

## **Panel discussion 2008 High Level Meeting on HIV/AIDS**

The challenge of providing leadership and political support in countries with concentrated epidemics

**By Rigmor Aasrud**

Let me first of all thank you for the invitation to take part in this panel discussion on challenges with regard to political leadership and support in countries with concentrated HIV epidemics. This is a topic of interest to me and I hope to raise some thoughts which may contribute to the discussions. My main focus will be on leadership and stigma, on hard to reach and vulnerable populations, especially focusing on injected drug users, sex workers and men having sex with men.

As a consequence of the epidemiological situation in Norway, where the epidemic is largely concentrated to specific groups, HIV preventive work has used the principle of “following the virus”, and thus mainly targeted injecting drug users, sex workers and men who have sex with men. Overall we have a very limited HIV infection among drug users and sex workers; we may actually say that injecting drug users have been the group who has demonstrated the most sustained behaviour change. On the other hand the recent increase in HIV-infection among men who have sex with men is of great concern.

Drug users are offered a range of harm reduction and health interventions, including medical checkups, free needle exchange, follow-up of overdose cases, substitution therapy and referral to specialist treatment in a low-threshold health service at municipality level. These factors may explain why the situation for drug user apparently is under control, although it still remains unpredictable.

The HIV epidemic among Men having Sex with Men in Oslo has led to increased funding and preventive efforts directed towards primarily HIV positive homosexuals, young homosexuals and homosexuals with immigrant background. Measures have included information, counselling and testing and the establishment of a health service for men who have sex with men one night a week in a health clinic in Oslo. Central actors in the

preventive work have been NGOs, local governmental institutions and gay magazines and internet sites.

Early in 2009 Norway will introduce a new law prohibiting the purchase of sex. This measure aims to limit the trafficking of women for the purpose of sex work. However, the situation of sex workers, and particularly foreign sex workers, will still remain high on the political agenda. It is of utmost importance to be aware of possible increased barriers to health care for marginalised groups as a result of this prohibition and meet the challenges that may arise.

In the Norwegian focus on specific so-called “high risk”-groups, less attention has been paid to educating the “general population” about AIDS. This has probably contributed to the high level of stigma and discrimination faced by persons living with HIV, which is the most important obstacle in achieving results and improving the quality of life of persons infected.

Compared to most other countries, the stigma linked to homosexuals and trans-persons is less in Norway, even though such groups still face discrimination, and this has probably contributed to very limited spread of HIV from MSM to the heterosexual population.

We cannot claim to have been fully successful in our HIV preventive work in Norway, nor in our work securing rights and living conditions for people living with HIV/AIDS as long as:

- we are witnessing an ongoing epidemic among men having sex with men,
- many Norwegians still believe that HIV is transmitted through kissing, and
- people living with HIV are experiencing prejudice and discrimination on a regular basis.

Based on our own experience and our perception of the global challenges, we think leadership is required to further the following principles:

A continued focus is needed on key populations and their particular needs. In addition we need to ensure a higher level of knowledge and understanding in the whole population. Better preventive strategies targeting vulnerable groups should be developed. We have to work with

the international community on these issues, and we hope that this meeting will bring new ideas and examples of good approaches.

A range of harm reduction strategies for injecting drug users are important, along with a variety of treatment and rehabilitation programmes. Norway support UNODC to include harm reduction in their work, and to address two particularly vulnerable groups, namely female injecting drug users and female prisoners in several Asian countries.

A key principle in the HIV prevention is to work closely together with the key target groups in designing and implementing the activities, and to maintain as much as possible a rights based approach respecting the dignity and autonomy of the persons using peers as much as possible. We believe such cooperation is important. We also regard greater involvement of People Living with HIV as crucial in an effective AIDS response, particular in outreach activities.

Reaching marginalised groups, such as injecting drug users, homosexuals and sex workers is crucial if we are to meet the goal of Universal access. We believe it is important to protect the human rights of vulnerable groups; to promote the right to health for all vulnerable groups; and to scale up harm reduction and other prevention, treatment and care programmes to reach universal access. However, in order to do this, bold and good leadership is needed in order to take the necessary steps.

Thank you.