The National HIV strategy in Norway – the report for 2012-2013

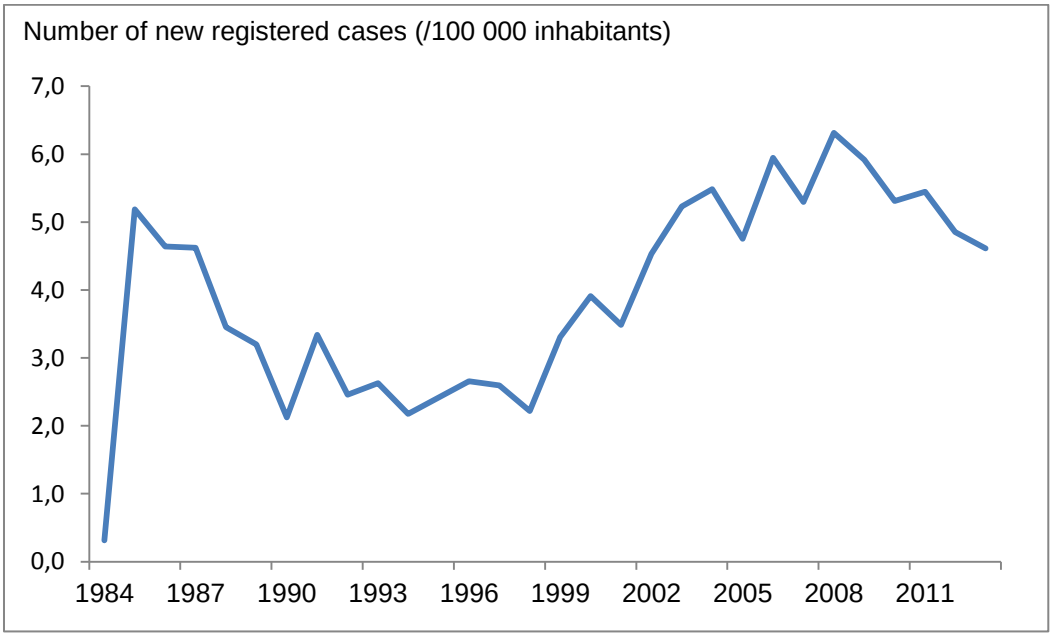
1. Background

The Norwegian Directorate of Health is the coordinator of the HIV policy in Norway. The work is imbedded in the National HIV strategy "Acceptance and coping" (2009-2015) which is implemented by six ministries. The general objectives in the strategy are:

2. The number of new HIV infections shall be reduced – especially in groups with high vulnerability to HIV.
3. Everyone living with HIV shall be ensured good treatment and follow-up regardless of age, gender, sexual orientation and/or practice, domicile, ethnic background and personal finances.

4. HIV virus in Norway 2012-2013

In 2012, there were 242 newly diagnosed HIV cases in Norway, of which 166 (69%) were men and 76 were women. In 2013, the number was down to 233 cases with the same proportion of men and women (respectively 158 and 75 cases). This is a further decline in the number of new HIV cases since the 2008 peak. 22% fewer cases have indeed been reported between 2008 and 2013 (see Figure 1).



After a decline from 97 to 76 cases from 2011 to 2012, the number of new HIV cases among men who have sex with men (MSM) is back to 98 cases, the highest number ever registered since 2004. Since 2013, we have been focusing on encouraging more MSM to get tested, a strategy which could explain the rise in the number of HIV positive in the MSM group. Among immigrants, the number of HIV-positive has slowly declined for the past two years. Among heterosexually-infected people living in Norway and drug users, the HIV figures, virtually unchanged in 2011 and 2012 showed a steep fall in 2013 going from 52 to 39 cases (The Norwegian Institute of Public Health).

For more information – see attached file "HIV situation in Norway in 2013", The Norwegian Institute of Public Health mars 2014.

5. Evaluation of the National HIV strategy

In 2012 the National strategy on HIV was under evaluation. The evaluation was handled by a board consisting of six different government agencies. Their work resulted in a proposal stating that the general strategy had worked as planned but that a few aspects were to be added. The board suggested adding an Appendix to the National strategy specifically targeting these weaknesses. In October 2013 the Appendix was published under the name "Revitalisering og konkretisering" (Revitalize and focus) and aggregated 22 initiatives. Two of them were crucial; 1) The strategy was to be extended for one more year, from 2014 to 2015, and 2) The six ministries were to bring out concrete missions linked to HIV in the state budgets, letters of mission and any other document directed to the underlying government agencies. The remaining 20 initiatives of the Appendix were dedicated to these specific missions that were to be administered by the ministries and their underlying agencies.

6. A new model for HIV grants

Initiative 19 in The Appendix says: The Directorate of Health shall, within the end of 2014, put forward a new model of financing and organizing the work of the civil sector (NGOs) on HIV. In the past, many organizations received grants for their work on the different aspects of HIV in Norway. In 2012 and 2013, 29 grants were given to NGOs, municipalities and hospitals in order to support their projects within the National HIV strategy. These organizations worked in many different areas related to HIV such as patient rights for people living with HIV, prevention of HIV transmissions, information about HIV and sexual health. With as many organizations involved, the field tends to be fragmented and to lack clear goals. The directorate is now working in cooperation with these organizations and groups in order to get a better understanding of the situation. The ultimate goal is to implement a more coordinated HIV policy ensuring a more effective use of grants.

7. HIV and sexual health

The new model of HIV grants will have a strong impact on the way we will work with HIV and sexual health in general in the future. As of today, Norway has an HIV strategy and a sexual health plan which will both end in December 2015. We feel the need for a united strategy addressing both HIV and sexual health in general. We believe that the particular needs related to HIV justify a specific plan, but we wish to connect it to the other sexually transmitted infections as well, especially in terms of prevention. We also believe that treating HIV alongside with other serious diseases such as gonorrhea, syphilis, hepatitis or tuberculosis, will reduce the prejudice linked to an HIV infection.

8. HIV and criminalization

In 2012 a Law Commissions gave an assessment on HIV and criminalization. Their reports discussed the relevant considerations and arguments pertaining to the issue of whether or not the transmission, and possibly the exposure to the risk of transmission, of serious communicable diseases should be a criminal offence. The Commissions chose to distinguish between the *transmission of infection* considered as the basic crime and the *spreading of infection* considered as an aggravated transmission. The distinction is essentially based on the number of people directly infected but other factors are also taken into account with regard to the sentencing (extent of the breach of trust, repeated exposures, use of HIV treatment…). The draft statute of the Commission is based on the Norwegian Penal Code of 2005 and the related imprisonment sentences can vary from one to six years. Consent only provides exemption from penalties when coming from a close relative and when proven to be “informed” (obtained for example in contact with health care personnel).

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Norwegian Institute of Public Health

HIV situation in Norway in 2013

In 2013, there were 233 newly diagnosed HIV cases in Norway, compared to 242 in 2012. The decline is mainly seen among heterosexuals. Among men who have sex with men (MSM), the HIV figures remain high. Increased HIV testing, condom use and more HIV-infected people on treatment are the most important preventive measures.
Of the 233 new HIV infection cases, 158 (68 per cent) were men and 75 were women. In total there are now 5,371 people diagnosed with HIV in Norway, 3,618 men and 1,753 women.

The 2013 figures show a further decline in the total annual number of diagnosed HIV cases notified anonymously by doctors to the Norwegian Surveillance System for Communicable Diseases (MSIS). Compared with the 2008 peak, there were 22 per cent fewer new reported HIV cases in Norway.

The decline among heterosexuals is seen both in those infected while living in Norway and immigrants who were infected before arrival. Following a decline in 2012, the number of diagnosed cases among MSM is again at the same level as in 2011. The incidence of HIV among drug users in Norway remains at a low level.

Table 1 HIV infection reported to MSIS 1984-2013 by year of diagnosis and mode of infection

Transmission route	**Pre-2009**	**2009**	**2010**	**2011**	**2012**	**2013**	**Total**	**%**
Heterosexuals	2059	171	157	155	142	132	**2806**	52.2
- Infected while living in Norway	*647*	*44*	*57*	*46*	*46*	*31*	*871*	
- Infected before arrival in Norway	*1412*	*127*	*100*	*109*	*96*	*92*	*1935*	
Homosexuals	1279	88	85	97	76	98	**1724**	32.1
People who inject drugs	553	11	11	10	11	8	**604**	11.2
Recipients of blood / blood products	46	1	0	0	0	0	**47**	0.9
Mother to child	59	4	1	4	7	1	**76**	1.4
Other / Unknown	90	9	4	2	6	3	**114**	2.2
Total	**4076**	**284**	**258**	**268**	**242**	**233**	**5371**	**100.0**

Men who have sex with men

The number of newly diagnosed HIV cases among MSM in 2013 remains high compared to 2002 when 30 cases were reported. In recent years, high figures in this group have resulted in an increased number of MSM living with HIV and therefore a high infection pressure. This is reinforced by the fact that many newly infected people with high infectivity are unaware of their HIV status. Early diagnosis is a priority in preventive work. Effective treatment greatly decreases the infectivity of HIV positives. The importance of increased testing activity in this group is also confirmed by a significant number of MSM first becoming aware of their HIV status after they become severely ill due to immune deficiency.

The proportion of HIV-positive MSM with an immigrant background has increased in recent years, and this trend intensified in 2013 where nearly half of the diagnosed MSM have an immigrant background. Almost 50 per cent of these come from other European countries.

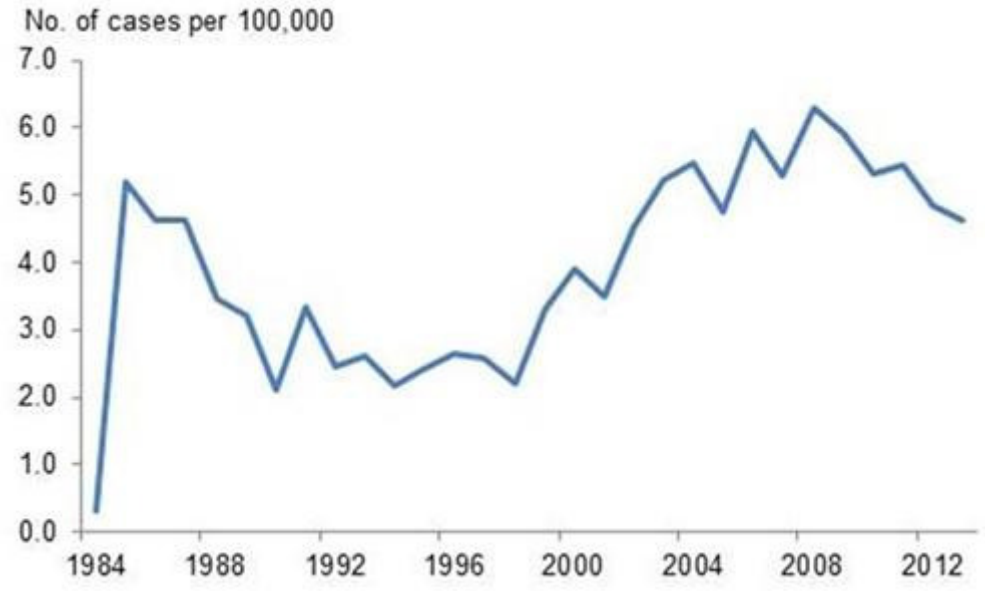

Fig. 1: Number of cases of HIV infection in Norway reported to MSIS 1984-2013 by year of diagnosis per 100,000 population