

# **UNGASS Country Report**

## **Hashemite Kingdom of Jordan**

**January 2006 – December 2007**

*Submission Date: 15<sup>th</sup> Jan, 2008*

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**Table of Contents:**

<b><u>LIST OF FIGURES</u></b>	<b>3</b>
<b><u>LIST OF TABLE:</u></b>	<b>4</b>
<b><u>ACKNOWLEDGMENTS</u></b>	<b>5</b>
<b><u>ACRONYMS</u></b>	<b>6</b>
<b><u>I STATUS AT A GLANCE:</u></b>	<b>7</b>
<b>I.1 THE INCLUSIVE OF THE STAKEHOLDERS IN THE REPORT WRITING PROCESS:</b>	<b>7</b>
<b>I.2 STATUS OF THE EPIDEMIC:</b>	<b>7</b>
<b>I.3 POLICY AND PROGRAMMATIC RESPONSES:</b>	<b>7</b>
<b>I.4 UNGASS INDICATORS DATA:</b>	<b>9</b>
<b><u>II OVERVIEW OF THE AIDS EPIDEMIC:</u></b>	<b>12</b>
<b>II.1 CUMULATIVE HIV/AIDS CASES:</b>	<b>12</b>
<b>II.2 MODE OF TRANSMISSION:</b>	<b>13</b>
<b>II.3 AGE AND SEX</b>	<b>14</b>
<b><u>III NATIONAL RESPONSE TO THE AIDS EPIDEMIC AND BEST PRACTICES</u></b>	<b>17</b>
<b>III.1 GENERAL OVERVIEW:</b>	<b>17</b>
<b>III.2 STRATEGIC PLAN</b>	<b>17</b>
<b>III.3 POLITICAL SUPPORT</b>	<b>19</b>
<b>III.4 PREVENTION</b>	<b>21</b>
<b>III.5 CARE, TREATMENT AND SUPPORT</b>	<b>26</b>
<b><u>IV MAJOR CHALLENGES FACED AND ACTIONS NEEDED</u></b>	<b>30</b>
<b>IV.1 CHALLENGES</b>	<b>30</b>
<b>IV.2 ACTIONS NEEDED</b>	<b>31</b>
<b><u>V SUPPORT REQUIRED FROM JORDAN'S DEVELOPMENT PARTNERS</u></b>	<b>33</b>
<b><u>VI MONITORING AND EVALUATION ENVIRONMENT</u></b>	<b>34</b>
<b>VI.1 NATIONAL M&amp;E PLAN</b>	<b>34</b>
<b>VI.2 M&amp;E UNIT AND DATA MANAGEMENT</b>	<b>36</b>
<b><u>REFERENCE:</u></b>	<b>39</b>

**List of Figures**

**Figure 1: Cumulative number of People Living with HIV (PLHIV) in Jordan as of Dec, 07. ....13**

**Figure2: Cumulative Jordanian HIV/ AIDS cases According to Mode of Transmission as of Dec, 2007.....13**

**Figure 3 : Framework of NAS for Jordan 2005-9.....18**

**List of Table:**

Table 1: UNGASS indicator Data ..... 9

Table 2: Cumulative HIV/Cases in Jordan by Age and Sex (2007)..... 14

Table 3: National M&E plan Strengths and Weaknesses .....34

Table 4: Strengths and Weaknesses of the Program Management Units' Data  
Management Capacities .....36

# Acknowledgments

The consultants would like to thank the Ministry of Health (National AIDS Program), the UN Theme group on HIV and the UNAIDS MENA Regional Support Team as well as other technical partners, NGOs and people living with HIV for their continued support during the preparation and finalization of this report.

## Acronyms

AIDS	Acquired Immunodeficiency Syndrome
CBOs	Community Based Organizations
CDC	Centre for Disease Control and Prevention
CRIS	Country Report Information System
FHI	Family Health International
FSW	Female Sex Workers
GFATM	Global Fund for AIDS, TB and Malaria
GOJ	Government of Jordan
GSHS	Global School Health Survey
HIV	Human Immunodeficiency Virus
HPI	Health Policy Initiative
IDU	Injecting Drug Users
IEC	Information, Education and Communication
IVDUs	Intravenous Drug Users
M&E	Monitoring and Evaluation
MENA	Middle East and North Africa
MOE	Ministry of Education
MOH	Ministry of Health
MSM	Men who have Sex with Men
NAC	National AIDS Committee
NAP	National AIDS Program
NAS	National HIV/AIDS Strategy
NGOs	Nongovernmental Organization(s)
PLHIV	People Living with HIV
ROMENA	Regional Office for the Middle East and North Africa
SBC	Strategic Behavior Communication
STIs	Sexually Transmitted Infections
SWG	Surveillance Working Group
TB	Tuberculosis
TOT	Training of Trainers
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
UOJ	University of Jordan
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WAD	World AIDS Day
WHO	World Health Organization

## **I Status at a Glance:**

### **I.1 The inclusive of the stakeholders in the report writing process:**

This report was generated by 2 consultant hired by the WHO and UNAIDS in Jordan who were working from first of November 2007 to mid-Jan 2008. The consultants, working under the supervision of the WHO and UNAIDS theme group chair and with technical supervision by UNIADS regional office support team In the absence of national surveys providing the values for the core indicators specified in UNAIDS guidelines, the required data was collected through a review of existing studies, monitoring of national programs and interviewing key informants selected from MOH, NAP, bilateral agencies, PLWHA, UN agencies and NGOs active in Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) programmes using the NCPI the questionnaire included in UNAIDS guidelines. The draft report was circulated among a UNAIDS theme group and discussed in a national forum with active participation of representative from the MOH, Military Services, WHO, University of Jordan, USIAD, PLHIV, Family Guidance and awareness Center, National AID Programme, Jordan Red Crescent, Family Health International, UNRWA, UNODC, UNESCO, UNICEF and National Center for Human Rights. Finally the report was finalized following discussions and modifications during the consensus-building forum.

### **I.2 Status of the epidemic:**

According to the Official National AIDS Program (NAP) passive case reporting data for December 2007 there are 548 cumulative cases of AIDS Most cases occur in people between the ages of 15 and 34. These statistics, however, likely do not reflect the true magnitude of the AIDS problem in Jordan, since no systematic HIV surveillance is carried out. Sexual relations are thought to be the primary mode of HIV transmission, accounting for 60.8% of all infections in Jordan.

### **I.3 Policy and Programmatic responses:**

Jordan's national response to HIV/AIDS is characterized by a strong and significant political commitment. There is an increasing awareness and political commitment at all levels, resulting, for example, in the participation of government officials and members of the Royal Family in advocacy efforts.

Jordan, through extensive collaboration and coordination between all interested parties, succeeded in achieving the three main requirements to scale up toward universal access, which are known as The Three Ones. They are:

1) **One** agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners – defined as the NAS mentioned in the previous section.

2) **One** National AIDS Coordinating Authority that has a broad-based, multi-sectoral mandate as defined as the CCM.

3) **One** agreed country-level monitoring and evaluation system. Recently, Jordan has adopted a Monitoring and Evaluation plan which has been developed by the National AIDS Programme (NAP) with technical and financial support from United States Agency for International Development (USAID) primary through Family Health International (FHI). This plan, include well defined indicators for all activities implemented by NAP.

#### I.4 UNGASS indicators Data:

Table 1: UNGASS indicator Data

Indicator	Value	Source of Information and/ or comment
<b>NATIONAL COMMITMENT AND ACTION</b>		
<b>1-Domestic and international AIDS spending by categories and financing sources</b>		NAP and partners' financial reports
<input type="checkbox"/> <i>Domestic public:</i> <input type="checkbox"/> <i>International (GF, USAID, UN agencies):</i>	137 513 USD 2 559 565 USD	<input checked="" type="checkbox"/> Available data were not classified by spending categories <input checked="" type="checkbox"/> <b>Recommendation;</b> <input type="checkbox"/> National AIDS Spending Assessment (NASA) or National Health Accounts - AIDS sub-accounts could be used by NAP and other partners to measure AIDS spending.
<b>NATIONAL PROGRAMMES</b>		
<b>3. Percentage of donated blood units screened for HIV in a quality assured manner</b>	<input checked="" type="checkbox"/> Numerator: 156851 <input checked="" type="checkbox"/> Denominator: 156851 <input checked="" type="checkbox"/> <i>Ind. Value: 100%</i>	Source of information: National Blood Bank records <input checked="" type="checkbox"/> <b>Recommendation;</b> <input type="checkbox"/> More coordination between NAP M&E unit and National Blood Bank is needed for continuous data reporting
<b>4. Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy</b>	<input checked="" type="checkbox"/> Numerator: 53 <input checked="" type="checkbox"/> Denominator: unavailable	<input checked="" type="checkbox"/> <b>Recommendation:</b> <input type="checkbox"/> Inclusion of this indicator within the national M&E system <input type="checkbox"/> Estimation models such as SPECTRUM should be applied by the NAP M&E system
<b>5. Percentage of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission</b>	<input checked="" type="checkbox"/> Numerator: 0 <input checked="" type="checkbox"/> Denominator: unavailable	<input checked="" type="checkbox"/> <b>Recommendation:</b> <input type="checkbox"/> Inclusion of this indicator within the national M&E system <input type="checkbox"/> Antenatal clinic surveillance or Estimation models such as SPECTRUM could be applied by the NAP M&E system,
<b>6. Percentage of estimated HIV-positive incident</b>	<input checked="" type="checkbox"/> Numerator: 0	<input checked="" type="checkbox"/> <b>Recommendation;</b>

<b>TB cases that received treatment for TB and HIV</b>	<ul style="list-style-type: none"> <li>■ Denominator: 0.1</li> <li>■ <i>Indicator Value: 0%</i></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> More coordination is needed between NAP and NTP to improve accessibility of services.</li> </ul>
<b>7. Percentage of women and men aged 15-49 who received an HIV test in the last 12 months and who know their results</b>	<b>Unavailable</b>	<ul style="list-style-type: none"> <li>■ <b>Recommendation;</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> NAP could conduct a specific HIV/AIDS national survey which could substitute the DHS.</li> </ul> </li> </ul>
<b>8. Percentage of most-at-risk populations that have received an HIV test in the last 12 months and who know their results</b>	<b>Unavailable</b>	<ul style="list-style-type: none"> <li>■ <b>Recommendation;</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> This indicator should be considered in any Behavioural surveillance or other special surveys conducted among the most at risk population</li> </ul> </li> </ul>
<b>9. Percentage of most-at-risk populations reached with HIV prevention programmes</b>	<b>Unavailable</b>	<ul style="list-style-type: none"> <li>■ <b>Recommendation;</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> This indicator should be considered in any Behavioural surveillance or other special surveys conducted among the most at risk population</li> </ul> </li> </ul>
<b>10. Percentage of orphaned and vulnerable children aged 0–17 whose households received free basic external support in caring for the child</b>	<b>Not applicable</b>	<ul style="list-style-type: none"> <li>■ Not applicable to Jordan as it is estimated as a low prevalence country</li> </ul>
<b>11. Percentage of schools that provided life skills-based HIV education in the last academic year</b>	<b>Unavailable</b>	<ul style="list-style-type: none"> <li>■ <b>Recommendation;</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Inclusion of this indicator in the national M&amp;E system taking into consideration the recommended measurements tools.</li> </ul> </li> </ul>

## KNOWLEDGE AND BEHAVIOR

<b>12. Current school attendance among orphans and among non-orphans aged 10–14</b>	<b>Not applicable</b>	<ul style="list-style-type: none"> <li>■ Not applicable to Jordan as it is estimated as a low prevalence country</li> </ul>
<b>14. Percentage of most-at-risk populations who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission</b>	<b>Unavailable</b>	<ul style="list-style-type: none"> <li>■ Limited access to most-at-risk population is one of the major challenges that face the fight against AIDS in Jordan</li> <li>■ These indicators should be taken into consideration in the coming bio-behavioral survey that will be conducted by NAP.</li> </ul>
<b>15. Percentage of young women and men aged 15–24 who have had sexual intercourse before</b>	<b>Unavailable</b>	

the age of 15		
16. Percentage of women and men aged 15–49 who have had sexual intercourse with more than one partner in the last 12 months	Unavailable	
17. Percentage of women and men aged 15–49 who had more than one sexual partner in the past 12 months reporting the use of a condom during their last sexual intercourse	Unavailable	
18. Percentage of female and male sex workers reporting the use of a condom with their most recent client	Unavailable	
19. Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	Unavailable	
20. Percentage of injecting drug users reporting the use of a condom the last time they had sexual intercourse	Unavailable	
21. Percentage of injecting drug users reporting the use of sterile injecting equipment the last time they injected	Unavailable	

## IMPACT

22. Percentage of young women and men aged 15–24 who are HIV infected	Unavailable	<ul style="list-style-type: none"> <li>■ <b>Recommendation:</b> <ul style="list-style-type: none"> <li>□ Inclusion of HIV test within the antenatal clinics which should report to the NAP M&amp;E unit.</li> </ul> </li> </ul>
23. Percentage of most-at-risk populations who are HIV infected	Unavailable	<ul style="list-style-type: none"> <li>■ <b>Recommendation:</b> <ul style="list-style-type: none"> <li>□ NAP and VCT center reporting and recording system should be strengthened and linked with the M&amp;E unit directly</li> </ul> </li> </ul>
24. Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy		

## **II Overview of the AIDS Epidemic:**

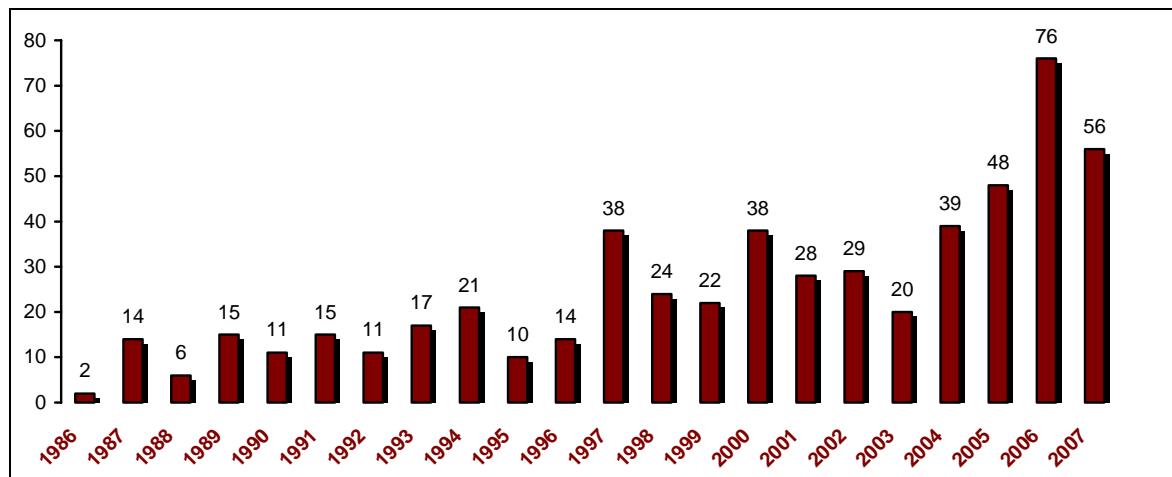
### **II.1 Cumulative HIV/AIDS Cases:**

The UNAIDS and World Health Organization (WHO) global report for 2007 estimates 0.02% HIV sero-prevalence in the adult Jordanian population (WHO/UNAIDS 2006), thus classifying Jordan as a low prevalence country vis-à-vis the global HIV/AIDS epidemic. Several factors have been observed which may either mask a higher HIV prevalence, or contribute to an accelerated future spread of the epidemic. These factors include low levels of awareness, high levels of stigma and discrimination against PLHIV and marginalization of most-at-risk populations such as sex workers.

Data collected in 2006 and 2007 shows a 31% increase in the cumulative number of HIV/AIDS cases reported in Jordan. The total number of HIV/AIDS reported cases is currently 548, compared to 426 in 2005. This number represents all cases reported in Jordan since the first case was reported in 1986. As this data is recorded through passive case reporting, and rarely through the voluntary utilization of Voluntary Counseling and Testing (VCT) services, it may not necessarily provide an accurate reflection of national HIV prevalence. For example, little is known about prevalence among vulnerable populations in Jordan; although formative assessments of vulnerable populations are planned under the 2005 National HIV/AIDS Strategy (NAS).

Greater awareness among high risk populations brought about by targeted prevention programming may have contributed slightly to a rise in the number of Jordanians seeking VCT. However, there is consensus that a low level of awareness in the general population, the misconceptions surrounding the virus and the marginalization of high-risk groups may be camouflaging a higher HIV prevalence. Factors that may contribute to a further spread of the epidemic include economic hardships resulting from the sharp increase in the cost of living, high levels of mobility related to refugee migration from neighboring countries in conflict situations, and to high levels of labor migration to and from Jordan, as well as the increase in risky behaviors among young people including increased drug use. (UNIFEM, 2006).

**Figure 1: Cumulative number of People Living with HIV (PLHIV) in Jordan as of Dec, 07.**

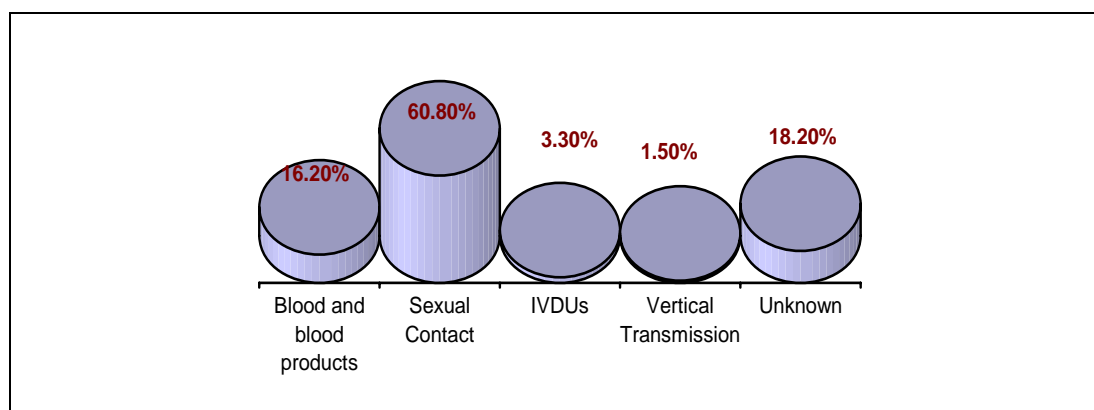


Source: NAP records, 2007

## II.2 Mode of Transmission:

Data collected by the National AIDS Program(NAP) from VCT centers in Jordan shows that the predominant mode of transmission among the 548 reported HIV/AIDS cases is unprotected sexual intercourse, which accounts for 60.8% of infections. 16.2 % of people living with HIV/AIDS contracted the virus through contaminated blood and blood products before the year 1990. Blood transactions in Jordan are now fully centralized and units undergo universally standardized mandatory testing. Of the remaining cases, 3.3% were Intravenous Drug Users (IVDUs), 1.5% are children who were infected through mother-to-child transmission and 18.2% were reported as cases with unknown modes of transmission.

**Figure2: Cumulative Jordanian HIV/ AIDS cases According to Mode of Transmission as of Dec, 2007.**



Source: NAP records, 2007

### II.3 Age and Sex

The age distribution of the reported cases as shown in table (1) is as follows: less than 5 years for 1.3% of cases, 5-14 years for 3.3%, 15-19 years for 1.5%, 20-29 years for 32.1%, 30-39 years for 37.2%, 40-49 years for 15.1% and 50 years and above for 9.1%, with age not being reported among the remaining 0.4% of cases.

While the ratio of males to females is 4 to1, this ratio may not reflect the true vulnerability of women in Jordanian society, and numerous factors may reduce access to HIV testing services by women. **(UNIFEM, 2006)**

**Table 2: Cumulative HIV/Cases in Jordan by Age and Sex (2007)**

AGE GROUP	Male	Female	TOTAL	%
Less than 5 years	5	3	8	1.3
5-14	17	1	18	3.3
15-19	5	3	8	1.5
20-29	93	83	176	32.1
30-39	129	75	204	37.2
40-49	65	18	83	15.1
50+	40	10	50	9.1
Unknown	2	0	2	0.4
<b>TOTAL</b>	<b>356</b>	<b>193</b>	<b>548</b>	<b>100.00</b>

Source: NAP records, 2007

### II.4 Data on Vulnerable Groups

An effective surveillance system would need to reach populations most-at-risk for HIV successfully, in particular in a low prevalence epidemic setting. Jordan's NAS (2005-2009) has classified most-at-risk groups into primary and secondary, based on their degree of vulnerability. Primary groups include Female Sex Workers (FSW), Men who have sex with men (MSM) and Injecting Drug Users (IDU); while secondary groups consist of youth, frequent travelers, military service

personnel, workers in certain sectors (health, tourism and transport), prisoners, refugees and street children. Population size and prevalence estimates in these groups would provide policy makers with evidence as to which groups to prioritize, and would allow the design of prevention, treatment, care, support programs at an appropriate scale and coverage level. Unfortunately, there is little information of this nature available in Jordan, especially concerning such primary populations as FSW and MSM, for example.

Information on injecting drug users is also limited, though some data is available on drug use in general. Two studies concerning drug use in Jordan were conducted by UNODC in the past few years. The Global School Health Survey (GSHS), developed by the World Health Organization (WHO) in collaboration with UNICEF, UNAIDS, UNESCO and the Centre for Disease Control and Prevention (CDC) was disseminated to 2471 students. Official results of the study were presented in August 2005. The study found that students in Jordan are not invulnerable to drug use, with 3% responding in a positive manner. The second study conducted was the UNODC "Rapid Assessment Situation on Drug Abuse and Dependence in Jordan", published in 2001. In this survey more than 5000 students in the age group between 18 and 25, mainly university (80%) and community college students (20%), were interviewed with regard to their patterns of drug use, including alcohol, tobacco and sedatives. The major substances used or abused by the respondents (last month prevalence) were: tobacco (29%), sedatives (12%) and alcohol (12%).

As for vulnerable groups classified as secondary in the NAS, some surveys among youth have been conducted. In a survey of 3000 young people, 3.3% of males and 0.6% of females had had a non-regular sexual partner in the previous 12 months and, among that group, condom use was 40.3%. (NAP, 06)

In a survey of 8800 households conducted in May 2001, it was reported that 6.6% of young people knew a peer who had sniffed glue, gas or paint; 2.5% knew someone who had taken tranquilizers, codeine or morphine; 1.3% knew of someone who had used hallucinogens; and 0.4% knew someone who had used cocaine. Although there were no questions on sexual behavior, general sexual knowledge was poor, as demonstrated by the fact that more than half of the

young people (60%) knew no typical features of physical changes in puberty (UNICEF, 2002).

Also among secondary populations are workers in the tourism industry. USAID supported qualitative research, primarily through FHI that involved 70 in-depth interviews, among tourist workers in Petra (Drew, 2004). Key findings included widespread beliefs that it is possible to tell a person with HIV/AIDS by sight that tourists are screened for HIV and that Jordan is HIV-free and a poor knowledge of STIs, as well as a strong distrust of public health services and reports of commercial sexual activity among tourists and tourist workers.

### **III National Response to the AIDS Epidemic and Best Practices**

#### **III.1 General Overview:**

Jordan has set positive examples for the Middle East and North Africa (MENA) region by virtue of its innovative and committed approach in some programmatic areas of importance to HIV/AIDS response. The main focus of the national response is on the prevention of new cases of HIV infection.

The NAP and the National AIDS Committee (NAC) were established in 1986, and the committee continues to ensure the provision of health care services to patients and has intensified blood screening.

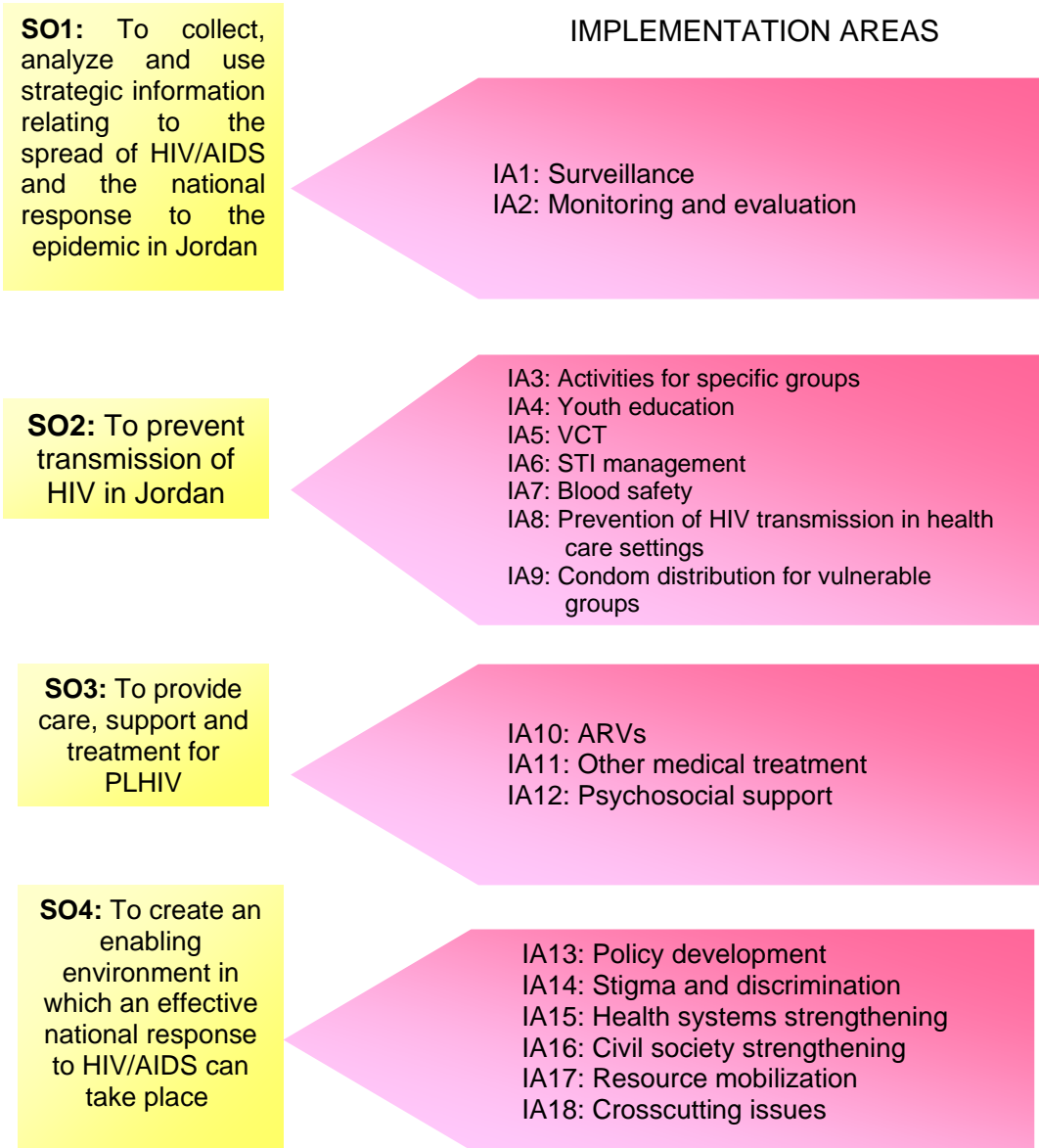
#### **III.2 Strategic plan:**

The NAS for Jordan, covering the years 2005 through 2009, was developed and adopted by the NAP with the engagement and support of partners working on HIV/AIDS issues throughout the country. These partners represent various sectors including the ministries of health, education, labor, the military, NGOs and Community Based Organizations (CBOs) working with women, children and youth, UN agencies and bilateral agencies, specifically the USAID and FHI. The NAS stated goals are to maintain the low level of HIV infection through strengthened and expanded prevention efforts and to reduce the impact of HIV/AIDS on individuals, families and the community in Jordan through universal access to services prevention, treatment, care and support services for HIV.

The NAS has seven objectives with a number of suggested activities to achieve these objectives. These objectives, the implementations areas and the activities of the NAS are as shown in figure 4 below.

**Figure 3 : Framework of NAS for Jordan 2005-9**

**Goal:** To maintain low HIV prevalence among the population and all vulnerable sub-populations of Jordan



Under NAS implementation area (IA) 18 of sub-objective 4, gender equality and empowerment, the involvement of PLHIV, addressing stigma and discrimination and the protection of human rights are addressed as cross-cutting issues.

The NAS includes an operational plan outlining formal program goals, clear targets and milestones, a detailed budget of costs per programmatic area, indications of funding resources and an M&E framework. Civil society was actively involved in the development of the NAS through participation in discussions, updates and reviews and the strategy has been endorsed by most external development partners. Some partners have already aligned and harmonized their HIV and AIDS programs to the NAS and more are expected to do so in the coming year.

Sectors included in the NAS with a specific HIV budget for their activities are the Health and NGO sectors as well as PLHIV. Funding for other sectors, such as Labor, Transportation, Women and Youth is allocated from the NAP budget.

### **III.3 Political Support:**

Jordan's national response to HIV/AIDS is characterized by a strong and significant political commitment. Increasing awareness and political commitment at all levels has resulted in the participation of government officials and members of the Royal Family in advocacy efforts. For example, the National Strategy was launched under the patronage of her Royal Highness Princess Mona Al-Hussein, during World AIDS day (WAD) events in 2006.

Acting as the Country Coordination Mechanism (CCM) of the Global Fund for AIDS, Tuberculosis (TB) and Malaria (GFATM) grant and chaired by his Excellency, the Secretary General of MOH, the NAC has been expanded to include 23 members representing organizations working in the field of HIV and TB in Jordan, four of whom are females. Members are representatives of government sectors (35%), academia, civil society (8.7%), FHI, the Theme Group on HIV/AIDS, WHO, USAID, the private sector (4.3%), NGOs, one TB patient and one representative of PLHIV, nominated by members of a newly initiated support group for PLHIV.

The CCM meets over four times per year when necessary, and plays an active role in the process of policymaking and coordination. The function of the CCM is to promote and coordinate interaction on the GFATM grant between government, PLHIV, civil society and the private sector through well - defined terms of reference which can be summarized as follows: to adopt local policy and strategies, to review reports and provide guidance and recommendation on next steps, and to monitor and follow up on the implementation of NAP and NTP activities. Through these national programs, implementing partners receive information on priority needs and services, technical guidance and materials, and capacity building in technical areas such as Monitoring and Evaluation (M&E).

The NAP meets weekly, follows clear terms of reference and has a defined membership, action plan and secretariat. The main achievements of the NAP are apparent in the control of the epidemic, the standard of prevention, care and treatment of PLHIV, prevention activities carried out with partners, development of Information, Education and Communication (IEC) materials and guidelines, good coordination and strong partnerships and the achievement of the three ones. The NAP has succeeded in securing funding to cover gaps, ensuring free VCT services and treatment for PLHIV, formulating an M&E strategy and advocating for strong political support. The NAP faces several challenges in the implementation of its goals; namely, the absence of second generation surveillance, the difficulty in accessing high risk populations, the high level of stigma and discrimination surrounding high risk populations and PLHIV and the implementation of M&E activities with partners. However, USAID has supported the NAP to begin tackling these challenges by providing technical assistance (primarily through FHI) to establish a Surveillance Working Group (SWG) to set standards for and make decisions on national surveillance systems, hold a training on second generation bio-behavioral surveillance for Ministry of Health (MOH) core staff and partners, develop a second generation bio-behavioral surveillance plan as well as an operational plan and develop a national M& E plan, in addition to building the capacity of implementing agencies to respond to national M&E requirements.

Additionally USAID through Health Policy Initiative (HPI) has provided policy - related support to assist with analysis and priority setting, and to strengthen the overall HIV/AIDS policy environment. Research carried out by the HPI project shows that that “[Jordan’s] legal-regulatory framework has only one explicit reference to HIV/AIDS, but that many laws and regulations can be applied to situations involving HIV/AIDS.” (POLICY, 06) For example, laws exist which reaffirm the right to education and employment and provide a legal basis to protect oneself against HIV infection and seeking remedies if wrongfully infected. They also grant the MOH broad authority to deal with its public health obligations. However, laws do not address the issues of confidentiality of medical information or discrimination based on disease status and do not differentiate HIV from other communicable diseases, which may lead to public health measures, such as isolation, that may be inappropriate for HIV positive people. Therefore, though Jordan’s legal-regulatory framework is supportive of the NAS in many ways, some laws and the legal vacuum in some crucial areas will have a limiting impact. The research concluded that in order to better support the implementation of the NAS, Jordan will have to improve its legal-regulatory framework.

### **III.4 Prevention**

#### **Awareness Raising Activities Among the General Population**

##### **Strategy that Promotes Information, Education and Communication**

As part of its awareness-building efforts since 1987, the NAP, with the technical and financial support of all partners and the GFATM grant, undertook the production and distribution of a large number of educational materials, including printed material, video films and TV spots which focus on promoting the AB (Abstinence, Being Faithful) prevention strategy. The dissemination of these materials occurred mostly during WAD events. Numerous workshops, lectures and seminars have also been organized and held throughout the year for diverse audiences including females.

The key messages explicitly promoted to the general population include: practice abstinence, be faithful, and Don’t Do Drugs (ABD). The materials also promote greater acceptance and involvement of PLHIV, market the VCT center and hotline services and focus on Sexually Transmitted Infections (STIs).

To enhance media personnel skills in reporting HIV and AIDS and knowledge surrounding the HIV and AIDS epidemic, UNESCO finalized the Arabic version of the HIV and AIDS Media Reporting Manual to be used as a reference & resource guide by journalists and media personnel using comments and feedback from a workshop held in 2005 in collaboration with MOH, NAP, PNA, FHI and UOJ.

On the other hand, UN Theme Group members are currently targeting media channels and professionals, to provide support in building communication strategies aimed at decreasing stigma and raising awareness on HIV/AIDS issues. 48 media professionals set the outline for a comprehensive media communication strategy in Jordan.

#### **III.4.1 Strategy that Promotes HIV-related Reproductive and Sexual Health Education for Young People:**

Note: all strategies and curricula provide the same reproductive and sexual health education for young men and women.

- In 2006 – 2007, UNESCO supported a range of HIV related reproductive and sexual health education activities. With a total budget of 67,000 USD, UNESCO:
  - Developed and produced resource educational manuals on HIV and AIDS for teachers, supervisors, curricula planners, school counselors and students. These manuals included: (1) A life skills manual for HIV/AIDS (2) A resource package manual for counselors and teachers (3) UNESCO guidelines on language and content in HIV/AIDS, and (4) an Arabic draft of the Teachers Training Manual in HIV/AIDS revised by the Ministry of Education (MOE), MOH, NAP and University of Jordan (UOJ). All the draft Arabic versions of the manuals have been completed.
  - Completed a training workshop for ASPnet school teachers and coordinators on the FRESH initiative for school health. The workshop was jointly supported by WHO and FHI. Over 50 teachers from ASPnet schools participated.

- Conducted a master training workshop for counselors, teachers, supervisors, health educators, and curriculum planners in the MOE and the MOH on using HIV and AIDS educational resource materials (Life Skills manual on HIV and AIDS, Resource Package Tool Kit on HIV and AIDS).
- Within the framework of the EDUCAIDS initiative, held several meetings and consultations with the UN theme group, the MOH, the NAP, the MOE, the UOJ and FHI in order to introduce EDUCAIDS, identify partnerships and support an assessment of the national education sector responses to HIV and AIDS. MOH will begin the assessment study in close collaboration with MOE, NAP, and other stakeholders to assess the national education sector response to HIV and AIDS and identify the gaps, strengths, and weaknesses in the current education sector response.
- In 2004, UNICEF in cooperation with the MOH has developed a youth peer to peer manual on reproductive health with focus on HIV/AIDS. Between 2005 and 2007, the manual was piloted in Jordan and in other neighboring countries and was used as a resource material with youth groups. Feedback from the field testing was reflected in the manual which was updated and adopted by the MOH and the MOE in 2007 to be used with male and female secondary school students.

### **III.4.2 Vulnerable Groups:**

Within the context of the NAS, a special sub-objective to promote information, education and communication and other preventive health interventions among primary and secondary vulnerable populations has been adopted by all implementing partners. Targetted information on risk reduction and HIV education, the reduction of stigma and discrimination, HIV testing and counseling, and STI prevention and treatment is disseminated to all high risk groups.

#### **III.4.3.1 Primary Vulnerable Groups:**

Targeted prevention programs among primary vulnerable populations have only begun in the past two years as a direct result of the action plan laid out in the

NAS. In partnership with the NAP, USAID (primarily through FHI) and UNODC implemented the following activities:

**Female Sex Workers (FSW):**

USAID (primarily through FHI) produced the following Strategic Behavior Communication (SBC) materials: a Jordan specific FSW Peer Education Toolkit, published in hardcopy and on the FHI website and the “Talk to a Friend” Peer Education Tool Kit for HIV High-Risk Populations. FSW participating in the peer education program were referred for VCT and STI screening, and offered counseling and vocational training.

**Men who have Sex with Men (MSM):**

Partnering with the NAP and five civil society implementing agencies, USAID (primarily through FHI) has finalized a Strategic Behavior Communication (SBC) for MSM in Amman, drafted a creative brief used to develop SBC messages using a tailored approach to reach MSM, completed a formative assessment on MSM in Jordan and developed the “Safety First” Project, a Qualitative Assessment Report of MSM and Male Youths Vulnerable to HIV/STI and the MSM Peer Education Manual. USAID (primarily through FHI) also established a drop in center and referral system for MSM, and built NGO capacities to provide HIV/AIDS related services.

**Injecting Drug Users (IDUs):**

As part of the regional strategy on prevention, treatment and rehabilitation, the UNODC Regional Office for the Middle East and North Africa (ROMENA) launched in October 2007 the project “Strengthening community resources in providing drug abuse treatment and rehabilitation for vulnerable groups in Jordan”

This UNODC project aims at complementing the activities completed in Jordan in the period 2001-2005 in the area of drug abuse under UNODC project “Strengthening the treatment and rehabilitation services for drug abusers in Jordan”. The project had focused on supporting the upgrading of treatment and rehabilitation services in Jordan by mobilizing aftercare and community-based services to ensure a complete network of programs for treatment and rehabilitation of drug users and the prevention of related HIV.

### **III.4.3.2 Secondary Vulnerable Groups:**

#### **Youth:**

Through partnerships with the Government of Jordan (GOJ), different agencies and organizations have implemented programs and activities targeting youth.

- To address issues related to HIV/AIDS facing youth, USAID (primarily through FHI) uses a peer education approach. Peer education has been one of USAID/Jordan's major strategies for preventing HIV transmission since 2003. The peer education training of UOJ students began in 2003 and, due to its great success, has since expanded to other universities and community mobilizations centers such as Jordan Scout Youth Group and the Rehabilitation Center in Waqqas. USAID (primarily through FHI) has implemented continuous Youth Peer Education Workshops and awareness sessions such as HIV/AIDS/STI prevention Training of Trainers (TOT) and ongoing peer education activities among university youth and NGOs. Major Peer Education achievements during the 2006-2007 period includes:
  - The participation of Jordanian youth peer educators in the Y-Peer Theatre-based techniques TOT and two workshops on theater-based techniques
  - USAID (primarily through FHI/YouthNet) held a TOT workshop for 5 days on practical, field-based, state-of-the-art methods and included recommendations for advancing the meaningful involvement of youth in reproductive health and HIV prevention programs
  - Students at Yarmouk University in Irbid held a Youth Peer education workshop on theatre based techniques in HIV/AIDS
  - The development of the Youth Participation Guide: Assessment, Planning and Implementation and "Theatre-based Techniques for Youth Peer Education" Training Manual
- Through its partnerships with the Higher Council for Youth, the Vocational Training Institute and different NGOs such as the Family and Child Protection Society, Community Development Committees and the Queen Zein El-Sharaf

Institute, UNICEF supported prevention focused activities for 12 - 18 year olds, especially those most at risk:

- Training a core groups of trainers (35 service providers) including youth workers and members of the local community on sexual and reproductive health with a focus on HIV/AIDS, where these trainers became knowledgeable and skillful about adolescents' reproductive health including prevention from HIV/AIDS
- Training of 200 adolescent peer educators (50% girls) on reproductive health with a focus on HIV/AIDS reaching 2800 adolescents (50% of them girls) including street children, working adolescents, drop outs, adolescents in vocational training centers and adolescents living in marginalized areas with key messages on reproductive health focusing on HIV/AIDS prevention. During the sessions, the adolescents learned about prevention measures and developed the skills necessary to protect themselves from HIV/AIDS, such as improved decision making and dealing with peer pressure.

### **III.5 Care, Treatment and Support**

#### **III.5.1 Voluntary Counseling and Testing**

The first government-sponsored counseling and testing center and hotline in the region was established in 1999 with technical and financial support from USAID (primarily through FHI). An additional six counseling and testing centers in six different governorates in the middle, south and north of the Kingdom have been initiated during the past 2 years with financial support from the GFATM grant. All VCT services are free of charge. There is a need to support and advocate increased community demand and acceptance of VCT facilities and programs within the community.

USAID's role in VCT has focused on the national government and NGOs. USAID (primarily through FHI) built the capacity of the MOH's VCT Center by introducing and discussing standard operating procedures for VCT services in order to develop national guidelines and procedures, holding different VCT trainings for MoH staff to improve quality of service and producing training manuals. Through sub-agreements issued with NGOs working among vulnerable

populations, USAID expanded opportunities for the greater involvement of NGOs and CBOs in promoting an increased uptake of VCT services.

HIV testing has been available in Jordan since 1987. It is available in public sector laboratories, blood banks and private laboratories, which must obtain a license in order to carry out the test. HIV testing is licensed and quality-controlled in the public and private sectors. All laboratories use the ELISA technique. An initial positive ELISA is confirmed by a second ELISA and Western Blot, which is only available at the national reference laboratory. The national reference laboratory oversees the quality assurance scheme among 37 participating laboratories but this does not cover all of those carrying out HIV tests. Currently, rapid tests are not approved for use in Jordan but the procurement of HIV tests is not otherwise influenced.

Jordan requires mandatory HIV testing for foreigners who reside in Jordan for more than one month. However, UN and diplomatic mission staff are exempt from this law.

USAID support (primarily through FHI) has contributed to the following:

- Building and strengthening a referral system between the NGOs, CBOs and MOH VCT services in Jordan
- Increasing uptake of VCT services by most at risk populations primarily as a result of referrals made by NGOs
- Holding two trainings for "Introduction to VCT" and TOT training on VCT
- Producing "HIV Counseling and Testing for Youth", an adapted Arabic manual for providers in the MENA region
- Holding a VCT training workshop to increase NGOs' staff understanding of VCT and improve staff skills to provide high quality VCT services
- Supporting the training of counselors from two NGOs at VCT sites
- Holding a joint VCT/SBC Creative Design workshop for NGO participants

### **III.5.2 Treatment:**

The MOH has put forth considerable efforts to support the treatment of PLHIV in Jordan. It approved the provision of ARVs for PLHIV in 1999. By 2007, a sum of USD 253 000 was allocated from the public budget to purchase and maintain the supply of drugs for PLHIV. The MOH has also provided the necessary laboratory support for treatment by providing CD-4 CD-8 equipment. The NAP has been able to ensure that viral load tests are administered free of charge through the support of the GFATM.

Jordan provides free ARVs for both males and females without any form of discrepancy or discrimination; and, at present, 53 people living with HIV/AIDS have been provided ARVs in a consistent manner (NAP records, 07) by making the drugs available and assigning a special treatment team of physicians for their care and follow up. However, in some instances, it may be more difficult for women to access clinics for treatment. For example, because of the fear of stigma, women may wish to travel to clinics in areas where they would not be recognized. Due to financial restrictions or household responsibilities they may not have the freedom to do so, whereas the movement of men is less difficult and less likely to draw attention. (UNIFEM, 06)

To ensure that PLHIV receive comprehensive care and treatment, a task force formulated through technical and financial support of the USAID HPI Project - funded initiative focused on amending Jordan's national health insurance scheme to expand HIV/AIDS drug coverage to include not only ARVs but also medication to treat opportunistic infections. With representatives from the MOH legal office leading the negotiations, Jordan's national health insurance scheme was officially amended to include the expanded drug coverage. (POLICY, 07)

### **III.5.3 Care and Support:**

Providing psychological support for PLHIV and their families was one of the main sub-objectives laid out in the NAS (2005-2009). To this end, a support group for PLHIV was instigated by the USAID - funded HPI in collaboration with the NAP and UNAIDS to bring together PLHIV and facilitate their communication with stakeholders.

Different care and support services have been implemented in the past two years including financial support for PLHIV through the GFATM grant, management of STIs, palliative care and treatment of common HIV-related infections and HIV testing for TB patients. There is currently a plan in place to provide post exposure prophylaxis through the GF newly approved grant.

Home-based care has recently been introduced and home visits are conducted on a monthly basis for PLHIV through financial support by the GFATM grant. There is no strategy or policy for responding to the HIV/AIDS-related needs of orphans and other vulnerable children.

## **IV Major Challenges Faced and Actions Needed**

### **IV.1 Challenges:**

Challenges to HIV/AIDS efforts in Jordan partly stem from a socio-cultural, traditional context in which the concept of anonymous testing is not an acceptable means of surveillance, condoms are promoted only as a family planning method, high-risk behaviors are not officially acknowledged and social consequences for some are severe, including imprisonment. Other challenges facing HIV/AIDS efforts in Jordan can be summarized as follows:

- 1- Reported stigma and discrimination towards PLHIVs and members of vulnerable groups by society, including health care workers to some extent. To address this, the NAP has adopted and implemented special SBC activities to provide health workers with accurate knowledge about HIV/AIDS modes of transmission and the main concepts of universal precaution.
- 2- Limited access to vulnerable subpopulations (FSW, IDUs, and MSM, for example).
- 3- Limited services for high risk groups and low demand on attending those services.
- 4- A limited number of NGOs willing to work with PLHIV and high risk populations.
- 5- Inadequate data concerning HIV/AIDS and the means of controlling its spread especially among high risk populations.
- 6- The existence of HIV/AIDS knowledge gaps; little community dialogue or community involvement.
- 7- Insufficient regulations and policies supportive of public and community action in transmission reduction as well as the promotion of equal access to services.
- 8- Particular concerns regarding confidentiality within the public health system. For example, it appears that many people with STIs seek treatment in the private sector.

- 9- Lack of private sector involvement in the delivery of HIV/AIDS prevention and control services, as well as a lack of knowledge regarding guidelines, activities and objectives of the NAS leading to some private sector activities that fall outside the planned framework.
- 10- Poor information management, in particular the lack of second-generation surveillance studies. It is vital that these elements be improved in order to achieve better knowledge of the scale of the epidemic.
- 11- A reluctance to promote the widespread use of essential preventive materials such as sterile injecting equipment or condoms, due to the conservative social environment.

#### **IV.2 Actions Needed**

1. Discovering the existing potential in the private sector and guiding it towards HIV/AIDS control and prevention services.
2. Advocating among policymakers in order to amend legislation, to the extent possible, in order to facilitate access and delivery of services to most-at-risk populations.
3. Facilitating stronger relations between the government and NGOs.
4. Building the capacity of NGOs to support the delivery of HIV/AIDS services.
5. Fostering cooperation between NGOs throughout the country.
6. Developing an Education Sector Policy on HIV/AIDS.
7. Developing a Media Sector Policy on HIV/AIDS.
8. Implementing community based SBC programs targeting high risk groups in addition to raising awareness among the general public.
9. Implementing behavioral surveys and including the data in the monitoring system, in order to better understand the epidemic and adequately plan preventive measures.
10. Strengthening the HIV/AIDS and STD monitoring system in order to improve the national response to the epidemic. The reinforcement of this system requires an improvement of institutional competencies. This will require the revitalization of first and second-generation epidemiological

monitoring, the expansion of the coverage of sentinel site surveillance, and the implementation of an effective information and appraisal management system, along with a high level of coordination between sectors.

11. Setting up regular, periodic and scientific surveys to obtain sufficient knowledge of the level of awareness and behavior of youth.
12. Providing complete, exact data to youth on modes of transmission and prevention methods, including condom use.

## **V Support Required from Jordan's Development Partners**

Combating HIV/AIDS is a global concern. The AIDS epidemic has affected all countries regardless of their economic and social status. Jordan, as a member of the international community, has taken part in this worldwide concern; however, with its limited resources, Jordan is in need of greater technical assistance and financial support to its national response to HIV/AIDS, especially in the following areas:

- Reaching vulnerable groups
- Capacity building of NGOs working in HIV/AIDS - related issues
- Research and surveillance
- Monitoring and evaluation
- Assuring the sustainability of financial resources
- Technical and logistical support for the implementation of HIV/AIDS control activities
- Access to ARV medication and assuring the continuity of discounted rates
- Building capacities of HIV/AIDS planners and service providers
- Experience exchanges with countries facing similar social, economic and geographical conditions
- Evaluation of activities implemented by international consultants and recommendation of appropriate solutions to any weaknesses found
- Provision of M&E software applications
- Coordination among NAS stakeholders and the NAP

## VI Monitoring and Evaluation Environment

### VI.1 National M&E plan

Since its establishment, the NAP has conducted activities according to the work plan agreed upon with its partners. Recently, Jordan has adopted an M&E plan developed by the NAP with technical and financial support from USAID (primary through FHI). This plan includes well - defined indicators for all activities implemented by the NAP and other partners.

The main goals of this plan are to provide continuous feedback on implementation and to identify potential successes and problems as early as possible to facilitate timely adjustments to program activities. According to the GFATM M&E Systems Strengthening Tool workshop organized in September 2007 with technical support by UNAIDS Regional Support Team for MENA, the M&E plan was found to hold the following strengths and weaknesses:

**Table 3: National M&E plan Strengths and Weaknesses**

STRENGTHS	WEAKNESSES
Plan in line with National Strategy for HIV	No involvement of overall health information system
Goals and objectives in line with strategy, time bound and measurable	No fully documented definition for each indicator
Indicators cover process, outputs, outcomes and impact	No mechanism for regular coordination between the NAP, National Health Information System (HIS) and Department of Statistics
Indicators in line with various international guidelines	Multiple data sources listed for some indicators without adequate clarification
Adequate desegregations of indicators by age, sex, etc.	Inadequate or absent mechanisms & tools for assessing quality of training

	and services, including client satisfaction
Technically sound data sources with feasible frequency of data collection	Inadequate monitoring of adherence and resistance to AR
Good target setting for indicators, except where baselines are planned but not yet available	No baseline behavioral data until end of 2008
Data dissemination is not restricted (although shared externally only upon request)	No baselines for program level indicators for most-at-risk populations
Budget linked to M&E is at least 7% of the budget	M&E reports are not made public

**Source: Program M&E Systems Strengthening Tool**

The following actions are recommended to further improve the program M&E environment:

1. Training human resources and utilizing international experience
2. Establishing a multi - sectored M&E committee which should be linked directly with the M&E unit to be established within the NAP
3. Developing guidelines for implementing M&E
4. Developing major and minor indicators to provide for activity evaluations that make outcomes comparable to those of other sectors and other countries
5. Adding a section to the M&E plan on the proper dissemination and use of data
6. Involving other stakeholders, especially the Health Information staff, on reports development and data dissemination

## VI.2 M&E Unit and Data Management

No specific unit is charged with the responsibility of implementing M&E activities in Jordan. The collection of monitoring data is the responsibility of the NAP, the regional/districts focal points, independent researchers, implementing NGOs and focal points of other sectors as well as field-workers. All M&E activities are supervised and coordinated by the NAP and members of the CCM. M&E indicators are set according to objectives of the NAS, through activity forms, reports, surveys and surveillance data.

However, it is now planned to establish a separate M&E unit under the umbrella of the NAP. The specific responsibilities, staffing and budget of this unit are now in the preparation stage, intended to be functional by February 2008.

In order to strengthen the M&E system in Jordan and support the newly established M&E unit, decision makers will consider the findings of the national M&E Strengthening Tool workshop which was conducted in September 2007. Its findings are summarized as follows:

**Table 4: Strengths and Weaknesses of the Program Management Units' Data Management Capacities**

STRENGTHS	WEAKNESSES
Staff members experienced in M&E and data management	Sub-national data collection and analysis is incomplete, and not always regular
M&E data always communicated to decision makers	No documented process for managing unmet reporting requirements or missing data
Good system for backing up computerized data in hard copies	Unclear individual responsibilities within M&E unit (job description)
Good feedback system to sub-reporting entities; good understanding of sub-reported data and following consistency	M&E skills need updating (e.g. UNAIDS Country Report Information System skills (CRIS))

Written TOR for sub-reporting entities	Incomplete links with some national partners
Written instructions to sub-reporting entities on reporting requirements	No designated data quality assurance officer
Sub-reporting entity reports always verified	No standard source documents and reporting forms determined for sub-reporting entity reports
Site visits conducted to verify reported data	No specific formats defined for sub-entity reports
Site visit reports always done	Sub entity reports not always on time, complete, mistake-free
	No written procedure to address above weakness
	No formal assessment of sub-reporting entities M&E capacities
	No identification of capacity building needs, training needs, data quality challenges
	No provision of capacity building support to sub-reporting entities
	No established process for follow up of data quality problems
	Sub-entity Reported Data verification procedures incomplete

**Source: Program M&E Systems Strengthening Tool**

## **Planned strengthening measures**

1. Establishing and documenting TOR for the M&E unit
2. Establishing and documenting procedures for the management of incomplete, late or inaccurate reports
3. Creating TORs for each M&E unit staff member (nationally and sub-nationally) and designating quality assurance duties to at least one staff member
4. Conducting training of M&E unit staff (national and sub-national) on individual M&E duties, the value of M&E and timely accurate reporting, M&E skills (e.g. CRIS), etc.
5. Conducting formal assessments of sub-entity M&E capacity building needs to identify existing resources, training needs etc.
6. Conducting M&E training/capacity building for sub-reporting entities based on the findings of the above assessment
7. Defining and documenting sub-entity reporting requirements including source documents and standard data collection forms for reported data; as well as report content, deadlines, format and destination officer
8. Establishing and documenting procedures for the verification of reported data especially with services/commodities, and with non-government entities

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