Analysis of HIV Expenditures and Planning for Mobilizing Domestic Resources in Jordan

(Preliminary Report for Progress Reporting Use Only)

Lead Researcher: Dr. Musa Taha Ajlouni

27 October,2020

Contents (Preliminary)

I. Introduction

1.1 Country Background

Jordan is a small middle-income country with limited natural resources. Jordan's population is 10.5 million people (7.6 million Jordanians). The average annual population growth rate for Jordanians is 2.3%. 82% of the Jordanian population is below the age of forty. 80.35% of poor households are located in urban areas and 19.65% in rural areas. The total fertility rate is 2.7. Life Expectancy rate in 2019 is 73.5 (72.8 years for men, 74.2 years for women). Infant mortality rate for 2019 was 17 per 1000 births.[1]

Over half of the population in Jordan is young and below working age, with the majority employed in the public sector. Almost 50% of non-public sector employees work in the informal market and have no social benefits. The country's Syrian refugee population, the largest amongst the Arab countries, at around 1.4 million according to official government numbers, poses a demographic challenge. Most of these refugees are children and women and live outside camps within local communities. Thus, unemployment, poverty and forced immigration are the most striking challenges the people in Jordan face.[2]

Jordan's economy is among the smallest in the Middle East, with insufficient supplies of water, oil, and other natural resources, underlying the government's heavy reliance on foreign assistance. Other economic challenges for the government include chronic high rates of unemployment and underemployment, budget and current account deficits, and government debt.

like the rest of the world, Jordan has been affected by the recent and ongoing COVID-19 crisis. The pandemic and efforts to curb its spread have created both social and economic negative impacts. Some of the short-term impacts expected as a result of lockdown measures and suspension of economic activities include an average loss of around USD 116 million per day, a drop of around USD 532.48 million per month in tax revenues, shrinkage in exports by around USD 1.1 billion, and loss of around USD 353 million in the tourism sector over the months of April and May 2020, based on the Department of

[1] MOH (2020). MOH Annual Statistical Report for 2019.
[2] High Health Council (2015). Jordan National Health Strategy 2015-2019, Amman, April 2015. http://www.hhc.gov.jo/uploadedimages/The%20National%20Strategy%20for%20Health%20Sector%20in%20Jordan%202015-2019.pdf.

Statistics and Ministry of Finance.[3]

The Jordanian economy is expected to witness a slowdown with the government relying on internal and external lending to facilitate liquidity shortages and cover all current and capital expenses. This lending will distend government debt resulting in a debt-to-GDP ratio of over 100%. The International Monetary Fund (IMF) projects that the aggregate effect of all the losses due to the shutdown will result in an economic retrenchment of around 3.7%. In addition to monetary losses, the unemployment rate is expected to rise as liquidity constraints and loss of contracts affect businesses across the country. Small and medium-sized enterprises (SMEs) will be hit hard due to limited cash reserves to service their debts and meet their commitments.[4] According to the updated IMF forecasts from 14th April 2020, due to the outbreak of the COVID-19, GDP growth is expected to fall to -3.7% and pick up to 3.7% in 2021, subject to the post-pandemic global economic recovery.[5]

1.2 Health Services

Jordan has achieved remarkable progress in the area of healthcare over the past decade. Health services witnessed an enormous increase, with expansion in the number of hospitals and health care centers in all geographic locations in the country. This has reflected in progress made in important health indicators (i.e. life expectancy at birth, child and maternal mortality rates, and eradication of some diseases such as polio).

Although Jordan is experiencing an epidemiological transition, best characterized by the increased burden of non-communicable diseases (cardiovascular diseases, cancer, and diabetes), emergence of some communicable diseases (i.e. Hepatitis C, E and HIV, and drug resistant strains of some- such as TB) constitutes a concern, all bearing in mind the significant increase of the population brought about by forced migrations to Jordan since 2011. Additional challenges that the country is yet to address include: broadening the scope of health coverage to include all segments of Jordanian society, improving quality of health services, reducing the total fertility rate to attain the “Demographic Opportunity” and the major confront – the country’s inability to generate sufficient financial resources to cover

[3] Zeitoun,Anan(2020). COVID-19 Pandemic Challenges and Opportunities: The Case of Jordan. Euromesco Spot-On Nº20 - July 2020.

[4] Zeitoun,Anan(2020). COVID-19 Pandemic Challenges and Opportunities: The Case of Jordan. Euromesco Spot-On Nº20 - July 2020.
https://www.euromesco.net/publication/covid-19-pandemic-challenges-and-opportunities-the-case-of-jordan/

[5] Nordea (2020). Country profile Jordan. https://www.nordeatrade.com/en/explore-new-market/jordan/economical-context

health care costs.[6]

The health system in Jordan consists of several fragmented public and private programs. There are two major public programs that finance and provide health care, namely the Ministry of Health (MOH) and the Royal Medical Services (RMS) and other smaller public programs include university hospital programs, such as the University of Jordan and the University of Science and Technology .In addition, there are many NGOs and donors that own and operate health facilities, the largest of which is the United Nations Relief and Works Agency (UNRWA), which often provides primary health care to Palestinian refugees. The private sector includes 66 hospitals (about third of total bed capacity) and many private clinics. MOH is the main provider of HIV/AIDS services through NAP, these services are provided free of charge to all Jordanians. It is estimated that about 32% of the Jordanian population does not have any type of health insurance.[7]

On the other hand, the healthcare system in Jordan is evolving and has to continuously respond to the changing demographics, epidemiologic and risk profile of the population, the rising expectations of a more educated population, the fast growing private health sector, the increasing burden of Syrian refugees, the rapid changes taking place in medical technology ,the negative impact and burden of COVID 19 epidemic and the desire among the government to expand services and achieve universal health coverage.

1.3 Rationale for this Study

Jordan was one of 36 countries to receive a Global Fund grant in Round 2 (calendar year 2002) to support HIV/AIDS and tuberculosis national activities. This funding which was granted to MOH through NAP was ended in 2012 and it was utilized to mobilize financial, human, and technical resources needed for conducting all prevention, treatment and counselling programs related to HIV/AIDS in collaboration with NGOs and CBOs.

Since 2011, 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 and led to a decline in financing certain health programs, including the national AIDS program. International Organization for Migration (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 (GFMER) grant, implements HIV/AIDS activities through partner community-based organizations (CBOs)

[6] Global AIDS (2014). Country Progress Report: Hashemite Kingdom of Jordan. January 2012- December 2013. http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2014countries/JOR_narrative_report_2014.pdf

[7] High Health Council (2014). The National Health Strategic Plan for Jordan 2015-2019.

and non-government organizations (NGOs) including Forearms of Change Centre to Enable Community (FOCCEC) 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.[8]

It is expected that Jordan, especially after the global wide CORONA 19 epidemic, will experience shortage of international funding for health services including HIV/AIDS. Therefore, **it is important to develop a national plan to fill this gap and mobilize enough domestic resources to support HIV/AIDs activities** including prevention, care and treatment for PLHIV, their families and contacts. Transition from donor funding to domestic resource mobilization (DRM) is challenging, especially to ensure that targeted population, most of them poor, unemployed and refugees, are protected from paying out-of-pocket fees.

1.4 Objectives of the Study

This study aims at analyzing the HIV expenditure in Jordan and propose a framework to mobilize domestic resources, with special focus on the private health sector. The specific objectives include:

- Mapping the key stakeholders for the HIV field in Jordan.
- Identify the gaps of the HIV filed in Jordan, suggest solutions for filling the gaps by the stakeholders.
- Assess the current situation in terms of the expenditure size on the HIV and the size of the funding for the HIV in Jordan.
- Recommend best mechanisms and practices for building partnership with the key stakeholders especially the private sector in order to mobilize the domestic resources.
- Propose a list for organizations from the health private sector who are interested in the HIV field and can participate in the workshop will be implemented for that purpose.

[8] Rahal, Assad (2018). Evaluation of HIV/AIDS Activities in Jordan. International Organization for Migration, Amman, July 2018. https://data2.unhcr.org/ar/documents/download/67753

1.5 Methodology

This is a qualitative descriptive analysis study, in which the researcher followed the methodologies of multiple office interviews with different stakeholders and referents as well as conducing a workshop for representatives of these groups to validate the findings and recommendations.

As summarized in Figure 1 below, the detailed methodology and stages of this study includes the following:

1. Search, collect and review documents and reports related to HIV/AIDs services in Jordan with emphasis on domestic resource mobilization.
2. Identify stakeholders from public, private, NGOS and international donors who are working on, supporting or may support HIV/AIDs activities in Jordan. This task will be accomplished with support of FOCCEC staff and extensive internet search.
3. Develop two templates for collecting data about the existing and future expenditures and resources related to HIV/AIDs programs. The data will be collected from the review of the available literature and from interviews with the referents.
4. Conduct pre- planned meetings with stakeholders mentioned in section two above and representatives of people PLHIV to identify the gaps related to HIV services and resources in Jordan with emphasis on domestic resource mobilization and suggest solutions for filling theses gaps.
5. Prepare a draft plan (proposal) for mobilizing domestic resources to support HIV services and programs in Jordan.
6. Conduct a workshop for representatives of the HIV/AIDs stakeholders identified in section one above to discuss and validate the draft plan for mobilizing domestic resources in Jordan.
7. Write and submit the draft report for FOCCEC.
8. Review of the draft report by FOCCEC and the donor agency.
9. Prepare and submit the final report for FOCCEC.

Figure1: Main Stages of Jordan HIV Domestic Resource Mobilization (DRM) Study

II. HIV in Jordan

2.1 Epidemiology of HIV in Jordan

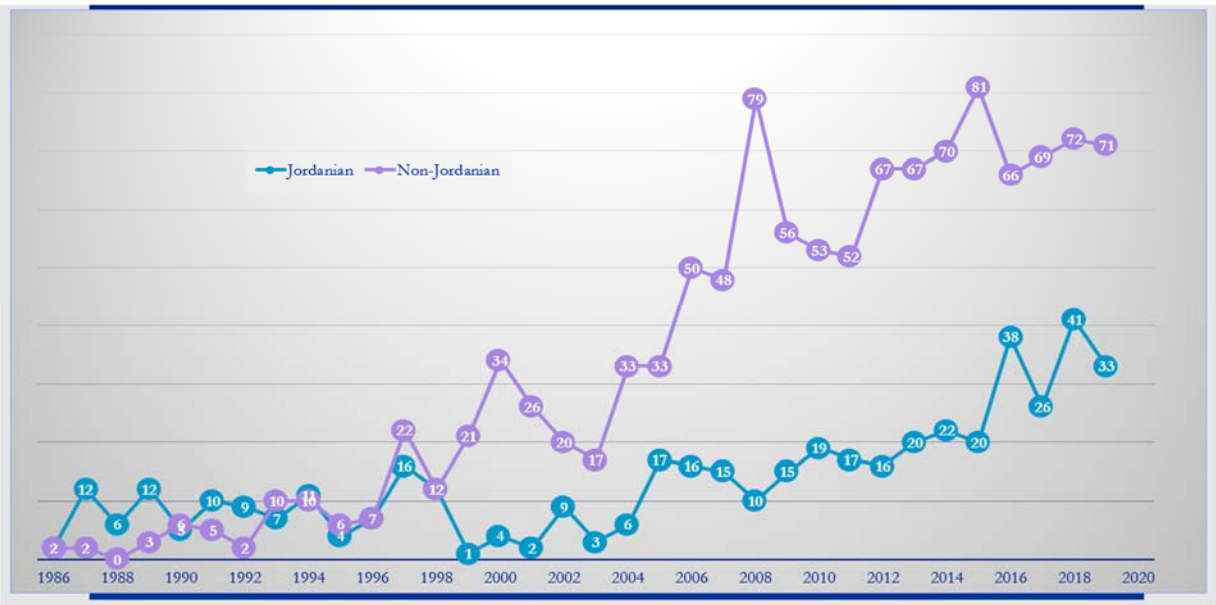
Jordan is considered as a low HIV epidemic country with an estimated prevalence rate of 0.02% among the general population (KPs) (ages 15-49), and may reach to an average of about 0.05% among the key populations: female sex workers (FSWs), men who have sex with men (MSM), injecting drug users (IDUs).[9]

In the period between 1986, when the first HIV tests were conducted, and December 2019, a total of 1635 HIV cases were reported, of which 463 (28.3%) were Jordanian citizens (171 have died and 292 are alive), while 1172 (71.7%) were foreigners .80.3% of the Jordanian cases were men. About third of the accumulated Jordanian cases were detected through the last four years (Figure1). Most people living with HIV (PLHIV) were found in the big cities, with almost two-thirds live in Amman (62%), Irbid (13%), Zarqa (9%), Balqa (3%) and the other eight governorates (17%). [10]

[9] The Hashemite Kingdom of Jordan (2012). National Strategic Plan on HIV/AIDS 2012-2016.
[10] Jordan National AIDS Program (2019). Syndrome of HIV/Aids in Jordan,2019 (PowerPoint presentation by Dr. Heyam Mukattash).

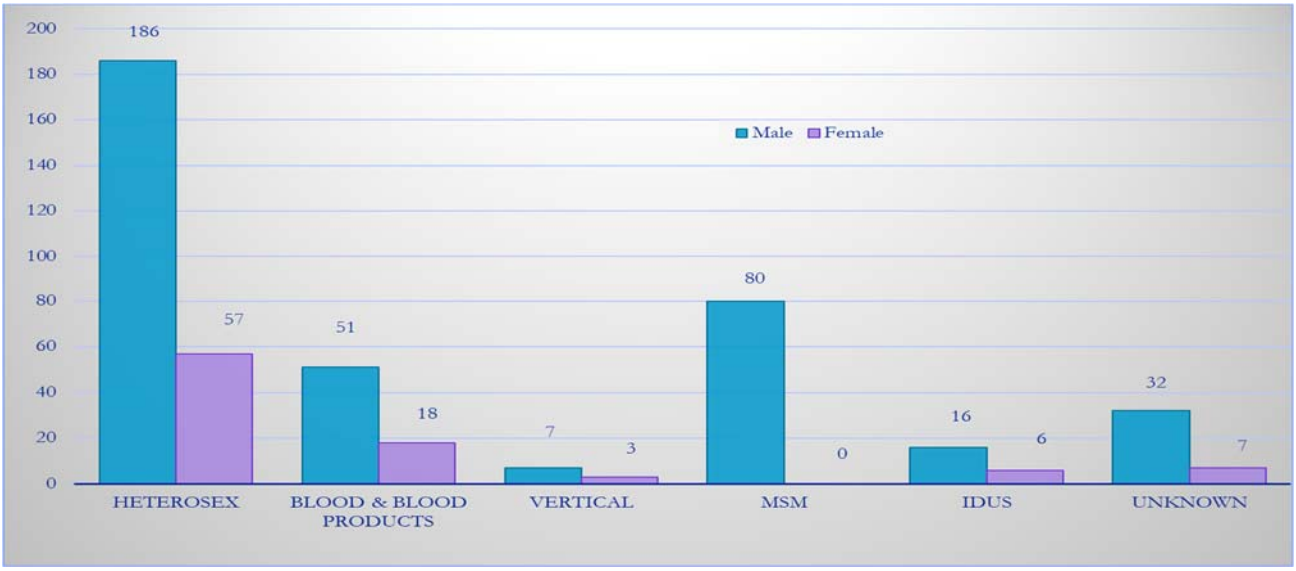
The majority (76%) of reported cases are among the age groups between the ages of 20-29, 30-39, and 40-49 years old. These age groups represent 27%, 31%, and 18% of all cases respectively. 80.5% of all infected persons are male. [9]

Figure 2: HIV/AIDS cumulative reported cases by Nationality & Year of reporting, 1986-2019, Jordan



Resource: Jordan National AIDS Program (2019). Syndrome of HIV/Aids in Jordan,2019 (PowerPoint presentation by Dr. Heyam Mukattash).

Figure 3: HIV/AIDS cumulative reported cases by Sex & Mode of transmission, Jordanians 1986-2019



Resource: Jordan National AIDS Program (2019). Syndrome of HIV/Aids in Jordan,2019 (PowerPoint presentation by Dr. Heyam Mukattash).

As reported by Jordan National Strategic Plan on HIV/AIDs (JNSPA) 2012-2016, the number of officially reported cases needs to be interpreted with great caution, and is not necessarily indicative of the actual HIV situation, as it is based on a HIV tests among specific groups – blood donors, voluntary counseling testing (VCT) clients and those who need an HIV certificate for foreign work permits. It is estimated that the actual number of HIV cases among Jordanian adults exceeds the reported cases. The many HIV-infected persons who are *unaware* of their HIV status do not seek access to treatment, care and support services, nor can they take adequate measures to prevent their HIV infection from developing into AIDS, or to prevent infecting others. Many of the undetected or unreported cases may be among most-at-risk populations who will avoid HIV testing such as men who have sex with men (MSM), injecting drug users (IDUs) and female sex workers (FSWs). [8]

The government is responsible for Jordanians with HIV/AIDS in terms of medical care and medication costs, which stand at JD1000 per month for each patient. In 2010, the government modified health insurance regulations, entitling foreigners infected with HIV/AIDS who are married to Jordanians to free medication. The National HIV/AIDS Program (NAP) at MOH has not been receiving any funds from the Global Fund since 2014 as Jordan was recently classified as an upper- middle-class country; thus, treatment expenses are covered from MOH budget.[11]

2.2 Most at Risk Populations (KPs) Affected by HIV

KPs groups usually include FSWs and their clients; MSM and their wives; and injecting drug users (IDUs) including those in rehabilitation centers.

2.2.1 Female Sex Workers (FSWs)

Female sex workers are among the key groups at risk of HIV infection. Sex work – normally referred to as “prostitution” – is largely hidden in Jordan, as it is illegal and surrounded by large societal taboo. This makes it hard to reach female sex workers with HIV-prevention services. Most at risk are the sex workers who have been forced into sex work – as is the case with some Syrian refugees, but also young Jordanian women from poor and disadvantaged families. These sex workers rarely use condoms to protect themselves against HIV and other Sexual transmitted infections (STIs). Male clients of sex workers are a key population at risk as well, since most of them will have unprotected sex in addition to the risk of HIV infection for clients themselves; they may subsequently also pass on HIV to their wives and unborn children (parent-to-child transmission). As

[11] The Jordan Times (2015). Interview with Dr. Asaad Rahhal, former head of the National HIV/AIDS Programme at the Ministry of Health on Feb, 5, 2015.
http://www.jordantimes.com/news/local/92-hivaids-cases-registered-jordan-last-year.

such, clients of sex workers constitute a key bridge population for transmission of HIV to the general population. [8]

Reliable data on HIV rates among female sex workers are not available in Jordan. Sex workers are not registered as a separate category among the officially reported HIV cases, nor among clients of VCT centers. A study done in 2008 on 450 FSWs revealed that 80 percent of sex workers had never had an HIV test. The high HIV/STI risk that sex workers are facing is evidenced by the fact that one-third (32%) of sex workers in this study reported genital ulcers in the last 12 months. In Aqaba this percentage was even higher at 40 percent. Similarly, 41 percent mention genital discharge during the last 12 months. [8]

2.2.2 Men who have Sex with Men (MSM)

Homosexuality and sexual contacts between men are highly stigmatized and rejected and remain taboo topics in Jordan. To date, very little research has been conducted regarding sexual practices of MSM in Jordan. Results from the recent behavioral study among approximately 468 MSM in Amman, Zarqa, Irbid and Aqaba revealed that a significant proportion of MSM has low HIV knowledge, while many engage in high-risk sexual behaviors with the majority reporting no condom use at last sex. More than half of all respondents reported sex with commercial partners. Reliable data on HIV infections among MSM are not available. Data from officially reported HIV cases showed that out of the total Jordanian HIV cases 17% were infected through MSM contacts. [7]

2.2.3 Injecting Drug Users (IDUs)

Accurate information on drug use is limited, since Jordan lacks a proper surveillance system for this. It was estimated that 4,850 persons in 2008 were injecting drug users in Jordan. While heroin is the most common drug injected, other drugs that are injected in Jordan include cocaine and diazepam.[7] Results from the integrated bio-behavioral surveillance (IBBS) study held in 2008 among 207 IDUs in Amman, Aqaba and Irbid confirmed the existence of unsafe injection practices and revealed high levels of HIV-risk behaviors among IDU respondents. These included sharing of syringes and needles; using common containers or cookers; having sex with multiple partners, including commercial sex partners; and men having sex with other men; while reported condom use was relatively low at around 50%.[7]

2.3 People Living with HIV (PLHIV)

People living with HIV (PLHIV) are a particularly vulnerable group, as they need access to comprehensive and high-quality HIV prevention, care, support and treatment services. PLHIV play a key role in HIV prevention, as HIV transmission always involves a person living with HIV. Therefore, voluntary counseling and testing (VCT) is a key intervention for people to know their HIV status and act responsibly for their own health and that of

others in accordance with their status. It is reported that 68% of PLHIV in Jordan (about 200 persons) are regularly receiving antiretroviral treatment (ART), while the remaining either are non-regular patients or have been lost as follow-up has not been possible for various reasons. HIV-related stigma, discrimination and social rejection pose a serious threat to wellbeing of PLHIV, as well as their rights with regard to access to work, health care, education and other services. [7]

Conclusion

HIV shows no discrimination for religion, race, ethnicity or gender. Despite the reported low HIV prevalence [Jordan] faces serious threat of HIV/AIDS epidemic due to several reasons including: armed conflicts in neighbouring countries specially Syria, increasing number of Syrian refugees (most of them are vulnerable people), drug trafficking and increasing rates of use of injecting drugs. These risk factors lead officials to warn of the urgent need for early interventions to prevent a potentially rapid spread of HIV in Jordan.

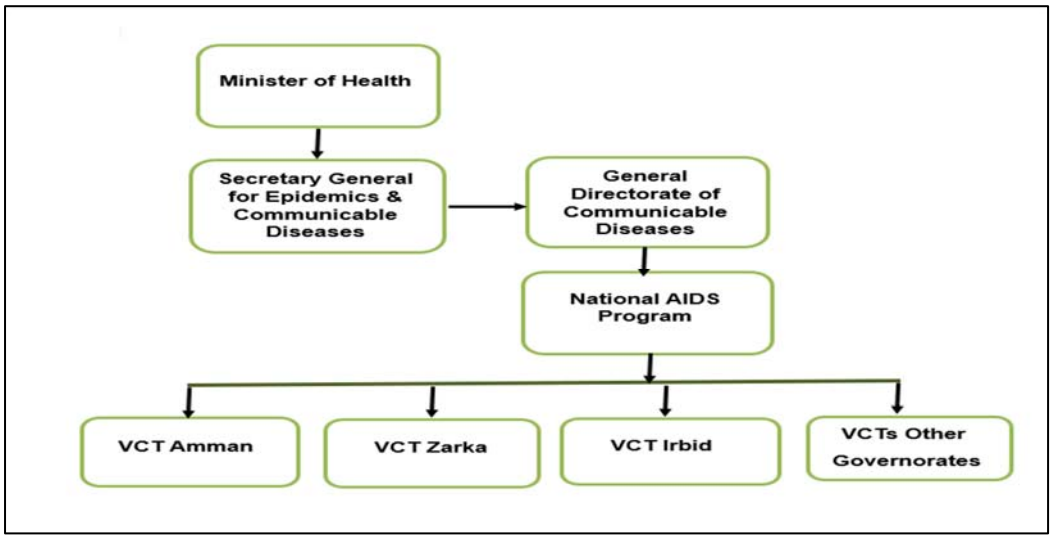
In the absence of an effective surveillance system and robust prevention, counselling and treatment programs, the transmission of HIV may become a serious threat among the country's most at-risk groups (FSWs, MSM, IDUs, prisoners), sexual and family partners of these populations and PLHIV.

III. Main Providers and Resources Available for HIV Services in Jordan

3.1 Ministry of Health: Jordan National AIDS Program (NAP)

The Ministry of Health established the National AIDS program (NAP) at the time the first HIV case was discovered in 1986. Jordan is a signatory to all of the Sustainable Development Goals (SDGs) and the Declaration of Commitment on HIV and AIDS. At the beginning of the NAP Jordan has endorsed the concept of the Three Ones (one agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners, one National AIDS Coordinating Authority, with a broad based multi-sector mandate, and one agreed country level Monitoring and Evaluation System and in 2005 launched the National AIDS Strategy for Jordan 2005 – 2009 outlining the key goals, objectives and initiatives for the response.

Figure 4: Organizational Structure of Jordan NAP



Resource: Jordan NAP

The Ministry of Health has conducted different programs and measures to reduce and control the spread of HIV during the implementation of the Global Fund grants during the period 2002- 2012 in collaboration with NGOs and CBOs.[12] MOH provides free of charge counselling, testing and treatment services for PLHIV and KPS through its voluntary counselling and testing (VCT) centers located in Amman and other governorates. Following the cutoff of the Global Fund grant in 2012 most of NAP measures to combat and control HIV in Jordan were hampered except ART treatment, HIV screening and testing as indicated in Table (1).

3.1.1 Resources Available for Jordan NAP

3.1.1.1 Human Resources

As mentioned before, the cut of the Global Fund subsidy has negative consequences on the resources available for NAP and has suspended many of the preventive and support services related to HIV. Table 2 shows the existing human resources available for Jordan NAP. As evident from this table and expressed by the NAP director, the MOH VSTs suffer from severe shortage of trained staff to deliver proper and quality services for people who require HIV/AIDS care. Public-sector spending caps imposed over the past decade to help meet macroeconomic and fiscal goals have aggravated the human resource crisis in MOH for most health specialties.

[12] Rahhal, Assad (2018). Evaluation of HIV/AIDS Activities in Jordan, July 2018. https://data2.unhcr.org/en/documents/download/67753

These caps together with early retirement policy for public employees have limited expansion of the health workforce and often led to decline in the quality of many health services provided by MOH including HIV/AIDS. HIV testing, counselling and ART usually need labor-intensive interventions. They require an appropriate organization of services to accommodate recurring needs for services such as monitoring patients' progress and deciding about changes in drug regimens. Existing staff lack also proper in-service training to acquire skills in areas such as HIV nursing, counseling, and pharmacy advice and distribution in order to carry out high-quality services.

As Jordan intends to expand access to HIV services to stay in control of the disease especially after the influx of Syrian refugees during the last decade, MOH must study the environment within which services are delivered: the share of the public sector, NGO contributions, and the role of the private-for-profit sector. It is particularly important to analyze the mix of systems and employment in sub health sectors (MOH, Royal Medical Services, University Hospitals, UNRWA Health Department, Private Sector, etc.), which have become increasingly pluralistic. This understanding will help define how the service load can be structured and divided among the players and how human resources need to be developed and made available for distribution throughout the health sector.

3.1.1.2 Financial Resources

NAP provides free of charge services to Jordanian including ART through the Government budget allocated to MOH. MOH budget for the year 2019 was JD 651 million (7% of the Government budget).[13]

The line item budgeting that clusters proposed expenses or budgetary allocations by department or cost center as medicines, salaries, medical supplies, etc.is followed by MOH as other ministries. With the absence of cost accounting system, this type of budgeting presents little useful information on the financial resources allocated to NAP or the total expenditures on this program. However, cost data related to testing, counselling and treatment of HIV that was collected from the field visits will be presented in section 4 of this report under HIV expending.

A resource gap has been experienced by NAP following the cut of the Global Fund Grant. Most of the available government funding for HIV has increasingly become biased toward the direct therapeutic model; as a result, the preventive, social, psychological, economic and spiritual aspects of living with HIV—those areas in which HIV-related social service programs have proven so vital—have been not emphasized. Unless other domestic financing resources outside the government budget are targeted, NAP will stay hampered and unable to achieve the national objectives related to HIV prevention and control. Therefore, it is imperative that MOH lays out strategies with cooperation of other relevant NGOs as FOCCEC for diversifying domestic financial resources to support NAP.

[13] MOH (2020). MOH Annual Statistical Report for 2019.
https://www.moh.gov.jo/Echobusv3.0/SystemAssets/c3c6fc8e-9e95-4772-b143-5fac9c900279.pdf

Table 1: Measures to control the Spread of HIV in Jordan During the Implementation of the Global Fund Grant (GFG)and after the Grant Cutoff.

HIV Measures during the GFG	**HIV Measures after the GFG Cutoff**
Screening of all blood donors and expatriates	Screening of all blood donors and expatriates
Extensive health education through various means.	Minimal health education
Prevention, care and treatment for PLHIV, their families and contacts	Free ART and Opportunistic Infections Treatment for PLHV and limited prophylaxis treatment (PEP, PREP)
Voluntary HIV testing and counselling in Amman centre and other governorates including hot line	HIV testing services in Amman centre and other governorates with minimal counselling
Provide home based care programs for patients and their families.	Home based programs are *not* provided
Provision of psychological, social and financial support for people living with HIV	Psychological, social and financial support for PLHV is not provided.
Provision of first aid kits for PLHIV to be used in case of household injuries	First aid kits for PLHIV kits are *no* more provided
Engagement of PLHIV in the community	These services are no more existing
Implementation of programs aimed at youth groups within and outside schools and universities	Minimal HIV awareness pogroms to youth groups
Implementation of mass media campaigns and distribution of information, education and communication (IEC) materials	Minimal or absence of mass media campaigns and IEC materials
Capacity building for health professionals and civil society organizations in the field of HIV/AIDS	Ad hoc or occasionally capacity building programs
Establish HIV surveillance system as well as monitoring and evaluation system	The HIV surveillance system as well as monitoring and evaluation system are not sustained
Conducting two integrated bio-behavioural studies (IBBS) (2008, 2012) among KPs	No IBBS studies among KPs has been conducted since 2012
Developing national HIV/AIDS strategic plans for the years 2005-2009 and 2012-2016	National HIV/AIDS strategic plans are not available since 2016
the establishment of the Country Coordinating Mechanism (CCM) for HIV	The CCM is no more existing

MOH will therefore in the next 5 years need to take the following actions:

- Identify new partners and service providers for possible collaboration and linkage
- Devise domestic resource mobilization strategies and networking to secure more resources.

3.1.1.3 Physical Resources

As shown in Table 3, VCT center in Amman and other governorates lack basic facilities, furniture and equipment. All canters lack adequate space and facilities for counselling, clinical examinations, meeting rooms, waiting areas and administrative offices. Also, they lack furniture, computers (PCs and laptops), data show projectors, photocopiers, refrigerators, fax machines, land telephone and internet lines, water coolers, air conditioning, standard medical instruments like blood pressure scales, etc.

The effects of the physical environment on the healing process and well-being have proved to be increasingly relevant for patients and their families as well as for healthcare staff. The healing environment has direct impact on interpersonal interactions, productivity of staff and response of patients to therapy and counselling. The characteristics of the physical environment of health facilities, especially when the clients are vulnerable as KPS and PLHIV, have direct consequences on patient satisfaction and level and health outcomes.[14]

Table 2: Human Resources available in VCT Centers, 2020

Category	VCT Centre, Amman	VCT Centres, other Governorates
Physicians	2	11 (part - time)
Nurses	-	11 (part-time)
Assistant pharmacists	1	-
Trained HIV counsellors	-	-
Total Staff	3	22 (part-time)

Source: Jordan NAP Records, August 2020.

[14]Huisman, E.R.C.M. et al (2012). Healing environment: A review of the impact of physical environmental factors on users. https://www.researchgate.net/publication/236000806_Healing_environment_A_review_of_the_impact_of_physical_environmental_factors_on_users [accessed Oct 23 2020].

Table 3: Physical Resources available in VCT Centers

Category	VCT Centre, Amman	VCT Centers, other Governorates
Integrated council centers	1	11 offices (one room each)
Personal Computers	1	-
Printers	2	-
Photocopiers	2	-
Ground telephones for Hot Line Calls	2	-

Source: Jordan NAP Records, August 2020.

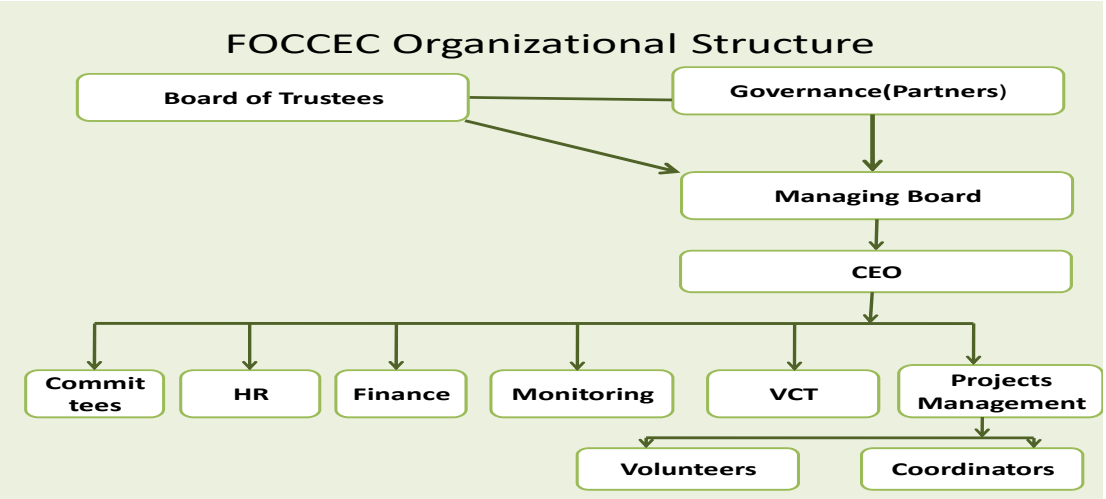
3.2 Forearms of Change Centre to Enable Community

Forearms of Change Centre to Enable Community (FOCCEC) is a non-government organization (NGO) that provides technical, social, legal, psychological, counseling, empowerment and vocational training services to vulnerable people suffering from drug addiction, HIV/Aids, STIs, sexual exploitation, domestic violence, social exclusion and severe behavioral disorders. The Centre is located in Amman and provides services to Jordanian and non-Jordanian especially Syrian refugees.

The Centre was founded in 2012 by experienced people in health and social fields, especially in the field of AIDS prevention. The Centre is governed by Board of Trustees with highly qualified and experienced members of different backgrounds in health, sociology, media and law. Figure (1) illustrates the organizational structure of FOCCEC.

The Centre has been working on many programs as: a program to reduce the risk of drug use by injection; a project for activating the role of the local community in building partnership with schools; a program to educate and empower marginalized groups of Syrian women refugee; counseling and outreach program to assist and support marginalized and vulnerable groups and the groups most vulnerable to sexually transmitted diseases ; and preventive programs for HIV/Aids and STIs. Table (1) shows the number of projects executed by FOCCEC, the main donors and their contributions and number of beneficiaries.

Figure 5. FOCCEC Organizational Structure



Source: FOCCEC official documents (origin in Arabic)

The Centre collaborates with governmental and NGOs organizations working in the areas related to its work. For example, the Centre has built partnerships with the Jordanian Ministry of Health / National Program to Combat AIDS, Association of Friends for Development and Investment, National Centre for Rehabilitation of Drug Addicts / Ministry of Health and Rehabilitation Centers/ Public Security.

Since FOCCEC is not for profit organization and offers free of charge services to vulnerable poor people and refugee; some international and local donors have sponsored the programs and services provided by this Centre. These donors are: MENAHRA, High Commissioner for Refugees (UNHCR), International Relief and Development (IRD), Roche Company (ROCH), National AIDS Control Program (Ministry of Health), USAID/ fhi360, and the Global Fund for AIDS (GF/AIDS).

3.2.1 Resources Available for FOCCEC

3.2.1.1 Human Resources

The Center employs qualified staff with expertise in HIV counselling, prevention and communication. Since financing of all FOCCEC services is covered by international grants on project allocation basis, most of the technical staff are employed for short periods 2- 4 years depends on the project life cycle. The project planning phase is often the most challenging phase for FOCCEC management, as they need to make an educated guess of the staff, resources and equipment needed to complete the project, at the same time, various challenges and issues may emerge in front of human resource organization while performing HIV duties. Table 4 shows the different staff categories currently working at FOCCEC and their numbers. As expressed by the director of

FOCCEC, the center is understaffed given the current and anticipated geographical coverage as well as expected diversification of interventions.

Managers and staff in HIV programs feel overstrained by the lack of appropriate and consistent public, media, funder, and political awareness because they must repeatedly fight the same battle for attention and funding for HIV prevention and care.[15] Because HIV is life-threatening, progressive, and incurable; because it is transmissible; because it is associated with drug use and homosexuality; because it disproportionately affects poor people; and because people are blamed personally for contracting it, the stigma of HIV has been immense in most countries including Jordan. FOCCEC staff as most HIV practitioners carry secondary or associative stigma that must go through their own decisions regarding when, how, and to whom to disclose the nature of their work. This add another challenge for FOCCEC management regarding recruiting and maintaining HIV professional staff.

The center needs financial support to strengthen its capacity in staffing and human resource development. It needs to recruit additional staff (psychologist, social worker, media specialist, cost accountant, etc.). Also, it is in bad need for developing and conducting continuous training programs for staff on human rights programming, counseling, community-based services, lobbying and advocacy, proposal writing, planning and delivery of comprehensive services for vulnerable people.

Table 4: Human Resources Available for FOCCEC, 2020

Category	**No.**
Trained HIV counsellors	1
Social workers	2
Administrative Staff	2
Psychologist	1
Case Manager	2
Accountants	2
Project Coordinators	3
Monitoring and Evaluation Officer/part time	1

[15] Poindexter, Cynthia C. (2008). Challenges and Skills in Managing HIV Programs. Available from: https://www.researchgate.net/publication/255053301_Challenges_and_Skills_in_Managing_HIV_Programs [accessed Oct 23 2020].

	1
Total Full Time Staff	14
Volunteers	15

Source: FOCCEC Records.

3.2.1.2 Physical Resources

As indicated in Table 5, though FOCCEC has the basic infrastructure and equipment, it has limited technical and infrastructure capacity to deal with increasing demand on its services. The Centre should consider expanding the existing office, if possible, or find a new office with larger space and more accessible location. It lacks a vehicle for outreach services and an integrated Information system. Limited funding does not allow paying for such capacity building.

Table 5: Physical Resources Available for FOCCEC

Category	**No.**
Rented center (90 m^2) (3 offices, counselling room, recreation room, meeting room, reception center, kitchen with refrigerator	1
Personal Computers	4
Laptops	5
Electronic statistical reporting system-DSS	1
Data show projectors	2
Printers	2
Photocopiers	1
Ground and Mobile Telephones for Hotlines	3
Training manuals, counselling protocols and educational materials (Stigma, HIV, STIs, VCT, Health life style, facts and Myths, Forearms services, Rights and Duties, Statement)	

Source: FOCCEC Records.

3.2.1.3 Financial Resources

FOCCES currently depends on a few external donors and international agencies and programs as Bluemont, FHI360, MENAHRA, IOM and Frontline AIDs, have been providing funds to FOCCES to implement HIV/AIDS and STIs prevention, treatment and care programs since 2015. Some of these funders provide short term funding that cannot cater for interventions of a long-term nature. Table 6 shows the major contributors to FOCCEC projects and the amount of funding during the last seven years.

Reducing harm among target groups and containing the spread of the Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) among high risk people requires substantial funding. FOCCES as a non-profit organization may express difficulty in finding sufficient, appropriate and continuous funding to sustain itself, its activities, projects and future work. The high dependency on donors may shift FOCCES interventions in the future to match donor priorities. FOCCES will find accessing donors as a challenging issue. Thus, a resource gap is expected to be faced by FOCCES unless self or national financing resources are targeted. It is therefore imperative that the organization with support and cooperation with MOH/NAP lays out strategies for diversifying its financial resources.

FOCCEC will therefore in the next 3 years need to take the following actions:

- Identify long term partners
- Identify new partners and service providers for possible collaboration and linkage
- Establish income generation projects
- Devise domestic resource mobilization strategies and networking to rationalize resources.

Table 6: Major International Contributors to FOCCEC Projects, Targeted Groups and Services Provided, (2015-2021)

Donor	Main Recipient	Targeted Groups	Services Covered	Budget Allocated (US Dollars)							
				2015	2016	2017	2018	2019	2020	2021	Total
UNICHAR	Bluemont	Female sex workers (FSW)	- Outreach program - Capacity building training on HIV and STIs - Lab test for the STIs - Voluntary counselling and testing (VCT)	0	97937	106605	105758	0	0	0	310,300
USAID	FHI 360	Men Who Have sex with Men (MSM)	- Outreach program - Voluntary counselling and testing (VCT)	0	139730	94292	0	0	0		234,022

			- Medical consultation - Advocacy workshop for health worker - Steering committee meetings								
Global Fund	Middle East North Africa Harm Reduction Association (MENAHRA)	Injection drug users (IDUs)	- Outreach program - Distribution of syringes and condoms - Voluntary counselling and Testing (VCT)	159344	128196	73296	0	0	0	0	360,836
Global Fund	International organization for Migration (IOM)	MSM, FSW, drug users and PLHV	- Outreach program - Voluntary counselling and testing (VCT)	0	0	41482	98073	0	0	0	139,555

			- Support group for PLHIV and KPs - Advocacy workshop for community leaders and religious leaders								
Global Fund	IOM	General papulation and Key populatio n to HIV	- Rapid test for HIV - Distribution for - Condom and IEC Materials	0	0	0	0	0	41376	43278	84,654
Global Fund	Frontline AIDs	Local Communi ty, Governm ent officials,	- Stigma related to HIV and GBV - Integration of HIV in reproductive health services - Adherence of the	0	0	0	0	0	134773	103387	238,160

			PLHIV to the treatment -Outreach program Resource mobilization								
Total				159344	365,863	315,675	203,831	0	176,149	146,665	1,367,527

Resource: FOCC

IV. Spending on HIV Services in Jordan

4.1 National Expenditures on Health

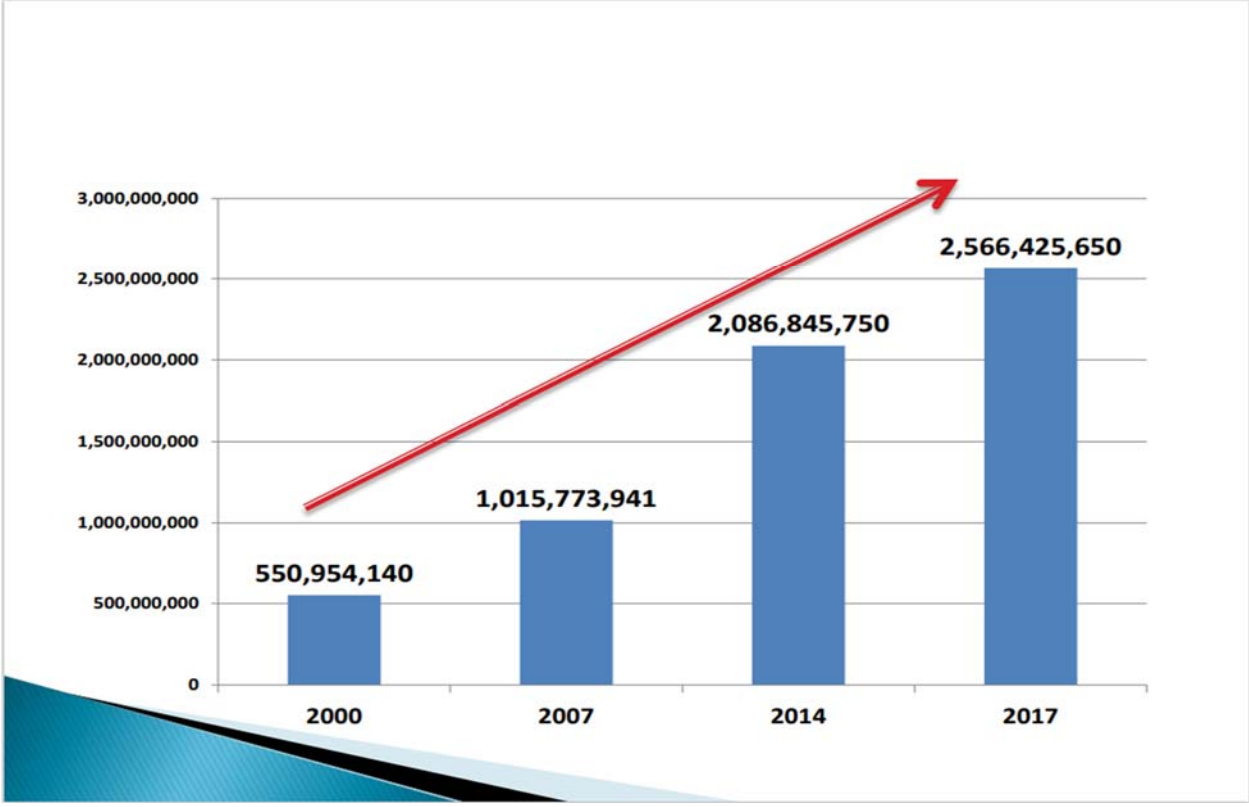
As revealed by the latest National Health Accounts (NHA) for Jordan[16] for the year 2017 the total health expenditure in Jordan, both public and private, was estimated at JD 2.566 billion JD (US$ 3.624 billion), and the per capita expenditures was JD 255 (US$ 360.2). The total expenditure on health accounted for 8.9 percent of the GDP, which is considered high for a middle-income country. Figure 3 shows the trend of total expenditure on health over 9 years (2000 – 2017). This level of expenditure is more in line with countries of the Organization for Economic Cooperation and Development (OECD).

The public sector accounted for 63 percent of health expenditure, the private sector and the NGOs accounted for 37 percent. Expenditure on pharmaceuticals was very high and reached JD 593.6 million in 2017, which accounted for 2.05 percent of GDP and 23.13 percent of the total health expenditures; more than 50% of pharmaceutical expenditures (54.64%) incurred in the private sector. Public expenditures on curative care accounted for 74 percent in 2017, and expenditure on primary care accounted for 20 percent; while almost all private expenditures were on curative care.

Out of pocket (OOP) expenditure is high (27.8 percent of the total health expenditures). Therefore, the financial issue in Jordan is one of the main barriers to accessing health care due to the lack of health insurance (32% of Jordanians are not covered), the high rates of poverty and unemployment, the high medical fees in the private sector, and the overloaded MOH facilities that provide subsidized services. This creates barriers also to maintain sustainable treatment system especially to vulnerable groups with chronic health diseases as people living with HIV.

[16] High Health Council (2018). Jordan National Health Accounts ,2016-2017.

Figure 6: Trend of Total Health Expenditures in Jordan (2000 -2017)



Source: High Health Council (2018). Jordan National Health Accounts ,2016-2017.

4.2 National Expenditures on HIV Services

4.2.1 Expenditures on HIV/AIDS in Jordan as Reported in Literature

The National HIV and AIDS Spending Assessment (NASA) tool was developed by UNAIDS between 2005 and 2009. NASA is a resource-tracking framework that seeks to monitor the annual flow of funds used to finance the response to HIV/AIDS in a given country. NASA's classification scheme and framework are presented in two associated UNAIDS documents, namely the National AIDS Spending Assessment (NASA): Classification Taxonomy and Definitions and Guide to produce National AIDS Spending Assessment (NASA).[17]

[17] UNAIDS (2009). National AIDS Spending Assessment (NASA): Classification and Definitions, September 2009. https://www.unaids.org/sites/default/files/media_asset/jc1557_nasa_en_0.pdf

NASA was developed, drawing from the principles of a number of accounting frameworks, mainly based on the International Classification of Health Accounts (ICHA). NASA approach to resource tracking is a comprehensive and systematic methodology. The main specific objectives of this tool are as follows:[18]

- To estimate the overall flow of funding and spending to respond to HIV and AIDS collected from all local sources and/or international sources of funding for specific period of time.
- To develop a database for each financial transaction supporting spending on HIV whether on health or non-health.
- To determine the flow of expenditure according to financing sources, providers of services, targeted beneficiary populations and production factors.

Due to lack of health information and cost accounting systems, Jordan has never worked on NASA; therefore, UNAIDS annual and parodic reports about global spending on HIV/AIDS do not have updated data about Jordan. A study titled "Spending on health and HIV/AIDS: domestic health spending and development assistance in 188 countries, 1995–2015" published in the Lancet in the year 2018 [19] estimated the total annual of expenditures on HIV/AIDS in Jordan for the year 2015 at an average of 4.8 million less than all Arab countries listed in the Table except Palestine. Details of HIV expenditures related to Jordan and nine Arab countries is illustrated in Table (7) . The Government HIV/AIDS spending as a share of total HIV/AIDS spending in Jordan was 43.2% less than all nine Arab countries. On the other hand, development assistance for HIV/AIDS spending as a share of total HIV/AIDS spending as reported in this study was 55.1% in Jordan far more than the nine Arab countries. Because of lack of data, most of the figures reported in the Lancet study about Jordan and many countries were built on estimation rather on robust data or official figures. Therefore, the findings of the present study as indicated in Table (8) vary significantly from the findings reported in the Lancet study.

4.2.2 Expenditures on HIV/AIDS in Jordan as Collected from Direct Interviews

The NHA does not provide expenditure data by health program or disease group; therefore, little data about expenditures on HIV/AIDs services is available in Jordan. The

[18] Nigeria National Agency for the Control of AIDS (2015). National Aids Spending Assessment (NASA) for Nigeria for the period 2013-2014. https://www.unaids.org/sites/default/files/media/documents/Nigeria_NASA_2013.pdf

[19] Joseph L Dieleman et al (2018). Spending on health and HIV/AIDS: domestic health spending and development assistance in 188 countries, 1995–2015. Lancet May 5 ,2018; 391: 1799–829. https://doi.org/10.1016/S0140-6736(18)30698-6

reported data on HIV expenditures in Jordan by UNAIDS is not updated and if available it reflects mainly the direct expenditures on ART treatment only.

Since MOH and FOCCEC are the main providers of HIV services in Jordan, the researcher depended on direct collection of HIV costing data through field visits and personal interviews with the appropriate staff working in NAP, National Blood Bank, MOH Central Medical Labs, Directorate of Chest Diseases and Expatriates Health, FOCCEC,

Table 7: Health spending on HIV/AIDS in Jordan and some Arab Countries, 2015 as Reported by the Lancet Study

	HIV/AIDS spending (millions of $)	HIV/AIDS spending per prevalent case ($)	Government HIV/AIDS spending as a share of total HIV/AIDS spending (%)	Private HIV/AIDS spending as a share of total HIV/AIDS spending (%)	OOP HIV/AIDS spending as a share of total HIV/AIDS spending (%)	Development Assistance for HIV/AIDS spending as a share of total HIV/AIDS spending (%)	% of HIV/AIDS spending on curative care	% of HIV/AIDS spending on prevention care
Jordan	4.8	44042.0	43.2%	0.6%	1.2.	55.1%	23.4%	54.3%
Bahrain	6.3	24476.1	98.0%	0.4%	1.6%	0.0%	56.1%	24.5
Egypt	59.4	13693·4	83·8%	1·3%	5·3%	9·5%	44·9%	27·5%
Iraq	24·2	5913·1	91·2%	0·0%	8·6%	0·2%	42·4%	36·3%
Kuwait	14·4	196260·6	99·8%	0·0%	0·2%	0·0%	52·0%	32·3%
Lebanon	13·4	11941·0	89·7%	2·4%	3·1%	4·8%	47·1%	27·4%
Oman	13·4	8844·0	98·7%	0·4%	0·8%	0·0%	30·7%	9·2%
Palestine	2·1	8042·5	67·9%	5·7%	4·8%	21·6%	27·2%	45·0%
Qatar	6·4	108976·6	99·7%	0·1%	0·2%	0·0%	58·4%	27·1%
Tunisia	20·2	9931·6	61·9%	2·5%	26·0%	9·7%	44·7%	36·4%

Source: Joseph L Dieleman et al (2018). Spending on health and HIV/AIDS: domestic health spending and development assistance in 188 countries, 1995–2015. Lancet May 5 ,2018; 391: 1799–829.

Jordan Food and Drug Administration, Joint Purchasing Directorate, MOH Finance and Budget Directorate. Meetings with representatives of PLHIV was also conducted to estimate the out of -pocket HIV expenditures.

Table 8 illustrates the annual spending on HIV/AIDS in Jordan for 2019 according to the three main categories of HIV expenses: preventive, curative and administrative including salary of staff.

Table 8: HIV Expending in Jordan According to Main Expenditures Categories and service organization,2019

	Preventive		Curative		Administrative		Total	
	JD	%	JD	%	JD	%	JD	%
MOH	8,171,900	74%	2,605,400	24%	188,860	2%	10,966,160	100%
Other Public	3,000,000	100%	-	-	-	-	3,000,000	100%
FOCCEC								
Others *	287,223	20%	1,148,893	80%	-	0%	1,436,116	100%
Total								

*Private and other sub health sectors and was estimated by referents at 10% of total public expending

Table 9: Annual Spending on HIV Prevention (Testing and Screening) at Public Facilities, 2019

Type	**No. of tests performed**			**Cost (JD)**	**Notes**
	Ministry of Health	**Other Public Labs.**	**Total**		
Blood donation screening test for HIV	137000	100000	237000	7,110,000	CMIA (Chemiluminescence Microparticle Immunoassay) test
HIV screening tests for expatriates	130000	-	130000	3,900,000	1.ELISA (Enzyme-Linked

HIV screening for new government. employees	1800	NA	1800	54000	Immunosorbent Assay) test 2. The cost of CMIA or ELISA test is 30 JDs.
Other HIV screening	2880	NA	2880	86400	
HIV Antibody / HIV Confirmatory Test	250	-	250	21500	cost of Western Blot test: 86 JDs
Total				**11,171,900**	

Table 10: Annual Spending on HIV treatment at MOH Facilities, 2019

Service Category	**Cost (JD)**	**Notes**
Antiretroviral therapy	1,824,000	(Stribild, Kaletra,Combivar,etc)
Prophylaxis against opportunistic infections	18,000	
Testing and management of complications and non-communicable diseases (outpatient and inpatient)	280,000	
Voluntary and confidential counselling	72,600	
Tuberculosis (TB) screening	3,900	
Routine testing and follow up	200,000	ALISA, CD4, CD8, Ratio, Viral Load, others.
Others	206,900	
Total	**2,605,400**	Average annual spending per person LHIV: (JD **13,027**)

Table 11: Administrative Cost of HIV VCT Centers at MOH ,2019 (JDs)

Cost Category	Amman VCT Centre	Other VCT Centers	Total
Staff Salaries	84000	87360	171360
Office Rent	4800	-	4800
Utilities (electricity, water, etc.)	1200	3900	5100
Others	3600	4000	7600
Total	**93600**	**95260**	**188860**

V. HIV Domestic Resources Mobilization Plan