

Switzerland Report NCPI

NCPI Header

COUNTRY

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

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Describe the process used for NCPI data gathering and validation:

The NCPI Part A has been completed by National AIDS Officer in charge of NCPI submission in coordination with other officials. The NCPI Part B has been completed independently by NGOs (Swiss AIDS Federation and PositivCouncil - PositivRat).

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

-

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

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

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
Swiss Federal Office for Public Health	Luciano Ruggia, International Program Officer	Yes	Yes	Yes	Yes	Yes	Yes

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

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
Swiss AIDS Federation	Harry Witzthum	Yes	Yes	Yes	Yes	Yes
PositivRat	David Haerry	Yes	Yes	Yes	Yes	Yes

A - 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

IF YES, what was the period covered:

2011-2017

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.

IF NO or NOT APPLICABLE, briefly explain why.:

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 to 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 ones partner voluntarily should become a matter of course as people come to appreciate the true need for this.

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:

Swiss Federal Office of Public Health FPOH

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

SECTORS

Included in Strategy **Earmarked Budget**

Yes	No
Yes	Yes
No	No
No	No
No	No
Yes	No
Yes	No

Other [write in]:

-

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?:

There is a specific earmarked budget in the field of prevention at the level of the FPOH. Prevention includes general population as well as specific groups. Given the complex swiss federal structures, other fundings are available, i.e. at a Canton's level.

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs:

Yes

Sex workers:

Yes

Transgendered people:

Yes

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations:

Yes

Prisons:

Yes

Schools:

Yes

Workplace:

No

Addressing stigma and discrimination:

Yes

Gender empowerment and/or gender equality:

Yes

HIV and poverty:

No

Human rights protection:

Yes

Involvement of people living with HIV:

Yes

IF NO, explain how key populations were identified?:

Key populations are identified according to the data of the 1st and 2nd surveillance system (epidemiological and behavioural).

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:

MSM, migrants (mainly from high prevalence countries), sex workers, IDU, people in prison

1.5. Does the multisectoral strategy include an operational plan?: Yes

1.6. 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 implementation?:

Yes

e) A monitoring and evaluation framework?:

Yes

1.7

1.7. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?:

Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised:

Over a 2 years period, various events were organised at which the 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.

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

N/A

1.9

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

N/A

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

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

N/A

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

5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:

Yes

5.1. Have the national strategy and national HIV budget been revised accordingly?:

No

5.2. 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

5.3. Is HIV programme coverage being monitored?:

No

5.4. Has the country developed a plan to strengthen health systems?:

No

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:

-

6. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate strategy planning efforts in the HIV programmes in 2011?:

10

Since 2009, what have been key achievements in this area:

The adoption of the new National Programme for HIV and Other Sexually Transmitted Infections 2011–2017 (NPHS)

What challenges remain in this area:

-

A - II. POLITICAL SUPPORT AND LEADERSHIP

1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year

A. Government ministers:

Yes

B. Other high officials at sub-national level:

Yes

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):

No

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:

The new National Programme for HIV and Other Sexually Transmitted Infections 2011–2017 (NPHS) was adopted by the Swiss government and presented to the public on December 1st, 2010 by the Minister of Interior.

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

Yes

2.1. IF YES, does the national multisectoral HIV coordination body

Have terms of reference?:

Yes

Have active government leadership and participation?:

Yes

Have an official chair person?:

Yes

IF YES, what is his/her name and position title?:

Prof. Dr. Pietro Vernazza

Have a defined membership?:

Yes

IF YES, how many members?:

16 independent (non-government officials) members

Include civil society representatives?:

Yes

IF YES, how many?:

4

Include people living with HIV?:

Yes

IF YES, how many?:

some! but we do not ask HIV status to the members.

Include the private sector?:

No

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:

No

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

Yes

IF YES, briefly describe the main achievements:

The Federal Commission for sexual health can be considered to act in this respect.

What challenges remain in this area:

-

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

60%

5.

Capacity-building:

No

Coordination with other implementing partners:

Yes

Information on priority needs:

Yes

Procurement and distribution of medications or other supplies:

No

Technical guidance:

Yes

Other [write in below]:

Overall coordination of the HIV & STI prevention strategies.

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

Yes

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

No

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:

10

Since 2009, what have been key achievements in this area:

A change of art. 231 Swiss Penal Code is currently in discussion in the Swiss Parliament.

What challenges remain in this area:

-

A - III. HUMAN RIGHTS

1.1

People living with HIV:

No

Men who have sex with men:

No

Migrants/mobile populations:

No

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs:

No

Prison inmates:

No

Sex workers:

No

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

No

Other specific vulnerable subpopulations [write in]:

-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

No

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:

-

Briefly explain what mechanisms are in place to ensure these laws are implemented:

-

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

-

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

Yes

IF YES, for which subpopulations?

People living with HIV:

Yes

Men who have sex with men:

No
Migrants/mobile populations:
 No
Orphans and other vulnerable children:
 No
People with disabilities:
 No
People who inject drugs :
 No
Prison inmates:
 No
Sex workers:
 No
Transgendered people:
 No
Women and girls:
 No
Young women/young men:
 No
Other specific vulnerable subpopulations [write in below]:
 -

Briefly describe the content of these laws, regulations or policies:

Currently, there is an on-going debate about art. 231 of the Swiss Penal Code (diffusion of an infectious disease) and about how this article is applied in courts concerning HIV transmission. This article is also undergoing a revision discussion in the Swiss Parliament.

Briefly comment on how they pose barriers:

-

A - IV. PREVENTION

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

Yes

IF YES, what key messages are explicitly promoted?

Abstain from injecting drugs:
 -
Avoid commercial sex:
 -
Avoid inter-generational sex:
 -
Be faithful:
 -
Be sexually abstinent:
 -
Delay sexual debut:
 -
Engage in safe(r) sex:
 Yes
Fight against violence against women:
 -
Greater acceptance and involvement of people living with HIV:
 Yes
Greater involvement of men in reproductive health programmes:
 -
Know your HIV status:
 Yes
Males to get circumcised under medical supervision:
 -
Prevent mother-to-child transmission of HIV:
 Yes
Promote greater equality between men and women:
 Yes
Reduce the number of sexual partners:
 -
Use clean needles and syringes:

Yes

Use condoms consistently:

Yes

Other [write in below]:

Please see: http://www.bag.admin.ch/hiv_aids/05464/05465/12491/index.html?lang=en

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

No

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:

Yes

2.1. Is HIV education part of the curriculum in

Primary schools?:

No

Secondary schools?:

Yes

Teacher training?:

Yes

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:

Yes

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

No

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

Yes

Briefly describe the content of this policy or strategy:

This is part of the National Programme for HIV and Other Sexually Transmitted Infections 2011–2017 (NPHS) :

http://www.bag.admin.ch/hiv_aids/05464/05465/12491/index.html?lang=en

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

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
Yes	Yes	Yes	Yes	Yes	Migrants
Yes	No	No	No	No	-
Yes	Yes	Yes	Yes	Yes	Migrants
Yes	No	No	No	No	-
Yes	Yes	Yes	Yes	Yes	Migrants
Yes	Yes	Yes	Yes	Yes	Migrants
Yes	Yes	Yes	Yes	Yes	Migrants
Yes	No	No	No	No	-

3.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate policy efforts in support of HIV prevention in 2011?:

10

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

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

Yes

IF YES, how were these specific needs determined?:

This was formulated in the new National Programme for HIV and Other Sexually Transmitted Infections 2011–2017 (NPHS).

Those needs were determined through the surveillance data analysis, through the evaluations (including external evaluation) of the previous National Program, and through a comprehensive and inclusive participative process (with all the stakeholders) of the new NPHS.

4.1. To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree

Condom promotion:

Strongly Agree

Harm reduction for people who inject drugs:

Strongly Agree
HIV prevention for out-of-school young people:
 N/A
HIV prevention in the workplace:
 N/A
HIV testing and counseling:
 Strongly Agree
IEC on risk reduction:
 Strongly Agree
IEC on stigma and discrimination reduction:
 Strongly Agree
Prevention of mother-to-child transmission of HIV:
 Strongly Agree
Prevention for people living with HIV:
 Strongly Agree
Reproductive health services including sexually transmitted infections prevention and treatment:
 Strongly Agree
Risk reduction for intimate partners of key populations:
 Agree
Risk reduction for men who have sex with men:
 Strongly Agree
Risk reduction for sex workers:
 Strongly Agree
School-based HIV education for young people:
 Strongly Agree
Universal precautions in health care settings:
 Strongly Agree
Other[write in]:
 -

5. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:

10

A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:

No

Briefly identify how HIV treatment, care and support services are being scaled-up?:

HIV treatment, care and support services are overall of a high quality.

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

Antiretroviral therapy:

Strongly Agree

ART for TB patients:

Strongly Agree

Cotrimoxazole prophylaxis in people living with HIV:

N/A

Early infant diagnosis:

Strongly Agree

HIV care and support in the workplace (including alternative working arrangements):

N/A

HIV testing and counselling for people with TB:

Strongly Agree

HIV treatment services in the workplace or treatment referral systems through the workplace:

N/A

Nutritional care:

Strongly Agree

Paediatric AIDS treatment:

Strongly Agree

Post-delivery ART provision to women:

Strongly Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Strongly Agree

Post-exposure prophylaxis for occupational exposures to HIV:

Strongly Agree

Psychosocial support for people living with HIV and their families:

Neutral

Sexually transmitted infection management:

Strongly Agree

TB infection control in HIV treatment and care facilities:

N/A

TB preventive therapy for people living with HIV:

N/A

TB screening for people living with HIV:

Strongly Agree

Treatment of common HIV-related infections:

Strongly Agree

Other [write in]:

-

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:

No

Please clarify which social and economic support is provided:

-

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

No

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

N/A

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:

9

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

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

N/A

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:

10

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

A - VI. MONITORING AND EVALUATION

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?:

Yes

Briefly describe any challenges in development or implementation:

This is part of the National Programme for HIV and Other Sexually Transmitted Infections 2011–2017 (NPHS)

1.1 IF YES, years covered:

2011-2017

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

Yes, all partners

Briefly describe what the issues are:

-

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:

Yes

Behavioural surveys:

Yes

Evaluation / research studies:

Yes

HIV Drug resistance surveillance:

No
HIV surveillance:
 Yes
Routine programme monitoring:
 Yes
A data analysis strategy:
 Yes
A data dissemination and use strategy:
 Yes
A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):
 Yes
Guidelines on tools for data collection:
 Yes

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

Yes
3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities? :
 9%

4. Is there a functional national M&E Unit?:

Yes
Briefly describe any obstacles:
 -

4.1. Where is the national M&E Unit based?

In the Ministry of Health?:

Yes

In the National HIV Commission (or equivalent)?:

No

Elsewhere [write in]?:

University Research Partners

Permanent Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
epidemiologist	full time	-	1987

Temporary Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
social science researcher	-	part time	1995
social science researcher	-	part time	1995
social science researcher	-	part time	1995
social science researcher	-	part time	1995

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:

Yes
Briefly describe the data-sharing mechanisms:
 -

What are the major challenges in this area:

The system works well. Control by milestone meetings conducted twice a year.

5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?:

Yes
6. Is there a central national database with HIV- related data?:

Yes
IF YES, briefly describe the national database and who manages it.:

Biological surveillance by the MoH; second generation surveillance by the University of Lausanne; case surveillance by the Swiss HIV Cohort Study.

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:

Yes, but only some of the above

IF YES, but only some of the above, which aspects does it include?:

Only for key populations.

6.2. Is there a functional Health Information System?

At national level:

Yes

At subnational level:

Yes

IF YES, at what level(s)?:

-

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

Yes

8. How are M&E data used?

For programme improvement?:

Yes

In developing / revising the national HIV response?:

Yes

For resource allocation?:

Yes

Other [write in]:

-

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:

-

9. In the last year, was training in M&E conducted

At national level?:

No

At subnational level?:

No

At service delivery level including civil society?:

No

9.1. Were other M&E capacity-building activities conducted` other than training?:

No

10. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:

9

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

Efficient and effective HIV&STI work requires an evidence-based foundation. The new programme NPHS 2011-2017 includes this as one of its fundamental points, making provision for the development of a model for the third-generation surveillance of HIV and STIs. This extended surveillance improves biological monitoring in the field of STIs and closes gaps in behaviour surveillance. This then combines the findings from HIV and STI monitoring. It also includes the continuous monitoring of the different prevention measures, including a cost-benefit analysis.

B - I. CIVIL SOCIETY INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:

4

Comments and examples:

The Swiss AIDS Federation has contributed in its role as civil society in the planning and formulation of the new National Programme for HIV and Other Sexually Transmitted Infections 2011 – 2017, where it was able to input issues on a strategic level. Furthermore, the Swiss AIDS Federation is a member of the extra-parliamentary commission for sexual health (formally National Commission on questions related to HIV/Aids), where it can voice issues directly relevant to its work with the target groups. Moreover, the Swiss AIDS Federation was able to secure its role as the national reporting entity for HIV-specific discriminations against people living with HIV and Aids twice-yearly to the extra-parliamentary commission and the Federal Office of Public Health. Nonetheless, the inclusion of civil society, especially on the level of policy formulation, could be much strengthened and the meaningful involvement of civil society optimised. Often, the voice of civil society is only heard – if at all – at a very late phase of policy formulation, where the changing of the wording or the content is barely possible. There have been occasions, where the inclusion of civil society was not meaningfully possible.

2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") 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

Comments and examples:

The involvement of civil society representatives in the planning and budgeting process for the Nationale Strategic Plan on HIV

has been strong. Taking into account that the budgeting process had to be reoriented to the new National Strategic Plan, there have been a lot of unclarity on the side of the government agencies in the reorientation of the HIV work. This needs to be tackled as soon as possible to secure a situation, where the HIV work in the field is not disrupted. A stronger involvement of civil society in the implementation of the new National Strategic Plan would have been desirable.

3.

a. The national HIV strategy?:

5

b. The national HIV budget?:

3

c. The national HIV reports?:

1

Comments and examples:

Ad 3b) Whereas the prevention work with specific target groups is clearly regulated, the same does not hold true with respect to people living with HIV. The Federal Office of Public Health does not consider anti-discrimination work as a priority in the implementation of the new National Strategic Plan; actually it stopped disbursing funds back in 2007 for any work on discrimination. The reasoning behind this decision has been that anti-discrimination work is not seen by the Federal Office of Public Health as directly contributing to prevention work, but only as a supporting condition for (successful) prevention. The Federal Social Insurance Office does disburse some funds for people living with a disability (HIV-positive persons count as persons living with a disability (sickness related to HIV infection), so some work targeting discrimination of people living with HIV can be covered, but these funds cover only a subpart of people living with HIV: the ones having received a disability benefit. Within the new National Strategic Plan there is unclarity pertaining to the prevention work with people living with HIV. As of 2012 the government decided not to fund work within this axis of prevention. Hopefully, negotiations in the future will deliver a solution to this unclarity. 3 c) There are as of 2012 no systematic national HIV reportings in Switzerland. The National Strategic Plans are evaluated once they are ending, but only in a global way. The systematic reporting of the HIV situation in Switzerland concerns mostly epidemiological data and trends. The service agreements are negotiated on the basis of yearly held milestones, where services are discussed with the government representatives. But a systematic reporting is missing in Switzerland.

4.

a. Developing the national M&E plan?:

2

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

:

2

c. Participate in using data for decision-making?:

3

Comments and examples:

Ad 4 a) Apart from quarterly published epidemiological data on HIV and other sexually transmitted diseases, there is no systematic national monitoring and evaluation of the goals of the National Strategic Plan in Switzerland – at least to our knowledge. The Federal Office of Public Health is also responsible for the development of the surveillance system. But an inclusion of civil society is yet nonexistent. Furthermore, the Federal Office of Public Health does from time to time initiate studies on specific topics that can be viewed as performing some evaluation work. But the inclusion of civil society in the planning and implementation of these studies is yet nonexistent. Ad 4 b) A representative of the Swiss AIDS Federation is a guest in a small committee SurvAids, which analyses epidemiological data and other issues. But a systematic participation in a national monitoring and evaluation plan is not guaranteed. With the constitution of the new extra-parliamentary commission on sexual health there could be a working group on surveillance. But its goals and member status is at the time of writing not clear. Ad 4 c) The access of civil society to important data and in its use for decision-making is very limited. It does have access to epidemiological data on HIV and STI provided for by the Federal Office of Public Health. But any data different from these is not accessible for civil society, whereas such access would be important for making decisions about its programmes and its response to HIV.

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:

4

Comments and examples:

With the implementation of the new National Strategic Plan, the Federal Office of Public Health diversified its partners in the HIV and STI field with the inclusion of “Sexuelle Gesundheit Schweiz” for prevention in the general population and the inclusion of network of people living with HIV – POSITVRAT and LHIVE – as members of the extra-parliamentary commission on sexual health (or formerly national commission on HIV-related questions).

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access

a. Adequate financial support to implement its HIV activities?:

4

b. Adequate technical support to implement its HIV activities?:

3

Comments and examples:

Ad 6 a) Adequate financial support to implement HIV activities is possible. There is a tendency to cut funds in the HIV field, reacting to general budgetary cuts in the health and prevention sector. During the last couple of years a steady decrease of available funds has been observed. Ad 6 b) Due to decreases of funding, the technical support to implement HIV activities had to diminish, too. Especially technical support deriving from (scientific) studies could not be accessed as the costs are too heavy for NPOs in the field. While the government does sporadically initiate scientific studies, NPOs are not always included in the process and can thus not profit from the end results. The same holds true for scientific research initiated by (social) scientists: The inclusion of NPOs in the planning and formulation of studies is not optimal, leading to the situation where civil society is not able to optimally participate and profit from the study results.

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

People living with HIV:

>75%

Men who have sex with men:

51-75%

People who inject drugs:

25-50%

Sex workers:

>75%

Transgendered people:

>75%

Testing and Counselling:

<25%

Reduction of Stigma and Discrimination:

>75%

Clinical services (ART/OI)*:

<25%

Home-based care:

<25%

Programmes for OVC:**

<25%

8. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to increase civil society participation in 2011?:

6

Since 2009, what have been key achievements in this area:

The participation in the planning and formulation of the new National Strategic Plan 2011 – 2017. Otherwise there were not efforts to increase the participation of civil society. It has to be noted, that the level of participation of civil society is already quite high – service agreements with the government, member of the extra parliamentary commission on HIV-related questions, etc. But an increase of these participations has not been observed since 2009.

What challenges remain in this area:

The participation of civil society needs to be improved in the domain of policy formulation, in its inclusion in the planning of research, evaluation, and monitoring. Whereas the participation of civil society is already high in the planning of the National Strategic Plan, its participation in the implementation of the National Strategic Plan needs to be improved, giving civil society a better access to data and discussions with stakeholder.

B - II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

Yes

IF YES, describe some examples of when and how this has happened:

In the formulation of the new National Strategic Plan 2011 – 2017, and its participation as a member of the extra-parliamentary commission on sexual health. The inclusion of civil society has focussed mostly on the umbrella organisations such as the Swiss AIDS Federation and Sexuelle Gesundheit Schweiz. The organisation of people living with HIV and Aids – LHIVE – was also directly involved in the planning of the National Strategic Plan.

B - III. HUMAN RIGHTS

1.1.

People living with HIV:

No

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

No

People with disabilities:

Yes

People who inject drugs:

No

Prison inmates:

No

Sex workers:

No

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

Art. 8 of the Federal Constitution of the Swiss Confederation lists various grounds where discrimination is forbidden: origin, race, gender, age, language, social position, way of life, religious, ideological or political convictions, physical, mental or psychological disability. The Swiss system also has specific laws against discrimination on grounds of gender and on grounds of disability. While there are anti-discrimination laws in Switzerland, it is important to know that Art. 8 of the Federal Constitution of the Swiss Confederation is only binding for the public domain, and not directly binding for the private domain. The same goes for the law against discrimination of people with disabilities, where it directly binds the public domain. A general anti-discrimination law is non-existent in Switzerland.

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

No

If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:

No, Switzerland still does not have a general anti-discrimination law. There is no specific anti-discrimination law in Switzerland for the private sector, only the "Behindertengesetz" (Disability Discrimination Law) for the public sector; that means, it can only be applied if there is a legal relationship between the state and an HIV-positive person, if e.g. the state is the employer and the HIV-positive person is the employee. However, there are certain regulations within the existing laws (like Labour Law or Data Protection Law) providing some protection against discrimination. E.g.: If you are ill and your employer dismisses you, there is this specific regulation in the Labour Law saying that this dismissal is invalid; or if an employer dismisses you because you are HIV-positive, this is an unfair dismissal. The dismissal is valid but you as an employee have the right to get compensation.

Briefly explain what mechanisms are in place to ensure that these laws are implemented:

-

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

-

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

Yes

2.1. IF YES, for which sub-populations?

People living with HIV:

Yes

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

Yes

Prison inmates:

Yes

Sex workers:

Yes

Transgendered people:

Yes

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

Due to the missing of a general anti-discrimination law in Switzerland all the other key populations, too.

Briefly describe the content of these laws, regulations or policies:

The criminalization of HIV-transmission through the Penal code can be seen as forming an obstacle to effective HIV-prevention. Since the 1990's, people living with HIV/Aids have consistently been sentenced because of the transmission of HIV to other people. The convictions range between several months (conditionally sentenced) to several years (unconditionally sentenced) of imprisonment. The relevant regulations are: A. Spreading of a dangerous human disease" section 231 of the Swiss Criminal Code According to section 231 of the Swiss Criminal Code, 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/Aids is -by contrast- considered as exemplary precisely because it acts on the assumption of the responsibility of the individuals, of the solidarity and of the absence of any kind of stigmatisation. The application of section 231 of the Swiss Criminal Code counteracts these efforts: - The responsibility for the unprotected sexual intercourse is transferred to one party only. - The punishment of people living with HIV/Aids creates the illusion that the state has the problem under control. This illusion could cause people to neglect their protection levels (safer sex) - Sometimes the criminalization of the HIV-transmission leads people to ignore their HIV-status out of fear of repression. That would also have -among other things- an effect on the behaviour of testing. Spreading of human diseases (Art. 231 of the Swiss Penal Code) 1. Anyone who intentionally spreads a dangerous transmittable human disease shall be punished with prison from one month up to five years. If the offender has acted out of a mean attitude, the punishment will be penitentiary up to five years. 2. If the offender has acted out of negligence, the punishment shall be prison or he/she shall be liable to a fine. B. "Grievous Bodily harm", sections 122, of the Swiss Criminal Code These regulations serve as protection of the individual. When the HIV-transmission has occurred via consensual unsafe sex, both partners are equally responsible. It is wrong to shift the entire responsibility towards the HIV-positive partner and penalise him/her. Therefore criminal pursuit should be disregarded. Grievous bodily harm (Art. 122 of the Swiss Penal Code) Anyone who intentionally injures a person in a life-threatening way, anyone who mutilates a body, an important organ or a limb or who makes an important organ or limb of a human being useless, anyone who makes a person incapable of working, fragile, or insane, anyone who deforms a human being's face in a severe and permanent way. Anyone who causes intentionally an other grievous injury to a human being's body or his/her physical or mental health shall be punished with penitentiary or prison from six months up to five years.

Briefly comment on how they pose barriers:

-

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:

Yes

Briefly describe the content of the policy, law or regulation and the populations included:

Switzerland does have a specific law, the "Federal Act on Gender Equality" – its purpose being the furthering of true equality between women and men – that regulates the prohibition of discrimination and discrimination through sexual harassment. It does not have a specific law to reduce violence against women in general or women living with HIV. Violence is treated in the criminal law under the heading of bodily harm, etc.

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

Yes

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

It is mentioned in the National Programme on HIV and other STI (NPHS) 2011 – 2017. Human rights are mentioned as a support task permitting the achievements of the three main goals: 1. Heightening Awareness, 2. Prevention of HIV and STI, 3. Counselling, diagnoses and therapy. The tasks are delimited as 1. Equal treatment and non-discrimination of people living with HIV and other STI, 2. Participation and Empowerment. Some milestones have been listed: 1. Following a review of the human rights situation concerning people living with HIV and other STI, the Swiss National Aids Commission will propose suitable countermeasures to eradicate discrimination against people living with HIV and/or other STI at the end of 2012 for the first time and then at regular intervals thereafter. 2. By the end of 2013, the Swiss National Aids Commission will publish a report providing information about compliance with GIPA principles by the NGOs and NPOs. The National Programme also enlists the relevant players with their respective competencies in the domain of the reporting, planning, and implementation of the human rights situation in Switzerland.

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

Yes

IF YES, briefly describe this mechanism:

The Swiss AIDS Federation is the official national reporting entity which documents and reports cases of HIV-discrimination in Switzerland. Twice yearly it publishes its results to the Federal Office of Public Health and the Swiss National Aids Commission. The role of the Swiss AIDS Federation is explicitly mentioned in the National Programme. The Swiss National Aids Commission is the entity that is held responsible to implement effective measures on the basis of the reporting cases and due whatever is in its responsibility to eliminate discrimination of people living with HIV and Aids. There is unfortunately no general ombudsperson for human rights violations in Switzerland, so that the different cases of discriminations on different grounds are treated separately for each category, which diminishes the effect and power of an effective response to cases of discrimination.

6. Does the country have a policy or strategy of free services for the following?

Provided free-of-charge to all people in the country

Provided free-of-charge to some people in the country

Provided, but only at a cost

Yes	-	-
Yes	-	-
Yes	-	-

If applicable, which populations have been identified as priority, and for which services?:

Antiretroviral Treatment Yes: Provided free-of-charge to all people in the country. Comment: This is true in theory, and in most cases. But there are problems of coverage of antiretroviral treatment for the population of non-documented migrants and female sexworkers, due to their precarious status or to their high mobility. Even though all people currently living in Switzerland are required by law to have a health insurance that covers the treatment costs, the coverage of the aforementioned vulnerable groups is not guaranteed. HIV prevention services Yes: Provided free-of-charge to all people in the country. This holds true for the most part of services. But anonymous HIV-/STI-Tests are not free of charge, but need to be payed for. Especially the STI-Tests are quite high, considering that the recommendation is to test for the most important STIs at least on a yearly basis. HIV-related care and support interventions Yes: Provided free-of-charge to all people in the country.

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

No

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

No

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:

No

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

No

10. Does the country have the following human rights monitoring and enforcement mechanisms?

a. 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

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

Yes

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

10a) Yes. Switzerland does not have any of the mentioned national institutions. Only the Swiss National Commission on HIV (an extra-parliamentary commission) and the Swiss AIDS Federation (a NPO) does have some role to play in the reporting of HIV-related discriminations. 10b) Yes. The National Programme on HIV & other STI does list performance indicators with which the activities of the Swiss National HIV Commission can be evaluated against. These performance indicators are very generally framed and not specific enough.

11. In the last 2 years, have there been the following training and/or capacity-building activities

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:

Yes

b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:

No

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework:

Yes

b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:

No

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

Yes

IF YES, what types of programmes?

Programmes for health care workers:

No

Programmes for the media:

No

Programmes in the work place:

Yes

Other [write in]:

-

14. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:

7

Since 2009, what have been key achievements in this area:

Unfortunately, the situation since 2009 could not be bettered much in view of human rights legislation. • The last attempt in parliament to introduce a general anti-discrimination law that would be binding for the public as well as the private domain was in 2007. The legislator voted against such an introduction. A new attempt is so far not in sight. • The new National Programme on HIV & other STI 2011 – 2017 does at least mention human rights protection and the fight against discrimination as one of its supporting goals, and does specify some indicators of how to measure progress in the implementation of human rights protection. • A revision of the law of epidemiology is under way, which could better the situation in view of the criminalisation of people living with HIV by the penal code. The discussion in parliament is under way, and the results are still pending. • A new national law for prevention is also in discussion in parliament (in Switzerland there is no national law that regulates prevention generally, there are some specific national programmes in HIV, smoking, alcohol, nutrition etc, but not a general law regulating prevention. Part of the law of prevention would be the formulation of a set of national goals for prevention. The hope is that a non-discrimination paragraph will be included in the formulation of these national prevention goals.

What challenges remain in this area:

What challenges remain • Budget cuts makes it harder to invest money in the anti-discrimination work as parliament is cutting putting pressure on the disbursement of money needed in human rights protection. • Since 2007 the Federal Office of Public Health does not fund anti-discrimination work anymore, its reasoning being that anti-discrimination work is not directly linked to prevention (!) • The legislator is so far not willing to introduce an effective and general anti-discrimination legislation due to concerns about the flexibility of its market. There does not seem to be a majority willing to support such legislation in parliament. • As the topic HIV is falling slowly from the media and political agendas due to the medical “normalisation” of the HIV-infection, it will get more and more difficult to articulate the challenges in the HIV field in a low prevalence country (0.4% in the general population, even though Switzerland has a concentrated epidemic in specific target groups).

15. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:

3

Since 2009, what have been key achievements in this area:

see points above

What challenges remain in this area:

see points above

B - IV. PREVENTION

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

Yes

IF YES, how were these specific needs determined?:

If Yes, how? • A valid national strategy for migrant populations, including HIV/Aids (“Gesundheit & Migration”) • Studies with mathematical modelling for the population of MSM done by the Federal Office of Public Health • Scientific studies by the two national centres of social sciences IUMSP Lausanne and FHNW • Clinical and medical studies done by the Swiss HIV Cohort Studies

1.1 To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree

Condom promotion:

Agree

Harm reduction for people who inject drugs:

Strongly Agree

HIV prevention for out-of-school young people:

Agree

HIV prevention in the workplace:

Disagree

HIV testing and counseling:

Agree

IEC on risk reduction:

Strongly Agree

IEC on stigma and discrimination reduction:

Disagree

Prevention of mother-to-child transmission of HIV:

Strongly Agree

Prevention for people living with HIV:

Disagree

Reproductive health services including sexually transmitted infections prevention and treatment:

Agree

Risk reduction for intimate partners of key populations:

Agree

Risk reduction for men who have sex with men:

Strongly Agree

Risk reduction for sex workers:

Agree

School-based HIV education for young people:

Agree

Universal precautions in health care settings:

Strongly Agree

Other [write in]:

-

2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:

7

Since 2009, what have been key achievements in this area:

Since 2009: • The social campaign “Mission Possible” for MSM • A siphylis campaign with STI testing for MSM • A further campaign is actually ongoing for MSM “Break the chain” • Further roll-out of the peer-to-peer programme for Migrants “AfriMedia”) • The publication of the Swiss Statement EKAF

What challenges remain in this area:

• Budget cuts from public funding for prevention programmes • Accessibility to specific target groups

B - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:

Yes

IF YES, Briefly identify the elements and what has been prioritized:

The new National Programme on HIV & other STI has outlined the challenges for the specific target groups. The main focus of the National Programme lies in an integration of HIV prevention services with STI prevention services, and an integration of HIV-prevention with the topics of sexual rights. The National Programme is based on a model of the three intervention axes – axis 1 for the general population, axis 2 for specific vulnerable groups, and axis 3 for people living with HIV and other STI. In each axis overall goals are specified, a focus point lies in the integration of the different services of treatment, care and support services to implement the best possible options for the specific target groups.

Briefly identify how HIV treatment, care and support services are being scaled-up?:

-

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

Antiretroviral therapy:

Strongly Agree

ART for TB patients:

Agree

Cotrimoxazole prophylaxis in people living with HIV:

N/A

Early infant diagnosis:

N/A

HIV care and support in the workplace (including alternative working arrangements):

Agree

HIV testing and counselling for people with TB:

Agree

HIV treatment services in the workplace or treatment referral systems through the workplace:

Agree

Nutritional care:

N/A

Paediatric AIDS treatment:

Strongly Agree

Post-delivery ART provision to women:

Strongly Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Strongly Agree

Post-exposure prophylaxis for occupational exposures to HIV:

Strongly Agree

Psychosocial support for people living with HIV and their families:

Strongly Agree

Sexually transmitted infection management:

Strongly Agree

TB infection control in HIV treatment and care facilities:

Agree

TB preventive therapy for people living with HIV:

Agree

TB screening for people living with HIV:

Agree

Treatment of common HIV-related infections:

Strongly Agree

Other [write in]:

-

1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:

8

Since 2009, what have been key achievements in this area:

• The Swiss HIV Cohort is a state-of-the-art cohort, that delivers a very good follow up for people living with HIV. • The publication of the Swiss Statement (EKAF) and its consequent implementation with patients

What challenges remain in this area:

• The surveillance system of STI is not satisfying, and needs to be improved

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

No

3. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?":

8

Since 2009, what have been key achievements in this area:

see above

What challenges remain in this area:

see above

Source URL: <http://aidsreportingtool.unaids.org/47/switzerland-report-ncpi>