



# National Strategy to Combat HIV/AIDS and Certain Other Communicable Diseases

An increasing number of people are living with HIV infection or AIDS and the number of those being infected by HIV every year is growing. At the same time sexually-transmitted diseases are increasing in Sweden. These are some of the reasons behind the Riksdag's adoption of a strategy to prevent the spread of HIV infection and certain other communicable diseases and reduce their consequences.

*A National Strategy to Combat HIV/AIDS and Certain Other Communicable Diseases (Government Bill 2005/06:60) was processed by the Riksdag in 2006. The strategy includes objectives, measures and organisation for government efforts to reduce the spread and effects of these diseases. The strategy takes as its point of departure the Declaration of commitment on HIV/AIDS, adopted by the UN General Assembly at a special session in 2001, which presents global commitments on measures to combat HIV/AIDS and their effects.*

## The spread of HIV infection and other sexually-transmitted and blood-borne diseases must decrease

The groups that are most affected by HIV/AIDS are often in a vulnerable health situation generally. Efforts to prevent HIV infection and other sexually-transmitted and blood-borne diseases must therefore be coordinated with other public health measures at all levels of society.

The national HIV strategy has one overall objective. The objective is:

*To restrict the spread of HIV infections and other sexually-transmitted and blood-borne diseases and to limit the consequences of these infections for society and the individual.*

To achieve this, the strategy also includes three interim objectives:

1. The number of newly identified cases of HIV infection in which transmission of the disease occurs in Sweden must be halved by 2016,

2. HIV infection in asylum-seekers and newly arrived close relative immigrants must be identified within two months, and within six months for other groups of people who have stayed in high endemic areas.
3. Knowledge about HIV/AIDS and what it is like living with the disease must be improved in the public sector, in working life and society as a whole.

In an international perspective, domestic HIV infection rates in Sweden are relatively low and levels remain stable. Despite this, there are a number of reasons why a national strategy is needed:

- The number of people in Sweden becoming infected with sexually-transmitted diseases has grown drastically over the past five-year period. This shows increased risk behaviour in the population, perhaps mainly among young people.
- The rapid spread of HIV infection in countries in our immediate vicinity is a cause of concern. Although there are at present no signs of any significant spread from these areas to Sweden, greater contacts with neighbouring countries in the east mean that Sweden must maintain a high level of preparedness.
- The number of HIV-infected people who have migrated to Sweden from areas of the world where HIV infection is more widespread among the population is substantially increasing. Identifying infected individuals and assisting them by providing treatment and psychosocial support is a challenge for society and essential to prevent the further spread of infection.
- An increasing number of people are living with HIV infection in Sweden and the rest of the world. These people are a possible source of continued spread of HIV infection, particularly where both infected and uninfected people are lulled into believing that treatment eliminates the risk of infection.

### **Attitudes to HIV and AIDS must be more open**

Measures are needed to change attitudes in society to HIV and AIDS so that they are more realistic and open. It is also important to take measures against discrimination and stigmatisation of HIV-infected people and to take care to ensure that their human rights are not violated. Ignorance about HIV infection and the ways it is transmitted causes prejudice and intolerance towards HIV-infected people. There is a risk that the existence of intolerance will predispose people who suspect they are infected to avoid testing themselves. Because of this, they lose the opportunity for medical treatment and the knowledge needed to avoid transmitting the disease to others.

### **Measures must target groups at risk**

An important starting point for preventive and supportive efforts is to make the groups that are most at risk from HIV/AIDS visible. It is vital that targeted measures are implemented to reduce the vulnerability of these groups. The groups considered most in need of targeted measures are:

- men who have sex with men
- injecting drug misusers,
- young people and young adults
- people from foreign backgrounds
- people travelling abroad
- pregnant women
- people who are the victims of prostitution.

## **Areas for development**

To achieve the objectives of the strategy there are a number of areas in special need of development. A brief description of some of these areas is given below.

### **Health and medical care need to be more health-promoting**

Working methods in health and medical care need to emphasise health promotion more than at present. Accessibility to diagnostics, treatment and follow-up of HIV infection and other sexually-transmitted and blood-borne diseases need to be improved. It is also important that more individuals are offered regular HIV testing and advice and that the quality of contact tracing is improved.

### **Schools and youth clinics are important arenas for preventive measures**

Well-functioning preventive work assumes that all school students receive balanced and well-functioning education in sex and relationships at an early stage, continuing over their entire school career. Questions concerning gender equality, homosexuali-

ty, bisexuality and transsexuality should be discussed in the education. Education should be designed to meet the students' needs irrespective of their gender, sexual orientation, disability, ethnic belonging, religion or other belief.

Student welfare and health care services and youth clinics should be utilised better in preventive work among young people. Special efforts should be made to reach boys and young adults. The Government has instructed the National Board of Health and Welfare to prepare a knowledge base and guidance for targeted measures for young people and young adults in the area of sexually-transmitted diseases including sex and relationship information, for example at youth clinics and similar services. The remit also includes highlighting the potential for cooperation between schools and health and medical services.

### **Knowledge of how to conduct effective preventive work must improve**

The state of knowledge must be improved to make it possible to carry out knowledge-based preventive measures. This can take place by accessing and initiating current research on the special initiatives under way in the field of HIV/AIDS. For the preventive work to be successful it is also important that there is a plan in place right from the start for following up and evaluating the activities to be implemented.

### **Non-government organisations must be utilised**

Non-government organisations have great potential in combating HIV/AIDS and other sexually transmitted diseases. They have close contact with the target groups and can provide information and insights that are difficult to communicate. NGOs should therefore be given a greater role in producing plans and strategies for measures to prevent HIV infection and other sexually-transmitted and blood-borne diseases.

### **Measures to reduce the spread of infection among injecting drug misusers**

Injecting drug misusers constitute a considerable risk for the spread of HIV. Great importance should be attached to offering care and treatment to people with substance misuse problems. The *Syringe and Injection Needle Exchange Act (2006:323)* was introduced as part of the strategy. Its purpose is to prevent the spread of HIV infection and other blood-borne infections among injecting drug misusers. The work is to be conducted so as to motivate injecting drug misusers to seek care and treatment. The Act means that county councils, with the authorisation of the National Board of Health and Welfare, may conduct activities that on certain conditions allow injecting

drug misusers to replace used syringes and injection needles with clean ones.

#### **People with foreign backgrounds should to a greater extent be offered health checks on arrival in Sweden**

It is important to follow up the health checks offered by county councils to asylum seekers and newly arrived close relative immigrants to Sweden. The Government therefore wishes, by means of incentives in the county councils, to ensure that these groups are really offered health checks in accordance with current statutory obligations.

#### **More knowledge of children's needs is required**

HIV-infected children and young people are a very vulnerable group. Apart from their disease, in most cases they come from severely afflicted and marginalised families. In many cases they often have a HIV-infected parent and family members may have died of AIDS. Aside from the socially vulnerable situation of these children and the stigmatisation resulting from their HIV infection, they often have to expect lifelong medication. HIV-infected children and young people must receive the best possible support, as must children and young people living close to people with HIV infections. Within the framework of the strategy for incentives in county councils, the Government is therefore investing in increased support to families with HIV-infected members and initiatives against discrimination and stigmatisation.

## **Implementation of the strategy**

#### **New coordination function in the National Board of Health and Welfare**

The distribution of responsibility among the agencies most concerned, i.e. the National Board of Health and Welfare, the National Institute of Public Health and the Swedish Institute for Infectious Disease Control, must be clearer. National coordination must also be strengthened. A national coordination function within the National Board of Health and Welfare has therefore been set up. This will coordinate national action and ensure that long-term preventive measures are taken.

#### **Council for Coordination of Measures to Combat HIV/AIDS**

The Council for Coordination of Measures to Combat HIV/AIDS has been set up at the National Board of Health and Welfare. The Council's remit includes coordination of measures to combat HIV/AIDS and other sexually-transmitted diseases and blood-borne diseases at national, regional and local levels. On 15 February 2007 the Government appointed Ewa Björ-

ling as new chair of the Council for Coordination of Measures to Combat HIV/AIDS. The National Board of Health and Welfare appoints the members of the Council.

#### **Government grants for measures to prevent HIV/AIDS and other communicable diseases**

Funds for implementing the strategy will be allocated in the annual Budget Bill. These funds will be allocated in accordance with an integrated system for planning and following up measures to combat HIV/AIDS and Certain Other Communicable Diseases. The National Board of Health and Welfare will prepare documentation for allocation of the government funds and be responsible for follow-up.

The funds will be used for grants under the ordinance (2006:93) *on Government Grants to Activities to Combat HIV/AIDS and Certain Other Communicable Diseases*, contributions to non-profit organisations conducting activities for homosexual, bisexual and transgender people and grants allocated under an agreement between the Government and the Swedish Association of Local Authorities and Regions on certain remuneration in the area of public health. Besides this, funds may be used to finance measures at national level and for overall coordination and follow-up.

#### **The agreement between the Government and the Swedish Association of Local Authorities and Regions**

The greatest part of the Government funds will be allocated through an annual agreement between the Government and the Swedish Association of Local Authorities and Regions. A precondition for success in combating HIV/AIDS is that work to prevent HIV is well integrated in the ordinary work of the responsible local agencies. The agreement is intended to be an incentive for intensified work to combat HIV/AIDS at local level, in addition to that carried out by the responsible agencies as part of their ordinary activities.

#### **Grants to non-profit organisations at national level**

Non-profit organisations at national level that conduct activities to combat the spread or reduce the effects of HIV/AIDS or other sexually-transmitted and blood-borne diseases may receive government organisation or activity grants. The conditions for receiving grants are set out in the *Ordinance (2006:93) on Government Grants to Activities to Combat HIV/AIDS and Certain Other Communicable Diseases*.

The aim of the government grant is to strengthen and supplement central and local government measures through support to the organisations in their work of education, information, opinion forming or various forms of supportive social work. The

government grant is also aimed at strengthening these organisations' development work and competence-building. The National Board of Health and Welfare decides on which organisations are to receive grants after application, in accordance with the stipulations in the ordinance.

### **Strengthened international cooperation**

It is essential that international cooperation can continue to develop on the basis of the UN Declaration on HIV/AIDS, in the countries in the vicinity of Sweden, in the European Union as well as in a global perspective. National initiatives are not sufficient to prevent and reduce the effects of HIV/AIDS and other communicable diseases. Well-developed international cooperation in the area is crucial to be able to prevent and reduce the consequences of HIV/AIDS and other communicable diseases.



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