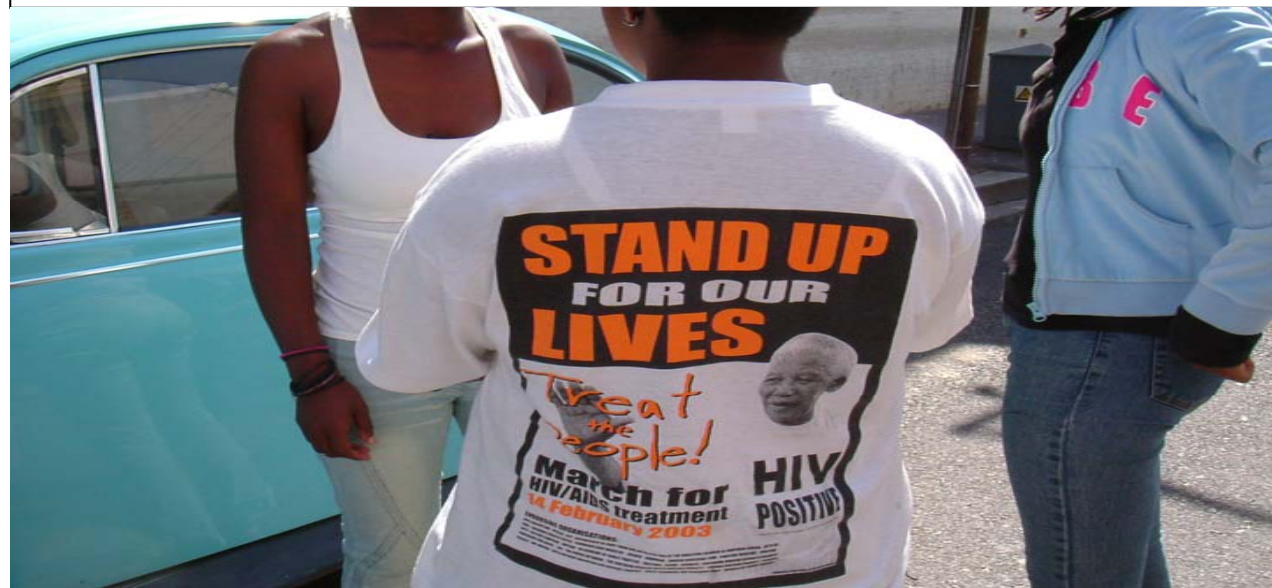


**POSITION PAPER IN DEVELOPMENT
COOPERATION**

NORWAY'S HIV AND AIDS POLICY

NOVEMBER 2006



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MINISTRY OF FOREIGN AFFAIRS

NOVEMBER 2006

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Summary

HIV and AIDS has spread rapidly over the past 25 years. It was first found in just a few countries, but has since spread to almost every country in the world; 65 million people have been infected and 25 million people have died of AIDS since 1981.

Stigma and discrimination are two of the main barriers to effective prevention. It is vital to encourage public conversations about HIV and AIDS, power, sexuality, social norms and culture, and to counteract taboos and marginalisation.

The main focus of Norway's HIV and AIDS policy is to prevent more people becoming infected by the virus. It follows two main lines.

Firstly, funding and knowledge are primarily invested in broad multilateral efforts that follow the UN guidelines for achieving universal access to prevention, treatment, care and support.

In addition, a limited number of priority themes are promoted where Norway can play a particularly valuable role through its policies, alliances and initiatives, and where Norway can act as a prime mover. These themes include gender based discrimination, sexuality (including homosexuality), prevention, and the need to bring greater openness to these areas.

There is an endless list of tasks that are important in addressing HIV and AIDS. Norway should give priority to areas where it can make a real difference and to areas that others chose not to prioritise. In a world where 11 000 new people are being infected every day, Norway wishes to focus its HIV and AIDS policy on the following areas:

- women, gender and power, including sexual and reproductive health and rights;
- particularly vulnerable groups (men who have sex with men, injecting drug users (IDUs) etc.);
- young people;
- legislation relating to HIV and AIDS;
- local communities and local democracy in an HIV and AIDS perspective;
- health personnel and health systems;
- prevention of mother-to-child transmission.

1. The Challenge

In the 25 years since AIDS was first identified, HIV and AIDS has developed into a pandemic of unimaginable proportions

with severe consequences for the international community. Around 40 million people are living with HIV infection today and the number is increasing. Each day, thousands more are infected. So far, AIDS is estimated to have claimed the lives of around 25 million people. Over two thirds of the people living with HIV live in sub-Saharan Africa, but it is in India and China that the number of new cases is growing most rapidly. We are seeing a clear and increasing feminisation of the epidemic, with women accounting for an ever larger proportion of those infected. In sub-Saharan Africa, 57 per cent of HIV positive people are women.

Young people are particularly vulnerable, and this, combined with the feminisation of HIV infection, means that young girls are especially susceptible.

In the fight against HIV and AIDS, it is vital to change men's behaviour; they must take responsibility for using condoms and they must disassociate themselves from the use of violence and positions of power against women.

Life expectancy in the most severely affected countries is falling dramatically; the economy in these countries is under heavy strain and public institutions are being weakened. While HIV and AIDS affects broad segments of the population in many African countries, in Eastern Europe and Latin America it mainly affects marginalised groups such as injecting drug users, people involved in transactional sex, and homosexuals and other men who have sex with men. HIV affects different countries in different ways due to a range of complex factors.

The spread of HIV world-wide continues to increase despite the measures that have been implemented to stop the epidemic. The virus takes action slowly, leading to chronic illness and finally death over some time. There is a close connection between HIV and AIDS and other sexually transmitted diseases and Tuberculosis (TB). TB is one of the main causes of death in HIV patients, and in southern Africa, as many as 80 per cent of TB patients are also HIV positive. The two diseases reinforce one another. New infectious diseases also add to the risk in our globalised world.

The HIV epidemic is in many ways exceptional. It interrelates with and increases all other development challenges and factors that prevent people from gaining control of their lives. The epidemic is creating challenges in terms of rights and legislation, culture, and the labour market and the business sector. Stigma and discrimination are two of the main barriers to controlling and reversing the epidemic.

Condoms provide the most effective means of protection against sexual transmission of HIV. However there are many factors that prevent people from using them. Moreover, the

transmission of HIV from mother to child is still a major problem that is not given the attention or priority needed.

HIV and AIDS particularly affects the most vulnerable groups in society, and the age groups that represents its greatest resource. In all cultures, people find it difficult to talk about sexuality; it is frequently associated with taboos, shame and various forms of coercion and abuse.

Poverty, ethnicity and an imbalance of power between the sexes and between different age groups are factors that increase vulnerability. HIV positive people tend to be met with suspicion and exclusion.

Important advances have been made. Several of the affected countries in Africa have succeeded in reducing the rate of infection through a combination of preventive efforts and treatment. There is also widespread international consensus on a broad range of preventive approaches, despite resistance to certain approaches due to cultural and religious factors and values. The unwillingness to raise these issues, combined with indifference in relation to dealing with the underlying causes of vulnerability to infection, continues to claim many lives.

2. Policy Directions

Norway has committed itself to taking active part in the fight against HIV and AIDS¹. Norway's HIV and AIDS policy is designed to contribute to meeting Millennium Development Goal 6 (and Target 7) to:

- combat HIV and AIDS, malaria and other diseases;

and to:

- have halted by 2015 and begun to reverse the spread of HIV and AIDS.

Norway is furthermore committed to contributing to the efforts to reach the target of universal access to prevention, treatment, care and support, as set out in the Political Declaration adopted by the UN General Assembly Special Session on HIV and AIDS in New York in June 2006 (ref section 4.2 below).

These goals and targets cannot be realised unless the other Millennium Development Goals (MDGs) are achieved. It is vital that the poverty reduction, education and gender equality goals, and goal of universal access to reproductive health services are met. HIV and AIDS efforts could be a driving force for reaching the other MDGs. The Government will strengthen Norway's ongoing efforts to improve the health of people living in poor

¹ The Government's political platform ("Soria Moria") 2005

countries, including strengthening our efforts to combat the HIV and AIDS epidemic. Promoting women's rights to health and education and preventing violence against women will be given priority, also in the fight against HIV and AIDS.

Norway believes it is vital to examine the underlying structural causes of the HIV and AIDS epidemic, such as poverty, the suppression of women, sexual traditions, the abuse of alcohol and narcotic substances, as well as other harmful traditional and cultural factors. Norway will make an active contribution to studying these factors and how they interrelate more closely.

Norway wishes to pursue a clear and fearless policy in the fight against HIV and AIDS and will particularly strengthen its strategic efforts relating to stigma and discrimination, gender and sexuality, legislation and rights.

In these efforts, Norway will cooperate with groups that are marginalised, suppressed and discriminated against, to ensure that they gain access to prevention and treatment. Men who have sex with men, injecting drug users and people who sell sex are vulnerable and are subject to taboos; they experience double discrimination due to the combination of their illness and their group identity.

In line with the Political Declaration adopted by the UN General Assembly Special Session on HIV and AIDS in June 2006, Norway will consistently focus on the imbalance of power between the sexes and the importance of both men and women taking active steps to reduce women's and girls' vulnerability to infection. HIV infection is closely linked to powerlessness and breaches of rights. In order to turn the tide of the epidemic, people must have access to information and the right to control over their own body.

Norway also wishes to maintain a particular focus on young people and their rights. Young people in developing countries, girls in particular, are vulnerable to HIV infection. Many young people do not have access to information about sexuality or how to protect themselves against infection, and are unable to control their own situation. Many do not have access to good health services.

The Government wishes to focus on how legislation and public services can do more to reduce vulnerability and increase dignity and better cooperation into the fight against AIDS. It also wishes to strengthen civil society so that it is able to fulfil the important task of giving people who are affected a voice. Cooperation with people who are themselves living with HIV is a key factor in all Norway's efforts in this area, including strengthening their opportunities and platform for meaningful participation at all levels of global processes and national AIDS programmes.

The statements from the 5-Year Review and Appraisal of Implementation of the ICPD Programme of Action (ICPD+5 in Cairo), the World Conference on Women in Beijing, the UN General Assembly Special Session on AIDS, and the Joint United Nations Programme on AIDS (UNAIDS) Prevention Strategy form a generally agreed basis for a joint international effort to fight HIV and AIDS and discrimination. This must be utilised to the full.

The gap that still exists between development cooperation in general and specific HIV and AIDS efforts must be reduced. Information on the epidemic's profile in each country, together with targets for services in line with the UN goals must form the basis for the priorities set in national plans and for the coordination of development efforts.

Support for the fight against HIV and AIDS in international development cooperation should be based on the principles of effective development cooperation, with emphasis on coordination, national ownership, management and broad support.

The extent of the HIV and AIDS epidemic in many countries and its effect on the whole of society makes it necessary to develop special tools and strategies that are integrated into development cooperation measures. A comprehensive policy is needed that includes strengthening the health service, securing rights, promoting gender equality and fighting poverty.

3. Norway's profile and thematic priorities

Norway will follow two main lines in its HIV and AIDS efforts: on the one hand a broad approach, and on the other particular focus on certain priority themes where Norway can play a leading role. Funding will primarily be invested through multilateral channels into broad efforts that are in line with the guidelines the UN has set for effectively achieving universal access to prevention, treatment, care and support. The priority themes focus on areas where Norway can play a particularly valuable role through its policies, alliances and initiatives and where Norway can act as a prime mover.

Norway has decided to take a leading role in prevention efforts in particular, as prevention is the best way of reversing the epidemic. At the same time, effective treatment is an important element in prevention, because it creates openness, visibility and hope.

Stigma and discrimination are two of the main barriers to effective prevention. *It is vital to encourage people to talk about HIV and AIDS, power, sexuality, social norms and culture, and to counteract taboos and marginalisation.*

Norway wishes to promote greater openness about subjects such as sexual discrimination, sexuality (including homosexuality), and prevention.

In this connection, Norway has decided to give priority to the following themes, which are part of a comprehensive HIV and AIDS response and areas where Norway can play a leading role:

1. women, gender and power;
2. vulnerable groups (men who have sex with men, sex workers, injecting drug users, etc.);
3. young people;
4. legislation relating to HIV and AIDS;
5. local communities and local democracy from an HIV perspective;
6. health personnel and health systems;
7. prevention of mother-to-child transmission of HIV.

3.1 Women, gender and power

For many women, HIV and AIDS is closely linked to situations of powerlessness and breaches of rights. Women are particularly vulnerable to HIV infection for biological reasons and because of their inferior position in society. Alcohol abuse, violence and other forms of abuse increase their risk of infection. Girls and young women are particularly vulnerable. Measures to promote sexual and reproductive health and rights are vital in efforts to prevent the infection of women and to improve the quality of life for women who have already been infected. Promoting sexual health and rights for all groups, male and female, is a fundamental part of the efforts to fight HIV and AIDS, and priority will therefore be given to promoting sexual rights.

Norway will:

- seek to improve statistics and reporting – both our own and at global level – in order to ensure that funds and measures targeted at HIV and AIDS reach women and produce results;
- support the development of national legislation that promotes gender equality and at the same time increases control of and the ability to reverse the HIV epidemic;
- support HIV and AIDS sensitive initiatives in relation to local traditions and practices;
- help to ensure that the perspective of HIV positive women is brought to the fore at national and international level with a view to curbing the feminisation of the epidemic and reducing the vulnerability of girls;

- integrate an HIV and AIDS dimension in efforts relating to women and gender equality where relevant;
- highlight the connection between sexual and reproductive health and rights and HIV prevention;
- seek to ensure that sexual rights gain acceptance and receive greater focus in international HIV and AIDS work;
- promote the recognition of sexual rights as human rights in all relevant forums, including the Human Rights Council.

3.2 Vulnerable groups

Measures designed to meet the needs of groups of people who are particularly vulnerable to HIV are to be given high priority. Important examples of such groups are men who have sex with men, injecting drug users, people who sell sex, prison inmates, immigrants, refugees and others who live in conflict situations, and victims of human trafficking.

Norway will:

- support organisations representing groups that are particularly vulnerable to HIV and their efforts to achieve better access to prevention, treatment, support and care;
- combat stigma and discrimination of vulnerable groups with a view to reducing these groups' vulnerability to HIV and ensuring better access to basic services;
- seek to ensure that the particular needs of vulnerable groups are expressed and that their voice is heard at local, national and international level;
- seek to ensure that international agreements cover these groups and that international rules safeguard their rights, including the right to prevention, treatment, support and care.

3.3 Youth

Norway will work actively to increase the knowledge and security of the next generation so that they are able to take independent and carefully considered decisions about their sexuality and exposure to HIV. Young people must be included in decision-making processes on strategies and plans. Particular emphasis will be given to measures that increase girls' ability to protect themselves against HIV infection.

Norway will:

- seek to ensure that young people have the opportunity to take part in the development of legislation and policies, the setting of priorities and the implementation of policies relating to HIV and young people;

- support measures that encourage communication and exchanges of values between parents, other caregivers, other adults, and children and young people in connection with HIV and AIDS;
- support measures that mobilise young people and make them more aware of how to prevent HIV infection, including providing information and services that meet young people's needs;
- seek to ensure that the rights set out in the UN Convention on the Rights of the Child are systematically incorporated into HIV and AIDS efforts;
- seek to ensure that both primary and secondary schools integrate information on HIV and AIDS into their curricula;
- highlight the connections between HIV infection, abuse of alcohol and drugs and abuse of children and young people;
- draw attention to the consequences of becoming orphans and the loss of the adult generation for young people growing up in countries with a heavy AIDS burden, and the potential ripple effects for societal development, stability, security and sustainable development.

3.4 Legislation and rights

Norway will promote the development of legislation that reduces people's risk of HIV and safeguards the rights of those who are already HIV positive. Legislation should be designed to help particularly vulnerable groups to gain access to prevention, counselling, testing and treatment. These efforts will be based on the UNAIDS 2005 Prevention Strategy and the UN Political Declaration on universal access to services. They will follow the rights approach, based on human rights conventions and instruments.

Norway will:

- together with partner countries and other countries where appropriate, clarify the legal obstacles to effective HIV and AIDS policies in areas such as:
 - the right to prevention, treatment, care and support;
 - the right of people living with HIV to organise themselves;
 - inheritance and property rights for women;
 - relations between traditional practices, customary law and modern legislation;
 - harm reduction measures to reduce infection, for example access to needle exchange;
 - purchase and sale of sexual services;

- the right to sexual relations with persons of the same sex.
- examine questions relating to the right/duty to be tested and the right/duty to declare HIV status.

3.5 Local communities and local democracy in an AIDS perspective

Norway will emphasize the importance of ensuring that information and resources relating to HIV and AIDS efforts reach people where they live. This will require local organisation and coordination, and will involve a broad range of partners. In particular, the primary health service must be strengthened, and the informal support systems, civil society organisations, including women's and young people's organisations, and others working with local welfare and local democracy must join forces. Traditional medical practice and traditional rights must also be taken into account.

Norway will act as a driving force for the inclusion of an HIV and AIDS dimension in efforts relating to governance, decentralisation, local administration and local democracy. Local decision makers must have access to information on how HIV and AIDS affects the economy and community, and this should form the basis for setting priorities, and for ensuring that HIV and AIDS efforts are integrated into the various sectors at local level. People living with HIV should be included; they are valuable resource persons in communication and implementation.

Norway will:

- seek to strengthen local ownership and leadership in relation to local HIV and AIDS efforts, including in the local public administration and democratically elected local bodies;
- seek to increase local capacity for planning and coordinating measures in areas where Norway is already contributing to decentralisation and local administration through development cooperation;
- underline that HIV positive people's networks should take part in the development of services and activities at local level;
- seek to promote close cooperation between public and private service providers and local community support systems, so that services reach those who need them most;
- support capacity building at local level, including support to facilitate participatory processes, and local responses;

- seek to strengthen local organisations that are working with HIV and AIDS issues, including women's and young people's organisations.

3.6 Health personnel and health services

Most of the countries that are severely affected by the AIDS epidemic have insufficient health sector capacity, poor working conditions and uncompetitive salary schemes for health workers. The sector is being further weakened by the fact that health workers are dying of AIDS, are being offered work in other countries, or are moving to seek better working and living conditions. In particular there is a shortage of nurses. Norway will place emphasis on efficient utilisation of the existing workforce and close integration of services, for example HIV and TB services.

The need for a rapid scale up of HIV and AIDS efforts has led to the development of alternative services through the better financed private and voluntary sectors. Coordination and specific measures are necessary to prevent the public sector being drained of workers. Several western countries have recruitment initiatives – some of which are quite aggressive – in developing countries, with a view to meeting their domestic demand for health personnel. Norway will approach the health personnel situation in the context of health system development.

Norway will:

- seek to improve working conditions and strengthen capacity in the health sector, including enhancing coordination between government and non-government actors, taking into account proper public regulation and prioritisation;
- emphasise the importance of finding good schemes for integrated HIV and sexual and reproductive health measures, including coordination of HIV and TB services;
- participate in certain countries, in cooperation with the Global Health Workforce Alliance, to strengthen efforts to draw up national plans for the health personnel crisis;
- contribute to health personnel training and capacity building efforts in certain countries in connection with national plans;
- cooperate within the Global Health Workforce Alliance to counteract negative effects of international recruitment of health workers, and to draw up principles and targets that can be used to hold the parties mutually responsible for ethical practice;
- encourage industrialised countries to take responsibility for training and retaining health personnel and thus reduce their need to import nurses from developing countries with a shortage of health personnel;

- raise questions relating to the health personnel crisis in relevant bilateral and international arenas.

3.7 Preventing mother-to-child transmission (PMTCT)

Nine in ten children living with AIDS were infected through transmission of HIV from their mothers in connection with pregnancy, birth or breast-feeding. Medicines and other effective preventive measures are available, and mother-to-child transmission is rarely a problem in countries with a well-developed health system. Nevertheless, only 10 per cent of pregnant women in the world have access to HIV testing and treatment to ensure that their child will be born without HIV. More than 700 000 children are born every year with HIV. In the worst affected countries in Africa, one in three pregnant women is HIV positive. PMTCT is therefore a question of setting priorities and ensuring that proper health services are available. However, this is an area that is often not given priority when countries draw up their strategies for national programmes.

As a natural consequence of our commitment to reducing child mortality, Norway will spotlight this “hidden crisis”, which is a major factor in child mortality, and will promote PMTCT in the development of national programmes and within the multilateral apparatus to promote proper leadership in this area.

HIV affects children in many ways. Norway also participates in efforts directed towards orphans, primarily through the multilateral apparatus and through support to local communities and NGOs, although this is not an area in which Norway plays a leading role. For a long time, there has been a lack of Antiretroviral drugs for young children, and the diagnostics for the youngest children are inadequate. Norway’s main contribution is through the international drug purchase facility UNITAID.

Norway will:

- request that PMTCT is included in national AIDS programmes and health sector efforts;
- cooperate with UNICEF in these efforts;
- help to make the issue of mother-to-child transmission more visible in global, regional and national discussions of HIV and AIDS, for example through the use of indicators, reports, funding and research.

4. Norway's approach

The Norwegian profile should be recognisable in all Norway's HIV and AIDS efforts and in relevant efforts within health, education, good governance and rights.

The following guidelines and principles are to form the basis of the Norway's general approach:

4.1 Principles for effective AIDS efforts

Norway supports the following internationally recognised principles for the fight against HIV and AIDS:

- prevention, treatment, care and support must be seen together;
- active efforts must be made to ensure that people living with HIV are recognised as a resource in HIV and AIDS efforts and are included in the development and implementation of relevant plans at all levels;
- stigma and discrimination are two of the main barriers to achieving results, and must be fought at all levels and in all countries;
- greater understanding of the cultural and systematic causes of vulnerability to HIV and AIDS and measures to address these must be developed;
- focus on women, gender equality, sexuality, and sexual and reproductive health must be included as key elements in HIV and AIDS efforts;
- active use of the rights based approaches. Initiatives must ensure respect for human rights and human dignity and should be developed in cooperation with the people affected;
- information on prevention must be clear, well-targeted and evidence based;
- HIV and AIDS measures must be based on knowledge of how the epidemic is affecting each country, and must take into account geographic, cultural, economic, gender, age and group factors;
- all sectors at all levels of society must be involved in the planning and decision-making processes, the implementation of activities and in the assessment of results;
- involvement from both above and below is vital: leadership is important to ensure a joint effort by all the relevant partners. Local groups and communities must play a leading role in forming and implementing local AIDS policy;

- a wide range of treatment services should be available, and should include antiretroviral therapy, the treatment of opportunistic infections (such as TB), and other supportive and palliative treatment, counselling and a healthy diet. HIV and TB co-infection requires integrated treatment.

4.2 Universal access to prevention, treatment, care and support

The goal of universal access to prevention, treatment, care and support will form the basis of Norway's HIV and AIDS efforts. These efforts will also take into account what the most urgent challenges are and where Norway can be a valuable cooperation partner. This applies to both political and economic tools and to the utilisation of Norwegian expertise. Measures that lead to structural and lasting change will be given priority.

In accordance with the principles of universal access, people living with HIV are entitled to treatment, care and support. The general population is also entitled to preventive measures. Vulnerable groups and people living with HIV have a key role to play in the scale-up of prevention and treatment.

Norway will:

- focus on prevention efforts that reach everyone and are adapted to their particular situation, including active use of international consensus documents and other relevant tools in relation to HIV and AIDS;
- promote special, effective preventive measures for vulnerable groups;
- promote the rights of people living with HIV, including the right to treatment;
- include people living with HIV and other target groups in the planning, prioritisation, implementation and follow-up of measures, and take into account their views on how services such as education and health can better meet these groups' needs;
- make an active contribution to concrete national plans for increasing access to prevention, treatment, care and support, and help to build bridges with other national development plans and national budgets;
- seek to ensure that other countries meet their obligations in line with agreed scale-up plans, including the goal of universal access by 2010 and the MDGs by 2015.

4.3 Norway as a political actor

Whenever relevant, Norway will consistently raise HIV and AIDS issues in political dialogues and multilateral and bilateral arenas.

Norway will:

- request for information at country level on the status of the epidemic (including local variations, variations in relation to groups, gender and age, and rights and legislation), and enter into dialogues on national priorities in the light of the HIV and AIDS epidemic;
- emphasise the importance of national ownership and willingness to address the epidemic, including the coordination of external initiatives outside the national plans;
- maintain an on-going dialogue through the embassies on the importance of including HIV positive people's perspectives in the planning, implementation and follow-up of HIV and AIDS measures;
- identify challenges relating to HIV and AIDS, gender and young people in Norway's development cooperation (e.g. good governance, human rights and legislation, social services, working life, infrastructure, etc.), and help to ensure that HIV and AIDS measures are well integrated into these areas;
- identify relevant opportunities and channels for raising issues relating to stigma and discrimination, and ways of combating them;
- continue efforts within the World Trade Organisation (WTO), the World Health Organisation (WHO), the Global Fund to fight AIDS, Tuberculosis and Malaria, UNAIDS and in bilateral trade agreements to ensure flexibility in the application of the TRIPS agreement with regard to prices and access to pharmaceuticals that satisfy the priority health care needs of the public.

4.4 Norway as development actor

HIV and AIDS efforts must be coordinated in every country through: one agreed HIV and AIDS action framework; one national AIDS coordinating authority; and one agreed country-level monitoring and evaluation system (the "Three Ones" principles adopted in 2004). The relationship between the Paris Declaration on donor harmonisation and the frequently faster and broader "Three Ones" approach, which includes civil society and other non-governmental actors, must be clarified in each country. Norway will emphasise the importance of the two platforms complementing one another and will promote an approach that is adapted to the situation in the country in question.

The major challenges that HIV and AIDS is placing on the already overburdened educational and health sectors means that priorities must be set very carefully, and particular attention must be paid to this area. HIV and AIDS efforts must be linked closely to the efforts to achieve the country's development

targets, and must be referred to specifically in poverty reduction strategy papers and national budgets.

Effective efforts at country level are largely dependent on a flexible, but coordinated global architecture for both AIDS efforts and general development, including the global health initiatives. This will require follow-up of both multilateral and bilateral partners. The clarification of roles in connection with funding and technical support is vital (ref. the recommendations of the Global Task Team 2005).

Norway will:

- base its efforts on country ownership and country responsibility, and will systematically raise HIV and AIDS in its dialogues on poverty reduction strategies, sector plans and national budgets, taking into account country-specific data;
- consider HIV and AIDS as a separate field/theme that needs to be integrated into various sector-specific measures;
- particularly seek to ensure that health and education efforts address HIV and AIDS (including strengthening health systems, integrating AIDS and TB treatment, and improving access to reproductive health services, health workers and training);
- seek to ensure effective use of global funds both in global processes and at country level, including adapting coordination and funding tools so that earmarked and non-earmarked contributions can be combined;
- include people living with HIV in the development of national strategies and programmes.

5. Cooperation partners

5.1 The UN and international organisations

At the multilateral level, Norway will, in addition to the funding it provides, make strategic contributions in areas such as:

- a) governance, capacity, ownership and leadership at country level;
- b) the connection between general development efforts, specific HIV and AIDS efforts and the use of new funding mechanisms, with particular emphasis on effective coordination and results at country level;
- c) gender equality, issues relating to pharmaceuticals and the relationship between public and private efforts.

Most of Norway's economic support for HIV and AIDS efforts is channelled through multilateral organisations in the UN system such as UNAIDS and its co-sponsoring organisations,

such as WHO and the World Bank. Norway also plays an active role in the Global Fund to fight AIDS, TB and Malaria (GFATM), UNITAID, the International AIDS Vaccine Initiative (IAVI), the International Partnership for Microbicides (IPM), and the Stop TB Partnership.

Norway will:

- seek to strengthen cooperation and coordination between UNAIDS and its co-sponsoring organisations, and in particular follow up the implementation of the recommendations from the Global Task Team in this area;
- maintain a Norwegian funding level of at least 1.5 per cent of the Global Fund to fight AIDS, TB and Malaria and actively promote full funding;
- support WHO's efforts on normative issues relating to AIDS efforts, such as quality assurance of pharmaceuticals, standards for treatments and health workers, and the links between HIV and AIDS and sexual and reproductive health, TB and other infectious diseases;
- support UNICEF's efforts to increase the effectiveness of HIV and AIDS initiatives directed towards orphans and vulnerable children in cooperation with governments, NGOs and other partners;
- support UNICEF and other partners in scaling up PMTCT in connection with Norway's efforts towards reaching MDG 4;
- support UNITAID's efforts to increase access to treatment and diagnostics adapted for children;
- promote effective cooperation between global initiatives, multilateral organisations and bilateral efforts within a global architecture that reduces duplication of efforts and bureaucracy;
- increase coordination between the various actors at country level and between HIV and AIDS efforts and other MDG-related measures.

5.2 The government authorities in partner countries

In connection with bilateral political dialogues, Norway will request country specific information and promote the inclusion of AIDS-related issues in the country's political priorities.

Norway will:

- contribute to include the HIV and AIDS situation in the country in the preparation of national programmes, budgets and national priorities, and in donor cooperation in all development areas;

- attach particular importance to dialogue on the situation of women and particularly vulnerable groups and will highlight strategies and measures in this area;
- maintain an overview of AIDS-relevant legislation and, where possible, support efforts to ensure that legislation reduces vulnerability and safeguards rights;
- contribute to efforts to ensure that overviews are maintained of the total flow of resources to HIV and AIDS efforts, and that these are reflected in the documentation on national budgets and plans, and are made available to the country's democratically elected bodies;
- encourage the political leadership to take the HIV and AIDS epidemic on board, including analysing the epidemic's effects, taking clear decisions, and ensuring visibility of the issue and democratic participation in planning, prioritisation and implementation;
- assist countries so that they are able to utilise TRIPS flexibility, including compulsory licensing where necessary, in order to ensure access to cheap anti-retroviral drugs and strengthen the country's capacity to ensure a good supply of drugs at acceptable prices.

5.3 NGOs and the private sector

Civil society plays a very important part in HIV and AIDS efforts, both at local and international level. At the global level, certain large NGOs and umbrella organisations take a leading role in these efforts. At local level, community groups, including faith-based groups, women's organisations and national and international organisations, are important for HIV and AIDS efforts in the local community, but they often have problems with funding as their administrations and technical expertise are weak, and they need support in these areas.

The private sector is severely affected by HIV and AIDS in many countries. Illness and mortality among the workforce is undermining production both in both small and medium sized enterprises and in large international corporations. The Global Compact, which promotes corporate social responsibility, also relates to HIV and AIDS. The first priority is ensuring effective prevention and access to treatment for the company's employees and their families. Businesses can also co-finance measures that benefit the local population together with the public sector or NGOs.

Businesses can benefit from the public profile they develop through co-financing major HIV and AIDS efforts, as exemplified by Red Products in the UK. There is a particular need for generally agreed rules for these types of contributions to ensure that they result in effective assistance.

It is important that both NGOs and private sector initiatives are well coordinated within a broad national HIV and AIDS effort.

Norway will:

- in cooperation with partner countries, seek to ensure that civil society actors are fully included and that their strengths are taken into account in national plans;
- help to increase the responsibility of civil society organisations for strengthening local capacity and contribute to cooperation on comprehensive services without compromising their ability to act as a watchdog and corrective;
- consider forms of cooperation that utilise the particular expertise of relevant Norwegian and international organisations, for example in capacity building;
- promote the inclusion of NGOs in the UN organisations' efforts in this area.

5.4 Research and competence centres

Knowledge about HIV and AIDS is essential for limiting the spread of the disease. Efforts must therefore be made to increase expertise in the countries that are affected. Norway considers both medical and social research on HIV and AIDS to be extremely important.

Research into complex behavioural issues are also very important, and efforts are made to produce top quality research results and to identify how these results can best be utilised.

Norway will keep abreast of advances in new drugs and vaccines, research on health services of relevance to developing countries, and the application of the TRIPS agreement. Other key issues are: AIDS and security; AIDS and democracy; and the long-term impact of the AIDS epidemic.

Due to the complexity of the epidemic, it is particularly important to follow up the results of efforts and document bottle-necks.

Norway will:

- consider supporting various research projects on HIV and AIDS and will play a leading role in the exchange of information and learning through national, regional and global networks;
- keep up-to-date on research on HIV and AIDS, globalisation and governance, security and democracy, and support the global health perspective of foreign policy;
- support projects that aim to improve the quality of data, including research on results, with a view to developing measures with a broader effect;

- support the development of microbicides and other technologies that improve women's access to adequate prevention;
- support initiatives for the development of vaccines, with emphasis on broad and well prepared country trials, short-term secondment of expertise and good coordination.

6. Quality assurance and results

6.1 Assessments and quality assurance

The social and economic consequences of the epidemic are to be considered in relation to all development measures involving Norwegian funds. This means that AIDS-related challenges are to be taken into consideration at all levels and within the various sectors in the most appropriate way.

An annex to the Development Cooperation manual on cross-cutting considerations and sustainability assessment, including HIV and AIDS, has been developed. It outlines a number of issues and conditions that should be considered in connection with appraisals and reviews of programmes.

Norway will actively follow up the use of funds by multilateral actors, mainly through its seats on various boards. The organisations' own quality assurance and results systems will form the basis for these efforts.

Particular emphasis will be placed on the joint monitoring and reporting mechanisms established in connection with country-level AIDS programmes. Importance will also be attached to linking health service reporting on AIDS with other reporting activities, for example reporting on TB and vaccination.

Annual plans and reports will be drawn up for each of the priority areas set out in section 4.

It is important to ensure that reports and statistics can be used to assess the current results of efforts. The authorities can also initiate evaluations and studies on issues relating to HIV and AIDS. Major thematic evaluations may also be considered.

7. Administrative measures and tools

The implementation of Norway's HIV and AIDS policy in accordance with this position paper will require enhanced AIDS expertise, good coordination and utilisation of resources throughout the development cooperation administration. The goal is to ensure that:

- AIDS-related challenges are integrated into development cooperation in the most appropriate way at all levels and in the various sectors;
- executive officers and advisers in the Norwegian Agency for Development Cooperation (NORAD), the Ministry of Foreign Affairs and the Foreign Service missions must have a proper understanding of the epidemic and its effects in order to be able to report on the epidemic's consequences for services, programmes, organisations and countries. They must also be able to take initiative, take account of relevant comments, ensure that measures are appropriate to the AIDS challenges or ensure that sufficient technical expertise is drawn upon.

The following measures will be implemented:

- further development of the cooperation in the NORAD-MFA AIDS-team;
- closer technical cooperation with the Swedish-Norwegian advisory team in Lusaka;
- courses, short seminars and meetings will be held on HIV in development cooperation to update and maintain expertise;
- development and maintenance of a network of HIV and AIDS competence in the development administration. This network will coordinate with the gender equality network;
- establishment of a Norwegian AIDS council, together with the health authorities, that can promote exchange of experience, closer cooperation and learning, and thus strengthen both international and Norwegian policies.