

Action Plan

for **NORAD's** intensified efforts

to combat **HIV/AIDS**

position



NORAD

DIREKTORATET FOR
UTVIKLINGSSAMARBEID
NORWEGIAN AGENCY FOR
DEVELOPMENT COOPERATION

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The global HIV/AIDS situation

The HIV epidemic has affected the world with full force and is threatening all efforts to reduce poverty and improve human health. The epidemic is also jeopardizing many of the results that have been achieved in development cooperation and is therefore changing the operating parameters for these efforts.

More than 36 million people have HIV/AIDS. Ninety-five per cent of them live in developing countries. Since the beginning of the pandemic, 58 million people have been infected with the HIV virus and 21.8 million have already died of AIDS. More than 5.3 million people were infected in 2000 alone. Most of the infected do not know that they are HIV-positive and may therefore infect others unintentionally.

In countries with a high prevalence of HIV/AIDS, the population structure will change radically as a result of the epidemic. Most HIV-positive persons are between the ages of 15 and 49. The section of the population that is of productive and reproductive age is particularly hard hit. For social, cultural and physiological reasons, girls and women are more vulnerable to infection than men.

AIDS also affects small children. Four million children have already died of AIDS because they were infected at the embryo stage, during birth or through breastfeeding. More than 13 million children have lost one or both parents as a result of the epidemic. In some countries, these children account for as much as 11 per cent of the population under the age of fifteen.

In Sub-Saharan Africa, more than 25 million people are living with HIV/AIDS. They represent 75 per cent of the world's HIV-positive population. AIDS is the primary cause of death in Africa. The disease is killing ten times as many people as wars and conflicts on the African continent. In sixteen African countries, more than ten per cent of the population between the ages of 15 and 49 is infected with HIV. The situation is most dramatic in Southern Africa. In the seven countries in this region, one in every five adults is living with HIV. In Botswana the catastrophe has reached hitherto unknown proportions: as many as 35 per cent of the adult population are assumed to be infected. In South Africa, as many as 25 per cent of the adult population may be infected. So far, the HIV epidemic appears to have affected the countries in Africa with differing force. The estimates for West Africa are lower than for other parts of Africa. However, a great deal of uncertainty is attached to these estimates.

Compared with Sub-Saharan Africa, the epidemic in Asia is still at an early stage. It is estimated that 6 million people are living with HIV and AIDS in Asia today. While the occurrence of HIV infection in the population as a whole is still low, the occurrence among groups at risk, such as prostitutes and injecting drug abusers is extremely high. There is every reason to fear that the epidemic will spread rapidly in parts of Asia in the years ahead. Although the forecasts are still uncertain, several countries are approaching a critical infection threshold.

In Central and South America, the impact of the epidemic is varied. In many countries, the occurrence of HIV is still relatively low in the population as a whole. Certain Caribbean states are an exception. In these countries, the percentage of HIV-positive persons in the population is on a par with countries in Africa. Today, more than 1.8 million people are living with HIV/AIDS in Central and South America.

Sources: UNAIDS report: "Report on the Global HIV/AIDS Epidemic – December 2000"
UNAIDS/ECA report: "AIDS in Africa, Country by Country", UNAIDS
For further information and ongoing epidemiological updating, cf. UNAIDS' home pages,
www.unaids.org. and epidemiological fact sheets
www.unaids.org/hivaidsinfo/statistics/june00/fact_sheets/index.html

Efforts to combat HIV/AIDS in Norwegian development cooperation 1986-2001

HIV/AIDS has been an important priority area in Norwegian development cooperation since 1986. From the beginning, Norwegian assistance has mainly been channelled through *multilateral* organizations, primarily through the WHO Global Programme on AIDS (GPA), subsequently UNAIDS, and through these agencies to national AIDS programmes. In the period up to 1992, *bilateral* assistance accounted for one third of all Norwegian assistance for anti-AIDS measures in developing countries. Activities supported by Norway, under the auspices of international, Norwegian and local NGOs, comprised mapping the epidemic, testing blood and blood products, information, advisory services, seminars, home-based care for AIDS patients and measures for children who had been orphaned as a result of the epidemic.

Efforts in Zambia through NGOs during the early stage of the epidemic may serve as an example of how the organization of Norwegian assistance was flexible enough to be able to provide rapid assistance for innovative local projects. Several of the projects supported by Norway have aroused international interest and been used as models for other organizations.

From the end of the 1980s, awareness-raising relating to HIV/AIDS was included in the training courses for members of the Norwegian Volunteer Service, experts and others who were going to work abroad. The Norwegian Board of Health has provided assistance for these activities. Since 1994-95, the topic of HIV/AIDS has been included in courses for personnel going abroad. An action plan to prevent HIV infection among NORAD personnel was developed in 1995.

In 1990 a special allocation for measures to combat HIV/AIDS was established to allow for greater flexibility in the use of funds, particularly in cooperation with NGOs and other partners. There have been otherwise very few AIDS-specific projects in bilateral cooperation, although efforts in health-related areas such as reproductive health and measures to combat tuberculosis and sexually transmitted diseases are also important elements of anti-HIV/AIDS efforts. The same applies to areas such as poverty reduction and education.

Norwegian assistance for the prevention and control of HIV/AIDS was evaluated in 1996-97. However, the special allocation for measures to combat HIV/AIDS was discontinued before the results of the evaluation were presented, due to a general desire to integrate the special allocations into other development cooperation activities.

- 1987** HIV/AIDS first appears in the state budget, with funds allocated for the WHO Global Programme on Aids (GPA). In the initial years, assistance for projects at country level is funded from the allocation for emergency relief.
- 1988** A technical adviser on HIV/AIDS issues, financed by NORAD, is employed by the Norwegian Board of Health.
- 1990** A special allocation for measures to combat AIDS is established in the Norwegian development cooperation budget.
- 1991** The WHO Global Programme on Aids presents an evaluation of the programme's activities during the period 1987-1991.
- 1992** In its *Guidelines for assistance to combat HIV/AIDS in developing countries*, the Ministry of Foreign Affairs concludes that the HIV/AIDS issue should be integrated to a greater extent into ordinary development cooperation.
- 1995** NORAD develops its *Action plan to prevent HIV infection among NORAD personnel*.
- 1996** UNAIDS is established as the UN's joint AIDS programme.
- 1996** The special allocation for measures to combat HIV/AIDS on the Norwegian development cooperation budget is discontinued. Efforts to combat the epidemic are to be integrated into other development cooperation.
- 1996** Norwegian efforts to prevent and control HIV/AIDS are evaluated.
- 2000** The Minister of International Development and Human Rights announces a strong increase in efforts to combat HIV/AIDS in all development cooperation.
- 2000** The NORAD management appoints a project team to develop an action plan for intensified efforts to combat HIV/AIDS in NORAD's activities.
- 2001** The funds allocated through the state budget for multilateral HIV/AIDS efforts are increased from NOK 65 million in 2000 to NOK 130 million in 2001. A significant strengthening of efforts to combat HIV/AIDS is also proposed in bilateral cooperation, but no specified funds are allocated.
- 2001** The Action Plan for Intensified Efforts to Combat HIV/AIDS in NORAD's Activities in 2001 is published.

NORAD's intensified efforts to combat the HIV epidemic

It is impossible to be involved in development cooperation today without taking into account the challenges arising from the epidemic. NORAD is therefore intensifying its efforts to combat HIV/AIDS. In autumn 2000, the NORAD management established a project team whose mandate was to prepare an action plan for the agency's intensified efforts. The action plan applies to the year 2001.

HIV/AIDS has been an important priority area for NORAD since 1986 and is already integrated into much of the agency's work. The experience gained from these efforts provides the basis for the action plan. Activities under the plan are based on NORAD's ordinary activities. The primary goal of the action plan has been divided into four parts:

- Contribute towards limiting the spread of the epidemic;
- contribute towards limiting the adverse effects of the epidemic on groups of people who are directly affected by the epidemic, such as people living with HIV infection and children and adolescents who have lost their parents;
- contribute towards preventing a negative social impact as regards human rights, stigmatisation and ostracism;
- contribute towards preventing or limiting the negative consequences for social and economic development.

The short-term goal of the action plan is to:

- Ensure that the HIV/AIDS perspective is incorporated into all aspects and functions of NORAD's activities by the end of 2001.

If efforts to combat the HIV epidemic are to succeed, HIV-specific measures are necessary but insufficient. General measures to improve people's living conditions and ensure elementary rights are crucial in order to prevent infection and limit the damaging effects of the epidemic. This particularly applies to measures to reduce poverty, safeguard human rights, improve the economic situation and level of education of women, increase men's responsibility in relation to sexuality, reduce drug and alcohol abuse, and improve the health of the population. General measures to improve living standards and HIV-specific measures are therefore complementary and mutually dependent.

The HIV epidemic concerns and affects all areas of society. Efforts in all sectors are therefore a fundamental prerequisite for success in combating the epidemic. At the same time, it is important to emphasize that, as a disease, HIV/AIDS requires particular efforts in areas such as prevention, care, treatment and access to medicines, and the development of new medicines, including vaccines.

Conditions in many of NORAD's partner countries where the HIV epidemic is still at a relatively early stage, are conducive to a rapid spread of the epidemic. These conditions include poverty, prostitution, injecting drug abuse, labour migration, a lack of gender equality, a high prevalence of sexually transmitted diseases, war, conflict or post-conflict situations. It is important that NORAD contribute towards ensuring that efforts to combat HIV/AIDS have priority while it is still possible to limit the extent of the epidemic.

Concerning the plan

The goal of ensuring that the HIV/AIDS perspective is integrated into all areas and functions of NORAD's activities means that certain tasks will cover several sectors and involve two or more departments, while others will be linked to particular departments/units. The allocation of responsibility for individual activities is indicated in the last column.

By the end of the first half of 2001, work on these intensified efforts is to be well under way throughout the organization. This work will be further developed and consolidated in the second half of the year. Departments and units are expected to identify areas for new or intensified efforts on an ongoing basis.

The action plan is intended to ensure that measures to combat HIV/AIDS are incorporated into NORAD's fundamental activities. The project team has therefore stressed the importance of identifying and clarifying ongoing tasks/basic functions where the HIV perspective is or must be present. These tasks/activities are marked "*ongoing*" (and thus given no time-limit). In the same way as gender and environmental considerations, "HIV/AIDS" must gradually become an integral part of day-to-day, ongoing development cooperation. Time-limits have been indicated for short-term measures to strengthen the HIV perspective. Of the four pilot countries covered by the action plan, Mozambique and Malawi were visited in autumn 2000 and Uganda and Zambia in February and March 2001. The lessons learned from these visits provide the basis for many of the issues and initiatives included in the plan.

In the second half of this year, visits will be made to one or more countries where the epidemic has as yet spread relatively little. Regional meetings on HIV/AIDS for the embassies in Africa and Asia will also be considered.

A project team was established to prepare the action plan. In connection with further follow-up, the composition of this team may be changed somewhat in order to ensure broader, technical representation. The responsibility for coordinating and developing the planning process rests with the project team and the AIDS Adviser and is based in the Technical Department.

Abbreviations used in the plan:

AKS	Department of Communication
ANS	Department for Civil Society and Private Sector Development
AR	AIDS Adviser
CDF	Comprehensive Development Framework
FAG	Technical Department
NSYS	Technical Unit for Productive Sector Development and Employment
PA	Personnel and Administrative Department
PRSP	Poverty Reduction Strategy Plan
REG	Regional Departments
SSS	Technical Unit for Governance and Civil Society
STI	Sexually Transmitted Infections
UE	Policy Planning Unit
UFK	Technical Unit for Education, Research and Culture
UKS	Foreign Service Institute
UNAIDS	The UN AIDS Programme
VP	Activity Plan

NORAD Oslo: 1. Planning and policy development

A pandemic such as the HIV epidemic requires continuous monitoring and continuous adjustment of projects and strategies. Consequently, the organization must possess expertise in this field and ensure that employees have good general knowledge of HIV/AIDS and development cooperation. Since analysis, planning and policy development are inherent in most of the organization's functions, these activities will sometimes be mentioned under several items.

1.1 General planning and policy development

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| • Ongoing review and, if necessary, adjustment of NORAD's overall strategy/policy in relation to the epidemic and its consequences. Ensure links to macro-processes such as PRSP/CDF. | Ongoing | All/UE |
| • Ongoing review of NORAD's areas of activity in order to identify areas with a particular need/potential for efforts or intensification of efforts (e.g. sector programmes, war/conflict, men's responsibility, workplaces, children and vulnerable groups, human rights). | Ongoing | All/AR |
| • Ensure the integration of HIV/AIDS into existing programmes with cooperating technical institutions, and identify new, external partners. | Ongoing | FAG/AR/
ANS |
| • Consider the appropriateness of integrating HIV/AIDS into the Project Cycle Manual | 1 April | PA |

1.2 Integration and coordination with NORAD's other priority areas

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| • Ensure that the HIV perspective is included in areas where this is relevant, such as poverty reduction (with particular reference to the poverty strategy), private sector development, sector programmes, measures affecting children, adolescents and women, and human rights activities. So far, the following concrete proposals have been presented: | Ongoing | FAG/AR |
| 1. Ongoing analysis of topics relating to HIV/AIDS and <i>human rights</i> , including identifying possible areas for proactive efforts in international forums, in partner countries and in relation to Norwegian partners. | Autumn
2001 | FAG/SSS |
| a) Obtain overviews from partner countries of national legislation and practice relevant to HIV/AIDS, and of national enforcement of human rights conventions relating to HIV-positive persons. UNAIDS is a resource in this connection. The purpose is to identify areas where Norway may contribute towards strengthening the HIV/AIDS perspective. | | |
| b) Prepare a "resource memo" on human rights and HIV/AIDS for use by the embassies. This also | | |

applies to the right of children and adolescents to treatment, education and care. It should also be considered whether there are any special circumstances one should be aware of in relation to countries with a low prevalence, such as certain Asian countries and partner countries in the Balkans.

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| 2. Survey of existing programmes/projects for <i>women in refugee camps and camps for internally displaced persons</i> , with a view to identifying unmet needs and possibilities for input. | Autumn
2001 | REG/EMB |
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1.3 External studies

It will be considered whether user-oriented studies should be commissioned from external sources in Norway or in our partner countries. However, relatively comprehensive investigative activities in the field of HIV/AIDS have been in progress for many years and a considerable number of studies and documents already exist. The problem is to find out what already exists. The first step will therefore be to acquire a better overview of what has been done on the topics on which Norway is focusing. The following areas may be relevant:

Ongoing FAG/UFK

- *Evaluation of the macro-economic consequences of the epidemic.* This will primarily be a matter of compiling available knowledge of the macro-economic consequences of the epidemic, with particular focus on topics it may be appropriate to take up with the World Bank.
- *Analysis of the short-term and long-term consequences at local community level*, with emphasis on:
 - a) The consequences of macro-economic changes on individuals and households and how the epidemic affects and reinforces poverty patterns.
 - b) The consequences of repeated losses of important relationships (for children and adolescents as well as for adults).

1.4 Development of programme/project-specific "points to be remembered"

In many areas, it will be useful to prepare simple guidelines or checklists. The enclosed list of matters that should be considered when entering into contracts in the formal labour sector is one example of this. Where possible, it will be useful if the person responsible for projects at country level also considers and draws conclusions based on his/her own experience so that other stations may utilize them. To begin with, priority will be given to civil society and private sector development.

1 August FAG/SSS

- Collect existing practical guidelines for integrating HIV/AIDS into various sectors from other aid agencies, NGOs and other institutions and networks in civil society.
- Prepare "points that should be remembered" of matters that

Autumn
2001 ASN/FAG

should be considered in connection with contracts for projects in the formal labour sector (cf. private sector development).

NORAD Oslo: 2. Technical cooperation with embassies

2.1 Prepare guidelines for integration into activity plans for 2002

- HIV/AIDS reporting is to be specified in connection with the *embassies' ordinary progress reports* in August/September and the reallocation in March/April. Preliminary draft guidelines for integrating HIV into activity plans and ensuring that all sectors and programmes/projects are evaluated with a view to integrating HIV-related efforts where this is relevant. 1 July REG

2.2 Ongoing follow-up of activity plans

- Follow-up in connection with reports from the embassies Ongoing REG/
EMB/
FAG
- a) responses to or proposals for measures at country level, or support in the form of technical assistance,
 - b) assessment of possible aid-policy consequences of the development of the epidemic and the responses from national and international players;
 - c) review of and, if necessary, changes in reporting requirements.

2.3 Ongoing technical assistance for embassies

- Ensure that the HIV/AIDS perspective is included in reviews of sector programmes, annual meetings and other types of reviews and important meetings. Ongoing FAG/REG
- Contribute as a dialogue partner with respect to: Ongoing FAG/REG
 - a) analysing the epidemic, its consequences and the national and international response in each country;
 - b) identifying possibilities for integrating HIV/AIDS measures into the ongoing work of the embassy, including relevant areas for possible pilot projects in cooperation with local partners.
- Facilitate the exchange of experience and knowledge across national and organizational borders.
 - a) Knowledge relating to specific topics/regions;
 - b) general information about HIV/AIDS that is relevant to development cooperation
- Facilitate cooperation and technical development at the regional level through: Ongoing REG
FAG
 - a) personnel support for SIDA's regional AIDS team in Harare (the regional AIDS adviser in Harare will be recruited in spring 2001);
 - b) passing on knowledge about relevant regional partners;
 - c) assistance in establishing possible regional networks on specific topics or HIV/AIDS efforts in general.

NORAD Oslo: 3. Technical cooperation with the Ministry of Foreign Affairs

3.1 Basic tasks

- Ensure availability of information of special relevance in Norwegian development cooperation and experiences from country level work Ongoing FAG/AR
- Provide technical advice for the Ministry of Foreign Affairs on an ongoing basis
- Help to ensure technical participation in reviews, expert groups, etc.
- Serve as secretariat for Aidsnett, the consultative network for NGOs and technical/research communities

NORAD Oslo: 4. Technical cooperation with NGOs and other partners

4.1 Development of plans and strategies

- Develop plans and strategies for ensuring that the HIV perspective is taken into account in cooperation with NGOs, including possibilities for integration with existing projects. Autumn 2001 ASN/FAG

4.2 Ongoing dialogue with international partners

- Identify HIV-related topics for inputs and proactive efforts relating to NGOs at the international level. Assess NGOs' potential for efforts to combat the epidemic. Review the possible adverse consequences of these efforts for aid policy and consider proposals for measures to counteract them. Ongoing ASN/FAG

4.3 Development of pilot projects

- Ongoing dialogue with relevant partners on the topics/areas on which Norway is focusing, such as the informal labour sector, children and adolescents, women, vulnerable groups, refugees and sport. In the course of 2001, partners who are interested in initiating a pilot project in the *informal labour sector should be identified*, with a view to measures based in the local community to prevent HIV and reduce stigmatisation. The women's perspective will be a focal point in this connection. Autumn 2001 ASN

4.4 Contracts and applications

- Ensure that the HIV perspective is taken into account in work on the new guidelines for NGOs, including:
 - a) establish contractual reporting requirements to ensure that the HIV/AIDS perspective is evaluated in connection with projects; Autumn 2001 ASN

- b) ensure that there are plans for HIV/AIDS-related measures for local employees and staff working abroad;
- c) ensure that annual applications state how the organization is handling/will handle the HIV/AIDS issue.

NORAD Oslo: 5. Technical cooperation with private sector development

5.1 Ensure integration

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| <ul style="list-style-type: none"> • Develop preliminary guidelines for HIV-related efforts in connection with following up Proposition No. 1 to the Storting. | Completed | ASN/FAG/NSYS |
| <ul style="list-style-type: none"> • Develop “resource packages” for organizations receiving assistance through the industrial and commercial facility, including: <ul style="list-style-type: none"> a) examples from our own and other organizations’ development and integration of HIV/AIDS-related components; b) examples of requirements that should be included in contracts (depending upon the type of organization). The content and format of such “resource packages” will vary according to the type of organization that is receiving support, e.g. Norwegian players or players in partner countries, companies, authorities or private sector organizations, NGOs or other organizations. | 1 June | ASN/AKS |
| <ul style="list-style-type: none"> • Develop minimum requirements for commercial projects (may possibly be coordinated with the Forum for AIDS and Development). Certain categories of partners should be selected to test the minimum requirements. | 1 June | ASN/FAG/NSYS |

5.2 Development of HIV/AIDS-related pilot projects

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| <ul style="list-style-type: none"> • Collate relatively easily accessible, existing documentation on practical interventions at workplaces. | Ongoing | FAG/AR |
| <ul style="list-style-type: none"> • Discuss the development of pilot projects in connection with the establishment of businesses with relevant companies (may possibly be coordinated with the Forum for AIDS and Development). The following measures/topics should have special priority: <ul style="list-style-type: none"> 1) Establish (long-term) <i>apprenticeships</i> based in the local community for young persons who have lost their parents. There must be emphasis on sustainability so that these young persons are assured an employment plan beyond the financing period. 2) Integrate HIV prevention into training programmes, such as “<i>School on the Building Site</i>”. There should be emphasis on a broad approach to this area, with emphasis on matters such as the responsibility of men and the vulnerability of women. Companies will be responsible for planning and implementation, while NORAD’s role will be | Autumn
2001 | ASN/FAG/NSYS |

to pass on knowledge, experience and links to relevant resource communities in Norway and the country concerned.

NORAD Oslo: 6. Information activities in Norway and access to relevant information

6.1 NORAD's own media

- Develop and update our own Internet pages on this topic Ongoing AKS
- Ensure simple access to up-to-date knowledge about the epidemic through the Intranet and the Knowledge Bank
- Work on an HIV/AIDS-related permanent exhibition in the library
- Arrange an "Open Forum" on HIV/AIDS
- Annual report 2000: collection of relevant HIV topics 1 Dec.
- Annual report 2001: identification of topics to be focused on 1 August

6.2 The mass media

- Proactive effort to put HIV/AIDS on the agenda in the media, including articles on HIV/AIDS in the mass media, lifestyle magazines, youth magazines and the technical press Ongoing AKS
- Consider whether to link a journalist's grant specifically to HIV/AIDS (If so, announcement of the grant and evaluation of applications)
- HIV/AIDS as a main topic in connection with the 2001 Norway Cup

6.3 Cooperation with the cultural sector

- Follow up the exhibition in cooperation with the International Museum of Children's Art in Oslo. Press campaign concerning children and adolescents who have lost their parents. Autumn 2001 AKS
- Ongoing evaluation of opportunities for projects in cooperation with the cultural sector in partner countries (possible coordination with the Ministry of Foreign Affairs' Forum for AIDS and Development Phase II Ongoing)

6.4 Cooperation with the Norwegian Confederation of Sports

- Develop plans for integrating HIV/AIDS into cooperative projects, such as stands at the Norway Cup and Edusport. 15 June AKS

6.5 Good examples for the Knowledge Bank

- Collect and systematize good, practical examples of both integration of HIV/AIDS and HIV/AIDS-specific projects for use in ongoing activities at country level and at NORAD's head office. The examples should be extremely concrete and be based on 1 May AKS

implementation at country level, with emphasis on results where they can be documented. Also ensure that the knowledge/experience gained from pilot projects is registered.

NORAD Oslo: 7. In-house training

It is essential to ensure that the organization has technical expertise and is updated on an ongoing basis, as regards international trends and the status of the epidemic, and as regards the work of other donors. It is also necessary to ensure and further develop in-house expertise and capacity, both for analysis and planning and for working with external experts.

7.1 Departmental/unit meetings

- Arrange meetings in all departments/units which

1 June	All
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 a) provide a general update on HIV/AIDS
 b) allow room for discussion of HIV/AIDS in relation to the unit's areas of responsibility and facilitate the integration of HIV-related measures
 c) identify the need for additional knowledge/updating or other training and support.

7.2 Development Council meeting and the Heads of Station meeting

- Discuss relevant topics, such as:

1 June and autumn 2001	UKS
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 a) strategies for integrating HIV/AIDS measures
 b) the necessity of ensuring HIV-related efforts in countries where the occurrence of HIV is still low.

7.3 Resource package for countries with a low occurrence of HIV

- Develop a resource package for the Knowledge Bank to be used by stations in countries where the epidemic has still spread relatively little

Autumn 2001	REG/ AKS/ AR
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7.4 The Foreign Service Institute

- Ensure that HIV/AIDS is integrated into relevant courses.

Spring 2001	UKS
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 Special seminar for course leaders.
- Arrange a special seminar for Ministry of Foreign Affairs and NORAD employees (half-day course for leaders and one-day course for executive officers)
- *Preparations for assignment abroad:* integration of HIV components into *compulsory courses* prior to departure. The participation of spouses/partners should be considered. At a minimum, the following topics should be included:
 - a) basic information concerning HIV/AIDS and concerning HIV/AIDS in specific countries and regions;
 - b) matters relating to working in areas affected by disaster and distress, including topics relating to:

- * living close to people who are suffering from serious loss and to people – colleagues, neighbours and employees – who are ill and going to die;
 - * for those travelling with children: how to help children to comprehend the ‘incomprehensible’ situations they will be confronted with;
 - * for those travelling with adolescents: as well as helping them to comprehend the ‘incomprehensible’, also HIV-prevention.
- c) general information for employees going abroad and their partners about how to protect themselves against HIV.

NORAD Oslo: 8. Personnel policy

8.1 Personnel policy in relation to local staff

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| <ul style="list-style-type: none"> • Revise the current general guidelines for employment of local staff as regards handling HIV-related issues. Collect experiences and views from embassies in countries where the epidemic is widespread, e.g. Uganda. | Autumn
2001 | PA |
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8.2 Preparation for assignments abroad

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| <ul style="list-style-type: none"> • Inputs for the development of a preparatory course prior to assignments abroad/UKS. • Prepare a checklist of HIV-related topics that must be covered in all job interviews. | 1 May | PA |
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8.3 Follow-up of personnel working abroad

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| <ul style="list-style-type: none"> • Prepare a memo/guidelines for following up staff while they are working abroad | 20 June | PA |
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8.4 Consultants who do not attend courses

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| <ul style="list-style-type: none"> • Ensure a minimum level of knowledge by developing a country-based information package containing: <ol style="list-style-type: none"> a) information about the HIV situation and resources in each country; b) general information about the integration of the HIV perspective c) information about individual HIV prevention | 1 May | PA/REG |
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NORAD Oslo: 9. Follow-up of the Action Plan

9.1 Integration into departments/units

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| <ul style="list-style-type: none"> • The responsibility for ongoing monitoring and development of integration efforts lies with the respective departments/units/projects. This also involves identifying | Ongoing | All departments |
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critical areas and initiating new measures.

- Preparation of short, final reports by all departments/units by the end of the year. The reports must also contain the department's/technical unit's proposals for activities in 2002. 1 Dec.

9.2 The work of the project team

- Follow up integration efforts, including ongoing evaluation and initiation of new measures Ongoing FAG/AR

9.3 Visits to pilot countries

- Visits to Mozambique, Malawi, Uganda and Zambia completed Completed FAG/AR

9.4 Regional meetings on HIV/AIDS will be considered

Autumn 2001 FAG/AR

The embassies: 10. Strategies and planning, human resource development and personnel policy

10.1 Strategies and planning

- Ongoing dialogue with relevant partners in order to ensure that the HIV perspective is taken into account Ongoing AMB
- Discuss HIV/AIDS in the light of other programmes and activities, such as PRSP and CDF, with a view to both integration and complementarity. Consider whether the local situation and the response to the epidemic appear to be adequate.
- Ensure updating/acquisition of knowledge concerning issues relating to the epidemic and its consequences.
- Integrate HIV/AIDS-related measures into ongoing projects/programmes. Formulate a basis for dialogue with national authorities, international organizations and organizations, institutions and networks in civil society, and identify relevant forums for participation.
- Prepare an overview of relevant local and regional partners in HIV/AIDS efforts, including an evaluation of the (comparative) advantages as regards HIV/AIDS-relevant activities (NGOs and technical/research communities). Integrate HIV/AIDS into activity plan reports and proposals and into annual meetings and reviews.
- Ensure that the HIV perspective is considered in connection with mandates, the planning of new projects and ongoing programmes. This also applies to projects where the links to HIV/AIDS are not immediately apparent.

10.2 Human resource development

- Ensure that all employees have adequate knowledge of national HIV/AIDS strategies in each country. Ongoing AMB
- Evaluate the need of embassy staff for training programmes, both to improve basic knowledge and to provide more specific knowledge of HIV/AIDS and development cooperation. If special measures are considered necessary, send a brief outline of them to AR.
- Forward examples of ‘good practice’ (project descriptions, contracts, evaluations, etc.) which are regarded as being potentially useful for other stations on an ongoing basis through REG, FAG and AKS.

10.3 Personnel policy

- Ensure that all local employees possess basic knowledge about HIV/AIDS. Discuss HIV-related policies for local employees: Ongoing AMB
 - a) those who experience a serious loss or are themselves infected
 - b) the stigmatisation of HIV-infected persons (this is also relevant at embassies in countries where the occurrence is relatively low). Possible inputs relating to the revision of guidelines for the terms of employment of local staff. Discuss this with the embassies of other countries (e.g. Sweden). Follow up employees on assignment abroad as regards HIV-related topics (cf. courses before departure).

APPENDIX

The lessons learned from visits to four countries have provided an important basis for the issues and suggested initiatives contained in the action plan. Here are two sections from the Mozambique report for use in future activities. The items below may be used as a basis for efforts to develop local guidelines on specific topics or areas, checklists or guidelines. Since the area of focus of the action plan is an epidemic, lists such as these are obviously of a temporary nature and must be continuously evaluated and adjusted.

Points for use in connection with contracts

- Assess the HIV-related consequences of the project
- Ensure the rights of HIV-positive persons and measures for employees who become ill from HIV/AIDS. Ensure continuous preventive measures at the workplace (including the distribution of condoms and measures targeting men).
- Ensure/develop health services for employees and their families (e.g. treatment of sexually transmitted infections)
- Ensure a personnel policy that does not require spouses to live apart – or, if such separation is unavoidable, ensure that it is as short as possible in terms of time and distance.
- Develop and ensure policies and measures for survivors (including legal aid)
- In the case of projects that will continue for a fairly long period of time, or will involve a large proportion of the local population (e.g. fishery projects), help to limit the adverse effects of the epidemic among the rapidly rising number of orphaned children and adolescents. One such measure may be to develop apprenticeship schemes for orphaned adolescents.

Examples of areas for intensified advocacy and dialogue at country level

- Ensure that a long-term, broad-based strategy is formulated to meet the needs of children and adolescents who have lost one or both parents.
- The necessity of taking vertical (mother-to-child) infection seriously and efforts to ensure medical treatment of newborn babies and pregnant women
- The necessity of intensified efforts to prevent stigmatisation and social rejection of HIV-positive persons, including adapting legislation so that it protects people living with HIV/AIDS
- Ensure genuine integration of HIV/AIDS activities into sectors that have not previously been concerned with the epidemic.
- The necessity of improving women's economic situation in order to promote sexual self-determination and reduce the burden of care that the epidemic will impose on women.
- The necessity of involving men and making them assume responsibility. This is an aspect that should be addressed in all contexts, but perhaps particularly in connection with working life
- The necessity of also initiating, supporting and running projects in cooperation with the informal labour sector.



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