

Switzerland



Covering the period from January 2010 to December 2011

Report submitted on 31 March 2012

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Glossary

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

I. Status at a glance

a) Including the stakeholders in the report writing process

This report follows and completes the previous UNGASS Reports already submitted by Switzerland over the years (2006, 2008 and 2010)

It is essentially written as an update of the last 2010 Switzerland UNGASS Report.

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

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

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

Part B of the National Composite Policy Index (NCPI) has been prepared independently by the two main national NGOs, the Swiss AIDS Federation and PositivRat (main organisation of people living with HIV).

b) Current status of the epidemic

In the years 2009 and 2010, the notifications of positive HIV test results declined (609 cases in 2010). In the period between 2002 and 2008, the number of new HIV notifications remained more or less stable, but at high level, also compared with other Western European countries. However, this apparent stability was the result of two diverging trends: a decrease among heterosexuals and an increase among men who have sex with men (MSM). In the year 2009, for the first time a decrease of new HIV notifications was also observed among MSM.

The HIV epidemic in Switzerland (total population: 1 January 2010, 7,783,000 inhabitants, of which 1,711,000 were foreign legal residents) remains a concentrated epidemic.

Also according to UNAIDS, Switzerland has a "concentrated HIV epidemic": although on average 3 of 1,000 people in this country are HIV-positive, HIV infection is unevenly distributed. Of 1,000 gay and other men who have sex with men (MSM), around 60 are HIV-positive. Among people from countries with a generalized epidemic, the rate of HIV infection is up to 300 per 1,000. Similar rates are found among injecting drug users (IDUs). Under these circumstances, prevention needs to be focused on those areas where the risk is concentrated.

For some years, the reporting system has indicated three groups particularly exposed to the risk of infection:

1. Male homosexuals and other men who have sex with men (MSM)
2. People from countries with a high prevalence of HIV infection, especially in sub-Saharan Africa
3. Injecting drug users (IDU)

c) Policy and programmatic response

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

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

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

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

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

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

d) Indicator data in an overview table

We do not submit a separate overview table.

II. Overview of the AIDS epidemic

The notifications of positive HIV test results have declined since the year 2009 (564 cases in 2011). In the period between 2002 and 2008, the number of new HIV notifications had remained at a more or less stable, but high level, also compared with other Western European countries. However, this apparent stability was the result of two diverging trends: a decrease among heterosexuals and an increase among men who have sex with men (MSM). In the year 2009, a decrease of new HIV notifications was also observed among MSM.

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

The total number of new HIV diagnoses remained relatively stable in the following years. However, among MSM, the yearly number of positive HIV test results almost doubled between 2004 and 2008, whereas it decreased in most other groups of transmission, particularly among heterosexuals. In the year 2009, for the first time since 2002 the number of new HIV diagnoses also decreased among MSM. There was no further decrease in this group in the year 2010, however.

Among MSM, the proportion of primary infections, i.e. of cases in the initial and acute phase of HIV infection, was very high compared with other groups. The same was true for the proportion of cases with a diagnosis of another sexually transmissible infection in the two years preceding the HIV diagnosis. This indicates that sexual risk taking was high in that group, similarly as in many other western countries. Since the year 2009, mainly recent infections among MSM have been declining, i.e. infections that were probably diagnosed within one year after the infection event. This is an indication that the risk of infection has decreased in this group. In contrast, mostly older infections appear to have decreased among heterosexuals. This could indicate that uptake of testing has increased in this group. However, other factors could have contributed, such as changing migration patterns of persons originating from countries with a high HIV prevalence, who have accounted for a large proportion of the HIV infections diagnosed in Switzerland in the past decade.

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

In the mid-1990s, the trend in the new AIDS cases reversed. After 1995 the introduction of combination antiretroviral therapies had the effect that the progression of the disease could be slowed down significantly in a growing number of people living with HIV. Consequently, the number of new AIDS cases and deaths due to AIDS fell continuously for several years, eventually stabilising at between 160 and 220 cases a year. Since 2010, there has been a lightly increasing trend. The total number of deaths among persons with HIV infection continues to decrease from year to year (less than 100 in the year 2011). The proportion of deaths with cause of death other than AIDS is increasing.

Link: http://www.bag.admin.ch/hiv_aids/05464/12908/12909/12914/index.html?lang=en

On 14 May 2012, we will publish online a complete update of surveillance data covering the period up to 31 December 2011, including a complete analysis of data and trends for the period 2007–2011.

This update and analysis will be available at the address:

http://www.bag.admin.ch/hiv_aids/05464/12908/12909/12914/index.html?lang=en

Factsheet on HIV and AIDS in Switzerland 2011

(based on case notifications until 19 March 2012)

HIV Infections		AIDS cases and Deaths		
Total number of positive HIV test results (1985 to 2011):		Total number of case notifications (1983 to 2011)		
	32,757		9,315	
- Positive tests in 2011	564	- Notifications in the year 2011	161	
- Positive tests in 2010	607	- Notifications in the year 2010	179	
Proportion of women (positive tests in the year 2011)		Proportion of women (AIDS diagnoses in the year 2011, N=91)		
	23.9%		29.7%	
Age groups (positive tests in the years 2007 to 2011, N=3293)		Age groups (AIDS diagnoses in the years 2007 to 2011, N=711)		
	male	female	male	female
- Children under 15 years	0.6%	1.6%	0.0%	0.0%
- 15 to 29 years	20.6%	28.4%	8.6%	10.4%
- 30 to 44 years	51.6%	49.7%	43.8%	53.0%
- 45 years and over	27.1%	20.4%	47.5%	36.6%
Transmission groups in the new infections (estimated proportions)		Transmission groups (AIDS diagnoses in the year 2011)		
- Heterosexual contacts	~46%		52.8%	
- Sexual contacts between men	~48%		25.3%	
- Injecting drug use	~5%		15.4%	
- Mother-to-child transmission	~1%		0.0%	
- Blood transfusions / blood products [§]	~0%		1.0%	
			5.5%	
[§] (in Switzerland)		Total number of death reports received for the AIDS cases (percentage deceased)		
Estimated number of infected persons alive:	22,000		5,856 (62.9%)	
	–			
	29,000			
Thereof with HIV-diagnosis (test done)	16,500	Total number of death reports concerning HIV-seropositive persons without AIDS		
	–		1,186	
	22,000			

Trends

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

In the year 2002, the number of reported positive HIV tests increased by approximately 25%, following a decline since 1992. The two groups most affected by this increase were MSM and heterosexuals (42% originating from high-prevalence countries among the latter).

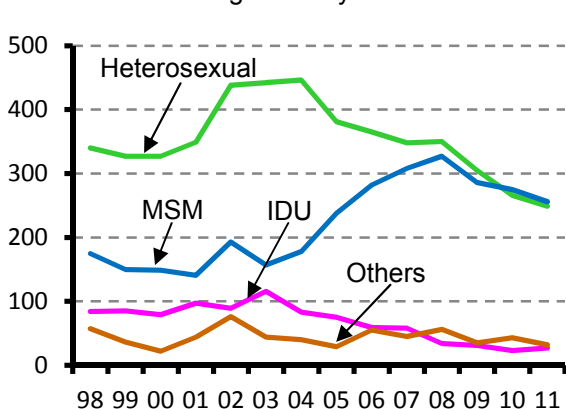
The total number of positive HIV tests was stable between 2003 and 2008. However, among MSM, the yearly number of positive HIV test results doubled since 2003, whereas it decreased in all other transmission groups. Since 2009, new HIV diagnoses has been decreasing among MSM as well.

Trends

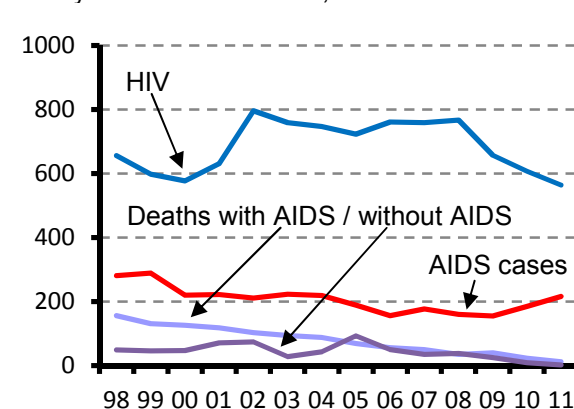
The number of new AIDS diagnoses and deaths due to AIDS sharply decreased after 1995. This trend was due to the wide-spread use of antiretroviral therapy. The number of new AIDS cases has been stable over the past few years, whereas the number of deaths among persons with HIV or AIDS has continued to decline slowly.

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

Number of HIV diagnoses by transmission route



Yearly number of new HIV, AIDS cases and deaths



III. National response to the AIDS epidemic

Regarding the period 2010–2011, we wish first to stress that the Swiss policies and strategies to fight HIV and AIDS are following a long term planned evolution, built on past experiences and programmes.

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

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

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

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

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

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

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

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

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

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

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

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

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

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



The programme has *four* main goals:

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

Model of three axes of intervention:

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

Intervention axis 1: everyone living in Switzerland.

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

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

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

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

Innovation

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

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

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

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

2. Information about rights in relation to sexuality:

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

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

4. Normalisation of voluntary partner information:

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

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

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

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

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

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

Global strategy for HIV and other sexually transmitted infections

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

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

The familiar rules on safer sex still apply:

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

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

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

More prevention funding for at-risk groups

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

Informing partners should be a matter of course

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

Implementation along three axes of intervention

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

Continuing validity of learning strategy

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

Broadly based strategy

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



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



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



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

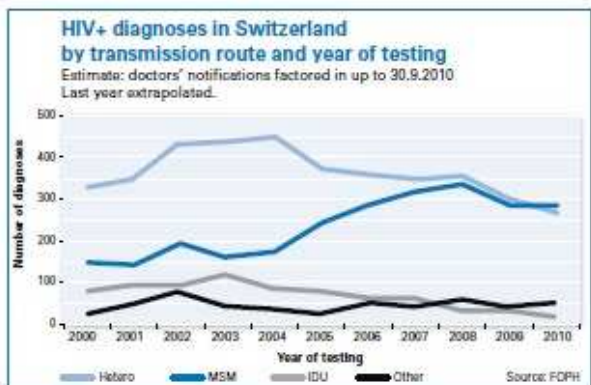


Swiss Government minister Didier Burkhalter presented the prevention programme for 2011–2017 on World AIDS Day.

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

The Federal Government has been tasked with coordinating the measures.

Contact: Roger Staub, Prevention and Promotion Section, roger.staub@bag.admin.ch



The Swiss National Prevention Campaigns LOVE LIFE

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

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

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

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

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

<http://www.lovelife.ch>

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

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



However, over time new challenges have been identified:

- HIV and AIDS are perceived as less threatening and less relevant. However, while it is possible today to treat HIV, the long-term success of therapy remains uncertain.
- At the same time, fewer resources are available for HIV prevention.

- And finally, the STOP AIDS campaign has to succeed in making the younger generation aware of an apparently familiar issue, and in positioning its message in an increasingly sex-oriented advertising environment.



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

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

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

The following challenges arose from the new situation:

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

These challenges were addressed as follows:

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



LOVE LIFE STOP AIDS campaign 2010

Just in time for the beginning of Carnival in 2010, the Federal Office of Public Health and the Swiss AIDS Federation made a comeback with the LOVE LIFE STOP AIDS Campaign. Another 5-second spot as well as new provocative sayings were intended to remind the population to protect themselves with a condom in risk situations.

The timing of the start of the LOVE LIFE STOP AIDS Campaign with the beginning of Carnival was no coincidence. All said and done, it is well known that some people are not always faithful during the Carnival and due to the mostly happy boozy atmosphere they are more likely to have sexual encounters than when they are sober.

In out-of-the ordinary situations, when two people meet and spontaneously have sex together, they often do not have a condom at hand and have unprotected sex. This is why the Campaign is called, "Did it go too fast to think about condoms?".



Like in 2009, the multimedia campaign is intended to remind people about the Safer Sex Rules: no penetration without a condom, no sperm or blood in the mouth. Anyone who nonetheless had unprotected sex can check the possible risk on www.check-your-lovelife.ch and find out whether it is worth having an Aids test and where to have it done. Likewise, the same advice is still: always have a condom with you in case of unforeseeable situations. Then "it won't go too fast to think about a condom".

LOVE LIFE Campaign 2011: If it itches or burns, please go to see a doctor

The LOVE LIFE Campaign is presented in a new format. The focus is on the sexually transmissible infections (STI) that were integrated into HIV prevention. "If it itches or burns, please go to the doctor" is the main message conveyed by TV spots, posters and Internet pages.



The new LOVE LIFE Campaign is part of the implementation of the previously mentioned National Programme On HIV and Other STIs (NPHS) 2011-2017, which the Federal Council adopted last year and into which other STIs besides HIV were also integrated. This integration is based mainly on two grounds: Firstly, the number of new illnesses due to STI is increasing not only in Switzerland but also in other Western European countries. Secondly, the other STIs influence the spread of HIV. Persons with a STI are more susceptible to HIV, and conversely, HIV-positive persons who also suffer from another STI can more easily transmit HIV. Several European countries have already developed strategies for a combined approach to combat HIV and other STIs. By integrating the other STIs, a new rule "In case of itching, discharge or stinging in the genital area go and see the doctor" has been added to the well-known Safer-Sex rules. "Always use condoms with penetrative sex" and "No sperm in the mouth, do not swallow any sperm, no blood in the mouth, do not swallow any menstrual blood". The campaign also wants to encourage infected persons to inform their partners.

For the campaign, the Federal Office of Public Health and the Swiss AIDS Federation and PLANeS will mainly use television, and also the Internet, advertisements, stickers and posters in public transport.

Check-your-love-life.ch

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

This tool was developed in 2007 and it is promoted by the country-wide LOVE LIFE STOP AIDS Campaign since 2009.

IV. Best practices

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

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

BIG – combating infectious diseases in prisons.

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

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

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

1. Data gathering: Since 1 January 2011, a new form for reporting infectious diseases has enabled detailed surveys of the number and nature of infectious diseases diagnosed in prisons to be carried out.
2. Information and training: Work is currently in progress on two brochures that provide prison inmates and staff with information on infectious diseases, risk situations, protective measures and treatment options. In addition, a training course for prison staff is being developed in one canton as a pilot scheme. The aim is for the modules to be included in the syllabus of the Swiss Prison Staff Training Centre (SAZ) from 2013 on. Since spring 2011, the SAZ has offered an introductory course on law enforcement (including prison medicine) for staff who have not taken the basic SAZ training course.
3. Prevention, testing and treatment: In order to harmonise the medical care of inmates and also clearly define the roles of the different players involved, guidelines containing recommendations, standards and checklists on a range of medicine-related topics (e.g. admission forms or transmission of information) have been issued and made available to all prisons.
4. General structural conditions: Legal expert opinions have been sought in order to clarify the responsibilities of the Federal Government and the cantons. In addition, the problem of language barriers and of their negative consequences for the health of inmates has been analysed. A nationwide telephone interpreting service has been available to prison health staff since April 2011.

Recommendations on harmonising standards

The timeframe of the BIG project had originally been limited to the end of 2010. In the course of the project, however, it became clear that it would not be possible to guarantee the further development and dissemination of its products unless further action was taken. This was also true of the dialogue between the different players in prison medicine, nursing care and law enforcement. It was the BIG project that had actually initiated this interdisciplinary cooperation, which was greatly valued by all involved. Furthermore, it became obvious that more attention had to be devoted to prison healthcare in Switzerland as a whole and that the differences between the cantons with regard to prison health needed to be minimised as far as possible. For these reasons, BIG is being continued for the time being. The current focus is on the "Recommendations for harmonising health care in Swiss penal institutions". Both international and Swiss law lay down several binding norms that govern prison healthcare. But, as the expert legal opinions commissioned by the FOPH have made clear, what Switzerland needs is action to ensure that these norms are applied consistently.

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

Centre of excellence for prison health

One of the core recommendations is the creation of a Swiss centre of excellence for health issues in the penal system. The centre of excellence would secure the sought-after interdisciplinary dialogue in the long term and serve the cantons and institutions as an acknowledged platform for discussing health issues affecting penal institutions. An administrative link between this centre and the Swiss Prison Staff Training Centre (SAZ) is planned. It would be funded in the same way as the SAZ, i.e. with percentage-based cantonal contributions geared to respective prison days.

Largely positive echo

In October 2011, an initial draft of the recommendations was submitted for consultation to the cantons, the intercantonal authorities, the Conference of Swiss Prison Medical Officers, and the authorities responsible for penal institutions in Switzerland. A total of 35 cantonal authorities and organizations had commented on the recommendations by the end of 2011. They all welcomed the recommendations, the establishment of a centre of excellence and its affiliation with the SAZ. The only reservations were those expressed by some cantonal law enforcement authorities with regard to the proposed financing.

The BIG project will continue to have the support of the nine-member penal system and institutions commission of the Swiss Conference of Cantonal Justice and Police Directors. The recommendations and concept for the planned centre of excellence will be formally presented to the SAZ governing bodies. The dossier will then be examined by the Swiss Conference of Cantonal Justice and Police Directors at its autumn 2012 meeting.

(Source: Spectra, n°91, March 2012:

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

For more information about this project, please contact Mrs. Karen Klaue, BIG Project Manager,

karen.klaue@bag.admin.ch or check the following link:

http://www.bag.admin.ch/hiv_aids/05464/05484/05488/index.html?lang=en

Gays and other men who have sex with men (MSM)

In Switzerland, gays and other MSM represent currently the worst-affected population with HIV. Since 2002, there has been a continual increase in new infections within this population, of which nearly 50% are recent infections. In other words, these infections were diagnosed less than six months after they occurred. These data bring the FOPH to think that gays and other MSM are affected by a new HIV outbreak driven by primary HIV infections (PHI).

After twenty years of prevention, gays and other MSM have developed risk reduction strategies in order to have unprotected sex. These strategies consist, for instance, in having unprotected sex with known partners who get tested regularly or in practicing dipping or serosorting. These strategies are less reliable than the consistent use of condoms. Furthermore, the application of these strategies with a sexual partner in PHI increases considerably the risk of infection.

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

Easy Rider

The Swiss AIDS Federation with the support of the Swiss Federal Office of Public Health developed in 2010 a specific campaign on STI excluding HIV. The goal was to reintroduce among the Swiss gay community awareness of the risk of contracting other STI despite the correct use of condom. The symptoms of the different STI were described. Gay men and other MSM were recommended to consult their doctor if symptoms appeared. There is an increase of diagnosed syphilis infections among MSM in Switzerland since the last five years. Gonorrhoea is also increasing among this population.

For the first time in Switzerland, a STI prevention campaign for MSM used other media and posted a video on YouTube: <http://www.youtube.com/watch?v=oNmWvAy5iOo>

The video was also distributed in sex-clubs and bath houses (saunas) equipped with TV screen and DVD players.

GAY-STOP: First the Test, Then the Sex.

The Swiss AIDS Federation with the support of the Swiss Federal Office of Public Health also in 2010 developed a campaign promoting HIV testing among couples, and inviting gay men to discuss with their steady partner their risk of contracting HIV or other STIs with other casual sex partners. According to the Swiss Gay Survey 2007, around 40% of MSM in a steady relationship do not know the HIV status of their partner. Among these, around 15% stopped using condom without doing an HIV test previously.

Within this campaign, gay couples could be counseled and tested for half price with a specific voucher.

GAY-BOX
HANDLE WITH LOVE

Action 2 pour 1
D'ABORD LE TEST, ENSUITE LE SEXE!

Pour plus de sécurité: avant des rapports sexuels non protégés avec ton partenaire stable, faites le test VIH! Rendez-vous au Checkpoint ou dans un autre centre de dépistage. Plus d'infos sur www.gay-box.ch

Fais-toi conseiller (consultation anonyme avec test VIH). Et avec la carte d'action 2 pour 1 ton partenaire peut se faire tester gratuitement. Sur www.gay-box.ch, tu trouveras tous les centres de dépistage, les horaires d'ouverture et/ou les possibilités d'inscription.

Action valable du 1^{er} juin au 30 septembre 2010.

A compléter par le centre de dépistage: timbre et date.

GAY-BOX

2011: STOP SYPHILIS

The Swiss AIDS Federation with the support of the association VEGAS (Gay Businesses) and the Swiss Federal Office of Public Health developed a campaign in 2011 promoting Syphilis testing. The number of new diagnosed syphilis cases has increased in Switzerland for the last ten years. In 2010, around 1000 cases were reported in Switzerland. Among these infections, around 50% concerned MSM.

The campaign was launched in October and ran to mid-November 2011. MSM could receive a free syphilis test. Tests were offered in the “Checkpoint” gay health centers, but also in bars, bath houses and sex-clubs. 1700 tests were carried out, with 55 positive tests.



VEGAS

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

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

Queer +

Every year, the “Checkpoint” gay health centers from Zürich and Geneva with the support of the Swiss Federal Office of Public Health organize a 3-day workshop for gay men and other MSM newly diagnosed HIV-positive. This workshop for newly diagnosed gay men deals with the daily management of infection. The workshops covers different topics such as sexual health, mental health, law and stress management.

More information:

Queer +

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

Spectra 87, Men's health

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



The mathematical modeling of the HIV epidemic among MSM in Switzerland

The Swiss Federal Office of Public Health commissioned the development of a mathematical model of the HIV epidemic among MSM in order to understand what drives this epidemic.

Remodelling points out what seems to drive the epidemic. According to the model, in 2010, 13% of infected MSM were unaware of their HIV infection. This relatively small group were yet the origin of approximately 80% of the new infections. Furthermore, the model indicates that MSM get diagnosed around two years after their infection. At last, if nothing changes in the current prevention work, the number of gay men and other MSM under treatment will almost double within ten years.

The Swiss mathematical model shows that early testing and treatment is not sufficient to break the chain of new infections. With regards to the model, if every new infection is diagnosed within one year and treated immediately in order to reach an undetectable viral load one month later, the number of new infections would stabilize at around 200 per year. This represents a decrease of less than one hundred new infections compared to the current figures in the Swiss HIV epidemic among MSM. However, if MSM practiced safer sex as frequently as in the 1990s, the number of new infection would decrease to approximately one hundred. The combination of safer sex with early testing and treatment would drastically diminish the number of new infections to under one hundred. This suggests that “test and treat” brings an additional benefit to HIV prevention but is not the answer to the epidemic. In terms of prevalence and health cost, the scenario that combines a frequency of safer sex as high as in the 1990s with early testing and treatment could prevent approximately two thousand men needing ART in the following ten years.

A poster about the model, under the title “The resurgent HIV epidemic among men having sex with men in Switzerland: a mathematical model approach” was presented during the last IAS 2011 Pathogenesis Conference in Rome: <http://pag.ias2011.org/EPosterHandler.axd?aid=3427>

An article should be published about this mathematical model in 2012.

2012: The Urgent Action Plan of the Swiss Federal Office of Public Health

Based on the results of its mathematical model of the HIV epidemic among MSM, the Swiss Federal Office of Public Health developed in 2011 an Urgent Action Plan structured in three action fields.

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

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

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

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

For more information : Spectra 90, Sexual health and reproduction.

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

The brochure “Sex between Men: Towards a Better Sexual Health 2012” is available also in English at the following address:

http://www.bag.admin.ch/hiv_aids/05464/05484/05485/12500/index.html?lang=en



Break The Chain 2012

The Checkpoint gay health centre ZH with the support of Checkpoint Geneva, the Swiss AIDS Federation and the Swiss Federal Office of Public Health launched the campaign Break the Chain in April 2012 to respond to the goals of the first field of the Urgent Action Plan of the Swiss Federal Office of Public Health.

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

More information: www.breakthechain.ch

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

http://www.bag.admin.ch/hiv_aids/05464/05484/05485/index.html?lang=en

Prevention among migrants

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

Prevention among people from high-prevalence countries

Apart from men who have sex with men (MSM) and injecting drug users (IDUs), HIV/Aids in Switzerland is concentrated particularly in migrants from countries with a generalized HIV/Aids epidemic. The people concerned mainly come from countries of sub-Saharan Africa. Depending on the country of origin, up to 300 per 1000 of this population group totaling approx. 45,000–50,000 are HIV-positive. In 2002, therefore, based on the findings of a Bern University survey, the FOPH launched the “Afrimedia” project, involving prevention among people from countries of sub-Saharan Africa. This is being implemented by the Swiss Aids Federation on behalf of the FOPH. The sub-Saharan region is the region most affected by HIV/AIDS: two-thirds (67%) of those infected with HIV globally come from there. Over the past five years, migrants from the sub-Saharan region have accounted for between 16 and 23% of the newly diagnosed cases of HIV in Switzerland; the main transmission route in this group is via heterosexual contacts. At the same time, the HIV and sexual health overall are still taboo in many African communities, as well as in others. HIV infection is thus subject to stigmatisation, and those infected with HIV run the risk of being discriminated against and excluded from social groups. This leads to a number of those concerned keeping their infection secret, due to the threat of isolation. This, in turn, increases the risk of their partners becoming infected. It is also more difficult to reach those concerned with medical services or psychosocial support.

Not everyone is equally well-covered by prevention efforts. Especially for migrants – for linguistic, sociocultural or residence status-related reasons as mentioned – prevention messages and activities are not always readily comprehensible, accessible or practicable. The “Prevention among migrants” project is designed to facilitate access to prevention for all migrants, regardless of their origin or residence status. This project is also being implemented by the Swiss Aids Federation on behalf of the FOPH.

The Afrimedia project

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

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

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

Evaluation of prevention and knowledge needs for migrants

In order to better understand and evaluate the needs of actions in the prevention fields and the knowledge gaps to be filled, the FOPH conducted a research among stakeholders and published a report in April 2011 (“Le

VIH/sida et autres infections sexuellement transmissibles auprès des populations migrantes: Un état des lieux”). After a series of direct interviews with all the stakeholders, this report aimed to establish a prioritized inventory of prevention and knowledge needs.

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

For more information about the Migrant Project, please contact Mr. Luciano Ruggia, Migrant Project Manager,

luciano.ruggia@bag.admin.ch or check the following link:

http://www.bag.admin.ch/hiv_aids/05464/05484/05487/index.html?lang=en

The Swiss Federal Commission for Sexual Health (FCSH)

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

A new Commission for new tasks

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

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

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

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

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

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

Establishment of permanent working groups

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

WG 1 Clinical care and Therapy HIV & STI

WG 2 Laboratory and diagnostics HIV & STI

WG 3 Rights and Solidarity

WG 4 Surveillance

WG 5 Research

WG 6 Prevention and Sexual Health

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

Link: http://www.bag.admin.ch/hiv_aids/05464/12494/12821/index.html?lang=en

V. Major challenges and remedial actions

A Major Change: the new NPHS 2011-2017

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

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

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

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

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

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

The commitment to react against discrimination suffered by those with HIV/STI, and the campaign against all forms of stigmatisation surrounding HIV and STI, remain an obligation for Switzerland domestically and form an important universal element of the Swiss national strategy. This is especially so because the efforts to ensure prevention, diagnosis and treatment of HIV and STI cannot lead to success if those concerned fear that they are going to be excluded from society or disparaged by it as soon they allow others to know that they are carriers of such an infection.

The fear of stigmatisation and discrimination may act as a barrier for those concerned, preventing them from being open with their (sexual) partners about their infection with an STI or HIV and from talking to them about suitable protective measures. Such a negative situation can also deter people from having a test performed in time or from making use of available treatments, which is counteractive to the strategic aim of promoting early detection and treatment of HIV and other STI. Issues in relation to this might be particularly likely amongst those migrant groups in which sexuality and sexual health have traditionally been subject to taboos and where the fear of stigmatisation may be massive, and even existential.

The activities still needing support in Switzerland include, on the one hand, building a consensus in society that people infected, concerned or particularly threatened by HIV or an STI belong to society as members with equal rights and that they have the same rights and duties at all levels as people who are not affected. It is also

necessary to encourage support for people with HIV or an STI as well as understanding that they find themselves in a special situation which entails limitations for them and means they have specific needs.

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

The Swiss Confederation, in cooperation with the FCSH, will organise regular verifications of the status of equal treatment and make sure that the results are communicated and published in suitable ways. In addition, they will monitor the situation regarding organisations violating the equal treatment obligation and ensure that suitable countermeasures are put forward.

(Source: NPHI 2011-2017, p.111: http://www.bag.admin.ch/hiv_aids/05464/05465/12491/index.html?lang=en)

Positive Council Switzerland (PositivRat)

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

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

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

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

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

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

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

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

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

For more information on SDC's work, look at: http://www.deza.admin.ch/en/Home/Themes/Health/HIV_AIDS

Some information on financial contribution to HIV and AIDS:

- Annual contribution to HIV and AIDS beside specific contributions as shown below: approx. 12 Mio US\$
- GFATM: annual contribution 7 Mio CHF for 2010, 8 Mio CHF for 2011
- UNAIDS: 5 Mio CHF annually
- Drugs for Neglected Diseases initiative: 2 Mio CHF for 2010 and 1 Mio CHF for 2011

VII. Monitoring and evaluation environment

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

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

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

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

Evaluation

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

The evaluation reports are available at the following link:

http://www.bag.admin.ch/hiv_aids/05464/05490/05760/05761/index.html?lang=de

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