



## HIV/AIDS HEALTH PROFILE

HIV and AIDS Estimates	
<b>Total Population*</b>	5.4 million (mid-2007)
<b>Estimated Population Living with HIV/AIDS**</b>	<1,000 [<2000] (mid-2005)
<b>Adult HIV Prevalence**</b>	<0.2% (mid-2005)

\*Jordan Department of Statistics \*\*UNAIDS

Jordan, a lower middle-income country with approximately 5.4 million people and a per capita income of \$2,309, is rapidly integrating into the global economy. Jordan's population is young, with 50 percent below the age of 25 and a population growth rate of 2.3 percent per year. The country is entering a period of demographic and epidemiological transition. As with other nations from the Middle East/North Africa region, Jordan is burdened by increasing rates of noncommunicable diseases. In addition, regional

instability and movements of people contribute to the emergence of newer communicable diseases such as HIV/AIDS. Jordan has low HIV/AIDS prevalence, but if preventive measures are not implemented, HIV/AIDS and other communicable diseases could increase or re-emerge and have significant social and economic consequences.

In 2007, there were an estimated 380,000 people living with HIV/AIDS (PLWHA) in the region, according to UNAIDS. Although figures are low compared with southern Africa or Asia, they are still a cause for alarm, particularly since they are rising rapidly, especially among high-risk groups, such as injecting drug users (IDUs) and vulnerable youth. Systematic monitoring of the epidemic, however, is far from complete. Surveillance systems remain inadequate in their coverage of at-risk groups and thus fail to reflect risk behaviors or provide incidence and prevalence rates.

In addition to weak surveillance, the adoption of preventive practices is very limited, the participation of PLWHA and civil society in the HIV/AIDS response is still nascent, and despite some progress, general attitudes, institutions, and laws often do not facilitate implementation of an expanded response. The first step in addressing the spread of HIV/AIDS is recognizing the presence of the disease and the sociocultural, political, and economic patterns that fuel and bear the burden of its impact.

Although the Ministry of Health (MOH) reported that 550 cases of HIV/AIDS were diagnosed in Jordan as of December 2007, the actual number is thought to be much higher due to under-reporting. For those cases diagnosed, the routes of transmission included 16.5 percent through blood and blood products, 60 percent through sexual transmission, and 3.3 percent through injection drug use. Perinatal HIV transmission accounted for 1.5 percent, and 18.2 percent of cases were of unknown transmission route. In addition, a significant number of diagnosed HIV/AIDS cases are from foreigners in Jordan (185 Jordanians and 365 non-Jordanians). Since the first case of HIV/AIDS in Jordan was diagnosed in 1986, 85 Jordanians have died of AIDS. Little is known about HIV prevalence rates in high-risk populations in Jordan.

A 2003 assessment conducted of about 1,200 women presenting to obstetrics and gynecological clinics in urban centers in Amman, Zarka, and Rusaifah showed a prevalence of gonorrhea of 0.7 percent, chlamydial infection of 1.2 percent, trichomoniasis of 1.2 percent, bacterial vaginosis of 5.4 percent, and candidiasis of 19.1 percent. Regional variations indicate that rates are much higher in some sites than in others. No syphilis infection was identified.

Stigma and discrimination against PLWHA prevails, as 29 percent of ever-married women surveyed in the 2002 Demographic and Health Survey were unwilling to care for PLWHA at home, while 63.5 percent of young people responding to a knowledge, attitude, practice, and behavior study believed that AIDS patients should be isolated.

Jordan's cultural sensitivities pose the greatest threat to the country's low prevalence. Because of difficulties in discussing sexual matters, many Jordanians still harbor misconceptions about HIV/AIDS and PLWHA. A 2005 study of the general population (USAID/JHU/HCP: 2005 Communication Partnership for Family Health Baseline Survey, Key Results) found that talking about HIV/AIDS is still taboo and that PLWHA still face stigma and discrimination. For instance, 65 percent of women and men said people with the AIDS virus should not be allowed to work with others in shops, offices, or on farms,



even if they are not feeling sick. Many people responding to the survey did not understand how to prevent HIV/AIDS and did not know that condoms can be used for this purpose.

At an estimated two new cases of tuberculosis (TB) per 100,000 people (WHO 2005), TB incidence in Jordan is relatively low. Currently, fewer than 1 percent of adult TB patients are HIV-positive. However, continued monitoring is necessary because an increase in the incidence of HIV-TB co-infection could add to the complexity of fighting both diseases in Jordan.

## National Response

Jordan's national response to HIV/AIDS is characterized by strong political commitment to addressing HIV. The response is managed through the MOH National AIDS Program (NAP) and includes the formation of a National AIDS Committee and the appointment of an AIDS program manager. The MOH continues to support the national blood transfusion service, mandatory HIV testing,

strong control measures for foreigners who reside in Jordan, and provision of antiretroviral (ARV) drugs for Jordanians who test HIV-positive. There are currently 12 part-time focal point persons who are responsible for HIV/AIDS in all governorates of the country.

In 2005, Jordan launched the National HIV/AIDS Strategy (2005–2009), outlining the key goals, objectives, and initiatives for the response. The key goal is to maintain low HIV prevalence among the population and all vulnerable sub-populations of Jordan.

Jordan has received funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria to strengthen and expand existing HIV/AIDS prevention, care, and support activities since 2003. In July 2007, the MOH was granted \$1.25 million from the Global Fund to maintain low HIV prevalence among its population. The U.S. Government provides one-third of the Global Fund's contributions.

## USAID Support

Through the U.S. Agency for International Development (USAID), Jordan in fiscal year 2007 received \$500,000 for essential HIV/AIDS programs and services. USAID programs in Jordan are implemented in partnership with the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The Emergency Plan is the largest commitment ever by any nation for an international health initiative dedicated to a single disease – a five-year, \$15 billion, multifaceted approach to combating the disease in more than 114 countries around the world. To date, the U.S. has committed \$18.8 billion to the fight against the global HIV/AIDS pandemic, exceeding its original commitment of \$15 billion over five years.

USAID has supported the National Prevention Program since 2000, through raising awareness and community-based interventions targeted at high-risk groups. USAID has applied a low-prevalence strategy with technical assistance and related support focused on prevention activities, strategic behavior change communications (BCC), community awareness, and capacity building of nongovernmental organizations (NGOs), all aimed at keeping Jordan a low-prevalence country.

While prior funding for HIV/AIDS research (particularly formative assessments) has helped strengthen monitoring and evaluation systems and the NAP's capacity for planning and programming, there remains a scarcity of comprehensive second-generation surveillance (combining seroprevalence with sociobehavior trends), which affects our capacity to understand the dynamics of the disease within Jordan and to ensure that the scarce resources for HIV are targeted appropriately.

USAID has provided policy-related support to assist with analysis and priority setting and to strengthen the overall HIV/AIDS policy environment. USAID assistance helped in reducing the price of ARV drugs and in modifying the national health insurance system to ensure more equitable access to key medications for PLWHA.

Other accomplishments achieved with USAID support include the following:

- The National HIV/AIDS Strategy for 2005–2009 was adopted and launched, and policy interventions have been identified under the two-year Action Plan.
- Interventions in the southern tourist areas have built the support of local leaders for a community-based response to HIV/AIDS.
- A peer education curriculum has been developed.

- Counseling programs for new students were conducted at three universities, and 90,000 HIV/AIDS printed materials were distributed.
- Continuing peer education activities are under way in universities, governmental entities, and NGOs (85,000 people reached through peer educators).
- An NGO network has been launched through which training and implementation of general outreach, BCC, and policy advocacy are carried out.
- A study of sexually transmitted diseases was disseminated, and treatment guidelines and policies have been recommended.
- The National HIV/AIDS Strategy Monitoring & Evaluation Plan was finalized, and public and NGO partners are trained in the monitoring and evaluation of HIV/AIDS interventions.
- Technical assistance in voluntary counseling and testing (VCT) has facilitated availability of VCT services. The VCT strategy was revised, 42 new VCT counselors were trained, and VCT training materials were developed.
- Counseling systems in Amman's VCT unit have been strengthened.
- Formative assessments for potential most-at-high-risk groups were conducted.
- NGO programs for most-at-risk populations (female sex workers [FSWs], men who have sex with men, prisoners, and vulnerable youth) were implemented.
- Arabic materials and resources were developed, i.e., materials focused on youth, a peer education kit for FSWs, as well as presentations on various subjects.
- A support group for PLWHA was established.
- Suppliers of ARV drugs committed to substantial price reductions.
- The MOH health insurance system was modified to include PLWHA with health insurance coverage.
- Support was provided for World AIDS Day activities for the last six years.
- Technical assistance was provided to conduct the first round of a behavioral surveillance survey among high-risk groups.
- Technical assistance for support of Global Fund activities was provided.

## Important Links and Contacts

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Web site: <http://www.jordan.usaid.gov>

USAID HIV/AIDS Web site, Jordan: [http://www.usaid.gov/our\\_work/global\\_health/aids/Countries/ane/jordan.html](http://www.usaid.gov/our_work/global_health/aids/Countries/ane/jordan.html)

For more information, see [http://www.usaid.gov/our\\_work/global\\_health/aids](http://www.usaid.gov/our_work/global_health/aids)

**March 2008**