
Gonorrhea	10	All of them Male	10 Jordanian
Chlamydia	23	7 Female 16 Male	7 Syrian 16 Jordanian
HPV	1	Male	Jordanian

Positive cases for STIs in 2018

STIs	Number	Gender	Nationality
Gonorrhea	4	All of them Male	Jordanian
Chlamydia	8	All of them Male	7 Jordanian 1 Lebanese
HPV	6	All of them Male	Jordanian