



HELSEDEPARTEMENTET

The Norwegian Ministry of Health

Strategic plan

Responsibility and Consideration

A strategy for the prevention of HIV
and Sexually Transmitted Diseases





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Foreword

“From emergency to everyday situation...”

We can describe the development of the HIV situation in Norway as a transition from an emergency to an everyday situation. The HIV epidemic in Norway did not reach the proportions that many people feared it would in the 1980s. Nonetheless, there are still many challenges in the transition from an emergency to an everyday situation. ‘Everyday’ means in the first place that treatment and follow-up must be an integrated part of the ordinary health services. ‘Everyday’ also means that we must view HIV in the same light as other sexually transmitted diseases. Last, but not least, ‘everyday’ can mean a normalization of the way people react to HIV, which can in turn help to reduce stigmatization and prejudice.

Far too many people in Norway now feel that HIV is no concern of theirs, either because they do not regard themselves as vulnerable or because they think that there is no-one in Norway with HIV and AIDS who needs care and support.

We know that many people feel that other sexually transmitted diseases concern them more than HIV/AIDS. In this Strategic Plan, we therefore wish to link the prevention of HIV up more closely with the prevention of sexually transmitted diseases in general. Our reason for doing so is that they are closely related and they require the same prevention strategies. The incidence of chlamydia is increasing, particularly among young people and we know that the use of condoms has declined in Norway in recent years. This is worrying in view of the fact that the number of HIV-positive persons in Norway is increasing every year.

This Strategic Plan is part of Norway’s follow-up of its international commitments, such as the resolution adopted at the United Nations Special Session on HIV/AIDS in summer 2001, the ministers’ declaration in support of health promotion at the WHO’s fifth international conference on health promotion in June 2000 and the WHO health programme HEALTH 21 for the European region.

In presenting this Strategic Plan, the Ministry of Health and Social Affairs defines overall principles, general objectives and specific objectives for prevention in this area of public health. This is also a plan for the use of the earmarked funds which are mainly channelled to health-promotion and prevention efforts in the area of HIV, AIDS and sexually transmitted diseases. The individual measures under each specific objective will be concretised in the annual budget.

Responsibility and Consideration

This Strategic Plan provides the guidelines for future efforts in this area and helps to ensure that society is better prepared to meet present and future challenges. Its primary objective is to reduce new infection with HIV and sexually transmitted diseases and to ensure that everyone who is infected with these diseases is given the proper follow-up regardless of age, sex, sexual orientation, place of residence, ethnic background and financial situation.

This Strategic Plan calls on people to take responsibility for their own behaviour and life style, but it also calls on them to show consideration for their fellow human beings and thus ensure that infection is prevented and disease avoided.

A broad social commitment is needed to achieve these objectives. It is my hope that all relevant actors, be they private individuals, institutions or voluntary organizations, can benefit from this Strategic Plan and that this will enable us to meet this public health challenge together.



Dagfinn Høybråten
Minister of Health

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1. Introduction

Norway has had three action plans for HIV/AIDS prevention since 1986. Those action plans were followed by earmarked grants which were allocated in annual fiscal budgets. The implementation of the action plans was the subject of independent, external assessments under the direction of the Research Council of Norway in 1995 and of Rogaland Research in 2001. There is still a need for national steering documents for the prevention of HIV and sexually transmitted diseases. One of the conclusions in Rogaland Research's report was:

“When the period of this action plan expires, the State/Ministry of Health and Social Affairs must ensure that prevention efforts at national level are continued by drawing up special national steering documents. These documents must set out an overall strategy for future prevention and place responsibility with the relevant central and municipal administrations.”

In connection with the Storting debate on the fiscal budget for 2001, the Standing Committee on Health and Social Affairs stated that:

“This Committee believes that continued government involvement, steering and funds are important with respect to the HIV/AIDS epidemic and consideration should be given to whether a new action plan is needed to take the work a step further.”

This Strategic Plan is based on the experience gained from the prevention work that has been going on in Norway since the middle of the 1980s. The objectives remain unchanged:

- To ensure that the general public has a basic knowledge about HIV/AIDS
- To keep the epidemic under careful surveillance
- To prevent HIV risk behaviour
- To ensure that HIV-infected persons are diagnosed and given guidance on how to control infection as soon as possible
- To combat the discrimination and exclusion of infected persons and persons at risk

- To ensure that healthcare and social welfare workers have sufficient expertise and persons with HIV and AIDS are given the proper follow-up.

Important guiding principles have been:

- The measures must encroach as little as possible on personal freedom
- Efforts must be directed at vulnerable groups where there are cases of HIV and at the general public as a whole
- The authorities must cooperate with NGOs
- Society must show solidarity with persons with HIV and AIDS

Like the previous action plans, this Strategic Plan defines overall principles and strategies for the prevention of HIV and sexually transmitted diseases in Norway. It will also function as a plan for the use of the funds granted by the Storting in annual fiscal budgets. This Plan describes what the central health authorities see as the greatest challenges in the years to come by focusing on priority areas and relevant measures. The implementation of the plan will largely and primarily take place in the municipalities under the direction of the local authorities or voluntary organizations. This Strategic Plan contains a menu of relevant measures that have to be adapted to the situation and to local conditions.

The Strategic Plan starts by giving an account of the main challenges the Ministry envisages with regard to the work ahead. It then outlines the general principles on which prevention work is to be based. The Plan has two general objectives and nineteen specific objectives with appropriate measures directed at the general public, special target groups and individuals. Finally, it describes the organization, implementation and evaluation of the plan.

The Ministry is of the opinion that it is vital to keep the focus on and remain committed to the prevention of HIV/AIDS and sexually transmitted diseases. Much of the work that has been done in recent years, particularly in the case of persons living with HIV and AIDS, men who have sexual

The HIV Situation in Norway

So far the extent of the HIV epidemic in Norway has been small compared with other countries and the situation is regarded as relatively stable. As of 15 October 2001, 2289 persons had been diagnosed with HIV infection in Norway since 1984. Of these 1639 were men and 650 women. In recent years, there has been a certain increase in the number of persons diagnosed as HIV-positive each year. This is mainly due to an increase in the number of immigrants who are HIV-positive when they arrive in Norway. However, in 2000 a higher number than previously was registered of persons who were heterosexually infected while living in Norway. This may be an indication of an increase in HIV-infection in this group. About 75 per cent of the persons diagnosed in 2000 and 2001 were infected abroad. About 60 per cent of the persons diagnosed were of foreign extraction and infected prior to arrival in Norway. The Norwegian Institute of Public Health estimates that there are about 1700-1800 HIV-infected persons living in Norway today. This number will rise in the years to come because HIV-infected persons come to Norway as asylum seekers and refugees and more people in Norway are being infected with HIV. A growing reservoir of infection, signs of increasing risk behaviour in that condom use is decreasing and still a great deal of unsafe sexual intercourse are reasons for developing and strengthening adequate, effective preventive measures.

The Situation as regards Sexually Transmitted Diseases

A person with another sexually transmitted disease stands a greater risk of HIV-infection. This applies particularly in the case of sexually transmitted diseases that cause genital sores. The most serious sexually transmitted diseases are genital chlamydia, gonorrhoea, syphilis, hepatitis B, genital herpes and papillomavirus infections.

Many of the above-mentioned sexually transmitted diseases have serious sequelae. Genital chlamydia and gonorrhoea can cause infertility in women, extrauterine pregnancy and chronic abdominal pain in women. A child born of a mother suffering from gonorrhoea or chlamydia can have eye and lung infections. In the case of men, these diseases may cause adhesions in the urethra. Hepatitis can cause inflammation of the liver, while genital papillomaviruses can cause cell changes leading at worst to cancer.

The surveillance of these sexually transmitted diseases is not as good as with HIV. As is the case with HIV-infection, the number diagnosed each year is not identical to the number infected in that year (incidence). The number of tests carried out vary from one year to another. Most people who are infected with, for example, genital chlamydia, have no symptoms and are perhaps not diagnosed until much later. However, there is no doubt that many thousands are infected each year with various sexually transmitted diseases and that we can see an increase in infection.

intercourse with men and injecting drug users, has produced results and helped to stop the HIV epidemic reaching the dimensions feared in the 1980s. These efforts will be strengthened and continued. At the same time, the Ministry can see new challenges, for example with regard to greater prevention efforts among persons with immigrant backgrounds more information about the conditions persons with HIV/AIDS live under, including women and children with HIV, and increasing the awareness among the general public of HIV and sexually transmitted diseases. In this context, it is important to focus on the responsibility individuals have for their own life style and on consideration for other people.

In this Strategic Plan – to a greater extent than in previous planning documents – the prevention of HIV and AIDS is linked up with the prevention of sexually transmitted diseases in general. In the view of the Ministry, this is important because most preventive measures are common to all these diseases and because a low incidence of sexually transmitted diseases in general means that the population will be less susceptible to HIV, since having a sexually transmitted disease increases the risk of HIV infection.

This Strategic Plan focuses mainly on prevention and not on treatment. Emphasis is however given to the importance that a good follow-up has for prevention efforts.

Although the Strategic Plan uses the general term "HIV and sexually transmitted diseases", some of the diseases can in fact also be transmitted in other ways, for example by blood transfusion.

The achievement of the objectives of the Strategic Plan depends on its active implementation. The Strategic Plan is intended to be a dynamic, flexible document that will continuously be adapted to the epidemiological situation and the challenges facing society at any given time. The Plan therefore proposes that annual status reports be drawn up which will, along with the annual report on the epidemiological situation from MSIS (Norwegian Surveillance System for Communicable Diseases), form the basis for an ongoing assessment of the need for changes in strategies, objectives and measures and of the need to carry out any interim evaluations. The annual

status reports, which will be drawn up by the Norwegian Directorate of Health and Social Welfare, will therefore serve as updated versions of this Strategic Plan.

Arranging for the best possible living conditions for persons with HIV and AIDS is another important prevention strategy. We need more knowledge about the living conditions of HIV-infected persons, particularly those with immigrant backgrounds. At the request of the Ministry of Health and Pluss – the Norwegian Association Against AIDS, the Fafo Institute for Applied Social Science is carrying out a survey of the living conditions of persons with HIV and AIDS. The results will be available in autumn 2002 and can provide a basis for including new measures in the Strategic Plan.

2. HIV and AIDS at international level

According to the most recent estimates from UNAIDS, there were 36.1 million people living with HIV-infection at the end of 2000. This is 50 per cent more than the figure estimated in 1991. Each year 5.3 million new people are infected with HIV and about 3 million die of AIDS. In many parts of the world, the HIV epidemic continues to develop at a faster rate than previously anticipated. The connection between HIV and tuberculosis has long been a growing problem. The priority given to global HIV/AIDS efforts in development cooperation policy is also an important part of the work of bringing the HIV/AIDS epidemic under control.

In addition to the continuing dramatic development of HIV in sub-Saharan Africa and South and South-East Asia, UNAIDS and WHO are particularly concerned about its development in the coming years in the populous countries of India and China. A steep increase in the epidemic has also been registered in Russia and in several of the former Soviet Republics, particularly among drug abusers. This is now happening just across the Norwegian border in the Russian county of Murmansk where the number of cases of HIV registered prior to 2001 was 173 and where it looks as if the number of new cases of HIV diagnosed this year alone (2001) will be about 500.

On the initiative of Norway, the eleven prime ministers of the Baltic Region and the European Commission resolved at the Baltic Council's summit meeting in April 2000 to join forces in combating the spread of infectious diseases. An action group was set up consisting of personal representatives of the prime ministers. Norway is the leader and acts secretariat for the action group. During the next three years work will be done to limit and prevent the spread of tuberculosis, HIV/AIDS and antibiotic-resistant bacteria and to reduce the risk of hospital-acquired infection.

Since 1997, Norway has been taking part in the EU's public health programme for the prevention of AIDS and other communicable diseases. Norway also participates in Eurosurveillance, an EU project dedicated to the surveillance, prevention and control of infectious and communicable diseases

Infectious diseases give rise to fear. The situation for infectious diseases can hinder an increase in global trade and relations. It is in everyone's interest to reduce the incidence of infectious diseases. It is important that measures within and beyond national borders are coordinated. The Ministry therefore plans to include transfer of experience and coordination of measures at national and international level in future status reports.

3. Major challenges in the years ahead

The HIV epidemic presents an ever growing global challenge. The situation in Norway is increasingly affected by the global epidemic.

Finding the correct balance between efforts targeting particularly vulnerable groups and general measures directed at the man in the street is a major challenge. This balance is important if we are to prevent large parts of the population from thinking that HIV and sexually transmitted diseases do not apply to them because too much focus has been put on particularly vulnerable persons in so-called 'risk groups'.

When the HIV epidemic was acknowledged in the early 1980s, a considerable change took place in the sexual behaviour of the groups that were most affected. The work that is being carried out vis-à-vis persons with HIV, men who have sexual intercourse with men and injecting drug users is well established; it has produced good results, and it will be continued. Experience has been positive as regards injecting drug users and persons who sell sexual services. However, after two decades of efforts to prevent infection, we can only establish that there have been few changes for the better in behaviour in this area in the population as a whole. The use of condoms appears to be falling again. It is important to find the reasons for this trend so that it can be reversed. Efforts to pave the way for the practising of safer sexual intercourse, for example by increasing the availability of condoms, will be intensified.

A continuing broad social commitment is necessary if we are to achieve even better results in the prevention of HIV-infection and sexually transmitted diseases. All actors should be encouraged to develop more effective prevention strategies and measures through research, cooperation and contact with national and international research com-

munities, method development and evaluation. The national health service, other public agencies and NGOs must show creativity, flexibility and the ability to identify and make use of effective prevention and treatment measures.

An important challenge in the years ahead will be to continue the work of integrating efforts to prevent HIV-infection and sexually transmitted diseases with the prevention of other communicable diseases and to link it up more strongly with the responsibility of the municipal authorities in this area in compliance with the intentions in the Communicable Diseases Control Act and the general organization of communicable diseases control in Norway.

An important objective in the years ahead is to provide more advice and counselling for young people on the subject of HIV and sexually transmitted diseases. The local health services will therefore have to cooperate with the primary and secondary schools on raising the level of competence in this field.

It will also be a challenge in the future to bring to light gender-related issues in prevention work.

It will continue to be important in the years to come to work to remove the stigma from the HIV epidemic. HIV/AIDS is a disease that carries with it a particular degree of prejudice and discrimination. This applies throughout society, but tends to be more prominent in certain immigrant groups. This stigmatization seriously hinders both prevention and treatment of the disease. The population as a whole must therefore be persuaded to change its attitude to the disease, so that persons suffering from it can concentrate on the physical and psychological effects of being HIV-infected, without also having to defend themselves against social and occupational discrimination.

4. General principles for the work

This Strategic Plan is based on the following principles:

- Human rights, ref. for example Report No. 21 (1999-2000) to the Storting, *Menneskeverd i sentrum* (Focus on Human Dignity), and the United Nations Commission on Human Rights resolution 1999/49 on the protection of human rights in the context of HIV and AIDS.
- The gender perspective, ref. for example official Norwegian report NOU 1999:13 *Kvinnens helse i Norge* (Women's health in Norway)
- Equal access to good preventive information and follow-up for everyone in Norway as an important factor in the prevention of further infection, ref. for example the Norwegian Act relating to patients' rights.
- Broad participation and active co-determination in the formulation, implementation and evaluation of preventive strategies and measures.
- Everyone has an independent responsibility both to protect themselves from infection and to avoid infecting other people both in Norway and abroad. However, persons suffering from HIV and other infectious diseases have a particular responsibility to do so, as laid down in the Communicable Diseases Control Act and in the Penal Code.

5. General objectives, specific objectives and measures

This Strategic Plan has two general objectives and nineteen specific objectives, each with a menu of relevant measures. Objectives 1 and 2 express the general aims of the strategic plan. The specific objectives are important elements in the achievement of these main goals. It is not always possible to check directly to see whether the specific objectives are being achieved, but, where possible, time limits have been set for the achievement of these specific objectives. The successful achievement of a specific objective will often depend on the simultaneous implementation of a number of measures. It is therefore important to view the specific objectives in the context of the measures. The numbering of the specific objectives is not intended to imply any order of priority. The target groups for the measures can be seen from the specific objectives.

General objective 1:

To reduce the number of new cases of HIV and sexually transmitted diseases.

General objective 2:

To ensure that everyone who is infected with HIV and sexually transmitted diseases is given the proper follow-up regardless of their age, sex, sexual orientation, place of residence, ethnic background and financial situation.

Health information is important to both of these objectives. Health information is an integrated tool in all health promotion and disease prevention efforts and it is directed at the population as a whole, at vulnerable groups and at individuals.

General objective 1:

To reduce the number of new cases of HIV and sexually transmitted diseases

Specific objective 1.1

To ensure that the population is well-informed and is made more aware of (the risk of) HIV and sexually transmitted diseases

The HIV epidemic in Norway may seem small and ‘invisible’ and this increases the possibility of indifference. During the initial years of the HIV epidemic in the 1980s, the people of Norway were extremely attentive. Many people felt affected by the information and the media focused strongly on HIV/AIDS. People felt the need for information and there was greater motivation to change sexual behaviour.

Much of the interest in HIV and AIDS in Norway has now died down. The rate of infection is relatively low and prevalence is low in Norway compared with other parts of the world. This may lead ordinary people to feel that HIV is no longer any concern of theirs. Since there are few cases of HIV, and more particularly since not everyone is open about their HIV infection, the epidemic also appears to most people to be invisible. The number of people living with HIV in Norway is increasing, but the number of new cases remains fairly stable. This stability in the number of new cases in Norway can give people a false sense of security. There are, moreover, signs that new treatment regimes in the rich world are changing the status of HIV from a fatal disease into a chronic disease. There is reason to believe that such conceptions can lead to an increase in unsafe sexual behaviour.

Most people feel that other sexually transmitted diseases concern them more than HIV. It is therefore important to increase awareness of HIV on a parallel with sexually transmitted diseases. It is important to emphasise personal responsibility for one’s own life style and the need to consider other people. After a period of campaigns targeting vulnerable groups, it is now important to increase the information directed at the population as a whole and thus remind people about the disease and create a sufficiently high level of preparedness. The general public must be provided with adequate knowledge about HIV and sexually transmitted diseases, including the ways in which these diseases

are transmitted and are not transmitted, and how individuals can protect themselves against infection. Young people are a particularly important target group for information about HIV and sexually transmitted diseases, see specific objectives 1.4 and 1.5. The information must also help to combat stigmatization and discrimination of persons suffering from HIV/AIDS and to demystify the disease.

NGOs will continue to be important partners in the general dissemination of information to the general public by being bridge builders and liaisons between society and affected groups.

Relevant measures:

- Central health authorities and the national health service must help to make sure that people are well informed about the risk of infection and necessary precautions to avoid infection and have a high level of awareness about the risk of HIV and sexually transmitted diseases. Risk behaviour must be combated.
- The health service must inform people about the importance of going to the doctor early for a medical examination and any necessary treatment if they suspect that they may have contracted HIV or a sexually transmitted disease. Infected individuals must be guaranteed up-to-date information about treatment options and the conditions for achieving the best possible treatment result.
- Information must be obtained about the effectiveness of various informative measures, and the measures that are implemented should be evaluated.
- Arrangements should be made for the use of modern information and communications technology, such as the Internet.
- Central and local health authorities should cooperate to a greater extent with the media on dissemination of information about HIV and sexually transmitted diseases.
- Central and local health authorities must be particularly active with regard to reporting local outbreaks, or focusing on special risk factors or worrying trends.
- Knowledge about forms of physical contact which do not involve the risk of HIV-infection must be improved.
- The annual status reports and an up-to-date factual basis must be presented in such a way that the information is easily accessible to the health services, other sectors and the media, for example in a web version.

Specific objective 1.2

To ensure that gender-related issues are taken into consideration in plans, priorities and measures

Importance must be attached to the gender perspective in prevention efforts. Gender-related issues with a bearing on the prevention of HIV and sexually transmitted diseases must be brought to light. As of 15 October 2001, 1639 men and 650 women have been diagnosed with HIV-infection. In the past two years, UNAIDS has focused especially on the responsibility men have as regards infectious risk behaviour in view of their general position of power in society. This is also important in Norway. Preventive strategies targeting women must presume that not all women are in a position to negotiate safer sexual intercourse. Women can be particularly vulnerable to infection, due both to purely biological factors and to general social factors.

Relevant measures:

- Organizations which are involved in the prevention of HIV and sexually transmitted diseases and which receive public grants must take the gender perspective into account in their applications and project descriptions.
- Awareness of the gender perspective must be increased through information and professional advice from the central health authorities and relevant expert groups.
- Implement measures directed specifically at women: establish networks for women with HIV, with special focus on immigrant women. Natural partners: NGOs that are specially qualified to work with gender-related issues.
- Implement measures directed specifically at men: increase awareness of the role played by men, ref. UNAIDS campaigns in 2000 ('Men make a difference') and in 2001 ('I care – do you?').

Specific objective 1.3

To ensure that no-one is infected with HIV and hepatitis as a result of the medical use of blood, blood products or other human material

The way in which the health services make use of blood and other human material is significant for the risk of infection. There are no statistics showing how many people receive blood in Norway, but experts estimate that 50 – 60.000 people are given transfusions with one or more blood products each

year. A reliable test for HIV antibodies in blood has been available since 1985. This test was made obligatory for Norwegian blood donors. The test for hepatitis has also improved in recent years.

The main objective as regards the use of blood is to protect the recipient. Guidelines have been issued for the blood transfusion service and these are now under revision. There are strict requirements with regard to blood donors' health-related status and behaviour. A special national transfusion council gives advice on quality assurance of the blood transfusion service.

Relevant measures:

- Ensure that the blood products used in Norway for medical purposes are safe.
- Continuous review of criteria for the selection of blood donors.
- Continuous efforts to implement better and safer tests.

Specific objective 1.4

To strengthen prevention and health promotion efforts relating to HIV and sexually transmitted diseases that target youth and young adults.

There is still a high incidence of sexually transmitted diseases, particularly of chlamydia, among young people. Young people do not appear to think that HIV concerns them. Avoiding pregnancy is often seen to be more important than protecting oneself from sexually transmitted diseases.

Efforts directed at young people must therefore be intensified and this must be done in cooperation with the young people themselves. Emphasis must be given to the gender perspective in this work. Strategies and measures must be seen in conjunction with and build on *Handlingsplan for forebygging av uønskede svangerskap og abort 1999-2003* ("Action Plan for Prevention of Unwanted Pregnancy and Abortion 1999-2003"). It is important to strengthen the advice and counselling on HIV and sexually transmitted diseases that is available to young people. Schools, youth clubs and societies, health services for young people and the school health service play an important role in information dissemination. It is important to give all young people a good and adequate education in sexuality and reproductive health in the broad sense. This can be done at school, during vocational training and higher education and through counselling provided by the municipal health service at

health clinics for young people and the school health service.

Young people must be made aware of their right to medical assistance in connection with examinations and treatment of sexually transmitted disease.

Relevant measures:

- New generations of young people must be taught about sexuality, reproductive health and sexually transmitted diseases. All pupils in the lower and upper secondary school must be given sex education (including relationships and healthy living), which provides information as well as the opportunity for talks and reflection about personal ethical responsibility. Tuition must take cultural and ethnic aspects into consideration. Teachers must use methods which have proved to be effective and further efforts must be made to develop good ways of teaching which are suitable for young people.
- All young people must have the chance to receive guidance and information about sexually transmitted diseases as part of their ordinary education and as a health service facility. Emphasis must be given to ensuring that relevant information is available to them all.
- The knowledge teachers have about methods for teaching pupils of different sexual orientation and different ethnic backgrounds must be improved. In autumn 2001, the Norwegian Board of Education, in collaboration with the Ministry of Health and Social Affairs and the Ministry of Education, Research and Church Affairs, published a book entitled: "*Samliv og seksualitet – Ressursbok for lærere*" (Relationships and Sexuality – a Resource Book for Teachers). This book has been distributed to schools and health clinics.
- Work must be done to raise the level of competence of both teaching staff and healthcare workers as regards teaching and counselling about HIV and sexually transmitted diseases.
- Young people must continue to be provided with good information channels to which they can direct questions about sexual health, such as the Internet and helplines.
- More use of mobile teams made up of young people with special knowledge about young people and sexuality should be encouraged. These teams can visit schools and other arenas frequented by young people and will be a good supplement to traditional teaching.
- Youth-friendly health facilities, such as the

school health service and health clinics for young people should be strengthened. One of the main challenges is now to reach out to boys and young men.

- The gender perspective must be taken into account. The Nordic Institute for Women's Studies and Gender Research (NIKK)'s project "Living for Tomorrow" has been designated a Best Practice project by UNAIDS. This project focused on youth, gender and sexuality and will be an inspiration to others.

Specific objective 1.5

To ensure that the municipal authorities take responsibility for the work of preventing HIV and sexually transmitted diseases

The prevention of HIV and sexually transmitted diseases is an important part of communicable diseases control at municipal level. The Communicable Diseases Control Act and the Municipal Health Services Act give the municipal authorities a great deal of responsibility in this area. In January 2001, two thirds of the municipalities had set up communicable diseases control plans as laid down in the 1994 Communicable Diseases Control Act. There are a large number of municipal authorities which have insufficient knowledge in the field of infectious disease control. This applies in particular to the lack of experts in social medicine in the municipal health services.

Relevant measures:

- National conferences on subjects relating to the prevention of HIV and sexually transmitted diseases will contribute to the development of human resources and help to build networks and be an inspiration to everyone who is involved in the work of preventing HIV and sexually transmitted diseases in Norway. This measure is also listed under Specific objective 2.2.
- The central health authorities have taken the initiative, through a project entitled *Styrket smittevern i kommunene* ("Enhanced Disease Control at Municipal Level"), to make sure that control of communicable diseases in the municipalities is adapted to the current infection situation and the laws and regulations in force. The project includes several measures, including county conferences on disease control, the preparation of an electronic model for municipal disease control plans to help the municipal authorities in this work, and a conference for municipal medical

officers responsible for disease control. The preventive measures in this field must be integrated into the municipal health services available to young people.

- The central health authorities must provide the municipal authorities with informative material and advice.
- Health clinics for children, mothers-to-be and young people, the school health service and cooperation with the schools should be boosted, particularly with a view to preventing HIV and other sexually transmitted diseases.
- Knowledge will be built up over the Internet by developing the central health authorities web pages on the control of communicable diseases and epidemiological data.
- The communicable diseases handbook for the municipal health services was revised in autumn 2001 and distributed to municipal authorities throughout the country. It is also accessible on the Internet. This handbook will be revised at regular intervals.

Specific objective 1.6

Testing, infection control guidelines and contact tracing must be readily available and carried out in a professionally acceptable manner

It is important that people know whether they have been infected with HIV or a sexually transmitted disease, so that they can be treated quickly and ensure that they do not infect other people. The general public and healthcare workers must be made aware of the type of sexual behaviour and the symptoms and indications that should make people decide to have themselves tested. When people come to be tested, their awareness should be increased by giving them guidance in infection control at the same time.

Contact tracing is, for example, the action taken by the health service to inform any sexual or syringe-sharing partners (infection contacts) of an infected person (index patient) that they may have been infected and offer them guidance, examination and treatment.

Under the provisions of the Communicable Diseases Control Act, it is the patient's regular GP or other diagnosing physician who is responsible for initiating contact tracing. Contacts are either persons the index patient may have passed the infection on to (secondary contacts) or the person the index patient was infected by (source of infection). Contact tracing can be done by the physician,

i.e. the physician gets in touch with the contacts; it can be done by the patient, i.e. the index patient informs his/her contacts, or it can be done by a combination of both procedures.

Contact tracing has a very important mission from a prevention point of view. It is therefore important that the provisions regarding contact tracing in the Communicable Diseases Control Act are complied with, that the provisions regarding patient confidentiality are observed, that the trust of the patient and contacts is upheld, that health services are available to them, and that no-one is subjected to discrimination or unnecessary coercion in the process.

Since HIV-infection is not very widespread in Norway, contact tracing is potentially an effective means of finding people with HIV. During the period 1996-2000, 15 per cent of the reported cases of HIV-infection were discovered through contact tracing.

The Norwegian Institute of Public Health has discovered through the Surveillance System for Communicable Diseases (MSIS) that diagnosing physicians often do not give sufficient priority to contact tracing. Priority should be given to finding the source of infection of everyone who is assumed to have been infected in Norway. There have often been times, particularly in heterosexual cases, where it has not been possible to find the source of infection.

Reference is also made to Specific objective 2.1 regarding early diagnosis.

Relevant measures:

- Physicians and other relevant healthcare workers must keep up-to-date at all times with a view to be able to trace contacts effectively and expeditiously.
- Cooperation within the health service on contact tracing must be improved. Every medical practitioner who diagnoses persons with a communicable disease that is hazardous to public health, such as chlamydia or hepatitis, has a duty to initiate contact tracing (Section 3-6 of the Communicable Diseases Control Act). If the medical practitioner refers the patient to a specialist or hospital, it must be clarified who is going to carry out contact tracing. The municipal medical officer with responsibility for disease control should be involved to a greater extent in contact tracing and follow-up of persons with HIV. Medical practitioners in the municipality should consult more frequently with him/her in these cases.

- The municipal authorities should, with the assistance of the central health authorities, build up special expertise in contact tracing.
- Medical practitioners must be given further information about when and to whom they should offer tests for Chlamydia trachomatis, HIV and other sexually transmitted diseases.
- Consideration will be given to the use of simpler tests, e.g. using urine samples. Consideration will also be given to initiating a pilot scheme allowing testing for Chlamydia trachomatis at home. Patients will be able to take the sample themselves and send it to a laboratory and get a reply by telephone.
- The general public must be continually reminded that genital chlamydia infections are widespread among young adults and teenagers, that most of the people infected do not have any symptoms, and that testing and treatment is simple.

Specific objective 1.7

To increase the use of condoms through greater availability and a change in behaviour

Condoms are the most effective form of protection against sexually transmitted diseases. Following a positive trend at the end of the 1980s and beginning of the 1990s, the use of condoms in Norway seems to be declining again. The use of condoms among heterosexuals having casual sexual intercourse has always been low (15-25 per cent) and it appears to have dropped in recent years.

Condoms should be available both to vulnerable groups and to the public in general and help to promote a responsible attitude to sexual intercourse.

Relevant measures:

- The pilot scheme involving the distribution of free condoms in taxis will be evaluated.
- Informative campaigns will be implemented with a view to changing attitudes to and increase the use of condoms. This must be done as a parallel to person-to-person communication.
- All Norwegian health clinics for young people should issue free condoms.
- All HIV-positive individuals and their partners must be informed about the availability of free condoms.
- Condom vending machines should be installed at strategic locations.
- Condoms should be available at airports, train

and bus stations, ferry quays and social meeting places.

Specific objective 1.8

To step up prevention efforts directed at asylum seekers, refugees and other people with immigrant backgrounds

Most of the people diagnosed with HIV in Norway are now people with immigrant backgrounds. This means mainly asylum seekers, refugees or people who come to Norway for family reunions. Most of them are infected before they come to Norway and very many are unaware of their HIV status before they take the test in Norway. Owing to linguistic and cultural differences, it is often extremely difficult to reach this target group with information about prevention and about treatment and follow-up.

Persons with immigrant backgrounds are often the object of discrimination, prejudice and racism in different arenas and contexts. HIV-infected immigrants can find themselves the object of double discrimination. This greatly inhibits disease control work.

It is important that this target group can put its trust in the health services and that there is a good, ongoing dialogue between them.

It is the Ministry's aim to see that greater openness about HIV and AIDS is encouraged in immigrant communities too.

When we speak here of 'persons with an immigrant background' as a target group, this is *not* in the sense of a homogenous group.

Relevant measures:

- Make sure that refugees, asylum seekers and other persons with an immigrant background have the same access to health information as the rest of the population. The Ministry of Health has published leaflets containing information about health services for asylum seekers in eight languages. These should be available at all reception centres for asylum seekers and from the municipal authorities.
- Leaflets containing information about HIV and hepatitis A, B and C have been published in fourteen languages and are available from the Norwegian Institute for Public Health and the Norwegian Directorate for Health and Social Welfare. They should also be available at all reception centres for asylum seekers and from the municipal health services.

- Persons who are infected must be diagnosed early and given the proper follow-up in a manner suited to the individual's ability to communicate, cultural background and life situation.
- The central health authorities must cooperate with the municipal authorities and other relevant sectoral authorities in building up organizations which will guarantee good channels of communication to and partners in immigrant communities.
- Methods and measures that have proved to be effective in achieving a high level of knowledge and changes in behaviour must be strengthened. These include self-help groups and peer education.
- The municipal health services must ensure that persons with an immigrant background are well-informed about HIV and other sexually transmitted diseases, precautions against infection and the importance of a quick diagnosis, treatment and follow-up where there is a suspicion of infection. This can be done in cooperation with different resource persons and interest groups in the immigrant communities.
- HIV testing and infection control guidelines must be offered as a matter of routine to all refugees and asylum seekers who apply for residence in Norway. This also applies in the case of family reunions. It must be made clear to each individual that testing is voluntary and the result will have no bearing on the outcome of an application for asylum. They should also be offered the chance of testing for other sexually transmitted diseases.
- New guidelines for health services to asylum seekers, refugees and other persons with an immigrant background will be available in the course of 2002 from the Norwegian Directorate of Health and Social Welfare.
- The central health authorities shall offer employees of municipal health services and reception centres for asylum seekers special training in disease control and communicating disease control to persons with an immigrant background.
- Groups with the relevant expertise must be given the job of developing, implementing and evaluating interventions which can prevent HIV and sexually transmitted disease among persons with an immigrant background.
- High risk immigrant women must be offered special help.
- Knowledge about the living conditions of immigrants with HIV must be included in the Fafo Institute for Applied Social Science' survey of liv-

ing conditions. When this survey becomes available in Autumn 2002, the need for new measures under this specific objective will be considered.

Specific objective 1.9

To reduce new HIV-infection and sexually transmitted disease among men who have sexual intercourse with men

Men who have sexual intercourse with men are still particularly vulnerable to HIV-infection. The USA and the UK report an increase in infectious risk behaviour and HIV-infection among men who have sexual intercourse with men. In Oslo, we have seen a rise in the incidence of other sexually transmitted diseases (gonorrhoea and syphilis) among men who have sexual intercourse with men and also among men who are known to be HIV-positive.

The risk of infection varies greatly from being non-existent in monogamous relationships where both men are HIV-negative to being considerable among those who still practise unsafe sexual intercourse in arenas where casual sexual contacts are formed.

New generations of homosexuals have very little first-hand experience of the HIV epidemic that affected the homosexual community in the 1980s and 1990s. It is therefore important to keep working to ensure that new generations of homosexual and bisexual men are given the same information and attention as the older generations.

Information about HIV and sexually transmitted diseases must be available to all men who have or will have sexual intercourse with men, regardless of the individual's perception of their own sexual identity. Central and local health authorities should therefore cooperate closely with NGOs and other relevant actors on preventive measures. Experience shows that spreading specific information in the community about acute outbreaks, ref. the outbreaks of syphilis in Oslo in 1999 and 2000, has a mobilising effect and engenders a greater sense of responsibility.

It is still important, also with regard to preventing HIV and sexually transmitted diseases, to combat discrimination of and prejudice against homosexuals.

Efforts directed at men who have sexual intercourse with men must be seen in conjunction with the follow-up to White Paper No. 25 (2000-2001) entitled *Levekår og livskvalitet for lesbiske og homofile i Norge* ("Living Conditions and Quality of Life for Lesbians and Homosexuals in Norway").

Relevant measures:

- HIV testing and individual infection control guidelines must be readily available.
- Men who have sexual intercourse with men must be offered information which helps to give them a high level of knowledge about HIV and sexually transmitted disease and sexual health in general. The Internet is an important channel to this target group. NGOs will continue to play an active role in this work.
- The health service will, in close cooperation with NGOs, make it possible for this group to take responsibility for their own and other people's sexual health, by encouraging processes which lead to safer sexual behaviour. This requires a holistic approach to sexual identity, sexual health and sexual behaviour. Possible measures are outreach programmes in homosexual communities, person-to-person talks and group discussions, and peer education.
- The ability of healthcare workers to meet this target group in a professionally satisfactory and unprejudiced way must be strengthened. NGOs must help to develop this ability. A decision was made with reference to the Storting debate on White Paper No. 25 (2000-2001) to extend the counselling service for homosexuals and lesbians offered by the Olafia Clinic in Oslo, so that it can also serve as a consultative service for the health service on nation-wide basis.

Specific objective 1.10

To reduce new cases of HIV-infection and sexually transmitted diseases among people travelling abroad

As globalization increases, more and more Norwegians are travelling to other parts of the world as tourists and on business. More than one million Norwegians go abroad every year. The number of people visiting more exotic destinations such as South-East Asia, Africa, Central and South America and the Caribbean is rising steeply. These are the areas where the HIV epidemic is most widespread.

A good seventy per cent of the Norwegian men who have tested HIV-positive after heterosexual infection contracted the infection abroad, and this method of infection is likely to increase in the years to come. Moreover, an increasing number of immigrants in Norway run the risk of being infected on return visits to their native countries.

Relevant measures:

- Central and local health authorities will contribute to a strong media focus on the risk of communicable diseases when travelling abroad for the benefit of the general public.
- The municipal health service will attach importance to information about the risk of sexually transmitted diseases when giving guidance and in connection with vaccination, if any, prior to travel abroad.
- Sex tourism will be combated. The health authorities will contact other relevant sectoral authorities with a view to running a joint attitude-changing campaign directed at persons who purchase sexual services in Norway and abroad in an effort to combat the factors that promote the development of prostitution. This measure is also listed under Specific objective 1.12.
- Relevant informative material must be readily available to people travelling abroad.
- All enterprises which regularly send employees abroad must take the responsibility for giving them relevant and specific information about the risk of HIV and sexually transmitted diseases and the appropriate precautions to avoid infection. This requires collaboration with local management and local labour unions. The Armed Forces must provide advice and guidance on HIV and sexually transmitted diseases for all personnel serving abroad.
- The health authorities should continue to work actively to get the tourist industry to undertake more responsibility for supplying travellers with information about the risk of infectious diseases when travelling abroad.
- The work of the central authorities on travel medicine must be boosted.
- Public and private enterprise should be encouraged to draw up ethical guidelines which condemn the purchase of sexual services when travelling on business.

Specific objective 1.11**To stop the increase in new HIV-infection among injecting drug users. To reduce new hepatitis infection.**

The HIV situation is still regarded as very threatening and unpredictable for injecting drug users, even although the rate of infection is low today. An extensive outbreak of HIV-infection among drug abusers in Helsinki (152 cases discovered since 1998) is a reminder of how quickly HIV can spread among drug abusers. The steep increase in the

number of new abusers in the second half of the 1990s represents a serious threat of more HIV-infection in this group.

The wide outbreaks of hepatitis A and B in this group (an estimated 2300 cases in 1998-2000) and the high incidence of hepatitis C (50-70 per cent of drug abusers are infected) show that there is a considerable amount of syringe-sharing.

HIV prevention measures must be seen in association with other measures to improve the health and living conditions of drug abusers in general.

Experience shows that the abusers themselves are well able to take more precautions to avoid being infected if they are given warning of acute, threatening situations.

Unlike the situation in many other European countries, the drug abuse pattern in Norway is characterised more by injection of the narcotic substance than by inhalation. This increases the risk of death by overdosing and infectious diseases.

The high level of HIV testing activity in this group is probably a major contributing factor to the favourable HIV situation so far and this level must be maintained by offering testing in treatment institutions, prisons and other contexts.

Both the national health service and the relevant social welfare services should be able to provide effectively for better information and guidelines and take part in interventions that reduce HIV risk activity. The rehabilitation and treatment services should have a special responsibility for safer behaviour.

HIV is spread by drug abusers through syringe-sharing and sexual intercourse. A new outbreak of HIV in this target group will still be a factor that can make a major contribution to an increase in the spread of heterosexual infection in Norway, also to young heterosexuals. New needle addicts are largely recruited from among young people who have an experimental attitude to substance abuse and who keep their heterosexual contacts.

It is therefore important to maintain the current level of preparedness vis-à-vis this group and in the treatment services.

Free vaccination against hepatitis B is available under the National Insurance Scheme to injecting drug users and other selected vulnerable groups.

Relevant measures:

- The health authorities must cooperate with other relevant authorities on measures which aim to reduce the recruitment of new substance

abusers and rehabilitate existing substance abusers before they are infected with a communicable disease that is hazardous to public health.

- Ensure the ready availability of HIV testing, counselling and follow-up as part of the general health and social welfare services in the municipality. Bodies such as the municipal health services, social welfare services, outreach services, local medical emergency centres, treatment institutions, prisons and local NGOs should cooperate closely in order to offer suitable services.
- Substance abusers must be ensured a high level of information about relevant viruses, ways they can become infected, the importance of good syringe hygiene, the use of condoms for protection against sexual infection, and ongoing information about relevant local outbreaks.
- ‘Damage-control’ measures must be encouraged in order to direct the abuse away from injecting abuse.
- The health service must ensure that HIV-positive injecting drug users are given proper treatment, pain relief and other necessary follow-up on a par with other HIV-infected persons.
- Municipalities with established drug abuse communities must ensure access to clean syringes, hypodermic needles and condoms. It is important that local authorities and local politicians take responsibility and help to create understanding among the general public for the need for such measures. The choice of arrangements should be adapted to local conditions.
- Rehabilitation and treatment facilities for injecting drug users should be increased.
- Ensure that prison inmates are given information about protection from infection and the opportunity to clean syringes.

Specific objective 1.12

To prevent an increase in new cases of HIV and sexually transmitted diseases among persons who buy and sell sexual services

Measures that aim to prevent people contracting HIV and sexually transmitted diseases through prostitution have two purposes: firstly and most importantly to get men to stop buying sexual services in Norway and abroad and secondly to get the ones who still buy sexual services to practise safer sexual intercourse.

Prostitutes and their customers have always been vulnerable to the risk of sexually transmitted

diseases. There are few known cases of HIV-infection through prostitution in Norway. This may mean that prostitutes and their customers have managed to protect themselves from infection. On the other hand, many men have been infected through sexual contact with prostitutes abroad.

Organizations that work in the prostitution community report that some customers still insist on, and pay extra for, sexual intercourse without a condom and thus expose themselves and the prostitute to the risk of infection.

The market for the purchase and sale of sexual services is continuously changing. An increasing number of prostitutes from abroad, including some from areas with a high prevalence of HIV, are selling sexual services in the Oslo area and also, for example, in North Norway. Many foreign prostitutes do not have the same chance to protect themselves. They may, for example, have been forced into this situation and/or may be in the country illegally. It can be difficult to reach out to prostitutes. Mobile prostitution is predominant in large parts of the market. About one third of prostitution can be described as street prostitution. Prostitutes who sell their services on the street often have serious social, psychological and health-related problems. About two thirds of prostitution takes place in the ‘off-street’ market, where about half are foreign women.

It is particularly important to prevent the sale of sexual services in places frequented by young people.

Relevant measures:

- The health authorities must cooperate with other relevant authorities on measures aiming to combat the factors that promote the development of prostitution in Norway.
- The health authorities must keep an eye on the development of prostitution and give continuous consideration to disease control measures directed at the purchase and sale of sexual services, among other things in the light of experience from other countries.
- The health authorities must make sure that both those who sell and those who buy sexual services are sufficiently aware of the risk of sexually transmitted diseases and of how to protect themselves against infection.
- The health authorities must ensure that informative material is adapted to suit the needs of the target groups and is available in a number of different languages.

- As part of the general health services (including medical examinations, vaccinations, counselling and treatment), the municipal authorities must offer services adapted to meet the needs of prostitutes.
- The health authorities will contact other relevant sectoral authorities with a view to running a joint attitude-changing campaign directed at persons who purchase sexual services in Norway and abroad in an effort to combat the factors that promote the development of prostitution. This measure is also listed under Specific objective 1.10.

General objective 2:

To ensure that everyone who is infected with HIV and sexually transmitted diseases is given the proper follow-up, regardless of their age, sex, sexual orientation, place of residence, ethnic background and financial situation.

Specific objective 2.1

To ensure that HIV and sexually transmitted diseases are diagnosed as soon as possible

One of the foundation stones in the prevention of HIV and sexually transmitted diseases is early diagnosis. This enables persons who are infected to change their habits and thus reduce the danger of transmitting the infection. This is only possible if the infected person is given individual infection control guidelines and is actually able to change his/her habits. Early identification of persons with HIV and sexually transmitted diseases also gives them the chance to benefit more from medical treatment. The testing situation itself also provides a good opportunity to give individual infection control guidelines to persons who are not infected, but who fear that they are.

If women are to avoid pelvic infection as a result of, for example, chlamydia, they must be diagnosed at an early stage and be given an adequate examination and treatment.

Since early identification of persons with HIV is such an important element of the prevention strategy, all real and imagined barriers to HIV testing must be combated in the health service and in society in general. Persons who may be infected must understand that it is better for themselves and for

their surroundings to be aware of their status than to go around with a HIV- infection and not know about it.

Many different measures ought to be combined in order to get more and more people to take the test if they have been in a situation where transmission of HIV or another other sexually transmitted disease is suspected. The measures should include general information to the public and selected groups, development of health and social welfare workers' information and counselling skills, and active intervention.

The reader is also referred to Specific objective 1.6 on contact tracing.

Relevant measures:

- Healthcare workers and the public must know when it is relevant to take a test for HIV or other sexually transmitted disease.
- Everyone who contacts the health service on suspicion of a sexually transmitted disease must be given information about the risk of HIV- infection and the chance to take a HIV test.
- Physicians and other healthcare workers must be assured a continuing high level of knowledge and preparedness to ensure early recognition of symptoms and signs of HIV- infection and sexually transmitted diseases in all stages and knowledge of infection patterns and the spread of infection in the population. They must also be able to communicate with their patients on all aspects of HIV and other sexually transmitted diseases.
- All pregnant women must be offered free HIV testing as part of a maternity check-up. It is no longer compulsory to test pregnant women for syphilis, but the test is still available and taken by many women. Consideration will be given to whether all pregnant women should also be offered hepatitis B testing.
- The infectious diseases departments in Norwegian hospitals and other units and groups of personnel who are responsible for persons with HIV must always have up-to-date and optimal expertise.
- HIV testing and testing for other sexually transmitted diseases, both for clinical reasons and among people who have put themselves at risk, must be stepped up. The general public must be given information about how they can put themselves at risk, about when they should take the tests and about where they can go for testing.
- The work of tracing contacts will be improved and intensified, for example by giving physicians

and other healthcare workers better training in this field.

Specific objective 2.2

To ensure that persons with HIV are offered the proper follow-up

A number of actors participate in the treatment and after-care of persons with HIV. All healthcare and social welfare workers must be prepared to come into contact with HIV-infected and AIDS patients and they must at all times possess the necessary, up-to-date skills. This is demanding since knowledge about HIV is still in an early stage of development and the scope of this knowledge is constantly growing.

Development work must be carried on continuously to ensure adequate follow-up of persons suffering from HIV or AIDS. This work must be done in close cooperation with the HIV-positive persons. Resistance to antibiotics and disagreeable side effects represent major challenges in this context.

The treatment and follow-up of persons who are infected with HIV and other sexually transmitted diseases in Norway is regarded as good. The ongoing survey of living conditions among persons with HIV and AIDS will confirm or modify this evaluation.

NGOs are extremely important partners in the follow-up of people living with HIV. It is important that everyone who is diagnosed as HIV-positive is informed at an early stage about the organizations that can help them.

Reference is also made to Specific objective 2.5.

Relevant measures:

- The continuous upgrading of skills among personnel who are involved in following up persons with HIV and AIDS must continue to play a central role. National conferences will be arranged on subjects relating to the prevention of HIV and sexually transmitted diseases. These conferences aim to contribute to the development of human resources, help to build networks and be an inspiration to everyone working with prevention and follow-up of HIV and sexually transmitted diseases in Norway. This measure is also listed under Specific objective 1.5.
- Work will be done to prevent the transmission of HIV- infection from mother to child. HIV- positive women who are pregnant or wish to be become pregnant will be offered counselling and follow-up in order to prevent transmission of the infection.

- Everyone with HIV will be offered suitable courses in coping and other ways of helping them to maintain a high quality of life and cope with life as HIV- positive.
- The action plan to combat resistance to antibiotics 2000-2004 includes a measure to survey the incidence of resistance in the human immune deficiency virus (HIV) in Norway. A working party is reporting on the feasibility of establishing a national surveillance system for HIV resistance. Its recommendation will be available in 2002.
- The survey of living conditions among people with HIV and AIDS will hopefully provide some information about what HIV- positive persons think about the services available to them. An assessment will be made of the need for new measures under this specific objective when the results of the survey are available.

Specific objective 2.3

To ensure that persons who are infected with HIV or sexually transmitted diseases and their partners are given proper individual infection control guidelines

The great majority of people who know that they have a sexually transmitted disease follow their personal infection control guidelines and behave in a responsible way which does not expose any one else to infection. Epidemiological surveillance in Norway and experience gained from following up persons with HIV have, however, revealed that a few infected persons continue to put other people at risk and in some cases infect other people after they themselves have become aware of their diagnosis. It was revealed during the outbreak of syphilis among homosexual men in Oslo in 1999-2000 that nine out of forty-seven persons then found to have syphilis were known to have HIV. Several cases of gonorrhoea are discovered every year among patients who are known to have HIV. There have been examples of heterosexuals who have infected as many as four or five persons after being diagnosed as HIV-positive and every year cases are discovered of persons who continue to have unprotected sexual intercourse, even with a partner or spouse, without informing them of their HIV- infection.

The current antiviral treatment of HIV aims, among other things, to reduce the amount of the virus in the blood, but there are no clear indications that this antiviral treatment eliminates the risk of infecting other people. It is therefore essen-

tial that individual infection control guidelines are also followed by people receiving treatment. There may be some misconceptions in this regard among people with HIV, their partners and in vulnerable groups.

Everyone, including the person with HIV and/or sexually transmitted disease, must take responsibility for ensuring that the infection is not passed on. A number of measures will be implemented, aimed at social factors (attitudes and practice towards persons with HIV, treatment and care) and the persons' environments (avoid exclusion and other negative sanctions). These will also aim to strengthen their individual wishes to, ability to and possibility of avoiding risk situations.

Relevant measures:

- The health authorities will provide information and supervision to help attending physicians and healthcare workers involved in following up persons with HIV or sexually transmitted disease to discharge their responsibility to distribute information which will ensure that the infected person does not base his/her behaviour on misconceptions about the risk of infection and what is safer sexual intercourse or proper hygienic handling of syringes and needles.
- The health authorities and treatment services should attach importance to informing HIV-infected individuals of their moral, ethical and legal responsibility not to infect other people.
- Persons with HIV and their partners must be given information about the availability of free condoms.

Specific objective 2.4

To build up knowledge about the living conditions of persons with HIV and AIDS

There is assumed to be a connection between the general conditions under which HIV-positive individuals live and the risk of transmission. We need to know more about the living conditions of persons with HIV and AIDS. This knowledge will help the authorities and organizations to direct and adapt their efforts more effectively.

Relevant measures:

- Importance will be attached to the living conditions under which people with HIV live. When the ongoing survey of living conditions among persons with HIV and AIDS has been completed

in Autumn 2002, consideration will be given to the need for new measures under General objective 2. Any new measures will then be incorporated into the Strategic Plan in future status reports.

Specific objective 2.5

To offer particularly vulnerable or exposed persons with HIV and AIDS suitable follow-up

In order to ensure that all HIV-infected persons are given the same quality of follow-up, it will be necessary in some cases to provide special follow-up for persons who are, for a variety of reasons, particularly vulnerable or exposed. Experience gained from the HIV prevention programme shows that the work of following up certain persons with an immigrant background, women, children, injecting drug users and persons who sell sexual services can be especially challenging.

Relevant measures:

- Special resources must be developed to meet challenges involved in following up HIV-infected persons with immigrant backgrounds, women, children, drug users and prostitutes.
- Consideration will be given to establishing facilities for children and young people who have contracted HIV or who are in some way closely affected by the HIV epidemic. An example of such a facility is a training group for children living with HIV on a par with asthma training groups, etc. There are relatively few children with HIV in Norway. They can have annual get-togethers where they can exchange experience and be given professional help to cope with their situation.

Specific objective 2.6

To combat stigmatization and discrimination of people with HIV and AIDS

HIV/AIDS is still one of the most stigmatizing diseases we have. Stigmatization and discrimination create major barriers to the prevention and treatment of the disease and add considerably to the burdens borne by persons who live with HIV. The fear of being open about a HIV diagnosis is probably very widespread, in relation to family, friends, colleagues and healthcare and social welfare workers. This fear may be the result of experience, where openness about the diagnosis has led to discrimination, stigmatization, insults and abuse.

Many people with HIV then experience a kind of 'double' discrimination or stigmatization, because of their sexual orientation, ethnic background or as the result of various gender stereotypes.

Discrimination and prejudice directed at HIV positive persons occurs in different social arenas in both private and public contexts. It is therefore important to remove the stigma from HIV and AIDS in order to achieve a normalization of society's view of the disease. We all have a responsibility to see that stigmatisation and discrimination do not take place.

Relevant measures:

- Public sectors will make use of measures and documentation to show society's solidarity with persons who are infected with HIV and strive to combat stigmatization and discrimination through information and legislation.
- HIV-positive interest groups have an important role to play as spokespersons for HIV-positive individuals and as prime mover in changing the attitude of society to HIV and AIDS. Continued support will be given to their work.

Specific objective 2.7

To ensure that the workplaces concerned have the proper preparedness as regards occupational exposure to HIV and have knowledge about how HIV infection is not transmitted

It is very rare for anyone to become infected with HIV while practising their profession. There is a risk in the case of needlestick injuries and cuts or other situations where blood and infected material

from a person with HIV comes into contact with open sores or mucous membranes. As of today, no certain cases of infection in this way have been reported in Norway or other countries in Scandinavia. Since HIV is surrounded with a strong fear of infection, it is important to focus on this fact, both in order to prevent occupational infection and in order to prevent irrational fear of infection and discrimination of employees.

People with HIV who follow the normal guidelines for hygiene and show particular care as regards the possibility of blood spills can do all kinds of jobs without the risk of infecting other people. This includes jobs which involve the handling of foodstuffs. The only exception is healthcare workers who carry out high risk, invasive surgery.

Relevant measures:

- Preventive treatment with antiviral agents will be available to healthcare workers who have sustained a needlestick injury, when the source of infection is known.
- The Norwegian Board of Health has set up a group which can give advice about the need to make changes in the work situation of an HIV-infected healthcare worker.
- Importance will continue to be attached to ensuring that all exposed professions, such as the health, police and prison services, are given adequate and up-to-date information and instruction on relevant communicable diseases control measures and to ensuring that employees are aware of guidelines and generally acceptable practice.

6. Organization and implementation

It has always been stressed in HIV prevention programmes that strategies and measures must have breadth and that this is a field where it has been necessary to test many different approaches, measures and working methods. The central health authorities have worked closely with non-governmental organizations.

At national level, the Ministry of Health will have the overall responsibility for this Strategic Plan. The Ministry of Health will enlist the help of other relevant ministries to implement the Plan. These ministries are: the Ministry of Social Affairs as regards prevention in the field of intoxicating substances and injecting drug users in particular; the Ministry of Education and Research as regards reaching young people through schools/education; the Ministry of Justice as regards prison inmates, the Ministry of Labour and Government Administration as regards the situation for HIV-positive individuals in the labour market; the Ministry of Defence as regards sending personnel on foreign missions, and the Ministry of Foreign Affairs with regard to Norway's international commitments and tasks in the field of HIV/AIDS. Cooperation with the Ministry of Foreign Affairs is particularly important for the transfer of international experience and knowledge to Norwegian efforts and to the overall responsibility for safeguarding human rights in the context of HIV, AIDS and sexually transmitted diseases.

The Ministry of Health will also be responsible for drawing up the annual 'letters of allocation' to the Norwegian Directorate for Health and Social Welfare and the Norwegian Institute for Public Health, in which the Ministry sets out guidelines for the work in these institutions based on entries in the government budget.

With effect from 1 January 2002, the Norwegian Directorate of Health and Social Welfare have taken over the responsibility for implementing, coordinating and administering the Plan. This includes the administration of grants and preparation of annual status reports. One important function in this context will be to cooperate with regional and other subordinate government

agencies (including central government-owned health enterprises), municipal authorities and NGOs. Another important function will be to coordinate the measures following from the Strategic Plan with other work in the field of sexuality and relationships, including the action plan for the prevention of unwanted pregnancies and abortion, and changes in behaviour in general. A third important function will be the production and dissemination of information and knowledge.

The Norwegian Institute of Public Health will be responsible for epidemiological surveillance and some of the research and development work. The Norwegian Board of Health will be given the responsibility of supervising compliance with legislation and drawing up reports as required.

The municipal authorities have an independent and statutory responsibility to carry on preventive and curative work in the health services in general and in communicable diseases control in particular. They therefore play a central role in the prevention of HIV and sexually transmitted diseases. They will carry out the tasks imposed on them by the Communicable Diseases Control Act and this includes clarifying the species and scope of communicable diseases that occur in their districts, providing information about communicable diseases and giving advice and guidance on how they can be prevented. It is also the responsibility of the municipal authorities to ensure that both individual preventive measures and other measures following from the Communicable Diseases Control Act or the Municipal Health Services Act are initiated. The municipal authorities have a central role in relation to local non-governmental organizations and other local projects.

The specialist health services will provide the general public with the necessary specialist examination facilities, laboratory testing, out-patients treatment and hospital treatment, proper isolation in hospitals and other specialist health services. The specialist health service will also help to develop adequate advice and counselling support functions for the municipal health services, as laid down in Section 7-4 (now Section 6-3) of the Act

relating to specialist health services. Specialists are required at county and regional level for special tasks linked with counselling and following up HIV/AIDS patients, contact tracing, etc.

In the previous three action plans to combat the HIV epidemic, NGOs were regarded as important partners for the central health authorities. This Strategic Plan proposes that this vital cooperation be continued, but that more room be made for cooperation between the municipal authorities and the NGOs.

Unlike the previous three plans, this Strategic Plan has no set time frame. The annual status reports will help to make this a dynamic planning and steering document for the prevention of HIV and sexually transmitted diseases.

In the last action plan, the Ministry shared the responsibility for most of the tasks between itself, the Norwegian Board of Health and the Norwegian Institute of Public Health. This Plan has changed this in line with the guidelines on which the new organization of the central health and social welfare administration is based. The Ministry thus assumes that the distribution of responsibility and roles is now clearer and that it is clear to everyone involved, i.e. to organizations, the general public or other bodies, that any enquiries regarding the implementation of this Plan from private individuals and public authorities below ministry level should be addressed to the Norwegian Directorate

of Health and Social Welfare. This applies, for example, to applications for grants.

As mentioned in the introduction, two external, independent evaluations have been made of HIV prevention programmes during the period 1986 to 2000. These were completed in 1995 and 2001. Many of the more important individual measures have also been subjected to external evaluations. In addition to those, there are a number of evaluations made by NGOs of their own measures and projects. Thanks to these written reports, we have a great deal of knowledge today about the work done in this field. One of the intentions of this new plan is that the authorities will continue to initiate evaluations both of prevention policy in general and of certain major investments and measures in this field. For the purposes of this Plan, 'the authorities' are understood to be the Norwegian Directorate of Health and Social Welfare, which will have the responsibility for collecting and producing knowledge about practice and advice and counselling by, for example, preparing informative material and printed guides. The Directorate will also deal with specific cases. These responsibilities will mean that the Directorate will be the body which knows the field best and which will, in collaboration with other bodies involved (Norwegian Institute of Public Health, Norwegian Board of Health and Ministry of Health), be able to determine when it is necessary to formulate terms of reference for future evaluations.

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