Survey Response Details

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Response Details

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1) Country

Norway (0)

2) Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:

Ms Hedda Bie / Mr Arild Johan Myrberg

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7) Describe the process used for NCPI data gathering and validation:

Relevant governmental institutions (Norwegian Institute of Public Health, Ministry of Defence and Directorate of Education and Training) and NGOs have been asked to contribute with relevant data. The NCPI report has been discussed in the National Aids Council.

8) Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:

Discrepancies in responses provided by NGOs in section B, have been discussed in an open meeting chaired by the coordinating consultant. In addition, the document has been circulated for

final comments to the NGOs.

9)

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

The multiple choice structure of the questionnaire did not always provide relevant alternative answers to the situation in Norway (e.g. 7), thus resulting in incomplete answering of some questions.

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10)

NCPI - PART A [to be administered to government officials]

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	Norwegian Directorate of Health	Hedda Bie / Senior Adviser	A.I, A.II, A.III, A.IV, A.V

11)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Norwegian Directorate of Health	Arild Johan Myrberg / Senior Adviser	A.I, A.II, A.III, A.IV, A.V
Respondent 3	Ministry of Defence	Helle Schwartz Falkman / Adviser	A.I
Respondent 4	Norwegian Directorate of Education and Training	Anders Gimse / Senior Adviser	A.I
Respondent 5			
Respondent 6			
Respondent 7			
Respondent 8			
Respondent 9			
Respondent 10			
Respondent 11			
Respondent 12			
Respondent 13			
Respondent 14			
Respondent 15			

Respondent 16			
Respondent 17			
Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

12)

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	Aidsnett	Ellen Marie Hansen / Coordinator	B.I, B.II, B.III, B.IV

13)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	HivNorway	Evy Ainia Røed / General Secretary	B.I, B.II, B.III, B.IV
Respondent 3	Aksept	Roger Cassidy / Director	B.I, B.II, B.III, B.IV
Respondent 4	PION	Astrid Renland / Director	B.I, B.II, B.III, B.IV
Respondent 5	Helseutvalget	Rolf Angeltvedt / Director	B.I, B.II, B.III, B.IV
Respondent 6	Homopositiv	Vidar Monsen / Director	B.I, B.II, B.III, B.IV
Respondent 7			
Respondent 8			
Respondent 9			
Respondent 10			

Respondent 11
Respondent 12
Respondent 13
Respondent 14
Respondent 15
Respondent 16
Respondent 17
Respondent 18
Respondent 19
Respondent 20
Respondent 21
Respondent 22
Respondent 23
Respondent 24
Respondent 25

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14)

Part A, Section I: STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2)

Yes (0)

Page 7

15) **Part A, Section I: STRATEGIC PLAN**

Question 1 (continued)
Period covered:

2009-2014

16)

1.1 How long has the country had a multisectoral strategy?

Number of Years

1

17)

1.2 Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

	Included in strategy	Earmarked budget
Health	Yes	Yes
Education	Yes	No
Labour	Yes	No
Transportation	No	No
Military/Police	Yes	No
Women	Yes	No
Young people	Yes	No
Other*	Yes	Yes

Page 8

18) **Part A, Section I: STRATEGIC PLAN**

Question 1.2 (continued)
If "Other" sectors are included, please specify:

Ministry of Foreign Affairs

19)

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?

HIV prevention, care and support are integrated parts of the health and social services and educational system at state, regional and municipal level. There are no specific budget lines related to HIV prevention, treatment, care and support since the different sectors` responses to HIV is an integrated part of their ordinary services. However, there is an earmarked budget for the implementation of the National HIV strategy. These earmarked funds are allocated to HIV preventive measures and initiatives strengthening support and care for PLWHA. Even though the Ministry of Health and Care services is the budget holder of the funds, the funds also cover measures targeting other sectors than health. The funds are mainly allocated to NGOs.

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20)

Part A, Section I: STRATEGIC PLAN

1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?

Target populations	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	Yes
g. Other specific vulnerable subpopulations*	Yes
Settings	
h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes
Cross-cutting issues	
k.HIV and poverty	No
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	Yes

21)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

22)

Part A, Section I: STRATEGIC PLAN

Question 1.4 (continued)
IF YES, when was this needs assessment conducted?

Please enter the year in yyyy format

2008

Page 11

23)

Part A, Section I: STRATEGIC PLAN

1.5 What are the identified target populations for HIV programmes in the country?

People living with HIV/AIDS, men having sex with men, injecting drug users, youth and adolescents, immigrants and sex workers.

24)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

25)

1.7 Does the multisectoral strategy or operational plan include:

a. Formal programme goals?	Yes
b. Clear targets or milestones?	Yes
c. Detailed costs for each programmatic area?	No
d. An indication of funding sources to support programme?	No
e. A monitoring and evaluation framework?	Yes

26)

1.8 Has the country ensured "full involvement and participation" of civil society* in the development of the multisectoral strategy?

Active involvement (0)

Page 12

27)

Part A, Section I: STRATEGIC PLAN

Question 1.8 (continued)
IF active involvement, briefly explain how this was organised:

Civil society was invited to take part in the drafting process of the national HIV strategy through a two days seminar, bilateral meetings and written contributions. Civil society also took part in the reviewing process before the launching of the plan. In addition, civil society contributed to evaluations that were conducted as part of the development of the new HIV strategy.

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28)

Part A, Section I: STRATEGIC PLAN

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?

N/A (0)

Page 16

29)

Part A, Section I: STRATEGIC PLAN

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?

N/A (0)

Page 17

30)

4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?

Yes (0)

Page 18

31)

Part A, Section I: STRATEGIC PLAN

4.1 *IF YES*, which of the following programmes have been implemented beyond the pilot stage to reach a signifi cant proportion of the uniformed services?

Behavioural change communication	Yes
Condom provision	Yes
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	Yes
Care and support	Yes
Other: Please specify	

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32)

Part A, Section I: STRATEGIC PLAN

Question 4.1 (continued)
If HIV testing and counselling *is provided* to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):

Voluntary testing and counselling is offered to uniformed services as part of the introductory and other relevant health examinations. Condoms are available through the health services for the uniformed services.

33)

5. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?

Yes (0)

Page 20

34)

Part A, Section I: STRATEGIC PLAN

5.1 *IF YES,* for which subpopulations?

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex Workers	No
f. Prison inmates	No
g. Migrants/mobile populations	Yes
Other: Please specify	

35)

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

The Equality and Anti-discrimination Ombud (established 1 January 2006) contributes to the promotion of equal opportunity and fights discrimination. The Ombud combats discrimination based on gender, ethnic origin, sexual orientation, religion, disability and age. The Ombud upholds the law and acts as a proactive agent for equal opportunity throughout society. The Equality and Anti-discrimination Ombud enforces the following acts: The Anti-discrimination and Accessability Act, The Gender Equality Act; The Act on Prohibition of Discrimination on the basis of ethnicity, religion etc. (the Discrimination Act); The regulations regarding equal treatment provided in the Labour Environment Act; The anti-discrimination regulations provided in the housing legislation. The Parliamentary Ombudsman supervises public administration agencies. Supervision is carried out on the basis of complaints from citizens concerning any maladministration or injustice on the part of a public agency. The Parliamentary Ombudsman processes complaints that apply to government, municipal or county administrations. The Ombudsman may also address issues on his own initiative

36)

Briefly comment on the degree to which these laws are currently implemented:

The Equality and Anti-discrimination Ombud publishes a yearly status report (SALDO) which gives a through assessment of the level of discrimination in the Norwegian Society. According to their 2009 report, discrimination and exclusion of vulnerable groups is still a challenge in the Norwegian society. However, improvement can be seen. In 2009, protection of people with disabilities has been improved through the new Anti-discrimination and Accessibility Act. In addition, in 2009 the Commission established to develop a comprehensive anti-discrimination legislation, submitted their proposal for new legislation. A public reviewing process has been conducted in 2009.

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37)

Part A, Section I: STRATEGIC PLAN

6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?

Yes (0)

Page 22

38)

Part A, Section I: STRATEGIC PLAN

6.1 *IF YES,* for which subpopulations?

a. Women	No
b. Young people	No
c. Injecting drug users	No
d. Men who have sex with men	No
e. Sex Workers	Yes
f. Prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: Please specify	

39)

IF YES, briefly describe the content of these laws, regulations or policies:

Article 202 of the General Civil Penal code prohibits all kind of activity related to prostitution, like advertising and renting out premises, while article 202 A criminalizes the purchase of sexual activity or a sexual act. The potential negative consequences the new law against buying sex presents for the HIV preventive work, is unclear. The General Civil Penal Code section 155 imposes penalties on those who have reason to believe that they are infected with a communicable disease that are hazardous to public health and who wilfully or negligently transmit that infection or expose someone to the risk of becoming infected. As of today, it is only cases of HIV transmission and exposure which has been prosecuted under this section in the Penal Code. The government has pointed to the need for more research-based knowledge to assess the implication of the penal code, hereunder possible discrimination against PLWHA and negative effects on the individual's behaviour, protective strategies and willingness to be tested. The prohibition against needle exchange programs in prisons might present a hindrance for effective HIV preventive work for IDUs in prisons.

Page 23

40)

Part A, Section I: STRATEGIC PLAN

7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?

Yes (0)

Page 25

41)

Part A, Section I: STRATEGIC PLAN

7.3 Are there reliable estimates of current needs and of future needs of the number of

adults and children requiring antiretroviral therapy?

No (0)

42)

7.4 Is HIV programme coverage being monitored?

No (0)

Page 30

43)

Part A, Section I: STRATEGIC PLAN

Question 7.5 (continued)
Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?

6 (6)

44)

Since 2007, what have been key achievements in this area:

From 2009, the National HIV Strategy - Acceptance and Coping (2009-2014) involves six different ministries; Ministry of Labour and Social Inclusion, Ministry of Children and Equality, Ministry of Health and Care Services, Ministry of Justice and the Police, Ministry of Education and Ministry of the Environment and International Development. The interministerial working group established in relation to the work on the current strategy, continues its work as a steering group in the follow-up of the strategy at a senior official level. A coordinating group is established at the directorate level. The tasks of this group will be to develop early annual operational plans, secure intersectoral collaboration, and establish and follow-up an evaluation system.

45)

What are remaining challenges in this area:

The main challenge is to establish well functioning intersectoral collaboration at governmental level to ensure adequate strategic planning and prioritization across sectors.

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46)

Part A, Section II: POLITICAL SUPPORT

1. Do high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?

President/Head of government	No
Other high officials	Yes
Other officials in regions and/or districts	Yes

47)

2. Does the country have an officially recognized national multisectoral AIDS coordination body (i.e., a National AIDS Council or equivalent)?

Yes (0)

Page 32

48)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

2006

49)

2.2 IF YES, who is the Chair?

Name	Anne-Grete Strøm-Erichsen / Erik Solheim
Position/title	Minister of Health and Care Services and Minister of Environment and International Development

50)

2.3 IF YES, does the national multisectoral AIDS coordination body:

have terms of reference?	Yes
have active government leadership and participation?	Yes
have a defined membership?	Yes
include civil society representatives?	Yes
include people living with HIV?	Yes
include the private sector?	Yes
have an action plan?	No
have a functional Secretariat?	Yes
meet at least quarterly?	No
review actions on policy decisions regularly?	Yes
actively promote policy decisions?	No
provide opportunity for civil society to influence decision-making?	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	

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51)

Part A, Section II: POLITICAL SUPPORT

Question 2.3 (continued)
If you answer "yes" to the question "does the National multisectoral AIDS coordination body <u>have a defined membership</u>", how many members?

Please enter an integer greater than or equal to 1

21

52)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include civil society representatives", how many?

Please enter an integer greater than or equal to 1

12

53)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include people living with HIV", how many?

Please enter an integer greater than or equal to 1

2

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54)

Part A, Section II: POLITICAL SUPPORT

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?

Yes (0)

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55)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)
IF YES, briefly describe the main achievements:

There is close collaboration between the government and civil society both in policy development (the new National HIV Strategy 2009-2014) and the implementation of the policies (NGO activities are funded through the budget allocated for the implementation of the strategy). In addition, the government and different NGOs conduct a number of HIV preventive collaborative activities were both parties are involved as equal partners. The collaboration is manifested in the National Aids Council and in formal and informal meeting arenas for government and civil society. There is little collaboration with private sector.

56)

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?

Please enter the rounded percentage (0-100)

67

57)

5. What kind of support does the National AIDS Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Information on priority needs	Yes
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	No
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Please specify	

58)

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National AIDS Control policies?

Yes (0)

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59)

Part A, Section II: POLITICAL SUPPORT

6.1 IF YES, were policies and laws amended to be consistent with the National AIDS Control policies?

No (0)

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60)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)
Overall, how would you rate the political support for the HIV programmes in 2009?

7 (7)

61)

Since 2007, what have been key achievements in this area:

From 2009, the National HIV Strategy is intersectoral and involves six different ministries. The previous national HIV strategies/action plans have been rooted in the health sector only. Objectives and strategies in Acceptance and Coping involve stakeholders at all administrative levels and many sectors in society, including national, regional and local levels, civil society and NGOs.

62)

What are remaining challenges in this area:

Traditionally, it has been the Ministry of Health and Care Services which has taken a lead in the HIV preventive work nationally and it might be a challenge to get the other sectors adequately involved. In addition, a lot of responsibility for HIV prevention through the primary health care services is allocated to the municipalities. Even though the municipalities are obliged by law to offer adequate HIV preventive services and activities, the degree of focus in the municipalities is depending on local prioritization and funding.

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63)

Part A, Section III: PREVENTION

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the *general population*?

Yes (0)

Page 40

64)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

e. Use condoms consistently (0)
f. Engage in safe(r) sex (0)
i. Use clean needles and syringes (0)
j. Fight against violence against women (0)
k. Greater acceptance and involvement of people living with HIV (0)
l. Greater involvement of men in reproductive health programmes (0)
n. Know your HIV status (0)

65)

1.2 In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?

No (0)

Page 41

66)

Part A, Section III: PREVENTION

2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?

Yes (0)

67)

2.1 Is HIV education part of the curriculum in:

primary schools?	Yes
secondary schools?	Yes
teacher training?	

68)

2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?

Yes (0)

69)

2.3 Does the country have an HIV education strategy for out-of-school young people?

Yes (0)

70)

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for most-at-risk or other vulnerable sub-populations?

Yes (0)

Page 42

71)

3.1 IF YES, which populations and what elements of HIV prevention do the policy/strategy address?

Check which specific populations and elements are included in the policy/strategy

Targeted information on risk reduction and HIV education	Injecting drug user, Men having sex with men, Sex workers, Prison inmates, Other populations
Stigma and discrimination reduction	Injecting drug user, Men having sex with men, Sex workers, Other populations
Condom promotion	Injecting drug user, Men having sex with men, Sex workers, Prison inmates, Other populations
HIV testing and counselling	Injecting drug user, Men having sex with men, Sex

HIV testing and counselling	workers, Prison inmates, Other populations
Reproductive health, including sexually transmitted infections prevention and treatment	Injecting drug user, Men having sex with men, Sex workers, Prison inmates, Other populations
Vulnerability reduction (e.g. income generation)	
Drug substitution therapy	Injecting drug user, Prison inmates
Needle & syringe exchange	Injecting drug user

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72) **Part A, III. PREVENTION**

Question 3.1 (continued)
You have checked one or more policy/strategy for "Other populations". Please specify what are "other populations".

Immigrants

Page 44

73)

Part A, III. PREVENTION

Question 3.1 (continued)
Overall, how would you rate the policy efforts in support of HIV prevention in 2009?

7 (7)

74)

Since 2007, what have been key achievements in this area:

The main achievement is the development of a mulitsectoral National HIV Strategy. The stratgy includes eight specific goals which again are specified into strategic moves with clear sectoral

Page 45

75)

Part A, III. PREVENTION

4. Has the country identified specific needs for HIV prevention programmes?

Yes (0)

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76)

Part A, III. PREVENTION

Question 4 (continued)
IF YES, how were these specific needs determined?

The specific needs of the HIV prevention programmes were identified through evidence- and experience-based knowledge, more specifically: A) "Living with HIV in Norway - 2009" study on living conditions among people living with HIV in Norway conducted by Fafo in 2008/2009 B) Experience-based knowledge from health care services and NGOs C) Norwegian and international research on HIV prevention among MSM D) International research E) Evaluation of the National HIV/STI Strategic Plan from 2002-2008 conducted by Econ Pöyry in 2008 F) International knowledge review on measures to increase the use of condoms among boys and young men, Norwegian Knowledge Centre for the Health Services (2007); Evaluation of the National HIV/STI Strategic Plan 2002-2008, Econ Pöyry in 2008; Evaluation of the Norwegian Directorate of Health national free condom scheme, Agenda 2008

77)

4.1 To what extent has HIV prevention been implemented?

	The majority of people in need have access
HIV prevention component	
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Don't agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Agree
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Don't agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Other: please specify	

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78)

Part A, III. PREVENTION

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

6 (6)

79)

Since 2007, what have been key achievements in this area:

Increased involvement of people living with HIV, especially MSM in the HIV preventive work.

Increased focus in the health services on improved comprehensive treatment programmes based on good teamwork among health services actors involved. Two national conferences has been conducted for health personnel, NGOs and PLWHA on HIV counselling and follow-up of PLWHA. Improved knowledge about immigrants' knowledge and attitudes to HIV/AIDS.

80)

What are remaining challenges in this area:

Since 2002, Increase in newly diagnosed HIV cases since with the highest number registered in 2008 (299); From 2003 onwards, Norway has witnessed an ongoing HIV epidemic among MSM with an epicentre in Oslo; Study show that a relatively high percentage of the Norwegian population has restrictive attitudes to HIV positive person's rights and opportunities to participate in society; People living with HIV find it as difficult to be open about their HIV status as they did 7 years ago; Preventive measures targeting ethnic minority groups are too week and needs to be strengthened; No needle exchange programs in Norwegian prisons; Possible weakening of preventive measures targeting sex workers as a result of the ban on purchase of sexual services (2009 -).

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81)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes (0)

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82)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

83)

1.2 IF YES, does it address barriers for most-at-risk populations?

Yes (0)

84)

2. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

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85)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)
IF YES, how were these determined?

The needs were determined through studies on living conditions among people living with HIV in Norway conducted by Fafo in 2008/2009 and in 2002 and through experienced based knowledge provided by different NGOs and health services.

86)

2.1 To what extent have the following HIV treatment, care and support services been implemented?

	The majority of people in need have access
HIV treatment, care and support service	
Antiretroviral therapy	Agree
Nutritional care	Agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Don't agree
Home-based care	N/A
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	N/A
TB infection control in HIV treatment and care facilities	N/A
Cotrimoxazole prophylaxis in HIV-infected people	N/A
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Don't agree
HIV treatment services in the workplace or treatment referral systems through the workplace	N/A
HIV care and support in the workplace (including alternative working arrangements)	N/A
Other: please specify	

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87)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?

No (0)

88)

4. Does the country have access to *regional* procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy drugs, condoms, and substitution drugs?

No (0)

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89)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

8 (8)

90)

Since 2007, what have been key achievements in this area:

Improved access to VCT for MSM in Oslo through the establishment of a health clinique for MSM one evening a week in a GP office. New guidelines for health services for refugees and asylum seekers in reception centres underlining the importance of VCT for HIV in transit.

91)

What are remaining challenges in this area:

A fairly high number of undiagnosed HIV infections is an obstacle to start treatment prior to symptoms of the disease and for preventing HIV transmission to other individuals. A challenge is thus to reach at-risk groups with information on the importance of early testing. HIV-positive undiagnosed refugees and immigrants are especially vulnerable due to shortcomings in testing routines in health services in reception centres, while undocumented migrants lack access to proper health services. The health services fall short in their follow-up on PLWHA in relation to life skill training with a special emphasis on sexual health. A number of NGOs are doing important work related to psychosocial follow-up of PLWHA, but these services are only reaching a minority of PLWHA. Thus the health sector needs to improve its efforts. In addition, improved collaboration between primary and specialist health services is needed to ensure comprehensive and adequate follow-up of the health situation of PLWHA

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92)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

5. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?

N/A (0)

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93)

Part A, Section V: MONITORING AND EVALUATION

1. Does the country have *one* national Monitoring and Evaluation (M&E) plan?

In progress (0)

Page 64

94)

4. Are M&E priorities determined through a national M&E system assessment?

No (0)

Page 65

95)

IF NO, briefly describe how priorities for M&E are determined:

The government has since mid 1980ties given priority outcome monitoring through the establishment of a universal notification system where cases are reported anonymously to the Norwegian Institute of Public Health using a non-unique identifier linking reports from clinicians and laboratories. Thus, incidence and prevalence of HIV and surrogate markers such as Gonorrhoea, Syphilis (infectious) are monitored continuously. In addition, the number of HIV tests is surveyed annually.

96)

5. Is there a functional national M&E Unit?

In progress (0)

Page 69

97)

What are the major challenges?

The main challenge faced in implementing a comprehensive M&E system is related to the lack of a systematic approach to data gathering across sectors. There is a limited overview of data on relevant indicators from other sectors.

Page 70

98)

Part A, Section V: MONITORING AND EVALUATION

6. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?

No (0)

99)

6.1 Does it include representation from civil society?

No (0)

Page 71

100)

7. Is there a central national database with HIV- related data?

Yes (0)

Page 72

101)

Part A, Section V: MONITORING AND EVALUATION

7.1 IF YES , briefly describe the national database and who manages it:

Surveillance of HIV is done by the Norwegian Institute of Public Health. Patient data reported includes gender, month and year of birth and place of residence. In addition a variety of epidemiological data is reported including country of birth, diagnostic methods, isolation site, drug resistance, indication for testing, place of infection, clinical picture, and information on gender and relationship to source partner. The data is available through yearly reports and through the database www.msis.no.

102)

7.2 IF YES, does it include information about the content, target populations and geographical coverage of HIV services, as well as their implementing organizations?

No, none of the above (0)

Page 73

103)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	No

Page 74

104)

8. Does the country publish at least once a year an M&E report on HIV, including HIV surveillance data?

Yes (0)

105)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

4 (4)

106)

Provide a specific example:

Considerable effort was made to evaluate the strategic plan in the period 2008-2009. Econ Pöyry conducted an evaluation of the strategic plan in 2008, while Agenda evaluated the Norwegian Directorate for Health's national scheme providing free condoms to adolescents, young adults and particularly at-risk groups and the two biggest recipients of subsidies throughout the whole planning period HivNorway and Gay & Lesbian Health Norway.

107)

What are the main challenges, if any?

A (centralized) quality register on HIV in the health services does not exist, which makes it difficult to extract relevant data on HIV from the health sector.

Page 75

108) **Part A, Section V: MONITORING AND EVALUATION**

9.2 To what extent are M&E data used for resource allocation?

4 (4)

109)

Provide a specific example:

Increased incidence of HIV among MSM since 2003, have led to continuous focus and funding of HIV preventive activities targeting MSM.

110)

What are the main challenges, if any?

There has been an increase in PLWHA from ethnic minority groups the past years. This development has however not been reflected in the strengthening of targeted measures for this vulnerable group.

Page 76

111)

Part A, Section V: MONITORING AND EVALUATION

9.3 To what extent are M&E data used for programme improvement?:

3 (3)

Page 77

112) **Part A, Section V: MONITORING AND EVALUATION**

10. Is there a plan for increasing human capacity in M&E at national, subnational and

service-delivery levels?:

No (0)

Page 78

113)

10.1 In the last year, was training in M&E conducted

At national level?	No
At subnational level?	No
At service delivery level including civil society?	No

Page 80

114)

Part A, Section V: MONITORING AND EVALUATION

10.2 Were other M&E capacity-building activities conducted other than training?

No (0)

Page 82

115) **Part A, Section V: MONITORING AND EVALUATION**

Question 10.2 (continued)
Overall, how would you rate the M&E efforts of the HIV programme in 2009?

5 (5)

116)

Since 2007, what have been key achievements in this area:

A comprehensive study on living conditions of persons living with HIV/AIDS were completed in 2009. In 2007, a study on Internet, e-dating and sexual risk behaviour among Norwegian MSM was conducted. A representative study on people's knowledge about and attitudes to HIV was carried out in 2008, and a web-survey among youth on sexuality and contraception in 2009. In addition, see information provided in 9.1 regarding evaluation of the National Strategic Plan (2002-2008).

117)

What are remaining challenges in this area:

The main challenge faced in implementing a comprehensive M&E system is related to the lack of a systematic approach to data gathering across sectors. There is a limited overview of data on relevant indicators from other sectors.

Page 83

118)

Part B, Section I: HUMAN RIGHTS

1. Does the country have laws and regulations that protect people living with HIV against discrimination? (including both general non-discrimination provisions and provisions that specifi cally mention HIV, focus on schooling, housing, employment, health care etc.)

Yes (0)

Page 84

119)

Part B, Section I. HUMAN RIGHTS

1.1 IF YES, specify if HIV is specifically mentioned and how or if this is a general nondiscrimination provision:

An Anti-discrimination and Accessibility Act was introduced in January 2009, tailored to curb discrimination on the basis of disabilities. This is a general act, given the fact that it encompasses most social spheres. It is however specific in the sense that it only applies to people with disabilities. Due to a broad definition of disabilities, people living with HIV (PLHIV) are implicitly protected by this Anti-discrimination and Accessibility Act However, a new law against discrimination has been proposed. This proposed law aims at providing a common basis against all forms of discrimination a person or a group can be exposed to. If this law is passed, it will reduce the protection against discrimination PLHIV enjoy under the present Anti-discrimination and Accessibility Act.

120)

2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

Page 85

121)

Part B, Section I. HUMAN RIGHTS

2.1 *IF YES,* for which subpopulations?

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex Workers	No
f. prison inmates	No

g. Migrants/mobile populations	Yes
Other: Please specify	

122)

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

Since January 2006, the Norwegian Authorities have established an Equality and Anti-Discrimination Ombud, as a joint effort to increase equality and non-discrimination. This Ombud operates independently within his or her field of expertise but is administratively integrated within the Ministry of Children and Equality. The Ombud serves dual purposes, as enforcer of the laws listed below, and as a promoter of efforts to encounter discrimination and promote equality regardless of factors like gender, ethnicity, disability, sexual orientation and age. The before-mentioned list of most-at-risk-populations are implicitly part of their mandate. Additionally, NGOs working for the protection of different at-risk-populations and other vulnerable subpopulations (incl. PLHIV), attempt to offer some degree of legal aid assistance and expertise to their target groups (e.g. The Norwegian LGBT Association, HIV-Norway, Sex-workers Association in Norway and The Norwegian Federation of Organizations of Disabled People).

123)

Briefly describe the content of these laws:

We have four important Acts in Norway prohibiting discrimination: The Gender Equality and Anti-discrimination Law, the Anti-discrimination and Accessibility Act, the Act prohibiting discrimination on the basis of ethnicity, religion, a.o., and the Law on Work Environment and Equal treatment (chapter13), prohibiting discrimination in the work environment (under which PLHIV are classified under the category “disabled”). These Acts apply to all areas of society, with the exception of family life and other matters of a personal nature. Men who have sex with men (MSM) are however not encompassed by these Acts, but are protected under the Penal Code § 135a, on discriminatory and malicious statements (meaning to threaten or disdain someone, or promote hatred, persecution or scorn due to a) color of skin or national or ethnic origins; b) religion or lifestyle, or c) homosexual orientation or lifestyle).

124)

Briefly comment on the degree to which they are currently implemented:

For both legal provisions mentioned, the main challenge lies in establishing sufficient level of proof of discrimination. I.e. the laws primarily protect against the most blatant, explicit and non-negotiable kind of discrimination and harassment, where as more subtle forms of discrimination will be much harder to prove in the court system and hence less likely to be tried.

Page 86

125)

Part B, Section I. HUMAN RIGHTS

3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

Page 87

126)

Part B, Section I. HUMAN RIGHTS

3.1 *IF YES,* for which subpopulations?

a. Women	No
b. Young people	No
c. Injecting drug users	Yes
d. Men who have sex with men	No
e. Sex Workers	Yes
f. prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: All HIV postitive people	Yes

127)

IF YES, briefly describe the content of these laws, regulations or policies:

*Section 155 of the Penal Code has the purpose of protecting the society against the spread of communicable diseases that are hazardous to public health. This provision imposes penalties of maximum 6 years imprisonment on those who have good reason to believe that they are infected with a communicable disease that is hazardous to public health and who willfully or negligently transmit that infection or expose someone else to the risk of becoming infected. *Penal code article 202a prohibits the act of buying sexual services. This law came into effect on January 1. 2009, and has made the practice of paying for sex illegal, but not the act of selling sex. *Penal code article 202 prohibits all kind of activity related to prostitution including advertising and renting out premises. Norway has recently experienced a radical shift in the political approach to prostitution, from traditionally being seen as a social problem to becoming an arena for combating international organized crime and human trafficking.

128)

Briefly comment on how they pose barriers:

§155: Obviously, the aspect of criminalization of their status complicates an open and trusting relation with the support structure for PLHIV, and may lead to serious reluctance to testing for HIV among the general public and groups at risk . Fear of being handed over to the police has also lead HIV-positive women to linger in violent, discordant relationships. § 155 places responsibility for protection against infection solely on the shoulders of the HIV-positive person, thus relieving the supposedly HIV-negative person of all responsibility, hence creating a divide, and possible discrimination. §202 and 202a: The effects of police enforcement has affected the sex workers' relation to other services, such as harm reduction services, as many refuse to associate with anything or anyone that may give the police a suspicion of sex work. Condoms are used as evidence, hence the sex workers position for negotiation with the client about safe sex as been weakened.

Page 88

129)

Part B, Section I. HUMAN RIGHTS

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?

Yes (0)

Page 89

130)

Part B, Section I. HUMAN RIGHTS

Question 4 (continued)
IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

In 2009, Acceptance and coping – National HIV strategy (2009-2014) was launched. The strategy states that "it is based on important general principles, such as: Human Rights, the gender perspective, equal access to information and public services and the independent responsibility that all of us have to protect ourselves from infection and to avoid infecting other people".

131)

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, most-at-risk populations and/or other vulnerable subpopulations?

No (0)

Page 90

132)

6. Has the Government, through political and fi nancial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?

Yes (0)

Page 91

133)

Part B, Section I. HUMAN RIGHTS

Question 6 (continued)
IF YES, describe some examples:

The Norwegian Health Authorities at present support NGOs working with HIV and health promotion among prostitutes, men who have sex with men, immigrants etc. Some of these will from time to time be involved in policy-making processes (eg. The mentioned strategic plan). However, this is not a regulated routine or a mandate explicitly delegated to certain NGOs.

134)

7. Does the country have a policy of free services for the following:

a. HIV prevention services	Yes
b. Antiretroviral treatment	Yes
c. HIV-related care and support interventions	Yes

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135)

Part B, Section I. HUMAN RIGHTS

Question 7 (continued)
IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:

T he Communicable Disease Control Act is meant to safeguard free medical assistance and health services to all people living with HIV, regardless of status of legal residency in the country. Some barriers to be mentioned are: *Geographic challenges, as some services only exist in the larger cities, and local health institutions struggle to offer expertise on the field. *PLHIV report that they need to be relatively resourceful and knowledgeable to claim their full rights, as proficiency on HIV does not cut across all parts of the health- and social services. *HIV-related treatment is hard to define, and the contents of “support intervention” is conceived unclear. *Reported widespread prejudice in health- and social- service-institutions against drug users complicates access to and maintenance of treatment for this most-at-risk group. *Lack of culture-sensitive approaches to treatment, care and information may discourage easy access to services and information for migrants, who may also lack experience from rights-based societies like Norway. The requirement of a personal security number for easy access to treatment also makes it hard for asylum seekers and illegal aliens to claim their rights.

136)

8. Does the country have a policy to ensure equal access for women and men to HIV prevention, treatment, care and support?

Yes (0)

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137)

Part B, Section I. HUMAN RIGHTS

8.1 In particular, does the country have a policy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?

Yes (0)

138)

9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?

Yes (0)

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139)

Part B, Section I. HUMAN RIGHTS

Question 9 (continued)
IF YES, briefly describe the content of this policy:

The Norwegian health system is based on the principle of “universal access”. However, putting this principle into practice poses some problems, e.g. in the case of prisons, where free access to disposable injecting equipment is denied. The principle of “holistic plans for care and support” is also reported most difficult in practice, and the services offered vary a lot depending on where you live.

140)

9.1 IF YES, does this policy include different types of approaches to ensure equal access for different most-at-risk populations and/or other vulnerable sub-populations?

Yes (0)

Page 95

141)

Part B, Section I. HUMAN RIGHTS

Question 9.1 (continued)
IF YES, briefly explain the different types of approaches to ensure equal access for different populations:

NGOs put in a lot of effort to try and assist the needs of their respective target groups, but ultimately, location of residency determine a lot of the services. Access to free, clean injecting equipment to drug users etc. organized by the authorities and NGOs, is part of preventive measures and equal access to safe injections for all. In prisons, inmates are offered chlorine as a cleansing device.

142)

10.Does the country have a policy prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?

Yes (0)

143)

11.Does the country have a policy to ensure that HIV research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?

Yes (0)

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144)

Part B, Section I. HUMAN RIGHTS

11.1 IF YES, does the ethical review committee include representatives of civil society including people living with HIV?

No (0)

145)

IF YES, describe the approach and effectiveness of this review committee:

Norway has three National Committees for Research Ethics. The three independent but coordinated national committees for research ethics cover all scientific disciplines. It is a characteristic feature of the Norwegian model that the committees do not only deal with issues within the more narrowly defined field of research ethics, but include the broader field of the ethics of science. This includes issues of scientific responsibility for larger social concerns. The members of the committees are appointed by the Ministry of Education, Reseach and Church Affairs upon recommendation from the Research Council of Norway. This procedure ensures both political independence and scientific competence. All members are selected on the basis of personal qualifications, none function as representatives of interest groups. In each committee the main fields of the committee's area of responsibility are covered. In addition, representation from the fields of ethics and law is included, as well as a number of lay members. The committees work is open to public inspection.

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146)

– Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work

No (0)

147)

– Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment

No (0)

148)

– Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts

No (0)

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149)

Part B, Section I. HUMAN RIGHTS

13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?

No (0)

150)

– Legal aid systems for HIV casework

No (0)

151)

– Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV

No (0)

152)

15. Are there programmes in place to reduce HIV-related stigma and discrimination?

Yes (0)

Page 100

153)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
IF YES, what types of programmes?

Media	**No**
School education	**No**
Personalities regularly speaking out	**Yes**
Other: Some NGOs	**Yes**

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154)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?

3 (3)

155)

Since 2007, what have been key achievements in this area:

The development and launching of the new National HIV-strategy- “Acceptance and Coping” and the following explicit delegation of responsibilities among six ministries, is seen as a major achievement on policy level

156)

What are remaining challenges in this area:

The introduction and enforcement of new laws and regulations, like penal code §155 (see abbreviation under 3.1.) and §202/a represent a clear negative set-back. The lack of a system to record and document cases of discrimination on the grounds of HIV-status also remain a challenge.

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157)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?

3 (3)

158)

Since 2007, what have been key achievements in this area:

The development and launching of the new National HIV-strategy- “Acceptance and Coping” and the following explicit delegation of responsibilities among six ministries, is seen as a major achievement on policy level.

159)

What are remaining challenges in this area:

The main challenge in Norway, as various research reports testify to, is to inform the general public about how HIV is transmitted, and how it is not transmitted, and what an HIV-positive status means for the quality of life of those infected and affected. A better informed general public on these and similar issues would be an important contribution towards improving the life quality of people living with HIV. Additionally, the introduction and enforcement of new laws and regulations, like penal code §155 (see abbreviation under 3.1.) and §202/a represent a clear negative set-back. The lack of systems to record and document cases of discrimination on the grounds of HIV-status also remain a challenge

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160)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION

1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?

2 (2)

161)

Comments and examples:

Civil society institutions were to some degree included in the process of finalizing the National HIV strategy, and appreciate this opportunity to influence policy formulations. The general interest for and in debt knowledge about HIV as a field is however conceived to be lacking among Norwegian politicians, and the lobby and advocacy opportunities are hence rather limited.

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162)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?

2 (2)

163)

Comments and examples:

Civil society institutions were to some degree included in the process of finalizing the National HIV strategy, and appreciate this opportunity to influence policy formulations. The general interest for and in debt knowledge about HIV as a field is however conceived to be lacking among Norwegian politicians, and the lobby and advocacy opportunities are hence rather limited.

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164)

a. the national AIDS strategy?

4 (4)

165)

b. the national AIDS budget?

3 (3)

166)

c. national AIDS reports?

4 (4)

167)

Comments and examples:

Civil society institutions are well integrated in the total services and work dedicated to PLHIV and preventive efforts in Norway, and hence comply well with the Norwegian civil democracy model typical for many aspects of our society.

Page 106

168)

a. developing the national M&E plan?

1 (1)

169)

b. participating in the national M&E committee / working group responsible for coordination of M&E activities?

1 (1)

170)

c. M&E efforts at local level?

0

171)

Comments and examples:

Civil society in Norway is at present not included in monitoring and evaluation of the HIV response.

Page 107

172) **Part B, Section II. CIVIL SOCIETY PARTICIPATION**

5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?

4 (4)

173)

Comments and examples:

The group of organizations and individuals involved in HIV-related efforts is quite diverse and representative of a huge variety of civil society institutions, ranging from organizations for people living with HIV, organizations for sex workers , international development aid/solidarity based organizations, youth federations, etc. Most of these institutions participate in/are included in the informal structure called “Aidsnett”. Aidsnett was started in 2001, and comprises over 170 Norwegians working with HIV/AIDS internationally or in Norway. The net work of organizations and individuals is seen as a benefit for information sharing and facilitation of advocacy efforts. The relative lack of clear mandates of representation or constituency and systematic and coherent lobby- and advocacy efforts do however limit the powers to influence on policy levels somewhat, and may explain some sense of lack of achievements and involvement felt by many of the organizations.

Page 108

174)

a. adequate financial support to implement its HIV activities?

1 (1)

175)

b. adequate technical support to implement its HIV activities?

3 (3)

176)

Comments and examples:

There has been no increase in the funding in the HIV and aids field in Norway since 1998. An ambitious new strategy that focuses on the participation of NGOs as a strategic factor in fighting the epidemic requires appropriate funding. Since 2003 Norway has witnessed a worrying increase in HIV infections among men who have sex with men. The Norwegian national HIV strategy focuses on men who have sex with men and immigrants as minority groups in Norway as especially vulnerable to HIV. Targeting MSM as a strategic group in the Norwegian HIV prevention plans is of no value, without an adequate and increased funding. For example, Gay and Lesbian Health Norway, the leading HIV prevention NGO among MSM in Norway, has since the launching of the new strategy not experienced an increased level of founding and is at present serving the target group with the same resources as in the early 1990s. This is the case for most HIV-related NGOs in Norway.

Page 109

177) **Part B, Section II. CIVIL SOCIETY PARTICIPATION**

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

Prevention for youth	<25%
Prevention for most-at-risk-populations	
- Injecting drug users	<25%
- Men who have sex with men	>75%
- Sex workers	25-50%
Testing and Counselling	<25%
Reduction of Stigma and Discrimination	>75%
Clinical services (ART/OI)*	<25%
Home-based care	<25%
Programmes for OVC**	<25%

Page 110

178)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

Question 7 (continued)
Overall, how would you rate the efforts to increase civil society participation in 2009?

3 (3)

179)

Since 2007, what have been key achievements in this area:

Since 2007, what have been key achievements in this area: Given the budget constraints/stagnant financial framework for civil society participation the past decade, no radical changes or staggering national achievements may be listed, but the following are seen as positive contributions: *The foundation of “Homopositiv” in 2009, and organization for HIV-positive, gay men; *The Health Authorities’ increased focus on marginalized minority groups, especially immigrants and men who have sex with men.

180)

What are remaining challenges in this area:

*The limited financial support remains a huge obstacle. Other challenges are: *Inclusion of community based organizations in the HIV preventive work and especially in the construction of community based testing and counseling. Such non-governmental intervention provided by the civil society among men who have sex with men have met with success in Denmark and England *Improved organization of vulnerable groups, to voice their specific needs and challenges.

Page 111

181)

Part B, Section III: PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?

Yes (0)

Page 112

182)

Part B, Section III: PREVENTION

Question 1 (continued)
IF YES, how were these specific needs determined?

In the process of forming the Norwegian National HIV strategy,” Acceptance and Coping” (2009-2014), specific needs for HIV prevention programs were identified and explored. The work on the strategy has been rooted in an interministerial steering group at the state secretary and senior official level, chaired by the Ministry of Health and Care Services, with representatives from the six different ministries. The strategy development process has involved civil society, relevant research institutes as well as public authorities. A draft of the strategy was also submitted to the National AIDS Council. Research material and evaluations of relevant NGOs also formed the background for determining these needs. A report on Living conditions and quality of life among people living with HIV in Norway (2009) by The Institute for Labor and Social Research (FAFO)is one example.

183)

1.1 To what extent has HIV prevention been implemented?

The majority of people in need

have access

HIV prevention component	
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Don't agree
IEC* on stigma and discrimination reduction	Don't agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Agree
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Don't agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Don't agree
Other: Immigrants	Don't agree

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184)

Part B, Section III: PREVENTION

Question 1.1 (continued)
Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

6 (6)

185)

Since 2007, what have been key achievements in this area:

The making of the National Aids strategy in 2009 is perceived the one key achievement during this period in time.

186)

What are remaining challenges in this area:

*Accessing the general public with information remains a major challenge, as the topic is not prioritized or sensitized by the media, nor by vocal politicians etc. *The implementation of the HIV prevention programs in Norway is not well tailored according to the specific needs of the at risk groups. NGOs involved in the implementation could ground their HIV intervention better in scientific data and evaluation on a yearly basis. *Penal code § 202 (prohibiting the act of buying sec), makes it increasingly difficult to reach sex workers with prevention work and information. *The availability of drop-in-testing in areas outside the capital is an uncovered need. *Access for clean injecting equipment and condoms for sex workers and drug users outside the major cities remains a challenge.

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187)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

1. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

Page 115

188)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1 (continued)
IF YES, how were these specific needs determined?

Research material like the report on Living conditions and quality of life among people living with HIV in Norway (2009) by The Institute for Labor and Social Research (FAFO) form the basis of needs assessments like these.

189)

1.1 To what extent have the following HIV treatment, care and support services been implemented?

HIV treatment, care and support service	The majority of people in need have access
Antiretroviral therapy	Agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Don't agree
Home-based care	Don't agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	N/A
HIV care and support in the workplace (including alternative working arrangements)	N/A
Other: PEP Post-exposure prophylaxis for non-occupational/non-rape, “private” exposures; X – available since 2009 but not accessible to the majority of people in need	Don't agree

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190)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1.1 (continued)
Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

5 (5)

191)

What are remaining challenges in this area:

A holistic approach and complementing services, with more emphasis on the psycho-social aspect of the care and support needs of PLHIV remain a huge challenge in the Norwegian health care system. Children and elderly people living with HIV represent a particular challenge to tailored treatment, care and support.

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192)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?

No (0)