



Proposal to Establish a National AIDS Coordination Committee in Jordan

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Equitable access to health care

Health Services

Access to
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Health marginalized communities

Active health rights

Gender and sexual and reprod

Health, sexual and reproductive justice

Childhood, youth

and sexual and reproductive health



This paper is part of an advocacy initiative by the Information and Research Center–King Hussein Foundation, focusing on the rights of individuals accessing sexual and reproductive health services and vulnerable groups in Jordan. It seeks to examine legislative and policy obstacles limiting access to these services and offers recommendations for reforms that align with international standards while safeguarding vulnerable populations from abuse and exploitation.

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October 2024

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Prepared by

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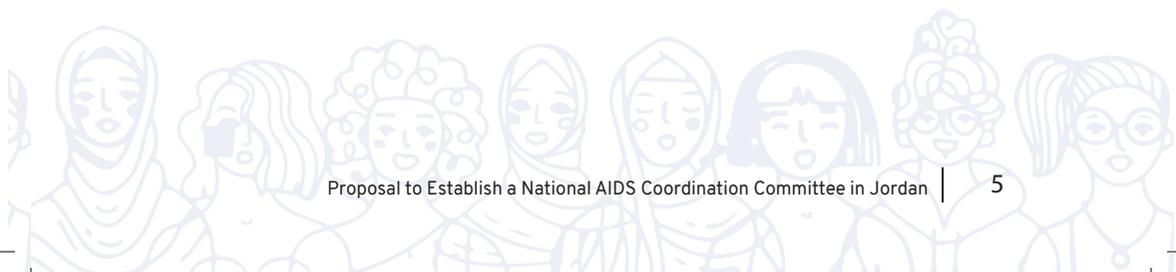
Maged Abu Azzam – Head of Policy and Advocacy Department.

Members of the Advisory Committee

The Advisory Committee for this project, was formed by the Information and Research Center in 2024, it played a key role in reviewing content and providing observations and recommendations. The committee comprises representatives from governmental bodies, national institutions, and civil society organizations, bringing together expertise in medical, health, and legal fields. It also included contributors to the development of national policies and legislation on sexual and reproductive health. This collaborative effort aims to enhance cooperation and collectively develop strategies that promote the inclusion of vulnerable populations, including individuals living with HIV/AIDS.

	Entity	Job title and name
1.	Sharia Public Prosecution – Chief Justice Department	Judge Dr. Omar Awwad Abu Kaf – Sharia Public Prosecution.
2.	Ministry of Health	Dr. Hadeel Al-Sayeh – Director of Women and Child Health Directorate.
		Dr. Mohammed Qaddoumi – Director of the Directorate of People with Disabilities and Mental Health.
		Dr. Basil Abuhdeeb – Director of the National AIDS Control Program, Head of the Sexually Transmitted Diseases Department.
3.	Ministry of Education	Mr. Bassam Al-Habahba – Head of Educational Guidance Department (Education Department).
4.	Higher Population Council	Dr. Rania Al-Abbadi – Assistant of the Secretary-General of the Higher Population Council
5.	Higher Council for the Rights of Persons with Disabilities	Ms. Ghadeer Al-Haris - Assistant Secretary-General for Technical Affairs.

6.	National Center for Human Rights	Dr. Nahla Al-Momani – Acting Commissioner for Protection / National Center for Human Rights.
7.	Jordanian National Commission for Women	Ms. Dania Hajouj – Coordinator of the Violence Against Women Program.
8.	National Council for Family Affairs	Ms. Ghada Al-Qadi – Senior Studies Specialist.
9.	United Nations Population Fund (UNFPA)	Mr. Ali Al-Gharabally – Health Policy Expert
10.	Royal Health Awareness Society	Mr. Mahmoud Al-Nabulsi – Deputy Director General and Director of Programs.
11.	Syndicate of Nurses and Midwives	Ms. Maysa Abdul-Jabbar Abu Saada - Member of the Council of the Nurses and Midwives Syndicate.
12.	Health Care Accreditation Council	Ms. Amira Elayyan – Head of the Consultation Unit / Health Institutions Accreditation Council
13.	Institute for Family Health Care	Dr. Sarah Al-Itan – Medical Department Officer.
14.	Arab Network for Civic Education / Anhar	Ms. Fattouh Younes – Director of the Arab Network for Civic Education.
15.	Forearms of Change Center to Enable Community	Director of the Center / Mr. Abdullah Hanatleh Project Manager / Ms. Nermine Azzam
16.	Arab Women Association	Program Manager / Mr. Suhaib Khamaisa.
17.	We Drive Jordan Program	Program Facilitator / Ms. Haneen Al-Fayoumi
18.	EBNI Campaign	Mr. Anas Damra
19.	Lahn Campaign / Drabzeen Human Development	Masaruna Project Coordinator/ Nadine Al-Radaydeh
20.	Medical Consultant	Dr. Haitham Al Duwairi
21.	Legal Researcher	Mr. Moath Al-Hmeimat



Introduction

Despite advancements in treatment and prevention, HIV remains a critical global health challenge. In some regions, the number of new infections and AIDS-related deaths continues to rise. By mid-2023, HIV/AIDS had claimed 40.4 million lives. In 2022 alone, 1.3 million new infections were reported, along with 630,000 AIDS-related deaths. Globally, the HIV-positive population is estimated at 39 million, with women and girls comprising 53% of this total. The third Sustainable Development Goal (SDG) seeks to “ensure healthy lives and promote well-being for all at all ages,” reflecting the ongoing commitment to address this public health crisis. A specific target under this goal is to “eliminate the epidemics of AIDS, tuberculosis, malaria, neglected tropical diseases, and to combat viral hepatitis, waterborne diseases, and other communicable diseases by 2030.” This target has been operationalized by the Joint United Nations Program on HIV/AIDS (UNAIDS) through a fast-track initiative, focusing on three critical indicators: ensuring that 95% of individuals living with HIV are diagnosed through testing, 95% of those diagnosed are initiated on antiretroviral therapy (ART), and 95% of those on ART achieve sustained viral suppression¹.

The third goal’s seventh target also stated that “by 2030, ensure universal access to sexual and reproductive health care services, including family planning services, information and education, and integrate reproductive health into national strategies and programs”.

The SDGs intersect with the fight against AIDS in various ways. Goal 1 aims to eliminate poverty, which increases vulnerability to HIV due to limited access to healthcare, education, and resources. Goal 3.3 focuses on ending epidemics such as AIDS by 2030, while Goal 5 addresses how gender inequality, discrimination, and violence heighten the risk and impact of HIV among women, girls, men, and boys².

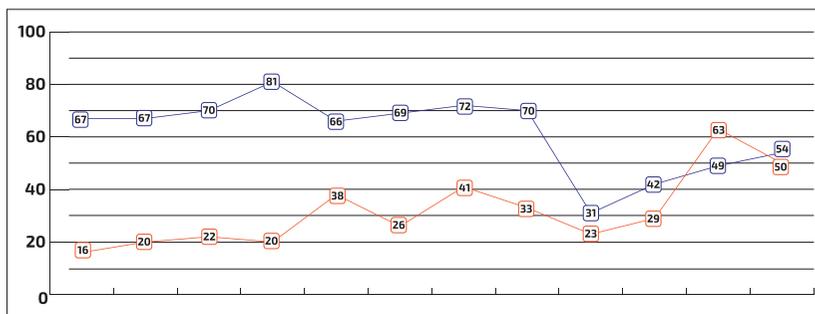
Despite global successes in the fight against AIDS, the Middle East and North Africa region continues to experience an increase in reported cases. In 2022, the number of registered cases in the region rose by 30% compared to 2010, while worldwide, there was a 38% reduction in cases during the same period.

In Jordan, the first case of HIV was reported in 1986, prompting the establishment of the National AIDS Control Program. The country is classified by the World Health Organization as having a low prevalence of HIV. However, recent reports from the Ministry of Health indicate an increase in the number of registered cases. Jordan also boasts exceptionally high levels of access to free treatment for all Jordanians living with HIV.

1. The official website link of the United Nations: <https://www.un.org/ar/chronicle/article/20252>

2. United Nations Office on Drugs and Crime for the Middle East and North Africa link: [SDG 3: Ensure healthy lives and promote well-being for all at all ages \(unodc.org\)](https://www.unodc.org/en/sdg3)

The following figure presents the number of cases from 2012 to 2023, detailing the injuries sustained by both Jordanians and non-Jordanians residing in Jordan.



Efforts undertaken by the Ministry of Health to combat AIDS

One of the key national efforts in Jordan to combat AIDS is the implementation of a national program managed by the Ministry of Health. This program offers voluntary counseling and testing to individuals, ensuring confidentiality and non-discrimination. It also provides essential support to those infected with HIV and monitors the health of individuals living with the disease.

In 1999, the Ministry of Health established the Voluntary Counseling and Testing Department for Sexually Transmitted Diseases, which offers the following services:

1. Providing health advice and awareness to prevent sexually transmitted diseases.
2. Voluntary testing for sexually transmitted diseases.
3. Offering free testing to all individuals.
4. Providing the necessary treatment plan for sexually transmitted diseases.

Since 2010, the Government of Jordan, in collaboration with the International Labor Organization (ILO), has worked to strengthen a policy and legislative framework aimed at effectively addressing HIV/AIDS in the workplace. This includes tackling workplace-related issues, providing protection against employment discrimination, preventing occupational risks associated with HIV transmission, and ensuring the involvement of people living with HIV in the policy-making process³.

3. The official website link of the International Labor Organization : Jordan adopts a policy to address HIV/AIDS at work, a pioneer in the Arab region | International Labor Organization (ilo.org)

HIV monitoring in Jordan was initiated in 1986 through the Ministry of Health's **National AIDS Control Program**. To maintain the national information system, all samples suspected of HIV infection, whether from blood banks, private laboratories, or hospitals, are legally required to be forwarded to the Ministry of Health's central laboratory in Amman. These samples are then tested using a series of confirmatory tests, as outlined in the medical protocol and in alignment with global standards, to confirm or rule out the presence of the virus.

Case referral mechanism

-  If the infection is confirmed at the Central Laboratory in Amman, the results are promptly forwarded to the Sexually Transmitted Diseases Department (Voluntary Counseling and Testing Center), where the infected individual is contacted to initiate the necessary procedures.
-  The infection is documented in the records of the Voluntary Counseling and Testing Center using approved procedures. A personal document is requested from each confirmed case, and a database is created for each individual based on an epidemiological investigation form approved by the center. This form is designed to gather information on the social and behavioral characteristics of the infected person.
-  The Data Monitoring and Analysis Section at the Jordanian Ministry of Health, Directorate of Communicable Diseases, receives the latest figures and statistics related to the HIV epidemic on a regular basis, ensuring that the personal information of those infected with the virus remains confidential.

To ensure privacy and confidentiality, all personal information of individuals diagnosed with HIV is securely stored within the center and is not shared with any external parties, except in cases where disclosure is required. A unique code is assigned to each individual, allowing for the transfer of laboratory tests and referral to specialized clinics, when necessary, without revealing any personal information.



The reality of services provided to individuals living with HIV in Jordan.

The Jordanian Ministry of Health, through the Department of Sexually Transmitted Diseases (National AIDS Control Program, Voluntary Counseling and Testing Center), offers HIV treatment services, laboratory monitoring, referral to hospitals for symptoms related to the virus, as well as counseling and the following additional services:

 **Hotline:** The hotline provides answers to all questions and inquiries related to sexually transmitted diseases, including information on testing and treatment locations. Responses are provided by specialists and are ensured to be completely confidential.

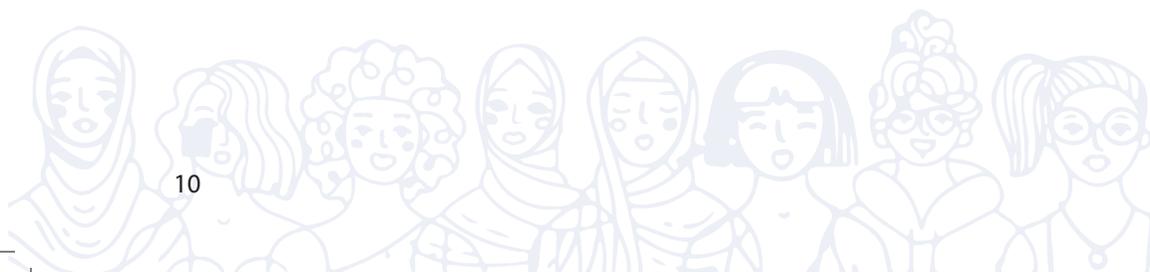
 **Counseling:** The center offers voluntary counseling services, assisting individuals in making informed decisions about their treatment plans and the prevention of opportunistic infections. It also provides guidance on managing relationships with partners and others. Additionally, health education is provided to promote the adoption of healthy habits, such as quitting smoking, avoiding processed foods, engaging in physical activity, and eating nutritious foods, all of which play a crucial role in strengthening immunity.

 **Rapid Testing:** For any individual who suspects they may be infected, testing is conducted at the counseling center, with results available within 15 minutes, ensuring confidentiality. Instead of using the individual's name, a unique code is assigned. If the test result is negative, the individual is scheduled for a follow-up appointment as determined by the doctor. If the result is positive, the sample is sent to the central laboratory for confirmation.

 If the individual is notified of a confirmed infection, they are contacted by phone and informed of the need to visit the center. Upon arrival, the test is repeated if the initial result is not confirmed. If the result is confirmed, the necessary routine examinations are conducted before starting treatment, including tests for other sexually transmitted diseases. Additionally, the individual is referred to the Directorate of Chest Diseases for a tuberculosis examination.

 Monthly treatment is provided to each patient based on their health status and test results.

-  **A periodic examination** is conducted for each patient every six months to monitor their overall health, assess the impact of treatment on viral load and immunity, and adjust the medication if there is no response, based on the specialist doctor's recommendations.
-  Educating patients about opportunistic infections and diseases, as well as methods for their prevention.
-  Supporting couples seeking to conceive by identifying the optimal timing for pregnancy and performing essential tests for both partners. If the mother has an infection, her treatment is modified to ensure compatibility with pregnancy. Regular examinations are conducted, and the fetus is provided with preventive medication for six weeks until it is confirmed to be uninfected.
-  **Psychological Counseling:** The center offers psychological counseling, guidance, and behavior modification services provided by a psychiatrist, who evaluates the patient's need for assistance and determines the appropriate course of treatment.
-  **Knowledge and Awareness Enhancement:** The first-grade secondary science textbook includes a comprehensive lesson on germs, viruses, and parasites, explicitly covering sexually transmitted diseases, including AIDS and the virus that causes it. Additionally, student awareness is increased through the activities of the School Health Directorate within the Ministry of Health and its directorates across the governorates, as well as through initiatives by the School Health Directorate in the Ministry of Education and its regional directorates.
-  Liaison officers in hospitals and governorates have been trained and provided with courses to effectively assist and manage patients living with HIV.



Justifications for the establishment of a national coordinating committee for AIDS

 Foster a unified and nationwide approach to addressing the challenges associated with AIDS, which include:

 Continuous detection of new AIDS cases: Globally, new HIV infections continue to emerge, in Jordan, the Ministry of Health has reported an increase in the number of recorded cases in recent years. This underscores the urgent need to enhance the health response to curb the spread of the virus.

 Enhance prevention programs to reduce mortality and improve the quality of life for those living with the virus.

 Enhancing support for universal healthcare: Individuals living with HIV require comprehensive healthcare that includes medical treatment, psychosocial support, and prevention of opportunistic infections related to AIDS.

1. **Enhancing coordination and cooperation between stakeholders, including:**

 Consolidating efforts across various entities: The fight against AIDS involves multiple stakeholders, including the Ministry of Health, hospitals, and civil society organizations. Establishing a national committee would ensure effective coordination among these entities to achieve shared objectives.

 Provide support and consultation.

2. Enhance the effectiveness of national programs.

3. Develop supportive policies.

4. Orientation towards programs that support the achievement of the goals to eliminate AIDS.

The National AIDS Coordination Committee Objectives

Fig.	Overall Objective
	Coordinating national efforts to decrease or eliminate the prevalence of AIDS by 2030.
1.	<ul style="list-style-type: none">  Establishing national targets and indicators for strategic priorities and action plans.  Monitoring and evaluating the implementation and progress towards achieving national HIV and AIDS targets.  Enhancing community awareness regarding AIDS and its prevention.  Ensuring comprehensive coverage of treatment and prevention for individuals affected by and at risk of HIV.
	Strengthening partnerships:
2.	<ul style="list-style-type: none">  Enhancing partnerships among different sectors engaged in tackling AIDS-related issues.  Advocating for relevant authorities to conduct research and studies.
	Enhancing the national monitoring and rapid response system for the early detection of AIDS.
3.	<ul style="list-style-type: none">  Improving the early detection rate of cases and instructing the responsible authorities to report and follow up on them.
	Providing guidance on the adoption of national programs to enhance the quality of healthcare for individuals living with AIDS.
4.	<ul style="list-style-type: none">  Adopting mechanisms to improve the quality of health care for people living with AIDS
	Legislative and Policy Development
5.	<ul style="list-style-type: none">  Work to strengthen and develop legislation and policies that support national efforts in combating AIDS.  Follow-up to the implementation of the National AIDS Strategy



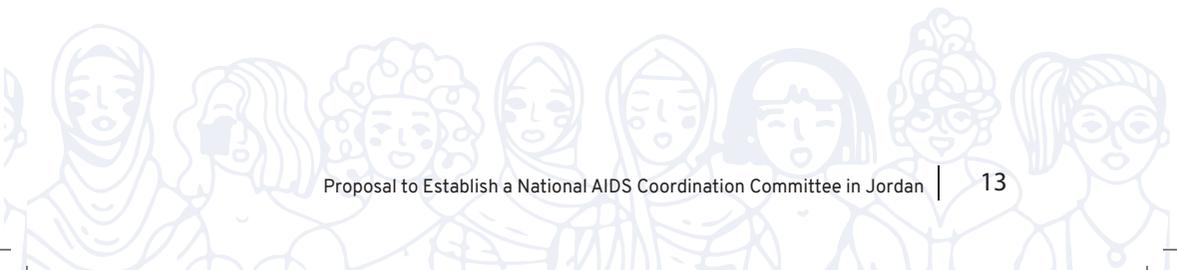
The expected positive impact of the National AIDS Coordination Committee

1. Unified national efforts to ensure a holistic and integrated response to AIDS.
2. National goals aimed at achieving measurable and impactful results in the fight against AIDS.
3. Enhancing the quality of services provided to individuals living with AIDS.
4. Enhancing prevention programs to reduce the number of new HIV infections.
5. Long-term savings in healthcare and economic costs.
6. Evidence-based policies and effective strategies.
7. Enhance transparency and accountability in the implementation of AIDS programs and policies.

Terms of reference for the formation of the committee

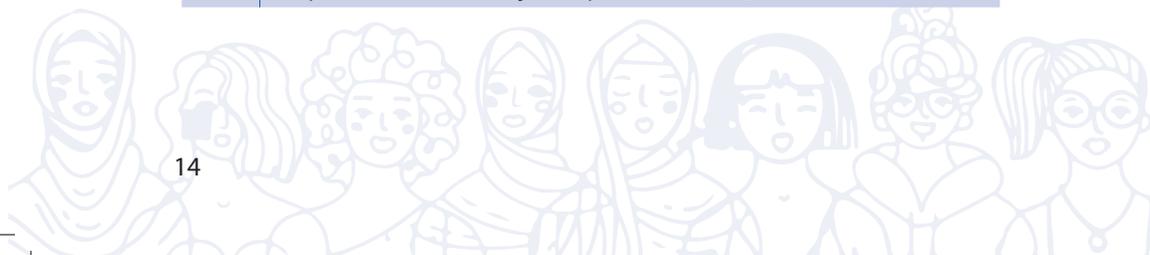
Representation: The committee should include representatives of various government and private sectors, AIDS NGOs, civil society and academic experts.

Experience: The members of the committee must be selected from the relevant authorities that will contribute to achieving the objectives of the committee.



Proposed members for the National AIDS Committee.

Fig.	Proposed entity
1.	H.E. Minister of Health / Chairman
2.	Secretary General of the Ministry of Health for Primary Health Care and Epidemiology / Vice President
3.	Director of Epidemiology Department / Member
4.	Director of the Directorate of Communicable Diseases / Member
5.	Director of Central Laboratories / Member
6.	Director of the National AIDS Control Program and Head of the Department of Sexually Transmitted Diseases / Rapporteur of the Committee
7.	Representative of the Ministry of Education / Member
8.	Representative of the Ministry of Awqaf / Member
9.	Representative of the Ministry of Labor / Member
10.	Representative of the Ministry of Labor / Member
11.	Representative of the Ministry of Social Development / Member
12.	Representative of the Royal Medical Services / Member
13.	Representative of civil society organizations concerned with the fight against AIDS / Member
13.	Representative of relevant international organizations / Member
14.	Representative of the academic sector (University or research institution) / member
15.	Representative of the National Center for Human Rights / Member
16.	National Center for Communicable Diseases and Epidemics Control / Member
17.	Ministry of Awqaf and Islamic Holy Places / Member
18.	A representative of private sector doctors and infectious diseases specialist / member
19.	Representative of professional syndicates (Doctors, Pharmacists and Nursing Syndicate) / Member
20.	A representative of the Saudi Food and Drug Administration / Member
21.	A representative of the Higher Population Council / Member





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