

Survey Response Details

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Response Details

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1) Country

Switzerland (0)

2) Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:

Luciano Ruggia

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7) Date of submission:

Please enter in DD/MM/YYYY format

31/03/2010

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8) Describe the process used for NCPI data gathering and validation:

Data were collected and validated by the Program Officer in charge, with discussion with various actors. Civil society datas were collected by Aids Hilfe Schweiz in a fully independent manner.

9) Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:

No problem

10)

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

none

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11)

NCPI - PART A [to be administered to government officials]

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	Swiss Federal Office of Public Health	Luciano Ruggia, Program Officer	A.I, A.II, A.III, A.IV, A.V

12)

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	Aids Hilfe Schweiz	Harry Witzthum	B.I, B.II, B.III, B.IV

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13)

Part A, Section I: STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2)

Yes (0)

Page 7

14) **Part A, Section I: STRATEGIC PLAN**

Question 1 (continued)

Period covered:

2004-2010

15)

1.1 How long has the country had a multisectoral strategy?

Number of Years

20

16)

1.2 Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

	Included in strategy	Earmarked budget
Health	Yes	Yes
Education	Yes	No
Labour	Yes	No
Transportation	No	No
Military/Police	No	No
Women	No	No
Young people	Yes	No
Other*	No	No

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17)

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?

For example, education is the competence of the Swiss Cantons, therefore it is very difficult to specify the budgets allocated.

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18)

Part A, Section I: STRATEGIC PLAN

1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?

Target populations	
a. Women and girls	No
b. Young women/young men	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	No
g. Other specific vulnerable subpopulations*	Yes
Settings	

h. Workplace	No
i. Schools	Yes
j. Prisons	Yes
Cross-cutting issues	
k.HIV and poverty	No
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	Yes

19)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

20)

Part A, Section I: STRATEGIC PLAN

Question 1.4 (continued)

IF YES, when was this needs assessment conducted?

Please enter the year in yyyy format

2009

Page 11

21)

Part A, Section I: STRATEGIC PLAN

1.5 What are the identified target populations for HIV programmes in the country?

men who have sex with men, sex workers, injecting drug users, migrants, refugees/displaced populations, prisoners

22)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

23)

1.7 Does the multisectoral strategy or operational plan include:

a. Formal programme goals?	Yes
b. Clear targets or milestones?	Yes
c. Detailed costs for each programmatic area?	No
d. An indication of funding sources to support programme?	Yes
e. A monitoring and evaluation framework?	Yes

24)

1.8 Has the country ensured “full involvement and participation” of civil society* in the development of the multisectoral strategy?

Active involvement (0)

Page 12

25)

Part A, Section I: STRATEGIC PLAN**Question 1.8 (continued)**

IF active involvement, briefly explain how this was organised:

Switzerland pursues a national HIV/AIDS policy since 1987 incorporating 5-year programmes since 1994. Involvement of all governmental, non-governmental and civil society stakeholders in the complex federal system of Switzerland has proven to be a key element to successful programme implementation. Given a changed epidemiological, social and political context, the collaboration of all stakeholders needed to be ensured by innovative approaches when developing the the National HIV/AIDS Programme 2004-2008 (NHAP 04-08, extended to 2010).

26)

1.9 Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?

No (0)

27)

1.10 Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?

No (0)

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28)

Part A, Section I: STRATEGIC PLAN**Question 1.10 (continued)**

IF SOME or NO, briefly explain for which areas there is no alignment / harmonization and why

In the Swiss context, we do not have external development partners.

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29)

Part A, Section I: STRATEGIC PLAN

2. Has the country integrated HIV into its general development plans such as in: (a)

National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?

N/A (0)

Page 16

30)

Part A, Section I: STRATEGIC PLAN

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?

N/A (0)

Page 17

31)

4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?

No (0)

Page 19

32)

5. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?

No (0)

Page 21

33)

Part A, Section I: STRATEGIC PLAN

6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?

Yes (0)

Page 22

34)

Part A, Section I: STRATEGIC PLAN

6.1 IF YES, for which subpopulations?

a. Women	No
b. Young people	No
c. Injecting drug users	No
d. Men who have sex with men	No
e. Sex Workers	No
f. Prison inmates	No
g. Migrants/mobile populations	No
Other: People living with HIV	Yes

35)

IF YES, briefly describe the content of these laws, regulations or policies:

Art 231 of the Swiss Penal Code make possible to prosecute for transmission or attempted transmission of a transmissible disease. A current revision of the Law on Epidemics might change the text to the Penal Code, which will then adress only intentional transmission. There is a legal on-going debate in Switzerland about this article.

36)

Briefly comment on how they pose barriers:

It is considered that this Article constitute a problem for prevention (barrier to testing) and for the integration of people leaving with HIV.

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37)

Part A, Section I: STRATEGIC PLAN**7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?**

Yes (0)

Page 24

38)

Part A, Section I: STRATEGIC PLAN**7.1 Have the national strategy and national HIV budget been revised accordingly?**

No (0)

39)

7.2 Have the estimates of the size of the main target populations been updated?

Yes (0)

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40)

Part A, Section I: STRATEGIC PLAN

7.3 Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?

Estimates of current and future needs (0)

41)

7.4 Is HIV programme coverage being monitored?

Yes (0)

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42)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (continued)

(a) IF YES, is coverage monitored by sex (male, female)?

Yes (0)

43)

(b) IF YES, is coverage monitored by population groups?

Yes (0)

Page 27

44)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (b) (continued)

IF YES, for which population groups?

MSM, IDU, Migrants, Sex Workers.

45)

Briefly explain how this information is used:

This information is used to adapt prevention strategies.

Page 2846) **Part A, Section I: STRATEGIC PLAN**

Question 7.4 (continued)

(c) Is coverage monitored by geographical area?

Yes (0)

Page 29

47)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (c) (continued)****IF YES, at which geographical levels (provincial, district, other)?**

Cantons

48)

7.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?

No (0)

Page 30

49)

Part A, Section I: STRATEGIC PLAN**Question 7.5 (continued)****Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?**

9 (9)

50)

Since 2007, what have been key achievements in this area:

Constant adaptation of prevention strategies and activities.

51)

What are remaining challenges in this area:

Keeping the high level of prevention achieved.

Page 31

52)

Part A, Section II: POLITICAL SUPPORT**1. Do high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?**

President/Head of government	No
Other high officials	Yes

Other officials in regions and/or districts Yes

53)

2. Does the country have an officially recognized national multisectoral AIDS coordination body (i.e., a National AIDS Council or equivalent)?

Yes (0)

Page 32

54)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

1988

55)

2.2 IF YES, who is the Chair?

Name Prof. Dr. Pietro Vernazza

Position/title President

56)

2.3 IF YES, does the national multisectoral AIDS coordination body:

have terms of reference?	Yes
have active government leadership and participation?	No
have a defined membership?	Yes
include civil society representatives?	Yes
include people living with HIV?	Yes
include the private sector?	No
have an action plan?	Yes
have a functional Secretariat?	Yes
meet at least quarterly?	Yes
review actions on policy decisions regularly?	Yes
actively promote policy decisions?	Yes
provide opportunity for civil society to influence decision-making?	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	No

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57)

Part A, Section II: POLITICAL SUPPORT

Question 2.3 (continued)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?

Please enter an integer greater than or equal to 1

15

58)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include civil society representatives", how many?

Please enter an integer greater than or equal to 1

5

59)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include people living with HIV", how many?

Please enter an integer greater than or equal to 1

3

Page 34

60)

Part A, Section II: POLITICAL SUPPORT

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?

No (0)

Page 35

61)

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?

Please enter the rounded percentage (0-100)

60

62)

5. What kind of support does the National AIDS Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Information on priority needs	Yes
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	No
Coordination with other implementing partners	Yes
Capacity-building	No
Other: Please specify	

63)

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National AIDS Control policies?

Yes (0)

Page 36

64)

Part A, Section II: POLITICAL SUPPORT

6.1 IF YES, were policies and laws amended to be consistent with the National AIDS Control policies?

No (0)

Page 38

65)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)

Overall, how would you rate the political support for the HIV programmes in 2009?

9 (9)

66)

What are remaining challenges in this area:

There is a feeling that HIV is less present in the political agenda.

Page 39

67)

Part A, Section III: PREVENTION

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the *general population*?

Yes (0)

Page 40

68)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

- e. Use condoms consistently (0)
- f. Engage in safe(r) sex (0)
- i. Use clean needles and syringes (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

69)

1.2 In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?

Yes (0)

Page 41

70)

Part A, Section III: PREVENTION

2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?

Yes (0)

71)

2.1 Is HIV education part of the curriculum in:

primary schools?	No
secondary schools?	Yes
teacher training?	Yes

72)

2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?

Yes (0)

73)

2.3 Does the country have an HIV education strategy for out-of-school young people?

No (0)

74)

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for most-at-risk or other vulnerable sub-populations?

Yes (0)

Page 42

75)

3.1 IF YES, which populations and what elements of HIV prevention do the policy/strategy address?

Check which specific populations and elements are included in the policy/strategy

Targeted information on risk reduction and HIV education	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Stigma and discrimination reduction	
Condom promotion	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
HIV testing and counselling	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Reproductive health, including sexually transmitted infections prevention and treatment	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Vulnerability reduction (e.g. income generation)	
Drug substitution therapy	Injecting drug user
Needle & syringe exchange	Injecting drug user

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76) **Part A, III. PREVENTION**

Question 3.1 (continued)

You have checked one or more policy/strategy for "Other populations". Please specify what are "other populations".

Migrants from sub-Saharan Africa, People living with HIV

Page 44

77)

Part A, III. PREVENTION

Question 3.1 (continued)

Overall, how would you rate the policy efforts in support of HIV prevention in 2009?

9 (9)

Page 45

78)

Part A, III. PREVENTION

4. Has the country identified specific needs for HIV prevention programmes?

Yes (0)

Page 46

79)

Part A, III. PREVENTION

Question 4 (continued)

IF YES, how were these specific needs determined?

National Program Assessment

80)

4.1 To what extent has HIV prevention been implemented?

The majority of people in need have access	
HIV prevention component	
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Agree
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	N/A
HIV prevention in the workplace	N/A
Other: please specify	

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81)

Part A, III. PREVENTION

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

9 (9)

Page 48

82)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes (0)

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83)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

84)

1.2 IF YES, does it address barriers for most-at-risk populations?

Yes (0)

85)

2. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

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86)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)

IF YES, how were these determined?

National Program Assessment

87)

2.1 To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need
have access

HIV treatment, care and support service

Antiretroviral therapy	Agree
Nutritional care	N/A
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	N/A
HIV care and support in the workplace (including alternative working arrangements)	N/A
Other: please specify	

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88)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?

No (0)

89)

4. Does the country have access to *regional* procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy drugs, condoms, and substitution drugs?

No (0)

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90)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

10 (10)

Page 54

91)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**5. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?**

N/A (0)

Page 57

92)

Part A, Section V: MONITORING AND EVALUATION**1. Does the country have *one* national Monitoring and Evaluation (M&E) plan?**

Yes (0)

Page 58

93)

1.1 IF YES, years covered:**Please enter the start year in yyyy format below**

1987

94)

1.1 IF YES, years covered:**Please enter the end year in yyyy format below**

2010

95)

1.2 IF YES, was the M&E plan endorsed by key partners in M&E?

Yes (0)

96)

1.3 IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?

Yes (0)

97)

1.4 IF YES, have key partners aligned and harmonized their M &E requirements (including indicators) with the national M&E plan?

Yes, all partners (0)

Page 60

98)

Part A, Section V: MONITORING AND EVALUATION**2. Does the national Monitoring and Evaluation plan include?**

a data collection strategy	Yes
a well-defined standardised set of indicators	Yes
guidelines on tools for data collection	Yes
a strategy for assessing data quality (i.e., validity, reliability)	Yes
a data analysis strategy	Yes
a data dissemination and use strategy	Yes

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99)

Part A, Section V: MONITORING AND EVALUATION**Question 2 (continued)**

If you check "YES" indicating the national M&E plan include a data collection strategy, then does this data collection strategy address:

routine programme monitoring	Yes
behavioural surveys	Yes
HIV surveillance	Yes
Evaluation / research studies	Yes

100)

3. Is there a budget for implementation of the M&E plan?

Yes (0)

Page 62

101)

Part A, Section V: MONITORING AND EVALUATION**3.1 IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?**

Please enter the rounded percentage (1-100). If the percentage is less than 1, please enter "1".

5

102)

3.2 IF YES, has full funding been secured?

Yes (0)

103) **3.3 IF YES, are M&E expenditures being monitored?**

Yes (0)

Page 64

104) **4. Are M&E priorities determined through a national M&E system assessment?**

Yes (0)

Page 65

105) **5. Is there a functional national M&E Unit?**

Yes (0)

Page 66

106) **5.1 IF YES, is the national M&E Unit based**

in the National AIDS Commission (or equivalent)? No
 in the Ministry of Health? Yes
 University Research Partners) Yes

107) **Number of permanent staff:**
 Please enter an integer greater than or equal to 0
 1

108) **Number of temporary staff:**
 Please enter an integer greater than or equal to 0
 4

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109) **Part A, Section V: MONITORING AND EVALUATION**

Question 5.2 (continued)
Please describe the details of all the permanent staff:

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Permanent staff 1	epidemiologist	Full time	1987
Permanent staff 2			
Permanent staff 3			
Permanent staff 4			
Permanent staff 5			
Permanent staff 6			
Permanent staff 7			
Permanent staff 8			
Permanent staff 9			
Permanent staff 10			
Permanent staff 11			
Permanent staff 12			
Permanent staff 13			
Permanent staff 14			
Permanent staff 15			

110)

Please describe the details of all the temporary staff:

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Temporary staff 1	social science researcher	Part time	1995
Temporary staff 2	social science researcher	Part time	1995
Temporary staff 3	social science researcher	Part time	1995
Temporary staff 4	social science researcher	Part time	1995
Temporary staff 5			
Temporary staff 6			
Temporary staff 7			
Temporary staff 8			
Temporary staff 9			
Temporary staff 10			
Temporary staff 11			
Temporary staff 12			
Temporary staff 13			
Temporary staff 14			
Temporary staff 15			

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111)

Part A, Section V: MONITORING AND EVALUATION

5.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?

Yes (0)

Page 69

112)

What are the major challenges?

It works well quality control by milestone meetings conducted twice a year.

Page 70

113)

Part A, Section V: MONITORING AND EVALUATION**6. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?**

Yes, meets regularly (0)

114)

6.1 Does it include representation from civil society?

Yes (0)

Page 71

115)

7. Is there a central national database with HIV- related data?

Yes (0)

Page 72

116)

Part A, Section V: MONITORING AND EVALUATION**7.1 IF YES , briefly describe the national database and who manages it:**

biological surveillance by the MoH second generation surveillance by University of Lausanne case surveillance database by the Swiss HIV Cohort Study

117)

7.2 IF YES, does it include information about the content, target populations and geographical coverage of HIV services, as well as their implementing organizations?

Yes, but only some of the above (0)

Page 73

118)

Part A, Section V: MONITORING AND EVALUATION**For Question 7.2, you have checked "Yes, but only some of the above", please specify**

what the central database has included.

target populations (0)

119)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	Yes

Page 74

120) **Part A, Section V: MONITORING AND EVALUATION**

For Question 7.2, you have checked "Yes, but only some of the above", please specify what the central database has included.

For Question 7.3, you have indicated "Yes" to "subnational level", please specify at what level(s)?

some Canton

121)

8. Does the country publish at least once a year an M&E report on HIV, including HIV surveillance data?

Yes (0)

122)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

5 (5)

123)

Provide a specific example:

adaptation of prevention strategies

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124) **Part A, Section V: MONITORING AND EVALUATION**

9.2 To what extent are M&E data used for resource allocation?

4 (4)

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125)

Part A, Section V: MONITORING AND EVALUATION**9.3 To what extent are M&E data used for programme improvement?:**

5 (5)

Page 77126) **Part A, Section V: MONITORING AND EVALUATION****10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:**

No (0)

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127)

Part A, Section V: MONITORING AND EVALUATION**10.2 Were other M&E capacity-building activities conducted other than training?**

No (0)

Page 82128) **Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****Overall, how would you rate the M&E efforts of the HIV programme in 2009?**

9 (9)

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129)

Part B, Section I: HUMAN RIGHTS**1. Does the country have laws and regulations that protect people living with HIV against discrimination? (including both general non-discrimination provisions and provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)**

Yes (0)

Page 84

130)

Part B, Section I. HUMAN RIGHTS

1.1 IF YES, specify if HIV is specifically mentioned and how or if this is a general nondiscrimination provision:

There are no HIV-specific laws or laws making specific reference to HIV in Switzerland. Moreover, Switzerland does not know a general non-discrimination provision in its laws concerning the private sector. Protection against discrimination is granted through some specific laws scattered among different law domains (e.g. employment laws, data protection laws, etc.). Nevertheless, the Swiss Constitution forbids on account of its Title Two: Fundamental Rights, Citizen Ship and Social Goal, Article 8 Equality before the Law the discrimination of people on various grounds. Moreover, Switzerland does know a Disability Discrimination Law ("Behindertengesetz"), which forbids discrimination on grounds of disability – although this law is valid only for the public sector. This means that it only finds application in the case of a legal relationship between the state and an HIV-positive person; for example where the state is the employer and the HIV-positive person is the employee. It has no validity within the private sector and thus does not protect people living with HIV adequately.

131)

2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

Page 85

132)

Part B, Section I. HUMAN RIGHTS

2.1 IF YES, for which subpopulations?

a. Women	Yes
b. Young people	No
c. Injecting drug users	No
d. Men who have sex with men	No
e. SexWorkers	No
f. prison inmates	No
g. Migrants/mobile populations	Yes
Other: Please specify	No

133)

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

- Federal Office for Gender Equality FOGE (on a national level) and several regional offices (cantonal level) for Gender Equality.
- Service for Combating Racism SCRA (within the Ministry of the Interior)

134)

Briefly describe the content of these laws:

Fostering Gender Equality in the domain of employment and fighting against racism.

135)

Briefly comment on the degree to which they are currently implemented:

The FOGE does not operate on the level of individual cases but aims to raise awareness of the need for structural changes, seeking cooperation with other Federal Offices, parliamentarians, men's and women's organisations, as well as with social partners and businesses. International cooperation is also high on the agenda. The main types of activities are: Information, Consultations, Financial Support. It is therefore not simple to judge the degree to which they are currently implemented.

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136)

Part B, Section I. HUMAN RIGHTS

3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

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137)

Part B, Section I. HUMAN RIGHTS

3.1 IF YES, for which subpopulations?

a. Women	No
b. Young people	No
c. Injecting drug users	No
d. Men who have sex with men	No
e. SexWorkers	No
f. prison inmates	No
g. Migrants/mobile populations	Yes
Other: Please specify	Yes

138)

IF YES, briefly describe the content of these laws, regulations or policies:

- Penal Code regulations criminalising the transmission of HIV
- Asylum Act regulating the status

of asylum seekers in Switzerland

139)

Briefly comment on how they pose barriers:

People living with HIV: Since the 1990s, people living with HIV have consistently been sentenced because of the transmission of HIV to other people by the penal code. The convictions range between several months to several years of imprisonment. The relevant regulations are: (A) Spreading of a dangerous human disease Art. 231 of the Swiss Penal Code. According to Art. 231 someone incurs a penalty “who deliberately transfers a dangerous transmissible human disease”. This regulation is to protect the public against an epidemic disease. It is based on the out-dated conception of combating epidemic diseases by repression. The Swiss policy of the fight against HIV is – by contrast – considered as exemplary precisely because it acts on the assumption of shared responsibility of the individuals involved, on the solidarity among people and on the absence of discrimination of any kind. The application of Art. 231 goes against these policy decisions. (B) The implication of grievous bodily harm, Art. 122 of the Swiss Penal Code. Migrants: Especially some provisions of the newly revised Asylum Act (which is in place since 2008) pose barriers because it enhances the vulnerability and precarity of some migrants and mobile populations. These potential barriers act against an universal access to effective HIV-prevention, treatment, care and support services.

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140) **Part B, Section I. HUMAN RIGHTS**

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?

Yes (0)

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141)

Part B, Section I. HUMAN RIGHTS

Question 4 (continued)

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

The promotion and protection of human rights is mentioned in the actual National HIV/AIDS programme 2004 – 2008 (2010) of the Federal Office of Public Health (FOPH) – it's one of the core goals of the programme and also the specific goal 8 of the programme.

142)

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, most-at-risk populations and/or other vulnerable subpopulations?

Yes (0)

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143)

Part B, Section I. HUMAN RIGHTS**Question 5 (continued)****IF YES, briefly describe this mechanism:**

The Swiss AIDS Federation is the nationally recognised entity that officially monitors and records cases of discriminations based on HIV and/or AIDS and transmits those cases to the Swiss National AIDS Commission (EKAF).

144)

6. Has the Government, through political and financial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?

Yes (0)

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145)

Part B, Section I. HUMAN RIGHTS**Question 6 (continued)****IF YES, describe some examples:**

- In the case of MSM specific prevention programmes have been designed and put in place with the cooperation of gay organisations (e.g. PINKCROSS) and civil society (e.g. Swiss AIDS Federation).
- In the case of Sub-Sahara Migrants such programmes were developed (e.g. the project AFRIMEDIA) . Queer Plus Course: PWA teaching newly infected people how to deal with the infection.
- In the case of people living with HIV/AIDS in the design of the National HIV/AIDS Programme 2004 – 2008

146)

7. Does the country have a policy of free services for the following:

- | | |
|---|-----|
| a. HIV prevention services | Yes |
| b. Antiretroviral treatment | Yes |
| c. HIV-related care and support interventions | Yes |

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147)

Part B, Section I. HUMAN RIGHTS**Question 7 (continued)**

IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:

a. HIV prevention services: Most prevention services are free of charge on the basis of cooperation on the financial level with government agencies, private sector and civil society. Where people want to undergo HIV-testing in an anonymous setting they will have to pay for the test themselves – which can act as a barrier for effective testing. The same is even more true for STI-testing. Here the cost of testing can act as a barrier to testing. b. Antiretroviral treatment: In Switzerland everyone has to be covered by a health insurance by law, which also covers the cost of antiretroviral treatment. But people have to pay a monthly premium. In fact we know that the payment of such premiums are a barrier for specific most-at-risk populations such as migrant Sans Papier. Around 80% of Sans Papier do not get health insurance cover even though they have a right to be covered by health insurance – due to fears of stepping into the health systems or language/cultural barriers. The same would be true for some parts of Sex Workers, who are very mobile. c. Some of these services are given by non-governmental agencies (e.g. legal counselling by the Swiss AIDS Federation) and others in the medical services are covered through the health insurance coverage. But see above point pertaining to some most-at-risk populations.

148)

8. Does the country have a policy to ensure equal access for women and men to HIV prevention, treatment, care and support?

Yes (0)

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149)

Part B, Section I. HUMAN RIGHTS

8.1 In particular, does the country have a policy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?

No (0)

150)

9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?

Yes (0)

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151)

Part B, Section I. HUMAN RIGHTS

Question 9 (continued)

IF YES, briefly describe the content of this policy:

The National HIV/AIDS Programme 2004 – 2008 (2010) of the Federal Office of Public Health (FOPH) enlists all the target groups and outlines national goals to be implemented by specified stakeholders securing equal access to prevention, treatment, care and support. The current strategy of the Swiss AIDS Federation (and the new strategy 2009 – 2014) also enlists all target groups and outlines strategic goals for the federation securing equal access to prevention, treatment, care and support. As example of good practice, it should be mentioned the existence

of migrant specific VCT in Geneva and Zurich.

152)

9.1 IF YES, does this policy include different types of approaches to ensure equal access for different most-at-risk populations and/or other vulnerable sub-populations?

Yes (0)

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153)

Part B, Section I. HUMAN RIGHTS**Question 9.1 (continued)**

IF YES, briefly explain the different types of approaches to ensure equal access for different populations:

The National HIV/AIDS Programme 2004 – 2008 (2010) of the FOPH as well as the Strategy of the Swiss AIDS Federation mention the need to implement specific target group prevention and support approaches. Many of the prevention approaches use peer-to-peer approaches to secure targeted programmes tailor-made to the different groups. Some prevention programmes work with the inclusion of specific target groups.

154)

10.Does the country have a policy prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?

No (0)

155)

11.Does the country have a policy to ensure that HIV research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?

Yes (0)

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156)

Part B, Section I. HUMAN RIGHTS

11.1 IF YES, does the ethical review committee include representatives of civil society including people living with HIV?

No (0)

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157)

– Existence of independent national institutions for the promotion and protection of

human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work

Yes (0)

158)

– Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment

Yes (0)

159)

– Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts

No (0)

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160)

Part B, Section I. HUMAN RIGHTS

Question 12 (continued)

IF YES on any of the above questions, describe some examples:

The Swiss AIDS Federation is the national entity monitoring and recording HIV-specific discriminations, which it reports twice yearly to the Swiss National AIDS Commission (EKAF). There is also a national Ombudsperson watching over data protection issues, which can issue recommendation when appropriate.

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161)

Part B, Section I. HUMAN RIGHTS

13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?

No (0)

162)

– Legal aid systems for HIV casework

Yes (0)

163)

– Private sector law firms or university-based centres to provide free or reduced-cost

legal services to people living with HIV

No (0)

164)

– Programmes to educate, raise awareness among people living with HIV concerning their rights

Yes (0)

165)

15. Are there programmes in place to reduce HIV-related stigma and discrimination?

Yes (0)

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166)

Part B, Section I. HUMAN RIGHTS**Question 15 (continued)****IF YES, what types of programmes?**

Media	Yes
School education	Yes
Personalities regularly speaking out	Yes
Other: Campaigns	Yes

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167)

Part B, Section I. HUMAN RIGHTS**Question 15 (continued)****Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?**

5 (5)

168)

Since 2007, what have been key achievements in this area:

The Swiss AIDS Federation in cooperation with the University of Applied Sciences Northwestern Switzerland in a project funded by the Swiss National Science Foundation finished a project in 2008 analysing the criminalisation record due to the transmission of HIV and its impacts on the prevention policy. This study is the basis for advocacy initiatives in the context of the criminalisation of HIV transmission. A key achievement has been the elimination of the travel restrictions in the United States of America and South Korea.

169)

What are remaining challenges in this area:

- Criminalisation of HIV transmission is still a huge problem
- Coverage of migrant population by basic health insurance services
- Life insurances for people living with HIV
- The introduction of a general anti-discrimination law giving a deepened protection of people living with HIV and other most-at-risk and/or vulnerable populations
- Fighting of discriminations in the domains of labour, insurances, etc.

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170)

Part B, Section I. HUMAN RIGHTS**Question 15 (continued)**

Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?

4 (4)

171)

Since 2007, what have been key achievements in this area:

The Swiss AIDS Federation has involved itself in the production of a new strategy for the federation to enhance efforts to implement policies. Negative achievements since 2007 has been the retraction of the governments financial support for anti-discrimination efforts of the Swiss AIDS Federation.

172)

What are remaining challenges in this area:

- Government support for anti-discrimination efforts needs to be kept up
- Dwindling resources and budgets for HIV/AIDS activities (especially in the setting of the financial crisis)
- Better cooperation among the relevant stakeholder working in the field of HIV and STI
- Integration of HIV with other STI and the concept of sexual health

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173)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION

1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?

4 (4)

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174)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

2. To what extent have civil society representatives been involved in the planning and

budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?

4 (4)

Page 105

175)

a. the national AIDS strategy?

5 (5)

176)

b. the national AIDS budget?

5 (5)

177)

c. national AIDS reports?

4 (4)

Page 106

178)

a. developing the national M&E plan?

1 (1)

179)

b. participating in the national M&E committee / working group responsible for coordination of M&E activities?

1 (1)

180)

c. M&E efforts at local level?

0

181)

Comments and examples:

Even though civil society representatives are included in the working groups developing the National Plan, civil society (apart from University) is not involved in the M&E plans or activities.

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182) Part B, Section II. CIVIL SOCIETY PARTICIPATION

5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?

3 (3)

Page 108

183)

a. adequate financial support to implement its HIV activities?

4 (4)

184)

b. adequate technical support to implement its HIV activities?

4 (4)

Page 109

185) **Part B, Section II. CIVIL SOCIETY PARTICIPATION**

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

Prevention for youth	>75%
Prevention for most-at-risk-populations	
- Injecting drug users	51-75%
- Men who have sex with men	>75%
- Sexworkers	51-75%
Testing and Counselling	25-50%
Reduction of Stigma and Discrimination	>75%
Clinical services (ART/OI) *	<25%
Home-based care	<25%
Programmes for OVC* *	25-50%

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186)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

Question 7 (continued)

Overall, how would you rate the efforts to increase civil society participation in 2009?

8 (8)

187)

Since 2007, what have been key achievements in this area:

Inclusion of civil society representatives in the working groups to the new National HIV & STI Programme 2011 – 2017 of the Federal Office of Public Health.

188)

What are remaining challenges in this area:

Civil society need adequate financial and technical support to implement efficient and workable programmes to secure universal access to prevention, treatment, care and support of people living with HIV and other most-at-risk groups.

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189)

Part B, Section III: PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?

Yes (0)

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190)

Part B, Section III: PREVENTION

Question 1 (continued)

IF YES, how were these specific needs determined?

- Through studies in specific domains (criminalisation, clinical performance, etc.) - Through questionnaires on preventive behaviour of specific target groups (MSM, migrants, people living with HIV, etc.)

191)

1.1 To what extent has HIV prevention been implemented?

	The majority of people in need have access
HIV prevention component	
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Agree
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Don't agree

School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Don't agree
Other: Risk reduction for migrant population	Don't agree

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192)

Part B, Section III: PREVENTION**Question 1.1 (continued)**

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

9 (9)

193)

What are remaining challenges in this area:

- The access in the groups of migrants and sex workers needs to be optimised. - The successes in the other programmes for other target groups should not be compromised by budget cuts (especially in the context of the financial crisis) - The integration of HIV in other STI and sexual health needs to be successfully achieved - Systematic studies of the specific needs of specific target groups needs to be based on a better footing - Better monitoring and surveillance of STI needs to be put in place

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194)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

1. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

Page 115

195)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**Question 1 (continued)**

IF YES, how were these specific needs determined?

Swiss HIV Cohort Study

196)

1.1 To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need
have access

HIV treatment, care and support service

Antiretroviral therapy	Agree
Nutritional care	Agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Don't agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: please specify	

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197)

Part B, Section IV: TREATMENT, CARE AND SUPPORT
Question 1.1 (continued)

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

9 (9)

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198)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?

No (0)