

# Switzerland



***Covering the period from January 2012 to December 2013***

*Report submitted on 31 March 2014*

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## Glossary

AIDS	Acquired immune deficiency syndrome
ART	Antiretroviral therapy
BerDa	Counselling guidelines and data processing system for voluntary counseling and testing centres
BIG	Bekämpfung von Infektionskrankheiten im Gefangnis (Combating Infectious Diseases in Prison)
CYLL	Check Your Lovelife
ECDC	European Centre for Disease Prevention and Control
EKAF	Eidgenössische Kommission für Aidsfragen (Swiss National AIDS Commission)
EKIF	Eidgenössische Kommission für Impffragen (Swiss Federal Vaccination Commission)
FDFA	Federal Department of Foreign Affairs (Eidgenössisches Departement für auswärtige Angelegenheiten)
FDHA	Federal Department of Home Affairs (Eidgenössisches Departement des Innern)
FOM	Federal Office for Migration (Bundesamt für Migration)
FOPH	Federal Office of Public Health
GAP	Gesundheitsausserpolitik (health foreign policy)
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GIPA	Greater Involvement of People Living with HIV/AIDS
HIV	Human immunodeficiency virus
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HPV	Human Papilloma virus
HSV	Herpes genitalis
IDU	Injecting Drug User
ILO	International Labour Organisation
IPPF	International Planned Parenthood Federation
LGBT	Lesbian, Gay, Bisexual & Transgender
LGV	Lymphogranuloma venerum
MSM	Men who have sex with men
NGO	Non-governmental organisation
NHAP	Swiss National HIV/AIDS Programme
NPHS	Swiss National Programme on HIV and other Sexually Transmitted Infections
NPO	Non-profit organisation
PEP	Post-exposure prophylaxis
PHZ	Padagogische Hochschule Zentralschweiz – Luzern (Central Switzerland Teacher Training College – Lucerne)
PICT	Provider Induced Counselling and Testing
PrEP	Pre-exposure prophylaxis
SADC	Swiss Agency for Development and Cooperation (Direktion für Entwicklung und Zusammenarbeit)
SAN	Swiss AIDS News
SCIH	Swiss Centre for International Health
SGDV	Schweizerische Gesellschaft für Dermatologie und Venerologie (Swiss Society for Dermatology and Venerology)
SGGG	Schweizerische Gesellschaft für Gynäkologie und Geburtshilfe (Swiss Society for Gynaecology and Obstetrics)
SGS	Second Generation Surveillance System
SHCS	Swiss HIV Cohort Study
SNF	Schweizerischer Nationalfonds (Swiss National Science Foundation)
SSS-SGS	Foundation Sexual Health Switzerland
STI	Sexually transmitted infections
TGS	Third Generation Surveillance
UEPP/IUMSP	Unit for the Evaluation of Prevention Programmes/University Institute of Social and Preventive Medicine, Lausanne (Unité d'évaluation de programmes de prévention/Institut universitaire de médecine sociale et préventive, Lausanne)
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund

UNGASS	United Nations General Assembly Special Session on AIDS
VCT	Voluntary Counselling and Testing
VEGAS	Verein Gaybetriebe Schweiz (Swiss Association of Gay Businesses)
WHO	World Health Organisation

## *I. Status at a glance*

### *a) Including the stakeholders in the report writing process*

This report follows and completes the previous UNGASS Reports already submitted by Switzerland over the years (2006, 2008, 2010 and 2012). It is written as an update of the last 2012 Switzerland UNGASS Report.

This Report has been written by the team of the Prevention & Promotion Section, Division of Communicable Diseases at the Swiss Federal Office of Public Health.

Concerning indicators, support has been given by the Unit for the Evaluation of Prevention Programs (UEPP) of the Institute for Social and Preventive Medicine of the University of Lausanne.

Information for Chapter VI (Support from the country's development partners) has been given by the Swiss Agency for Development and Cooperation (<http://www.deza.ch>), in charge of the Swiss Foreign Aid and Cooperation.

This year Switzerland also completed and submitted the "2014 Dublin Declaration Questionnaire. Part A: Government". The part B of this Questionnaire was given to the Swiss AIDS Federation (AHS) to be filled in independently.

### *b) Current status of the epidemic*

The Federal Office of Public Health publishes the most important statistics on positive HIV tests, new AIDS cases and reports of the sexually transmitted infections chlamydia, gonorrhea and syphilis in its bulletin and on the Internet twice a year. A detailed analysis of the previous year is published each spring. Trends for the current year are published in autumn. These statistics are based on the reporting of chlamydia, gonorrhea and syphilis, on the reporting of confirmed positive HIV tests and other related medical reports, and of AIDS cases. All such reporting is mandatory in accordance with the Reporting Ordinance.

In the last 5 years, the notifications of positive HIV test results floated around a level close to 600 per year (2009: 656; 2010: 604; 2011: 557; 2012: 622; 2013: 575). This remains a high level, also compared with other Western European countries. However, this apparent stability was the result of two diverging trends: a decrease among heterosexuals and an increase among men who have sex with men (MSM). Since 2009, there is a decreasing trend of new HIV notifications among MSM.

The HIV epidemic in Switzerland (total population: October 1<sup>st</sup>, 2013, 8,112,000 inhabitants, of which over 1,919,000 were foreign legal residents<sup>1</sup>) remains a concentrated epidemic. A generally used estimation set the number of HIV infected people alive between 22'000 and 29'000.

Prevention needs to be focused on the groups where the risk is concentrated, and in particular among male homosexuals and other men who have sex with men (MSM), people from countries with a high prevalence of HIV infection, especially in Sub-Saharan Africa and injecting drug users (IDU).

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<sup>1</sup> Swiss Statistics: <http://www.bfs.admin.ch/bfs/portal/en/index/themen/01/02/blank/key/bevoelkerungsstand/01.html>

### *c) Policy and programmatic response*

The National Programme for HIV and Other Sexually Transmitted Infections 2011–2017 (NPHS) follows on from 25 years of successful prevention work and takes this forward with consideration of the latest findings. For the first time, other sexually transmitted infections (STIs) are being included in addition to HIV. The principal aim is to clearly reduce the number of new infections with HIV and other STIs and to avoid subsequent consequences with an adverse effect on health. It is intended to bring about a cultural change over the next few years – after receiving a positive diagnosis, informing one's partner voluntarily should become a matter of course as people come to appreciate the true need for this.

Various events were organized at which stakeholders discussed and drew up the strategy in working groups. In addition, several consultation procedures were held. Thanks to this broad-based process, the NPHS is a programme that is supported both by those concerned and by the experts.

A model with three axes of intervention has been used to structure and implement the aims and measures for the first time. Intervention axis 1 serves as the underlying basis for the prevention work and has the population as a whole as its target group. Intervention axis 2 is addressed to people who engage in risky behaviour in an environment in which the pathogens are particularly widespread, and intervention axis 3 is aimed at people with an HIV or STI infection and their partners. The axis model is thus configured on a cumulative basis: anyone belonging to the target groups for intervention axes 2 or 3 will also be reached by the measures for intervention axis 1.

The main focus of the strategy is on groups that are particularly at risk and on those who are already infected and their partners. People from groups that are particularly at risk (intervention axis 2) are 30 to 100 times more likely to become infected with HIV, and the partners of infected individuals (intervention axis 3) are some 300 times more likely to become infected than the population at large.

The National Programme for HIV and other Sexually Transmitted Infections 2011–2017 (NPHS) is available in 4 languages (German, French, Italian and English) in a PDF format at the following link:

[http://www.bag.admin.ch/hiv\\_aids/05464/05465/12491/index.html?lang=en](http://www.bag.admin.ch/hiv_aids/05464/05465/12491/index.html?lang=en)

In 2014, we will conduct a Mid Term Check of the current NPHS 2011-2017 in order to have an evaluation of the work accomplished so far and to prepare an initial planning for the preparation of a next national programme.

### *d) Indicator data in an overview table*

We do not submit a separate overview table.

## *II. Overview of the AIDS epidemic*

The notifications of confirmed HIV-infections have declined since the year 2009 (575 cases in 2013). In the period between 2002 and 2008, the number of new HIV notifications had remained at a more or less stable, but at a high level, also compared with other Western European countries. However, this apparent stability was the result of two diverging trends: a decrease among heterosexuals and an increase among men who have sex with men (MSM). In the year 2009, a first slight decrease of new HIV notifications was also observed among MSM.

As in most industrialized countries, HIV probably began to spread in Switzerland in the 1970s. As a result of the epidemic spread of HIV, the number of HIV notifications rose rapidly after the year 1985, when the HIV test was introduced on a wide scale. In the years from 1992 to 2000, this number was decreasing, which was probably due to preventive behaviors among the groups most at risk. This decline came to an end around the years 2000/2001. In 2002, an increase of 25% was observed. The groups most affected were Swiss MSM and heterosexual persons originating from countries with a high HIV prevalence.

The total number of new HIV diagnoses remained relatively stable in the following years. However, among MSM, the yearly number of positive HIV test results almost doubled between 2004 and 2008, whereas it decreased in most other groups of transmission, particularly among heterosexuals. In the year 2009, for the first time since 2002 the number of new HIV diagnoses also decreased among MSM. Given the last data, we can consider that a decreasing trend, although of small proportion, can also be confirmed among MSM.

Among MSM, the proportion of primary infections, i.e. of cases in the initial and acute phase of HIV infection, is still very high compared with other groups. The same is true for the proportion of cases with a diagnosis of another sexually transmissible infection in the two years preceding the HIV diagnosis. This indicates that sexual risk taking was high in that group, similarly as in many other western countries. In contrast, among heterosexuals older infections appear to have decreased. This could indicate that uptake of testing has increased in this group. However, other factors could have contributed, such as changing migration patterns of persons originating from countries with a high HIV prevalence, who have accounted for a large proportion of the HIV infections diagnosed in Switzerland in the past decade.

At least during the first decade after its emergence, monitoring the HIV-epidemic was based on AIDS surveillance. The first AIDS case in Switzerland (diagnosed retrospectively) emerged in 1980. The number of AIDS cases rose rapidly to over 700 cases per year. Initially the disease primarily affected MSM and injecting drug users (IDU), while heterosexual transmission has become significant since the mid-1980s only.

In the mid-1990s, the trend in the new AIDS cases reversed. After 1995 the introduction of combination antiretroviral therapies had the effect that the progression of the disease could be slowed down significantly in a growing number of people living with HIV. Consequently, the number of new AIDS cases and deaths due to AIDS fell continuously for several years, eventually stabilizing at between 160 and 220 cases a year. Since 2011, there has been a lightly decreasing trend. The total number of deaths among persons with HIV infection continues to decrease from year to year (less than 100 in the year 2011). The proportion of deaths with cause of death other than AIDS is increasing.

Link: [http://www.bag.admin.ch/hiv\\_aids/05464/12908/12909/12914/index.html?lang=en](http://www.bag.admin.ch/hiv_aids/05464/12908/12909/12914/index.html?lang=en)

#### **HIV/STI statistics, analyses and trends**

The Federal Office of Public Health publishes the most important statistics on positive HIV tests, new AIDS cases and reports of the sexually transmitted infections (chlamydia, gonorrhea and syphilis) in its bulletin and on the Internet twice a year. A detailed analysis of the previous year is published each spring. Trends for the current year are published in autumn.

These statistics are based on the reporting of chlamydia, gonorrhea and syphilis, on the reporting of confirmed positive HIV tests and other related medical reports, and of AIDS cases. All such reporting is mandatory in accordance with the Reporting Ordinance.

The next online publication will happen by May, 12<sup>th</sup>, 2014, with an a complete update of surveillance data covering the period up to December 31<sup>st</sup>, 2013, including a complete analysis of data and trends for the period 2009–2013.

This update and analysis will be available at the following address:

[http://www.bag.admin.ch/hiv\\_aids/05464/12908/12909/12913/index.html?lang=en](http://www.bag.admin.ch/hiv_aids/05464/12908/12909/12913/index.html?lang=en)



# Factsheet on HIV and AIDS in Switzerland 2013

(based on case notifications until February 28, 2014)

## HIV Infections

Total number of positive HIV test results (1985-2013):	33,942
- Positive tests in 2013	575
- Positive tests in 2012	622
Proportion of women (positive tests in the year 2013)	26.9%
Age groups (positive tests in the years 2009 to 2013, N=2993)	male female
- Children under 15 years	0.6% 1.8%
- 15 to 29 years	21.9% 24.7%
- 30 to 44 years	47.9% 49.7%
- 45 years and over	29.5% 23.7%
Transmission groups in the new infections (estimated proportions)	
- Heterosexual contacts	~51%
- Sexual contacts between men	~45%
- Injecting drug use	~3%
- Mother-to-child transmission	~0%
- Blood transfusions / blood products <sup>§</sup>	~0%
<sup>§</sup> (in Switzerland)	
Estimated number of infected persons alive:	22,000–29,000

## AIDS cases

Total number of case notifications (1983 to 2013)	9,534
- Notifications in the year 2013	125
- Notifications in the year 2012	98
Proportion of women (AIDS diagnoses in the year 2013, N=71)	29.6%
Age groups (AIDS diagnoses in the years 2009 to 2013, N=588)	male female
- Children under 15 years	0.2% 0.0%
- 15 to 29 years	9.8% 8.9%
- 30 to 44 years	43.4% 50.3%
- 45 years and over	46.5% 40.8%
Transmission groups (AIDS diagnoses in the year 2013)	
- Heterosexual contacts	54.9%
- Sexual contacts between men	31.0%
- Injecting drug use	5.6%
- Mother-to-child transmission	1.4%
- Blood transfusions / blood products	0.0%
- unknown transmission group	7.0%

## Trends

(MSM=Men who have Sex with Men, IDU=Injecting Drug Users)

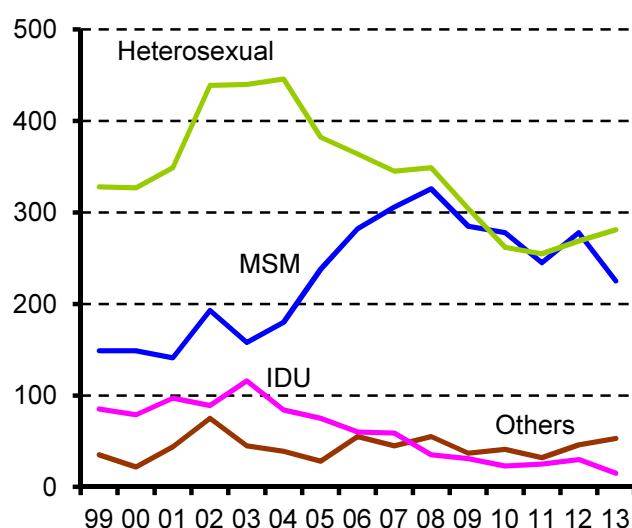
In the year 2002, the number of reported positive HIV tests increased by approximately 25%, following a decline since 1992. The two groups most affected by this increase were MSM and heterosexuals (42% originating from high-prevalence countries among the latter). The total number of positive HIV test was stable between 2003 and 2008. However, among MSM, the yearly number of positive HIV test results doubled since 2003, whereas it decreased in all other groups of transmission. Since 2009, there has been a decreasing trend also among MSM.

## Trends

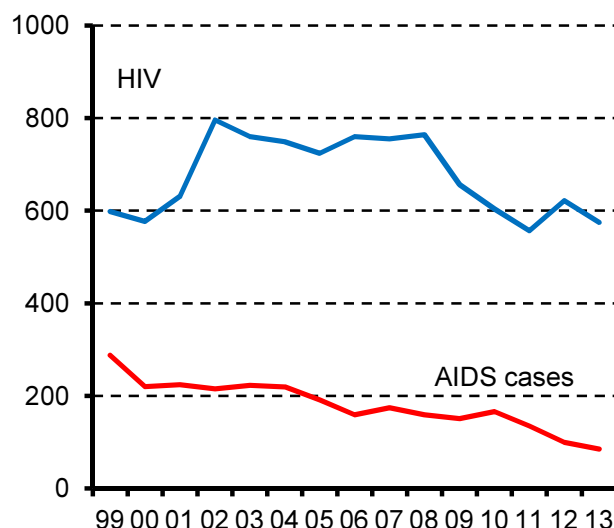
The number of new AIDS diagnoses sharply decreased after 1995. This trend was due to the wide-spread use of combination antiretroviral therapy. After 1999, the number of new AIDS cases continued to decrease; however, the rate of decrease is slowing down.

Every year the number of new HIV diagnoses has been by far greater than the number of deaths in persons with HIV infection. Therefore, the number of persons living with HIV infection needing medical care continues to grow.

Number of new HIV diagnoses by transmission route and year



Number of new HIV and AIDS cases, by year



### *III. National response to the AIDS epidemic*

Regarding the period 2012–2013, we wish first to stress, as we already did in the past, that the Swiss policies and strategies to fight HIV and AIDS are following a long term planned evolution, built on past experiences and programs.

As a basic condition, Switzerland fully respects the “Three Ones” principles fixed by UNAIDS :

1. One agreed AIDS action framework that provides the basis for coordinating the work of all the partners involved. In Switzerland, currently, this is embodied by the National Programme for HIV and Other Sexually Transmitted Infections 2011–2017 (NPHS).
2. One national AIDS coordinating authority with a broad based multisectoral mandate: currently the Federal Commission for Sexual Health (FCSH). This body is commissioned by the Federal Council to advise the federal government and administration and in particular the FOPH on HIV issues . In this regard it functions as a higher independent body within the overall system. The FCSH took up the role of the previous Federal Commission for AIDS-related Issues on January 1<sup>st</sup>, 2012.
- 3) In Switzerland, we also have one efficient and agreed country-level monitoring and evaluation system. The FOPH ensures the surveillance of epidemiologic developments. The surveillance of the behavioural indicators as well as the evaluation of the implementation of the programme are carried out, on behalf of the FOPH, by the Institute of Social and Preventive Medicine (IUMSP) of the University of Lausanne. The Swiss surveillance system can currently be considered as a second-generation surveillance system as defined by UNAIDS.

Particularly, regarding the surveillance system we can differentiate three dimensions : epidemiological, behavioural and clinical surveillance.

The *epidemiologic surveillance* is carried out by the FOPH and consists of the centralized collection of the positive HIV tests, which the test laboratories have the obligation to report anonymously. The reported results are supplemented by anonymized clinical data (probable transmission channel, stage of the disease and CD4 count).

The *behavioural surveillance* is led by the IUMSP of the University of Lausanne and includes regular surveys among the general population, MSM as well as among IDU. The behavioural surveillance also includes a monitoring of the annual sales of condoms and the distribution of syringes.

The *clinical surveillance* - for people already HIV-infected - is an essential part of the Swiss HIV Cohort Study (SHCS) which began in 1988. This study enlists about half of the total number of HIV positive people over 16 years of age and collects information regarding HIV/AIDS in connection with the therapies (ART) and other medications, the laboratory parameters and general demographic data of the cohort.

For more information on the Swiss HIV Cohort Study, please check: <http://www.shcs.ch>

## *The Swiss National Programme on HIV and other Sexually Transmitted Infections 2011–2017*

The Swiss National Programme on HIV and other Sexually Transmitted Infections 2011–2017 (known as NPHS for short) sets out to improve the sexual health of the Swiss population. Its legal basis is the Swiss Epidemics Act, and the programme is pitched at efforts against disease. The NPHS is a national strategy for the prevention and also the diagnosis and treatment of HIV and other STI (sexually transmitted infections), including chlamydia, syphilis, gonorrhoea, hepatitis, human papilloma virus, lymphogranuloma venerum and herpes.

The programme is rooted in scientific evidence and is based essentially on the findings of four external studies by internationally renowned specialists. It was drawn up in a participatory process with the key stakeholders. The programme lays down the substantive guidelines for HIV and STI work in Switzerland for the next seven years and thus represents the common core for all the organisations active in the field of HIV and STI.

There are four main reasons for developing a new programme in the field of HIV and STI:

1. HIV is a severe, complex, chronic disease, whose eradication appears unlikely as things stand at present. HIV and AIDS can be treated, but not cured. No medicine has yet been developed that would be able to cure those infected, and there is no hope that an effective vaccine could come into use within a matter of years.
2. Some 600–800 new sufferers have become infected with HIV each year in Switzerland over the past ten years. At present, these individuals need medical treatment – and will continue to do so for the rest of their lives. The treatment of one infected person costs up to a million Swiss francs (lifetime costs of the treatment: 25,000 Swiss francs per year for a mean life expectancy of forty years). Untreated, HIV results in death.
3. Untreated STI can have severe consequences: chronic diseases, infertility, cancer and pregnancy complications, as well as serious deformities and problems in new-born babies. In Europe, infections with *Chlamydia trachomatis* are the principal cause of the inability to have children despite wanting them.
4. HIV and STI continue to have epidemic potential (precisely on account of the globalisation of travel) and might constitute a threat to public health in Switzerland.

This is the starting situation from which the *NPHS vision* has been derived:

*The conditions in Switzerland are such that people can fully live undisturbed, low-risk sexuality in a self-determined manner and with mutual respect. The National HIV and other STI Programme 2011–2017 makes a decisive contribution to this by empowering inhabitants to exercise their sexual rights and maintain or improve their sexual health.*



The programme has *four* main goals:

1. People living in Switzerland are empowered, through suitable means of sensitisation and education, to insist on their rights in the realm of sexuality (these rights being derived from human rights in general).
2. Effective and innovative measures of behavioural and contextual prevention reduce the transmission risk of HIV and other STI that are relevant for public health.
3. Infected individuals are diagnosed early, treated correctly and in good time and given comprehensive accompaniment to enable them to continue with as high a quality of life as possible. Early diagnosis and correct treatment reduce the consequential harm and longer term health impairment.
4. HIV and STI work has a lasting effect, because it is accepted by the population, is focused on participation of the target groups and is based on scientific evidence while, at the same time, allowing scope for innovations. What it has to offer is attuned to the needs of the target groups, and these are coordinated amongst one another.

#### **Model of three axes of intervention:**

In order to structure HIV and STI work, the NPHS channels all the interventions into three axes. Each intervention axis addresses particular population groups. The subdivision into axes is in accordance with criteria of prevalence and vulnerability (risk):

**Intervention axis 1:** everyone living in Switzerland.

The objective is to maintain the protective behaviour of the population at large at a high level. Everyone living in Switzerland must be aware that HIV and STI still constitute a problem and that all ought to adopt protective measures when necessary.

**Intervention axis 2:** Sexually active individuals with a heightened exposure risk for HIV and/or STI (men who have sex with men, migrants from high-prevalence countries, injecting drug users and prison inmates) as well as their partners. The objective is to slow decrease further spread of HIV and STI as far as possible. Individuals belonging to a group with a high STI and/or HIV prevalence or those who are in sexual contact with individuals from those groups ought to be kept HIV-negative and free from other STI despite the heightened risk for infection.

**Intervention axis 3:** Individuals with HIV and/or an STI as well as their (non-infected) partners. The objective is to eliminate the infectiousness as quickly as possible, to reduce it to the lowest possible level, to avoid infections within partnerships and also to prevent HIV-positive individuals or those affected with STI from becoming infected with further STI.

The next step is to take the main goals stated above and to break them down into the individual intervention axes, which results in the aims for each of the axes.

#### **Innovation**

On the one hand, the new strategy is further developing proven work in the field of HIV/AIDS and, on the other hand, it includes a number of important *innovations*:

**1. Inclusion of the other Sexually Transmitted Infections (STI) in the programme:** various different reasons provide strong arguments for this extension:

Epidemiology: the number of diagnoses of syphilis, gonorrhoea and chlamydia infections has been increasing since 2000. STI are a driving force behind the HIV epidemic: STI increase the infectiousness of HIV carriers and susceptibility for HIV, and the interaction between HIV and other STI may make the particular treatments more difficult.

Creating synergies: prevention messages concerning HIV are in part the same as or similar to those concerning STI. For the work of preventing other STI, it is possible to make use of the structures that already exist for HIV work. The inclusion of STI is in line with the international trend. Several countries (such as the United Kingdom) have combined strategies.

## **2. Information about rights in relation to sexuality:**

The rights that people have in relation to sexuality are derived from human rights in general and include the freedom, equality, privacy, self-determination, integrity and dignity of all human beings. In Switzerland, these rights are guaranteed, but not everyone succeeds in making them reality. By providing the corresponding information, the programme empowers those living in Switzerland to experience their sexuality in a self-determined manner and to look after their sexual health by calling on prevention and care available if and when the need arises.

**Prevention in particularly affected population groups:** The NPHS is focusing prevention on the target groups in question to a greater extent than was previously the case. Measures of situational and behavioural prevention are envisaged, and these will include the contexts in which the target groups are found as well as specific test concepts.

## **4. Normalisation of voluntary partner information:**

For every diagnosis, the infected person is encouraged to support the provision of information to his or her sexual partner(s) (anonymously, if necessary). Partner(s) will then be tested and, if appropriate, treated quickly in order to avoid recurrent and repeated infections.

**5. Diagnosis and treatment as important elements in prevention:** The faster an STI or HIV can be treated, the lower the risk of spreading the infection further. Infected persons are thus encouraged to seek treatment in time, and incentives motivate them to adhere to it. In the case of individuals infected with an STI, treatment providers are generally to verify their success once treatment has been completed.

**6. Comprehensive treatment of HIV patients:** Given the significance of adherence for both public health and for patients, those diagnosed as HIV-positive must be given comprehensive treatment and provided with support where this may be necessary (in legal, social and other ways). A pilot project for this disease-management model in the field of HIV and STI is to be launched which may lead to further improvements in the quality of the treatment.

**7. Third-generation surveillance furnishes necessary evidence:** Decisions on resource allocation have been rendered more difficult since the various preventive measures are not comparable with one another in terms of effectiveness and costs. The NPHS envisages the development of a model for third-generation surveillance. This extends biological surveillance in the field of STI and closes gaps in behavioural surveillance. It combines the findings of HIV and STI surveillance and extends monitoring, including cost/benefit analysis, to the prevention and care measures on offer.

**8. Encouragement for innovative projects:** An innovation pool is to make it possible to grant start-up financing for promising new projects (or pilot projects) in the fields of prevention, diagnosis and treatment. This measure is intended to ensure that innovative ideas (even if they originate from small organisations) have a chance of being tried out and monitored. When successful, ideas that have been put to the test lead to new evidence.

(Source: NHIP 2011–2017, Summary: full Programme available under [http://www.bag.admin.ch/hiv\\_aids/05464/05465/12491/index.html?lang=en](http://www.bag.admin.ch/hiv_aids/05464/05465/12491/index.html?lang=en) )



## Global strategy for HIV and other sexually transmitted infections

**National HIV and STI Programme 2011–2017 (NPHS).** The new NPHS will continue the work undertaken to date and take account of the latest findings: for the first time ever, sexually transmitted infections (STIs) have been integrated into a programme for combating HIV. The strategy is to concentrate on particularly at-risk target groups and on people with HIV and their partners. The main goal is to significantly reduce the number of new infections with HIV and other STIs and to avoid long-term effects that are harmful to health.

STIs have been integrated into the HIV strategy for several reasons. On the one hand, a number of different kinds of infection have increased in Switzerland, resulting in prevalence rates above the average for Western Europe. On the other hand, there is a marked connection between HIV and other STIs: an STI can increase the infectiousness of people with HIV and impair the efficacy of HIV treatment. In addition, STI prevention can be easily integrated into existing HIV prevention structures as the messages are largely identical. Besides, with this holistic strategy Switzerland is following a European trend. The UK, France, Sweden and Norway have already developed strategies that combine efforts to combat both HIV and STIs.

The familiar rules on safer sex still apply:

1. Always use a condom (or a Femidom) in penetrative sex.
2. No semen in the mouth, don't swallow semen. No menstrual blood in the mouth, don't swallow menstrual blood.

The integration of STIs in the strategy has resulted in a new rule:

3. In the event of genital itching, secretion or pain, consult a doctor at once.

### More prevention funding for at-risk groups

Implementation of this strategy will cost the Federal Government about nine million francs a year – as much as the previous programme. However, there will be a shift in the distribution of the prevention funds to favour target groups that are particularly affected by HIV and STIs. These are men who have sex with men (MSM), migrants from high-prevalence countries, injecting drug users, sex workers and prison populations. There will continue to be basic provision for the population as a whole. For instance, the «LOVE LIFE» campaign will be adapted and continued, as will the «Check Your Love Life» tool. The shift in the distribution of funding is in line with international experts' recommendation that efforts in areas with a high prevalence of both HIV and other STIs should be stepped up. But other criteria are also to be taken into account: for instance, over 98% of MSM and over 80% of heterosexuals become infected in urban areas.

### Informing partners should be a matter of course

Another important target group comprises people with HIV or another STI and their partners. People with HIV receive medical support from the time of diagnosis, and the course of the HIV infection is assessed at regular intervals. Thanks to these check-ups, the doctor can identify the right time for starting treatment. But regular contact with the healthcare system is also important for prevention: people with HIV become sensitised to the risk of passing on the virus. Wherever possible, they receive counselling together with their partners. Consequently, an important goal in the next few years will be to achieve a cultural shift towards voluntarily informing partners. People diagnosed with an infection are to be encouraged to inform their regular and/or casual partners of a positive test result. The partners will then quickly be able to seek counselling, take a test and, if necessary, receive treatment. Voluntarily informing partners is a key prevention element for interrupting the chain of infection. And those affected will not be abandoned to their own devices but will be supported by the medical and counselling system. New methods and communication tools will be tested and deployed for this purpose.

### Implementation along three axes of intervention

For the first time, a model with three axes of intervention is being used for structuring and implementing goals and measures. This approach is based on considerations concerning the prevalence of infections and the threat to the at-risk groups. Intervention axis 1 focuses on the «General populations» target group is a cornerstone of prevention. Intervention axis 2 is geared to people who engage in high-risk behaviour in an environment characterised by high rates of infection. Intervention axis 3 targets people with HIV or another STI, and their partners. The axis model is designed to be cumulative, i.e. measures from axis 1 also reach the target groups of axis 2 or 3.

### Continuing validity of learning strategy

Like the preceding programmes, the NPHS pursues a learning strategy: HIV and STI prevention is based on cooperation with the people affected. Prevention – particularly in such a sensitive area as sexuality – can be successful only if there is a relationship of trust between the state, the service providers, those infected and the groups and individuals at risk. The application of epidemic law-enforcement measures would jeopardise this trust and could result in people concealing their infection or trying to avoid the corresponding tests.

### Broadly based strategy

Under the Swiss Law on Epidemics, the Federal Government is obliged to issue regulations for combating transmissible or life-threatening diseases. The NPHS



The Federal Office of Public Health and its partner organisations present the new prevention programme on HIV/AIDS and other sexually transmitted diseases in front of the Federal Parliament in Bern on World AIDS Day. With a light show, pop music, poetry and an AIDS walk in ice-cold temperatures and snow flurries.



Géraldine Savary, state councillor from Vaud, represented PLANeS, the Swiss Foundation for Sexual and Reproductive Health.



Roger Staub, Head of the FOHP's Prevention and Promotion Section, discussed the details of the programme.

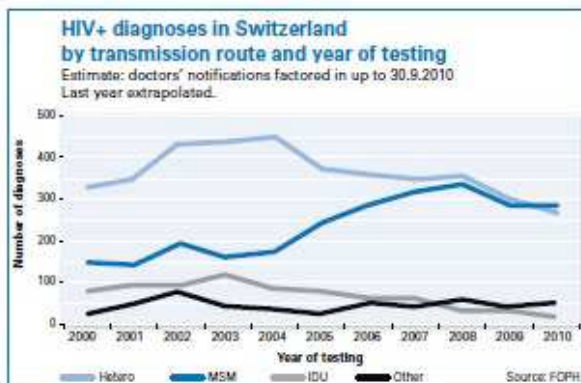


Swiss Government minister Didier Burkhalter presented the prevention programme for 2011–2017 on World AIDS Day.

now represents a binding strategy for this purpose. All relevant players have been involved in drawing it up: the Federal Government, cantons, municipalities, NGOs and organisations of people with HIV. The individual players will now decide how the specific measures are to be implemented in their areas of interest and the available resources deployed.

The Federal Government has been tasked with coordinating the measures.

Contact: Roger Staub,  
Prevention and Promotion Section,  
[roger.staub@bag.admin.ch](mailto:roger.staub@bag.admin.ch)



## *The Swiss National Prevention Campaigns LOVE LIFE*

Since 1987, the FOPH and the Swiss AIDS Federation have used the STOP AIDS campaign, from 2005 to 2010 the LOVE LIFE STOP AIDS campaign and since then with the Foundation Sexual Health Switzerland with the LOVE LIFE campaign to provide regular information to everyone living in Switzerland about HIV / AIDS and ways of protecting against it.

The LOVE LIFE campaign is a major element in the national HIV/STI prevention strategy pursued by the FOPH. The campaign contributes to achieve the objectives of the National Programme on HIV and other STI (NHPS) 2011–2017.

The campaign aims to empower people to protect themselves against infection with HIV and/or another sexually transmissible infection and to enable them to act correctly after a risk situation or once symptoms are detected. The objective of this strategy is to make people more aware of the risk, modify their behaviour and protect themselves effectively.

The national HIV prevention campaign has never tried to get its message across with scenarios that transmit fear, threats or horror. The campaign supports the belief that it is not the task of the state to pass judgment on the sexual practices adopted by individuals, and has avoided mixing public health aspects with moral values.

All the past and present Swiss spots and campaigns are available here

<http://www.lovelife.ch>

### **The development of the campaigns from STOP AIDS to LOVE LIFE STOP AIDS up to LOVE LIFE**

Overall, the STOP AIDS campaign has been a remarkable success and has accomplished a great deal over 18 years, from 1987 to 2004. Today, condoms are widely used and the STOP AIDS brand is established throughout society.



However, over time new challenges have been identified:

- HIV and AIDS are perceived as less threatening and less relevant. However, while it is possible today to treat HIV, the long-term success of therapy remains uncertain.
- At the same time, fewer resources are available for HIV prevention.
- And finally, the STOP AIDS campaign had to succeed in making the younger generation aware of an apparently familiar issue, and in positioning its message in an increasingly sex-oriented advertising environment.



In 2005, the STOP AIDS campaign-team reacted to these challenges with the new orientation LOVE LIFE STOP AIDS, which clearly shows the timeless, universal wish for a carefree love life:

- Following the approach of health promotion, the sexual health of the population is a central issue.
- By being positive as well as provocative, the campaign gains renewed relevance, increases the involvement of the target groups, and boosts the emotional value of its messages.
- The campaign combines positive messages with very specific recommendations, gaining personal relevance in the process.
- AIDS cannot be stopped. As a result, the STOP AIDS brand has lost some of its credibility. With LOVE LIFE STOP AIDS, we respond to a natural brand evolution.

The National Programme for HIV and Other Sexually Transmitted Infections 2011–2017 (NPHS) was introduced at the end of 2010. In addition to HIV, other sexually transmissible infections (STI) are integrated in the programme. This meant that the campaign also had to be developed further.

The following challenges arose from the new situation:

- With the increased ambition of the campaign theme to include sexually transmissible infections, the STOP AIDS part of the slogan became superfluous. The slogan had to be developed further to LOVE LIFE, as incidentally was already considered when beginning LOVE LIFE STOP AIDS. In spite of this however, the recognizability of STOP AIDS and LOVE LIFE STOP AIDS should be kept intact in order to continue to profit from the previous campaigns.
- A single campaign should communicate the messages on more sexually transmissible infections, which differ widely in transmission pathways, protective measures, relevance for various target groups and further aspects.

These challenges were addressed as follows:

- The logo of the new slogan LOVE LIFE is to a large extent close to the LOVE LIFE STOP AIDS logo. The condom package and the condom itself are retained as is the "O" in the word LOVE. The lettering in the logo is matching.
- The placement of the campaign and hence the tonality and the appearance of the campaign are continued.
- The campaign communicates a general, maximally reduced message and behavioural guideline, which are valid for all sexually transmissible infections.





### *LOVE LIFE campaign 2012-2013*

On 12 October 2012, the Federal Office of Public Health and its partner organisations launched the 2012/13 "LOVE LIFE" campaign. Its aim is to create a climate that makes it easier for people to inform a sex partner that they have a sexually transmitted disease.

The new campaign has been launched by the Federal Office of Public Health (FOPH), the Swiss AIDS Federation and the SGS (Sexual Health Switzerland) Foundation. For the first time, the main focus of the "LOVE LIFE" campaign is on people informing a sex partner that they have a sexually transmitted infection (STI). Using slogans such as "You can't hide it for ever ..." and "Say it any way you like, but just say it ...", the campaign calls on people with an STI to talk to their sex partners about the diagnosis.

Whether by Morse code or thought transference – the main thing is to inform partners

The campaign demonstrates that there are countless opportunities for and ways of informing one's sex partners of an STI. The TV commercials "Schattentheater" (Shadow theatre), "Telepathie" (Telepathy) and "Morsen" (Messaging by Morse code) present imaginative variants of how to inform partners. The public transport and small-format posters show how the topic can be addressed humorously and inventively by using ambiguous circumlocutions or double entendres. The main message of the campaign is: "Say it any way you like, but just say it ...". Further tips on broaching the subject with a sex partner can be found on the campaign website, [www.check-your-lovelife.ch](http://www.check-your-lovelife.ch), which also suggests alternative ways of conveying the information if a one-on-one conversation is not possible. Further campaign measures include online banners, interactive banners, a competition, and cards for free.

Deceptively symptom-free

Thanks to 25 years of information campaigns, HIV and AIDS are now topics that can be freely discussed. Last year, other sexually transmitted diseases featured in the public campaign for the first time. This included adding a third rule to the two existing rules of safer sex: "If you experience itchiness, stinging or discharge, go and see the doctor." This rule extended the campaign's reach to people who had symptoms of sexually transmitted disease and obviously needed to see a doctor. Not infrequently, however, such diseases can be symptom-free and therefore go undiagnosed. An infected individual can therefore transmit the disease to their partner without him or her becoming aware of it for a long time. This can have serious consequences for health: even a symptom-free infection can cause damage and be passed on to others. With its appeal to inform sex partners of a STI, the 2012 campaign is targeting precisely this problem: if people are informed that their sex partner has an STI, they know they have to be examined and, if necessary, treated, which in turn means informing any new sex partners they may have.

Older adults as target group

The study of "Health Behavior in School- Age Children" (HBSC) shows that adolescents and young adults achieve a rather good level of protection against sexually transmitted diseases by using condoms. But older people often underestimate the risk of infection and fail to protect themselves adequately. They are therefore a key target group of this campaign. Also a target group are professionals who provide advice on the topic and make the diagnoses.



Communicating with your partner is the theme for the latest phase in the long-term LOVE LIFE campaign that is being conducted by the Swiss Federal Office of Public Health (BAG) in collaboration with Aids-Hilfe Schweiz and the Swiss Sexual Health Foundation. The latest LOVE LIFE slogans - "You can't go on hiding forever" and "No matter how you say it, just say it" - urge anyone who has contracted a sexually-transmitted disease (STD) to inform their sexual partner of this to enable them, too, to have themselves tested and treated if necessary. STDs can have serious consequences - some of them difficult to detect - in general-health terms; and even persons who show no symptoms of them can pass them on to others.

The LOVE LIFE campaign is aimed at the sexually-active population in general, but also at other persons directly affected and at specialists in the field. The campaign uses TV spots and poster ads on public transport to communicate its latest "tell-your-partner" message. It is also offering some tips on how to do so, which can be found on its [www.check-your-lovelife.ch](http://www.check-your-lovelife.ch) website. And if a face-to-face talk is not a viable option, the website also suggests alternative means of communication such as SMS text message, email or letter.

Switzerland continues, year after year, to use such annual campaigns to inform its population about HIV and AIDS and remind them of the "safer sex" rules:

1. No intercourse without a condom.
2. No sperm or blood in the mouth.
3. In case of itchiness, stinging or discharge, go and see a doctor.

The LOVE LIFE campaign is not only aimed at adolescents and younger adults: they tend to protect themselves very well by using condoms, as surveys such as the World Health Organization's "Health Behaviour in School-aged Children" study have shown. Older adults, by contrast, often underestimate the risk of contracting an STD and do not take adequate precautions. In view of this, this part of the population is a key target group for this year's LOVE LIFE campaign.

[http://www.bag.admin.ch/hiv\\_aids/11667/12565/12566/index.html?lang=en](http://www.bag.admin.ch/hiv_aids/11667/12565/12566/index.html?lang=en)

### **Check-your-love-life.ch**

In order to help people to better estimate their level of risk-taking regarding HIV and to promote testing, the Check-your-lovelife tool was developed. The objective of this easy-to-access tool on Internet is to induce people concerned to test at the right moment and the right place. After having answered some questions about their sexual behavior, the tool establishes recommendations starting from the incurred risk of a HIV-infection and counsel if a test should be done or not. It also provides all the addresses and the necessary information regarding testing centers. This tool was developed in 2007 and it is promoted by the country-wide LOVE LIFE STOP AIDS Campaign since 2009.

## *IV. Best practices*

In this section, we wish to present a selection of prevention projects and best practices, focusing on the last couple of years. However, it should be stressed, that, on the one hand, each project make sense only in a larger prevention framework and, on the other hand, projects are usually conducted in a rather long-term perspective.

For the general HIV & STI prevention framework, we suggest you read the National Programme for HIV and Other Sexually Transmitted Infections 2011–2017 (NPHS).

More information and regular updates about our projects are published here:

[http://www.bag.admin.ch/hiv\\_aids/index.html?lang=en](http://www.bag.admin.ch/hiv_aids/index.html?lang=en)

## *BIG – combating infectious diseases in prisons.*

The aim of the BIG project launched in 2008 is to bring health care in penal institutions into line with that of the general population. The experience gained with BIG has been positive, and therefore the project is now to be institutionalized on a sustainable basis. Studies show that infectious diseases such as HIV, hepatitis or tuberculosis occur much more frequently in penal institutions than in the community. In 2008, the Federal Office of Public Health (FOPH), the Federal Office of Justice (FOJ) and the Swiss Conference of Cantonal Justice and Police Directors launched the BIG project in order to remedy this problem. The project pursues the following goals:

- minimise the risk of infections being transmitted within penal institutions
- minimise the risk of infections being transmitted from the general population to within penal institutions and *vice versa*
- create equivalent standards of prevention, testing and treatment for infectious diseases in penal institutions and in the general population
- create equivalent standards of drug abuse treatment in penal institutions and in the general population
- ensure sustainability of the measures and tools developed

On the basis of these goals, four areas of activity were defined and appropriate measures put into effect:

1. Data gathering: Since 1 January 2011, a new form for reporting infectious diseases has enabled detailed surveys of the number and nature of infectious diseases diagnosed in prisons to be carried out.
2. Information and training: Work is currently in progress on two brochures that provide prison inmates and staff with information on infectious diseases, risk situations, protective measures and treatment options. In addition, a training course for prison staff is being developed in one canton as a pilot scheme. Since spring 2011, the Swiss Prison Staff Training Centre (Centre Suisse de formation pour le personnel pénitentiaire CSFPP - SAZ) has offered an introductory course on law enforcement (including prison medicine) for staff who have not taken the basic CSFPP - SAZ training course.
3. Prevention, testing and treatment: In order to harmonise the medical care of inmates and also clearly define the roles of the different players involved, guidelines in form of a vade-mecum containing recommendations, standards and checklists on a range of medicine-related topics (e.g. admission forms or transmission of information) have been issued and made available to all prisons in November 2012.
4. General structural conditions: Legal expert opinions have been sought in order to clarify the responsibilities of the Federal Government and the cantons. In addition, the problem of language barriers and of their negative consequences for the health of inmates has been analysed. A nationwide telephone interpreting service has been available to prison health staff since April 2011.

### **Recommendations on harmonising standards**

The timeframe of the BIG project had originally been limited to the end of 2010. In the course of the project, however, it became clear that it would not be possible to guarantee the further development and dissemination of its products unless further action was taken. This was also true of the dialogue between the different players in prison medicine, nursing care and law enforcement. It was the BIG project that had actually initiated this interdisciplinary cooperation, which was greatly valued by all involved. Furthermore, it became obvious that more attention had to be devoted to prison healthcare in Switzerland as a whole and that the differences between the cantons with regard to prison health needed to be minimised as far as possible. For these reasons, BIG is being

continued for the time being. The current focus is on the “Recommendations for harmonising health care in Swiss penal institutions”. Both international and Swiss law lay down several binding norms that govern prison healthcare. But, as the legal opinions commissioned by the FOPH have made clear, what Switzerland needs is action to ensure that these norms are applied consistently.

The recommendations supported by the Swiss Conference of Cantonal Justice and Police Directors and the Conference of Cantonal Health Directors are aimed at all the relevant players in the prison healthcare system. Their objective is not structural harmonization (out of consideration for the organizational sovereignty of the cantons), but implementation and fleshing out the substance of the legal basis in the everyday routine of the penal system. This includes clarifying the legal situation and responsibilities of the professionals working within the healthcare system. A further objective is to improve the knowledge and training standards of both staff and inmates with regard to health-related topics. This calls for the use of regularly updated training and information material that is coordinated and as uniform as possible.

### **Centre of excellence for prison health**

As a consequence, recommendations on the harmonization of health care in the Swiss prisons were adopted by the Swiss Conference of Cantonal Justice and Police Directors and the Conference of Cantonal Health Directors in spring 2013. One of the core recommendations was the creation of a Swiss centre of excellence for health issues in the penal system. The centre of excellence would secure the sought-after interdisciplinary dialogue in the long term and serve the Cantons and institutions as an acknowledged platform for discussing health issues affecting penal institutions. In June 2013, the centre began its work under the name „Santé Prison Suisse (SPS). SPS comprises 12 members of the Cantons and the Confederation. It is made up of equal numbers of representatives of correctional institutions and health care. The overall goals of SPS are as follows:

1. For all concerned and involved institutions, there is uniform information available on all health related topics in prison on a national level
2. In prison settings, uniform medical, ethical and organizational standards are applied on a national level.
3. There is an ongoing interdisciplinary dialogue involving all stakeholders, aiming at the development of common, shared solutions in terms of health care in prison.

On an administrative level, SPS is linked to the Swiss Prison Staff Training Centre (Centre Suisse de formation pour le personnel pénitentiaire CSFPP - SAZ) during two years. After that period, an evaluation will decide over future activities of SPS.

As a first step, SPS publishes two brochures on health in custodial settings: one is aimed at prison inmates, the other at prison staff. Both brochures contain basic information on infectious diseases, substance abuse and give suggestions on how to look after one's health in prison. The brochures will be available in April 2014.

(Source: Spectra, n°91, March 2012:

<http://www.bag.admin.ch/dokumentation/publikationen/01269/01277/index.html?lang=en> )

For more information about the project BIG, please contact Mrs. Karen Klaue, BIG Project Manager, [karen.klaue@bag.admin.ch](mailto:karen.klaue@bag.admin.ch) and Matthias Gnädinger, [matthias.gnaedinger@bag.admin.ch](mailto:matthias.gnaedinger@bag.admin.ch) or check the following link: [http://www.bag.admin.ch/hiv\\_aids/05464/05484/05488/index.html?lang=en](http://www.bag.admin.ch/hiv_aids/05464/05484/05488/index.html?lang=en)

For more information about the centre of excellence “Santé Prison Suisse” (SPS), please contact Mr. Daniel Kauer, [health@prison.ch](mailto:health@prison.ch), or check the following link: <http://sante.prison.ch>.

## *Gays and other men who have sex with men (MSM) and transgender people*

In Switzerland, gay men and other MSM represent currently the most affected population with HIV. Since 2002, there has been a continuous increase of new HIV diagnosis within this population, of which nearly 50% are recent infections. In other words, these infections were diagnosed less than six months after they occurred. These data bring the FOPH to think that the HIV epidemic among gay men and other MSM is mainly driven by primary HIV infections (PHI).

A fraction of gay men and other MSM adopt risk reduction strategies if they are not using condoms. These strategies consist, for instance, in having unprotected sex with known partners who get tested regularly or in practicing dipping or serosorting. These strategies are less reliable than the consistent use of condoms. Furthermore, the application of these strategies with a sexual partner in PHI increases considerably the risk of infection.

Four gay-friendly HIV counselling and testing centres have opened in Geneva, Lausanne, Basel and Zurich in order to cover gay and other MSM needs in terms of sexual health. These centres, called “checkpoint” offer their customers a reassuring framework, targeted advices and possibilities for HIV and other STI testing.

### **2013 : The Urgent Action Plan of the Swiss Federal Office of Public Health**

The Swiss Federal Office of Public Health developed in 2011 an Urgent Action Plan (UAP) structured in three action fields.

The first action field tends to break the chains of primary HIV infections and reduce the community viral load within the gay community. In other words, this action field tends to reduce to a minimum the number of men in the acute phase of primary HIV infection (or, in other words, the community viral load). A campaign called “Break the Chains” launched in April 2012 carried out the goals of this first action field.

The second action field tends to reduce the time between an HIV infection and its diagnosis to 12 months, promoting of testing of HIV, Syphilis, Chlamydia, Gonorrhea and hepatitis every year.

The last action field focuses on preventing HIV and other STI transmission within steady relationships.

A specific brochure for gay men and other MSM called “**Sex between Men: Towards a Better Sexual Health 2012**” was published in order to support transversally the Urgent Action Plan. This brochure gives the current facts and figures of the current HIV and other STI situation among gay men and other MSM in Switzerland. It arises the awareness of this population on topics such as unprotected sex within trusted casual relationships (fuckbuddies), as well as mental health. The UAP was carried out for the second time in 2013.


For more information: Spectra 90, Sexual health and reproduction. <http://www.bag.admin.ch/dokumentation/publikationen/01269/01277/index.html?lang=en>

The brochure “Sex between Men: Towards a Better Sexual Health 2012” is available also in several languages (German, French, Italian, English, Spanish and Portuguese) at the following address:

[http://www.bag.admin.ch/hiv\\_aids/05464/05484/05485/12500/index.html?lang=en](http://www.bag.admin.ch/hiv_aids/05464/05484/05485/12500/index.html?lang=en)

Sex between Men:  
Towards a Better  
Sexual Health 2012



 Schweizerische Eidgenossenschaft  
Confédération suisse  
Confederazione Svizzera  
Confederaziun svizra  
  
Swiss Confederation  
Federal Department of Home Affairs FOHA  
Federal Office of Public Health FOPH

### Break The Chain 2013

The Checkpoint gay health centre ZH with the support of Checkpoint Geneva, Vaud and Basel, the Swiss AIDS Federation and the Swiss Federal Office of Public Health launched the campaign Break the Chain in April 2013 in order to respond to the goals of the first action field of the Urgent Action Plan of the Swiss Federal Office of Public Health.

During one month, gay men and other MSM are invited to avoid new infections. This can be achieved with the practice of safer sex but also by abstaining from anal sexual intercourses, or renouncing having sex with casual sex partners (fuckbuddies). After this action month, gay men and other MSM who intend to resume unsafe sex with their partner are invited to seek counseling and testing in their local gay health centre Checkpoint. If no new infection occurs within this month, men in the acute phase of primary HIV infection are detectable with rapid combo HIV test.

More information: [www.breakthechain.ch](http://www.breakthechain.ch)

Evaluation of Break the Chains 2012: <http://www.iumsp.ch/fr/node/743>

For more information about the MSM Projects, please contact Mr. Steven Derendinger, MSM Project Manager, [steven.derendinger@bag.admin.ch](mailto:steven.derendinger@bag.admin.ch) or check the following link:

[http://www.bag.admin.ch/hiv\\_aids/05464/05484/05485/index.html?lang=en](http://www.bag.admin.ch/hiv_aids/05464/05484/05485/index.html?lang=en)

### 2013: STOP SYPHILIS

The Swiss AIDS Federation with the support of the association VEGAS (Gay Businesses) and the Swiss Federal Office of Public Health developed a campaign in 2013 promoting Syphilis testing. The number of new diagnosed syphilis cases has increased in Switzerland for the last ten years. Around 60% of new Syphilis diagnosis concern MSM in Switzerland.

The campaign was launched in October 2013. MSM could receive a free syphilis test. Tests were offered in the "Checkpoint" gay health centers, but also in bars, bath houses and sex-clubs.

1728 tests were carried out, with 44 positive tests.





## VEGAS

The association of the Swiss gay businesses developed courses on HIV and other STI for the staff of their member organizations.

People working for gay businesses can follow once a year a course on HIV and STI and how to prevent an infection. The purpose of this course is to ensure that people working essentially in sex-clubs or bath houses (saunas) can advise their customers in case of risk taking or accident.

## Queer +

Every year, the "Checkpoint" gay health centers from Zürich and Geneva with the support of the Checkpoint Vaud and the Swiss Federal Office of Public Health organize a 3-day workshop for gay men and other MSM newly diagnosed HIV-positive.

This workshop for newly diagnosed gay men deals with the daily management of infection. The workshops covers different topics such as sexual health, mental health, law and stress management.

*More information:*

Queer +

<http://checkpoint-zh.ch/startseite/stoos/>

Spectra 87, Men's

health <http://www.bag.admin.ch/dokumentation/publikationen/01269/01277/index.html?lang=en>

Workshopweekend  
für HIV-neu-diagnostizierte  
Männer und ihre Partner

Atelier-Weekend  
pour les hommes gays qui viennent  
d'apprendre leur séropositivité

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FRÜHLING UND IM HERBST**

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☎ 022 906 40 30  
RUE DU GRAND PRÉSIDENT  
[www.checkpoint-ge.ch](http://www.checkpoint-ge.ch)

**Transgender people and HIV/STI:**

The Swiss Federal Office of Public Health commissioned the IUMSP of Lausanne (Institut universitaire de médecine sociale et préventive) to carry out a rapid assessment of the sexual health of transgender men and women in Switzerland. Based on this rapid assessment and its recommendations, the Swiss Federal Office of Public Health organized in April 2013 a Swiss HIV/STI Forum on Sexual health and Transgender people. The SFOPH included the variables MtF, FtM and Intersex in its STI and HIV declaration forms and in its tool BerDa. Concerning the transgender topic, the SFOPH will focus first in the future on transgender female sex workers and HIV/STI infections.

Links:

[www.agnodice.ch](http://www.agnodice.ch)

[www.tgns.ch](http://www.tgns.ch)

[http://www.iumsp.ch/archives/web/Publications/pdf/rds209\\_fr.pdf](http://www.iumsp.ch/archives/web/Publications/pdf/rds209_fr.pdf)

Spectra 101 (2013): <http://www.bag.admin.ch/dokumentation/publikationen/01269/01277/index.html?lang=en>

**BERDA**

The Swiss Federal Office of Public Health (SFOPH) has continuously developed since 2007 a risk assessment tool called BerDa. This tool is designed for Swiss VCT centers and is free to use. The tool is structured in two phases. During the first phase, the client answers a short questionnaire on its sexual behavior and preferences. During the second phase, BerDa organizes on the basis of the client's answers a counseling that is targeted on its needs. BerDa records in a central databank the answers of the questionnaires, and the test results. All data is completely anonymous. In 2013, the SFOPH commissioned the Institute for Information and Communication Technologies from the Haute Ecole d'Ingénierie et de Gestion du Canton de Vaud a monitoring application that can create automatically information, graphics and statistics from the BerDa databank. This application will be given to all BerDa users. VCT centers have access to their own data. The SFOPH have access to the whole databank.

## *Prevention among migrants*

Migrants may be particularly affected by HIV/Aids in two respects: firstly, if they come from countries with a high prevalence of HIV/Aids; secondly, if they are not adequately covered by prevention efforts, for sociocultural or linguistic reasons or as a result of their residence status.

### **Prevention among people from high-prevalence countries**

In Switzerland, SSAm are recognized as being a group with a higher prevalence of HIV, according to the relevant epidemiological data, second only to MSM (men having sex with other men). It is also recognized that there is a general lack of behavioral surveillance data for SSAm. In particular surveillance data about STI other than HIV and sexual behavior is lacking.

The SSAm population living in Switzerland mostly come from countries with a generalized HIV epidemic (> 1% HIV prevalence) and it is estimated that the HIV prevalence in SSA population living in Switzerland is high although no reliable prevalence studies are available. If the main relevant factor for the higher HIV prevalence among SSA is the high prevalence in the country of origin, this element cannot be overstated and its relative importance has never been researched and compared to other factors. For other STI, very little data at all is available among SSAm.

In 2009, according to the Federal Office of Statistic (FOS), between 70'000 and 100'000 SSAm (approximately 3% of the foreign resident population) lived in Switzerland. Also according to FOS, the main nationalities represented in 2009 were the following: Eritrea 7368; Somalia 6394, Congo (Kinshasa) 5844; Angola 4362; Cameroun 4333; Nigeria 2862; Ethiopia 2803; etc. (3)

They are also a very young population, 80% are younger than 40 years old (therefore highly sexual active), and living mainly in large cities (Zurich, Genève, Lausanne, Berne, Fribourg, Bienne). (3) It can also be considered that this population is growing and that the estimation of the FOS is missing the amount of SSA living in Switzerland without any kind of permit.

The socioeconomic differences among SSA is extremely large, especially if we consider the illegal migrants and the refugees. Country of origin, language and culture only add to the complexity of this population, which should never be approached as a unique and coherent group. Stigma and discrimination towards HIV positive people still run strong among SSAm and are therefore additional factors of complexity to any analytical or intervention effort.

The HIV epidemiological data for SSAm give a very strong evidence of the public health impact of HIV on this group. In 2002, 191 new HIV infections were registered among SSAm living in Switzerland (43.6% of the heterosexual transmissions); in 2012, 73 new infections were registered among them (27% of the heterosexual transmissions). Late detection is also a major problem in this population, more than in any other group, as in 2012 only 2% were recent infections. About 62% of the total infections have taken place in the country of origin, and only 11% are self-reported as having taken place in Switzerland.

### **The Afrimedia project**

Afrimedia is a project for migrants from sub-Saharan countries. It has been in place since 2002 in order to respond to the needs of this group of the Swiss population. In a first phase, implementation was limited to the Cantons of Geneva, Vaud and Zurich. The operational part of the project is carried out by a network of specifically trained mediators.

The primary objectives of Afrimedia are to sensitize migrants regarding HIV and AIDS, to inform them about and

to address them to the existing offers and services, to promote solidarity and to support the initiatives of mutual aid. The activities which make it possible to realize these objectives are a work of proximity based on information and sensitization carried out in formal and informal meeting places of this key population, as well as the organization of activities with and for migrants.

In 2008, the system of mediation was also introduced into the cantons of Neuchâtel, Fribourg and Saint-Gall. New introductory training was organized for the newly engaged mediators. The team of mediators already in place continued to work according to the same principles.

### **National Programme on Migration and Health**

In addition to the specific HIV and STI efforts for migrants, the FOPH is also running a National Programme "Migration and Health", which is the FOPH's public health contribution in support of Switzerland's general migrant population. Foreigners make up one-fifth of the total Swiss population. They are a quarter of the labour force and fund a significant share of our health care system. Meanwhile, they are less healthy than the locals.

By taking on migration and public health, the Federal Office of Public Health is devoting itself to a topic of major significance for health policy. For in order to maintain or improve the health of the population as a whole, we have to pay particular attention to the migrant population. In particular migrants of low social status and lacking in education are less healthy and less mentally balanced than the general population in Switzerland. Communication problems and sociocultural barriers hinder healthy behaviour and complicate adequate access to our health care services.

Through the National Programme "Migration and Public Health", the Federal Office of Public Health has been working since 2002 towards strengthening the migrant population's health literacy and developing the public health care system according to their needs - be it by taking into account their concerns in the area of prevention or by integrating professional community interpreters in the health care system and promoting the transcultural competency of health professionals.

Measures were implemented in the following areas:

- Health promotion and prevention
- Health care provision and education
- Community interpreting
- Research and knowledge management

More information on this Programme:

<http://www.bag.admin.ch/themen/gesundheitspolitik/07685/07688/index.html?lang=en>

### **Evaluation of prevention and knowledge needs for SSA migrants**

In order to better understand and evaluate the needs of actions in the prevention fields and the knowledge gaps to be filled, the FOPH conducted a research among stakeholders and published a report in April 2011 ("Le VIH/sida et autres infections sexuellement transmissibles auprès des populations migrantes: Un état des lieux"). After a series of direct interviews with all the stakeholders, this report aimed to establish a prioritized inventory of prevention and knowledge needs.

This document is currently used as a basis to revise and adapt strategies and actions for this population.

## **ANSWER – African Net Survey – we respond !**

Given the lack of behavioral data among SSAm, we decided to conduct a first Swiss behavioral health surveillance survey among Sub-Saharan Africa migrants living in Switzerland.

Between the end of August 2013 and February 28<sup>th</sup>, 2014, an internet based research named ANSWER collected data about sexual health, sexual behavior and risk taking among SSAm living in Switzerland. This research is carried out by the Institut de médecine sociale et préventive (IUMSP, Lausanne) on a mandate from the Federal Office of Public Health (FOPH), in cooperation with the Aids Hilfe Schweiz (AHS) and other institutions addressing the prevention and information needs of the African population.

The main aims of the ANSWER Survey are the following:

- To establish a new baseline for the behavioral surveillance among the SSAm population.
- To test the methodology of an internet based approach among SSAm and of the passing recruitment and communication strategy.
- To collect data about HIV and other STI and to measure the knowledge and perception about sexual behavior, sexual infections, prevention, testing and health system access among this population.
- To provide the evidence needed to adapt, increase and improve prevention work for and with this community.



## **ANSWER AFRICAN NET SURVEY–WE RESPOND**

### **The Questionnaire**

The questionnaire has been prepared by the IUMSP in a similar way as other behavioural surveillance survey, like the GaySurvey which targeted MSM. When possible, existing indicators or questions, already used before or compatible with other surveys have been used or preferred. Contact with similar initiatives in other countries has also been established, and when possible questions have been shared. All those elements will help with data analysis and improve comparison.

Attention has been given to create a narrative experience in the questionnaire, helping people not to abandon it at mid-way. Community sensitive terminology has also been used whenever possible. Finally, the duration has also been measured and filling in the questionnaire should not take more than 30 minutes.

Aside socio-demographic data, questions target knowledge of HIV and STI, general health status as perceived by the respondent, intimate life and relationships, circumcision, contraception, use of condoms, living permit and integration in Switzerland, perception on HIV discrimination, usage of drugs, etc.

The questionnaire ANSWER was available in different languages (English / German / French / Italian / Portuguese / Somali / Tigrinya) in order to reach to largest SSAm communities present in Switzerland.

### **An internet based research**

It is generally recognized that the SSAm community is difficult to reach and that conducting a survey in this population will rise difficult methodological questions. Any approach will have definite advantages and important limits, that should be clearly faced and discussed.

For our survey we decided to use an internet based questionnaire. Today, using this kind of approach can allow a social science research to reach a larger sample of respondents. We also believe that such an approach could help some people to respond to questions about sexually transmitted infections and sexual behavior more easily than in a face-to-face interview.

Another advantage of an internet based approach is the possibility of sparing resources (no paper questionnaires, no face-to-face interview, no need to digit data again, etc.), thus making more resources available for other needs of the research.

We also acknowledge that such an approach could have its limits. We will obtain a higher response ratio among better trained, richer and younger people, while people with a more limited cultural level, not or only partially literate, and/or with a lower socio-economic status will be definitely more difficult to reach. Representative of some countries (Somalia, Eritrea, Ethiopia) will probably risk to be underrepresented, because of languages and socio-cultural barriers are even stronger by them than by other African populations.

But the choice of using an internet based approach was also taken after lengthy discussion with SSAm about their own use of internet and their opinion about this approach. SSAm make an intensive use of internet, although sometime in different ways to those an educated Swiss person will. Clearly computer and internet are used as a communication instrument, to keep in contact with the family in the country of origin or in order to communicate with other community members. SSAm will not necessarily “read” much text on internet, but they watch a lot of videos of all kinds of contents. Social networks are also extremely important and widely used for the auto-organization inside the community.

### **Communication campaign**

In order to overcome some of the mentioned obstacles and to reach a maximum number of respondents, we have designed a communication campaign fitting the research design.

Firstly, we will focus on internet by producing a series of videos of well-known African personalities in the SSAm community in Switzerland, carrying the message of the importance of taking part to this survey. We strongly believe that, because of the importance of oral communication among Africans, those videos will better carry the message than any lengthy written text. A specific Facebook (FB) group dedicated to the survey will be set up. This FB page will be used to distribute the videos, to link other existing groups as well as to provide information about all events related to the survey, either at national or at local level. The FB page will be animated and moderated during all the data collection period.

Secondly, in order to reach people using internet in a less intensive or different way, an information campaign will be set up focusing on sport, cultural, religious and other events aimed at the African community or in settings (health consultations, coiffeurs, internet cafés, etc.) frequented by them. This will be mainly organized locally by AHS branches and by the Afrimedia mediators. An information leaflet will be produced to support those actions.

## **Community mobilization**

A central point of the project is a strong involvement of the community in all phases of the project. Getting SSAm involved in this survey won't be an easy task, because of the fragmented composition of this population (languages, cultures, countries of origin, socio-economic status, etc.).

In order to achieve a strong involvement, we set up first a Steering Group, charged of discussing and validating all the strategic elements of the project, but sometimes also to discuss some very practical and concrete questions. The Steering Group is composed of a well balanced mix of professionals and of community representatives. This group started to meet regularly at the initial development phase of the project and will continue to do so until the very end, including supporting the dissemination of the project's results.

Other forms of involvement are the implication of SSAm in the different testing phases of the questionnaire (cognitive pre-test, field test) as well for the translations and for the communication work. The data collection phase will also rely on a strong field activity conducted by the mediators of the Afrimedia program during events aimed at the SSAm community or in specific settings.

## **Results**

The end of the data collection was set for February 28<sup>th</sup>, 2014. We were able to collect 736 valid answer. The results will now be analyzed and then published in a full report by the IUMSP during 2014. Dissemination of results is also planned, including dissemination among the SSAm community itself.

For more information about the Migrant Project, please contact Mr. Luciano Ruggia, Migrant Project Manager, [luciano.ruggia@bag.admin.ch](mailto:luciano.ruggia@bag.admin.ch) or check the following link:  
[http://www.bag.admin.ch/hiv\\_aids/05464/05484/05487/index.html?lang=en](http://www.bag.admin.ch/hiv_aids/05464/05484/05487/index.html?lang=en)

## *Prevention for sex workers*

Sex work is part of axis 2 of the national strategy NPHS 2011–2017. Although prostitutes are a vulnerable group from the legal, socio-economic and health points of view, their customers have to be considered as part of the general population. Although numbers are not available, it is estimated that the prevalence of HIV is greater among migrant than indigenous female prostitutes and that it increases among intravenous drug users.

Details about this project are available here:

[http://www.bag.admin.ch/hiv\\_aids/05464/05484/13006/index.html?lang=en](http://www.bag.admin.ch/hiv_aids/05464/05484/13006/index.html?lang=en) )

The aim of prevention efforts made by the FOPH is to contact prostitutes, their customers and the owners of establishments. With this in mind, the FOPH funds the ApiS project (AIDS prevention in the sex trade) carried out by the Swiss Aids Federation, where female mediators familiar with that environment get in contact with sex workers of foreign origin in 17 Swiss regions. The Don Juan project is geared to customers, increasing their awareness through face to face interviews about the problem of sexually transmitted diseases. The FOPH is devoted to encouraging the owners of establishments that offer sex for payment to take responsibility, by providing access to female mediators and making information brochures and prevention material available.

Since 1999, the project Don Juan (launched by the Aids Hilfe Schweiz) try to reach out to clients:

<http://www.don-juan.ch>

ApiS: <http://www.aids.ch/en/what-we-do/projects/sexwork.php>

For prevention efforts we also work with NGOs, like:

Aspasie: <http://www.aspasie.ch>

ProKoRe: <http://www.prokore.ch>

Recommendations and good practice in the prevention of HIV&STIs in sex work

In addition to a series of investigations and assessments concerning the world of prostitution, carried out by the IUMSP (Institute of Social and Preventive Medicine, Lausanne University), the FOPH commissioned a study of the state of the sex market, an inventory of cantonal legal situations concerning prostitution and a consultation with the main players involved in this area. The direction of the FOPH prevention work are based on these data.

Balthasar H, Dubois-Arber F. Evaluation des activités de prévention du VIH/sida auprès des clients de la prostitution en Suisse. Lausanne : Institut universitaire de médecine sociale et préventive, 2007 (Raisons de santé, 128)

Link: <http://www.bag.admin.ch/evaluation/01759/02062/03691/index.html?lang=fr>

We plan to launch a new behavioral survey among sex workers, that should start probably late 2014-early 2015.



## *Swiss participation to Quality Action – Midterm-Check NPHS*

Switzerland will take part to the three-year EU project on Quality Action for quality assurance and quality improvement of HIV prevention in Europe (March 2013-February 2016). The Federal Office of Public Health acts as coordinator between the Swiss organizations that participate to the Quality Action project, and the foreign partners, especially towards the German Federal Centre for Health Education (BZgA).

The Quality Action project aims at improving the effectiveness of HIV prevention. In order to reach this goal, Quality Assurance/Quality Improvement (QA/QI) tools will be developed and experts in the application of these tools will be trained. Projects and programs of the participating countries will also be analyzed and improved by using those tools.

More information about the project is available at the following website: <http://www.qualityaction.eu>

The Swiss contribution aims to make the QA/QI-Tools applicable to national, cantonal and regional HIV prevention projects and programs and thus to improve the effectiveness of prevention measures.

During the last Swiss HIV & STI forum, held on March 20<sup>th</sup>, 2014, the project Quality Action was presented to all interested stakeholders. In different workshops, participants were able to learn and to get familiar with the practical application of those tools. The conference was targeting persons responsible for prevention in cantonal health and education departments, project and program managers, researchers and professionals in the field of sexual health and other interested people.

Invited speakers were: Matthias Wentzlaff - Eggebert, Project Coordinator Quality Action by the Federal Centre for Health Education (BZgA), Karl Lemmen of the German AIDS Hilfe, Isabell Eibl of the Aids Hilfe Wien, Lisa Guggenbühl of Health Promotion Switzerland and Chantal De Mesmaeker from Luxembourg Red Cross.

More than 90 participants were therefore introduced in the use of quality instruments like *Quality in Prevention* (QIP), *Participatory Quality Development* (PQD), the *Program Tool SCHIFF* and in the quality system *quint-essenz*.

The FOPH is now inviting key HIV & STI stakeholders to participate into the evaluation of the National Programme on HIV and other sexually transmitted infections (NPHS) 2011-2017, by using the instruments of the program's tool SCHIFF focusing on the quality, achievement of objectives and implementation status.

This midterm check is performed at mid-term of the planned duration of the NPHS and is organized as a participatory process. By using a questionnaire, the most important data will be collected. During a two-day workshop planned for July 2014, this questionnaire will then be used as a discussion guide to analyze the quality and the implementation status of the NPHS together with the key stakeholders. The results of the workshop will be documented in a report and sent to the stakeholders for comments and for their own use.

The following topics will be covered by the questionnaire and by the discussion during the workshop:

1. Know your epidemic, know your response
2. Key populations
3. Key stakeholders
4. Resources
5. Barriers and enablers
6. Monitoring and evaluation
7. Goals
8. Priorities

The FOPH wants to include both the national and the regional stakeholders in the mid-term check process. In order to do this, representatives of the main organizations and representatives of the regions most affected by HIV & STI are invited to participate. We can mention in particular the Swiss AIDS Federation (AHS), Sexual Health Switzerland (SGS), the Federal Commission for Sexual Health (EKSG) and the PositivRat as well as representatives from the Cantons of Zurich, Vaud, Geneva, Basel, Bern and Ticino. Participation is voluntary. With the mid-term check, the NPHS - which sets the strategic framework for all actors – will be tested to determine its quality. At the same time, this quality improvement process will also help participants to examine how their own organizations already meet those high quality requirements and where they can make improvements. Last but not least, the process provides space for networking and new ideas.

## *A new address for the Swiss AIDS Documentation*

**The AIDS Documentation is the most comprehensive documentation found about the history of AIDS in Switzerland. It has been now transferred to the Institute for the History of Medicine of the University of Berne, where scientists as well as the public can freely access it. This transfer was made possible thanks to a donation from the Federal Office of Public Health.**

The AIDS Documentation was formed from the collections of Aids Info Docu, a documentation center founded in 1988 and financed by the Federal Office of Public Health (FOPH), which allowed the public to access information about HIV and AIDS. After Aids Info Docu ended its activities in 2003, the FOPH launched a project in order to preserve the large amount of collected documents and records, to complete them and to make them accessible to the public. The transfer of the collection to the Institute of History of Medicine of the University of Bern, which took place in the spring of 2013, guarantees now the long-term archiving and allows this collection to be studied and used. While the Institute was so far more focused on the medical history of the eighteenth and nineteenth centuries, the life of the scholar Albrecht von Haller and the history of pharmacy, it can now extend its research and archiving activities to the twentieth century.

### **An extensive documentation**

The historical collection documents the history of AIDS in Switzerland during the critical period of the 1980s and 1990s. It also covers related topics such as homosexuality, drug addiction, prostitution or health policies. To search in the collection, simply connect to the online library catalogue "IDS Basel Bern". In addition to books, grey literature, periodicals and newspaper clippings, the AIDS Documentation consists of prevention materials, posters and audiovisual materials. The over 1000 digitized video can be viewed on a computer in the reading room. In total, the AIDS Documentation includes over 13,000 documents covering more than one hundred linear meters.

### **Historical Importance**

Unique in its size and quality, the AIDS Documentation reflects our society's reaction to the threat from a new disease. This reaction is of historical interest because in the fight against AIDS, it was necessary for the actors of prevention to tackle difficult taboo topics such as homosexuality, promiscuity, prostitution and drug use. In addition, the health authorities have recognized that the people with HIV infection and the groups at-risk should be involved to ensure the success of the prevention work. The authorities' response to AIDS is a model for a new public health strategy, which, instead of marginalizing concerned people, is based on the learning capacity of individuals and target groups.

Link:

[www.img.unibe.ch](http://www.img.unibe.ch): Institute of History of Medicine of the University of Bern

External contact:

Pr Hubert Steinke, director of the Institute of History of Medicine, [hubert.steinke@img.unibe.ch](mailto:hubert.steinke@img.unibe.ch)

## *The Swiss Federal Commission for Sexual Health (FCSH)*

The Federal Commission for Sexual Health (FCSH) is an extra-parliamentary interdisciplinary commission of experts which advises the Federal Council and the FOPH on all questions that involve HIV/Aids, other sexually transmitted infections (STI) and sexual health.

### **A new Commission for new tasks**

The new Federal Commission for Sexual Health took up its duties on 1 January 2012, thereby succeeding the old Federal Commission for Aids-related Issues (FCAI) set up in 1988.

The FCSH continues and extends the work of the previous FCAI. In accordance with the National Programme HIV and other Sexually Transmissible Infections (NPHS) 2011–2017, the FCSH thus assumes the totality of the tasks and responsibilities of the old FCAI and extends its responsibilities. Accordingly, the previous opinions and recommendations of the FCAI remain valid and the FCSH assumes responsibility for them.

In accordance with the international principle of the “3 Ones” of UNAIDS, the FCSH continues to assume, at the Swiss national level, the role of a common national body to coordinate the response to Aids with a broad and multi-sectorial representation.

The first task of the Commission therefore remains that of advising the Federal Council, the Federal Department of Home Affairs (FDI) and the Federal Office of Public Health (FOPH) on strategic questions in regard to the fight against HIV/Aids as well as the development and running of the national HIV & STI strategy, as is described in the NPHS 2011–2017.

A complete list of the tasks of the FCSH as defined by the decision to set up the Commission taken by the Federal Council at the end of 2011 is available on the Commission web page.

The FCSH will form permanent working groups within its structure so as to better fulfill its enlarged responsibilities.

### **Establishment of permanent working groups**

The organisation of the new FCSH corresponds to the application and the implementation of the NPHS 2011–2017. In accordance with the programme objectives, the FCSH has six permanent working groups on specific subjects. Each working group is jointly presided by two Commission members, experts in the corresponding subject.

WG 1 Clinical care and Therapy HIV & STI

WG 2 Laboratory and diagnostics HIV & STI

WG 3 Rights and Solidarity

WG 4 Surveillance

WG 5 Research

WG 6 Prevention and Sexual Health

The first two groups will continue the work of two previous experts commissions of the FOPH, that of Laboratory and Diagnostics and that of Clinical and Therapy, which therefore change their status. The other working groups are entirely new in concept and support the Commission in better responding to the numerous and complex questions emerging from the NPHS 2011–2017.

Link: [http://www.bag.admin.ch/hiv\\_aids/05464/12494/12821/index.html?lang=en](http://www.bag.admin.ch/hiv_aids/05464/12494/12821/index.html?lang=en)

## *V. Major challenges and remedial actions*

### *A Major Change: the new NPHS 2011-2017*

Over the last few years, Switzerland experienced a constant decline of new HIV infections, mostly and primarily among the heterosexual population. This is ground for satisfaction. But the complex situation already mentioned in our previous reports was confirmed. The trend of new infections remained on the rise among MSM, although recently it started a slight decrease among them too. Switzerland continues to observe also a constant and significant rise of new infections of other sexually transmissible diseases.

This changing and complex situation was the main ground leading to the adoption of the new National Programme on HIV and other sexually transmissible infections 2011-2017, presented in Chapter III.

For more information please check the NPHI 2011-2017 (available in 4 languages: German, French, Italian and English) :

[http://www.bag.admin.ch/hiv\\_aids/05464/05465/12491/index.html?lang=en](http://www.bag.admin.ch/hiv_aids/05464/05465/12491/index.html?lang=en)

### *Fight against discrimination towards people living with HIV and promotion of solidarity.*

For the period under examination, there was no real increase in discrimination, effective or potential, towards people living with HIV. Although in our country, since the beginning of the epidemic, it is not possible to determine institutional discriminations towards the people living with HIV (i.e. no adoption of discriminatory legal instruments relating to HIV/AIDS), it is always possible to note discriminations towards individuals at a structural level.

Instances of discrimination and stigmatization will continue to be identified, as already previously done, by the Swiss AIDS Federation and reported to the Swiss Federal Commission on Sexual Health (FCSH), subject to the data protection laws. Specific measures will be adopted to ensure that such forms of discrimination and stigmatization are combated effectively and so prevented. There will be specific measures for migrant groups where the discrimination and stigmatisation of people with HIV or STI is especially prevalent. Research in this field will clarify the reasons for such discrimination and offer a deeper understanding in this regard.

### *A major change in the Swiss penal code with regard to HIV criminalization*

Until now, the Art. 231<sup>2</sup> of the Swiss Penal Code, which covers the spread of disease, although it was not explicitly focalized against HIV, has been used to prosecute people living with HIV for transmission and exposure, since the beginning of the 90s. Since then, according to Aids-Hilfe Switzerland, there have been 36 guilty verdicts

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<sup>2</sup> Art. 231, Swiss Penal Code:  
Transmission of human diseases

1. Any person who wilfully transmits a dangerous communicable human disease is liable to a custodial sentence not exceeding five years or to a monetary penalty of not less than 30 daily penalty units.

If the offender acts in a particularly depraved manner, the penalty is a custodial sentence of from one to five years.

2. If the offender acts through negligence, the penalty is a custodial sentence not exceeding three years or a monetary penalty.

based on actual or attempted transmission of HIV through sexual contact. A federal court ruling from 2008 states that an HIV-positive person can be punished even if they knew nothing of their infection.

After a long revision process, a new Epidemics Act was adopted in a popular vote on September 19<sup>th</sup>, 2013.

Within this Act, a new formulation of the Art. 231 of the Swiss Penal Code marks a major change in the legal situation.

The new Art. 231<sup>3</sup> means that a prosecution can only take place if the primary motive of the accused is to infect with a dangerous disease. Therefore there should be no further cases for negligence or cases where the primary motive was non malicious (i.e. a normal sexual relationship).

However, in certain cases prosecution could still be based on Art. 123 (Common assault) or on Art. 122 (Serious assault) of the Penal code.

Criminalisation of HIV transmission, exposure or non-disclosure creates a disincentive for testing and gives non-infected individuals false confidence that they will be informed of any infection. In reality, their partner may not even know his or her HIV status and everyone should be responsible for protecting their own sexual health.

Scientists have shown that people on HIV treatment who have an undetectable viral load and no other sexually transmitted infections are not infectious. Such people may want to have consensual unprotected sex.

Criminalizing them for doing so has no positive public health impact and is a gross intrusion into their private life.

UNAIDS is calling for the repeal of all laws that criminalize non-intentional HIV transmission, non-disclosure or exposure. With this change in its Penal Code, Switzerland is conforming itself with the international recommendations in this field.

### *Positive Council Switzerland (PositivRat)*

A new organisation of and for people living with HIV has been founded in 2010. This organisation has been rapidly integrated into the Swiss HIV system, actively assuming a role of stakeholder and therefore fulfilling the GIPA principle (« Greater Involvement of People with Aids »), to which Switzerland fully subscribes. This was especially welcome in order to fill in a gap in the representation of people living with HIV.

The Positive Council is a closed group, with a limited number of members which aims to represent the interests of people with HIV. It has special expertise in the areas of health, law, lobbying and public relations. The Positive Council engages closely with the Swiss Aids Federation (AHS). The opinions it expresses do not necessarily reflect those of the AHS. The Positive Council consists of people with HIV or their relatives, or specialists who express solidarity with them. Its members have professional or personal knowledge of and experience in the medical, care, psychosocial, political or public relations spheres.

The Positive Council aims to improve the lives of people with HIV. This includes improving the legal situation, optimizing medical care, eliminating legal or social disadvantages and promoting scientific research into HIV/Aids. The Positive Council networks with other organizations in Switzerland and abroad.

For more information please check the following link: <http://www.positivrat.ch>

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<sup>3</sup> The new french text of the Art. 231 is as follows : « Celui qui, par bassesse de caractère, aura propagé une maladie de l'homme dangereuse et transmissible sera puni d'une peine privative de liberté d'un an au moins et de cinq ans au plus. » (no official English translation is yet available).

## *VI. Support from the country's development partners (if applicable)*

Switzerland is a net contributor to international efforts and does not receive any support from development partners concerning HIV/AIDS. Therefore we summarize here the Swiss contribution to international efforts to fight HIV/AIDS.

Switzerland is making an active contribution to worldwide efforts to combat HIV/AIDS by supporting specialized international bodies such as the WHO, UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as international, regional, national and local organizations, federations and networks. In its bilateral relations, Switzerland is concentrating on prevention, particularly in the context of sexual and reproductive health programmes, and on improving access to information, services, care and treatment without discrimination. Within the Swiss Agency for Development and Cooperation (SDC), the HIV/AIDS component is mainstreamed wherever HIV is endemic. In its work it considers the role of persons infected with HIV within its programmes, but also the impact of these programmes on PLWHA.

SDC also supports some activities undertaken by Swiss NGOs involved internationally in the fight against HIV/AIDS, and encourages them to network and coordinate their efforts within Switzerland (see <http://www.aidsfocus.ch>). SDC also cooperates with the private sector, universities and academics.

The [aidsfocus.ch](http://www.aidsfocus.ch) platform is a project organized by [Medicus Mundi Switzerland](#) which, so far, 30 Swiss organizations are supporting financially. The platform aims to provide information, pool experience and knowledge and offer a forum for exchanging views and learning together; these services are intended to support the Swiss players involved in HIV/Aids and international cooperation so that they can act effectively to counter the pandemic and its impact and strengthen international solidarity.

Switzerland has multiplied its efforts in the areas of prevention and the link between HIV and sexual and reproductive health. It is now known that a genuine strategy for prevention should be based on sound science that promotes shared responsibility for the protection of the sexual health of those affected.

For more information on SDC's work, look at: [http://www.deza.admin.ch/en/Home/Themes/Health/HIV\\_AIDS](http://www.deza.admin.ch/en/Home/Themes/Health/HIV_AIDS)

In the period 2012-2013, the Swiss financial contribution to the international institutions fighting against HIV and AIDS was the following:

- Annual contribution to HIV and AIDS beside specific contributions as shown below: approx. 12 Mio US\$
- GFATM: annual contribution 8 Mio CHF for 2012, 10 Mio CHF for 2013
- UNAIDS: 5 Mio CHF for 2012 ; 10 Mio CHF for 2013
- Drugs for Neglected Diseases initiative: 2 Mio CHF for 2010 and 1 Mio CHF for 2011

Considering the "Message on Switzerland's International Cooperation in 2013-2016" and its priority organizations the Swiss Federal Council decided, in 2013, to raise the Swiss contributions for the period 2014-2016, to reach the following amounts:

- GFATM: 20 Mio CHF annually between 2014-2016
- UNAIDS: 10 Mio CHF annually between 2013-2015

### *The European ESTHER Alliance*

The accession of Switzerland to the European ESTHER Alliance was decided by the Swiss Federal Council in November 2011. The membership was endorsed by the Interministerial Working Group on Swiss Health Foreign Policy (IdAG GAP) as a joint initiative of the Swiss Development Agency (SDC) and the Swiss Federal Office of Public Health (SFOPH). An Esther-Switzerland secretariat was created in mid-October 2012

By becoming a member of the European ESTHER Alliance, Switzerland can strengthen its international action in the fight against HIV / AIDS and better meet its international commitments in this regard (in particular Goal 6 of the Millennium Development Goals "Combating HIV / AIDS, malaria and other diseases "). The European ESTHER Alliance network offers therewith a platform for Swiss expertise in prevention and treatment and care of HIV / AIDS and other sexually transmitted diseases, facilitating the cooperation between hospitals, health facilities, and research institutions in developing and transition countries, and Swiss hospitals and health research institutions

For more information: <http://www.esther.eu>



## *VII. Monitoring and evaluation environment*

The HIV/AIDS strategy as defined in the national programmes is regularly evaluated since 1986. The evaluation studies not only give an account of the use of public money, but also judge the efficacy of policies, programmes and projects, so as to detect significant changes in a given field and to draw the necessary lessons. Moreover, they provide the decision making bases in order to adopt and implement adequate corrective measures. The long-term monitoring of process and results indicators of the prevention strategy is an important part of the evaluation process and is carried out on a continuous base by the Unit for the Evaluation of Prevention Programmes (UEPP) of the Institute for Social and Preventive Medicine (IUMPS, link: <http://www.iumsp.ch>) of the University of Lausanne. A range of evaluation reports, covering the period from 1996 to today, are available at the Institute webpage.

In Switzerland, the surveillance of sexual and IDU behaviors has been the object of repeated surveys in various population groups, carried out since 1987, and corresponds in fact to the behavioral part ("behavioral surveillance") of a second generation surveillance system .

This behavioral surveillance, however, has not yet reached the same level of institutionalization as the biological surveillance, in the sense that it is not yet a routine activity with fixed periods of data collecting.

Meticulous surveillance of the HIV and STI epidemics is the key underlying factor for preventive efforts to be effective. This is one point of focus for the National Programme (2011-2017), as it provides for the development of a model for a third generation surveillance system of HIV and STI. This new surveillance model takes biological surveillance in the STI field further and closes gaps in behavioral surveillance. It combines the findings of HIV and STI surveillance. In addition, it incorporates the continuous monitoring of the various prevention measures (including cost/benefit analysis) creating the possibility for evidence-based policy making to be implemented in future.

### *Evaluation*

The research group UEPP/IUMSP was charged with the comprehensive evaluation of the HIV prevention in Switzerland from 1987 to 2003. Since 2004, the UEPP observes the HIV prevention in Switzerland by means of various studies under the title "For a surveillance system of the Swiss strategy against HIV/AIDS" within the framework of the second generation surveillance as defined by UNAIDS. Some studies were entrusted to other research institutes. These evaluations provide decisional bases allowing to analyze the effectiveness of policies, of programs, projects and other measures.

The evaluation reports are available at the following link:

[http://www.bag.admin.ch/hiv\\_aids/05464/05490/05760/05761/index.html?lang=de](http://www.bag.admin.ch/hiv_aids/05464/05490/05760/05761/index.html?lang=de)

### *Surveillance Working Group of the Federal Commission for Sexual Health*

The Federal Commission for Sexual Health (FCSH) appointed the Surveillance Working Group in March 2012. The FCSH has mandated the Surveillance Working Group to assess and interpret existing evidence on HIV and other STI in Switzerland from an independent and international standpoint. The Surveillance Working Group aims to strengthen the evidence base for the HIV/STI policy. Its main goals are:

- Quality assessment and further improvement of HIV/STI surveillance and evaluation.
- Promotion of quality and innovation in the field of HIV/STI surveillance and evaluation.
- Promotion of evidence dissemination and utilization.

In this way, the Surveillance Working Group supports the FCSH and the Federal Office of Public Health (FOPH) in achieving the fourth main goal, aiming at improving the socio-political and structural conditions, of the National Programme on HIV and other STI (NPHS) 2011-2017 (page 79).

The first (November 2012) and second (November 2013) reports of the Surveillance Working Group are available here: [http://www.bag.admin.ch/hiv\\_aids/05464/12494/12821/index.html?lang=de](http://www.bag.admin.ch/hiv_aids/05464/12494/12821/index.html?lang=de) (both of them in English, download column).

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