

Technical Reports

Evaluation of Swiss National Programme on AIDS

During the period of 15–19 June 1992 a team from the World Health Organization, Regional Office for Europe, worked in Switzerland visiting various institutions and interviewing the personnel engaged in the national AIDS prevention, care and control programme.

The team consisted of four WHO experts in the fields of prevention, management, assessment of psychosocial impact and epidemiological surveillance of HIV/AIDS.

The purpose of the mission was to provide the Federal Office of Public Health with an independent assessment, to the degree possible, of the management and impact of the ongoing programme on AIDS prevention and to formulate recommendations for the future direction of the programme.

Since systematic HIV/AIDS preventive efforts at the federal level began in 1985, the Swiss National AIDS Programme has been subjected to an extensive, regular evaluation conducted by the Institute of Social and Preventive Medicine, University of Lausanne. The evaluations have been conducted in four stages covering the period of 1985–1990. At the present time the fifth phase of the evaluation is being undertaken to identify the results achieved by the programme in promoting behavioural changes among various target groups and to study the extent of development by 1991–1992.

The documents on the results of the four evaluation phases were made available to the WHO team as well as a detailed description of the programme development since its beginning in 1985.

Epidemiological situation of AIDS and seroprevalence of HIV infection

The first case of AIDS was diagnosed in Switzerland in 1983. Since then the number of AIDS cases has almost doubled every year, and by the end of the first quarter of 1992 a total of 2400 AIDS cases had been reported by the Federal Office of Public Health.

Almost since the beginning of the epidemic, Switzerland has been one of the European countries having the highest proportion of AIDS patients. The latest cumulative rate of AIDS cases is 35.5 per 100 000 population.

1909 AIDS cases are among men, and 491 among women, resulting in a sex ratio of men to women of 3.9:1. The proportion of women is 20.4%. There is

a tendency towards an increasing proportion of AIDS cases among women. 1513 deaths (63.0%) have occurred among the reported AIDS cases.

Cumulative AIDS cases distributed according to transmission group shows an almost equal proportion of AIDS cases in men having sex with men (1011 cases/42.1%) and among IVDU (890 cases/37.1%). It is important to note the rather high proportion of AIDS cases due to heterosexual transmission.

The most affected cantons are those where the largest cities of the country are located which indicates that the HIV epidemic in Switzerland is predominantly urban, affecting mostly the population of Zürich, Bern, Geneva and Lausanne. The most affected canton is Geneva with a cumulative incidence rate of 93.6 AIDS cases per 100 000 population, followed by Basel (66.7), Zürich (66.4) and Lausanne (48.0).

Out of 15 602 HIV positive results reported to the present time by testing laboratories, 10 064 (64.5%) have been reported from these cantons, and Zürich (32.7%) and Geneva (17.4%) continue to be the most affected regions.

The estimated number of HIV infected persons in Switzerland is currently between 12 000 and 24 000. According to national projections the expected number of AIDS cases is between 5 000–10 000 by 1995.

According to the data reported from five anonymous testing sites and from laboratories, there are signs of stabilization in the numbers of HIV positive tests recorded every year from 1988 onwards.

Organization and Coordination

The National AIDS Programme involves a number of organizations and constituted bodies at various levels. An overview of the main organizations involved is given below:

Governmental (Federal level)

– *The AIDS Unit of the Federal Office of Public Health (FOPH)*

This unit attempts to keep track of the various initiatives and also to coordinate efforts against AIDS. It appears to be most active in funding and assisting certain NGOs, and running certain prevention

activities (such as in prisons or for migrants) directly. The true extent of their „leading“ role in the National AIDS Programme is doubtful, particularly with respect to cantonal initiatives.

The Swiss National AIDS Commission (NAC)

This Commission is composed mainly of physicians and representatives of the health care system, although recently some nonmedical members have been appointed. It has three subcommittees, one on public health and social matters, another on clinical matters, and a third on serology, immunology, and virology.

The Commission is responsible for advising the Cabinet on all matters relating to AIDS prevention, care and control, including the national strategy. The Commission meets two to three times a year, but subcommittees meet more regularly (4–6 times per year). Apparently the Commission is facing some difficulties when dealing with some of the more controversial, e.g. political, aspects of HIV prevention.

The Swiss National Commission for AIDS Research (NCAR)

This is the national body which approves research grants and attempts to ensure the relevance of those projects related to HIV/AIDS. It is understood that it is granting more awards to clinical and basic science research than to psychosocial and behavioural studies.

The Interdepartmental Working Group on AIDS (IWGA)

This is made up of administrators from various government departments. It maintains some coordination between the various civil service departments and programmes which affect HIV/AIDS and serves to update these sectors on current policy on issues related to AIDS/HIV. Its members include various grades of civil servants.

National Conference of Cantonal Directors of Education

This body is the coordinator of a school health education programme which is carried out at the Canton level. Relationships between the FOPH and this Conference appear to be good and joint initiatives are underway (see page 10 – Cooperation with Health, Education and Social Services Programme).

National Conference of Cantonal Chief Physicians

This is the forum in which the FOPH meets several times per year with the cantonal chief physicians to

discuss various public health problems, including those related to HIV/AIDS.

Nongovernmental (Federal level)

– The Swiss AIDS Foundation (ASS)

An umbrella organization for various ASOs and NGOs active in the field of AIDS. This organization evolved out of grassroots groups of gay men but has now expanded to assist various risk groups. It is funded almost entirely by the FOPH, and its main activities involve organizing prevention activities such as the STOP AIDS campaign for the general public, information/education/communication (IEC) campaigns targeted at risk groups such as homosexuals, prostitutes and to a lesser extent injecting drug users, the STOP AIDS bus, the HOT RUBBER CO. and others. It also is taking on an anti-discrimination/advocacy role.

People with AIDS (PWA)

This NGO is a relatively new organization with few members. It has representation on the National Commission and forms part of the ASS. It will be involved in advocacy against discrimination and recommending improvements at various levels for those directly affected by AIDS.

AIDS Info Docu Switzerland

This NGO serves as a clearing house for nonmedical AIDS publications for anyone interested in the prevention of HIV transmission. It is also directly funded by the FOPH. The volume of documents produced in Switzerland is staggering. It is unclear whether this organization is in a position to recommend a more targeted publication policy by the various organizations.

AIDS Foundation for Children (AFC)

This is run by dedicated paediatricians and serves mainly to raise funds for improving care facilities and other support for HIV infected children.

SIDA Information Suisse (SIS)/AIDS-Aufklärung Schweiz (AAS)

This is a splinter group of conservative professionals, mostly physicians. The SIS/AAS has started an alternative campaign – stressing fidelity, criticizing the national AIDS campaign as being too “liberal” and advocating marginalizing the traditional risk behaviour groups. Their recommendations go directly against GPA goals and strategy.

Local Government (Canton level)

The Chief Cantonal Physician also assumes the role of the local AIDS Programme Manager

This official is usually responsible for the local AIDS programme. They vary substantially in their accessibility or degree of cooperation with the FOPH projects.

Below this level there are wide variations, these may include:

- a local AIDS committee,
- a local AIDS delegate/commissioner, who should serve to coordinate the local initiatives as well as liaise with the FOPH (only available in three cantons),
- other ad hoc working groups, eg. education, social services etc.

Local nongovernmental (Canton level)

- Representatives and affiliated groups of the ASS,
- private hospices and lighthouses,
- other specific private support organizations.

Intersectoral coordination

The relationships between these organizations at all levels vary widely, from none at all to practically forming a part of each other (with almost identical membership).

The Swiss NAC has traditionally been the advocate of a national AIDS strategy which was presented to and accepted by the Cabinet.

Their role, besides discussing and then advising government on any issue related to AIDS, was one of advocating this strategy particularly with the FOPH and the Canton local governments. This advocacy is seen to have diminished recently, possibly due to reduced political support and the grassroots are facing increasing resistance in the implementation of this strategy from various sectors including the recently formed conservative elements.

Multisectoral involvement – NGOs, ASOs

There seems to be sporadic and rather uncoordinated, apart from the representation on the NAC, which recently has included various sectors such as persons with HIV. There is a great variety of sectors working on their own initiatives in the area. There does not appear to be any clear multisectoral policy in practice except for many of the initiatives by NGOs which are jointly planned and executed together with the FOPH.

Integration of the AIDS Programme

There is no formal STD programme in Switzerland. Data on STDs is known to be relatively poor and there is very little likelihood of this situation changing.

A recent reorganization of the FOPH integrated various functions and specialized staff of the former AIDS programme into the general organization of the Medical Division of the FOPH, in order to provide their methodological experience and know-how to other public health areas emerging, such as the tobacco and alcohol, and drug abuse programmes.

Who is in charge? – Limits to authority

The head of the recently reorganized FOPH AIDS unit appears to be in charge from the FOPH side. This person does not, however, appear to be in a position to do more than implement certain aspects of the prevention campaign (such as coordinating AIDS activities and addressing some target risk behaviour groups which do not appear to be adequately tackled by the ASS or the cantons, such as prisons, immigrants and ethnic minorities, and persons injecting drugs). There is very little chance of coordinating the many initiatives throughout the country, dealing with complacency where this arises, or preparing strong arguments against the recent criticism of too liberal an attitude. A great deal of these limitations stem from the lack of presence at the grassroots, in particular at the canton level. Almost a quarter of the population consists of immigrants and ethnic minorities. This group has been identified by the epidemiological analysis as an important element in the transmission of HIV. The FOPH has started an intervention programme with certain accessible ethnic minorities, and there is scope for expansion of this project to other less approachable minorities.

Cooperation with health education and social services programme

There appears to be an active school health education project which will be using concepts, programmes and training materials developed in the framework of a joint venture between the cantons and the FOPH. Bi-annual meetings with representatives of the conference of canton education and other representatives from the educational area are held, but closer cooperation is desirable. There are no representatives of the education sector on the NAC.

Intraministerial collaboration

Little information was available on the ICA, but collaboration appears to be good and the commission made up of civil servants meets regularly. A closer cooperation between FOPH and the Federal Office for Social Security Affairs (Bundesamt für Sozialversicherung) appears to be desirable.

Degree of decentralization

The traditional system of government in Switzerland dictates that such services as health, education, correctional institutions etc. are managed almost entirely at the canton level. Epidemics are, however, the responsibility of the Federal Government. It is clear that the serious AIDS epidemic in Switzerland does not recognize borders or canton demarcation. It was unclear to us whether dealing with the social impact of an epidemic such as AIDS is the responsibility of the federal or the canton level of government. This present question is probably responsible in part for the current state of uncertainty and temporary loss of direction of the programme. The grassroots feel this diminished leadership in their day-to-day dealings in the form of more insecurity, increased arguments and heightened vulnerability of the professionals themselves to personal criticism.

To the outsider it seems logical that all aspects of a serious national epidemic, i.e. the legal, social psychological, curative, preventive, caring, epidemiological and antidiscrimination issues should be the responsibility of the Federal Government. The FOPH may then delegate certain responsibilities to the canton level, e.g. testing, treatment and care. Whatever the decision, a clearer picture of responsibilities has to be defined.

Staffing, facilities, logistics

The facilities at all the organizations visited were of a very high standard and well equipped. Many of the office policies such as the restricted smoking policies and the use of recycled paper even for photocopies are an example to us all. The skills of the personnel, in particular at the FOPH, were more than adequate. However, there does appear to be an inadequate number of specialists trained in public health. In addition a great deal of the staff involved in one way or another in the AIDS programme are part-timers (with a widely varying degree of commitment from 10% to 90%). This may affect continuity of certain projects. Staff turnover in the FOPH is also unacceptably high – disrupting continuity and decreasing the efficiency of the other staff as they spend a great deal of valuable time on on-the-job training and briefing.

Monitoring and evaluation

The psychosocial impact of AIDS has been monitored for the last five years by the Unit of Evaluation of Preventive Programmes of the Institute of Social and Preventive Medicine of the University of Lausanne. These evaluations are funded by research grants from the NCAR and therefore have to compete with clinical and basic research proposals for funding. This is not the ideal situation as much time and effort is put into making and defending grant proposals. Also this seems to threaten the continuity in a programme whose most important contribution is only seen by evaluating any changes in trends. The evaluation report is an essential component of the National AIDS Programme. The content includes monitoring process indicators, aggregated data from several behavioural studies as well as ad hoc research to clarify the coverage and impact of certain initiatives. This is of a very high quality, including innovative as well as state of the art analysis which sets an example for the rest of the world to follow. This evaluation is used to pick up trends early in an attempt to plan and keep one step ahead of the epidemic. Projects are fine tuned to the changing needs and interventions can be altered to be more effective in both the short and the long terms. Valuable resources may therefore be planned and used more efficiently.

An evaluation of the knowledge of the population with regard to HIV transmission has shown that it has increased significantly since the beginning of the preventive programmes. For example, the knowledge on the dangers of sharing needles and syringes has increased from 23% among persons aged 20–69 to 99% in 1989 in the same age group. The same tendency has been observed with regard to knowledge on preventive measures as well as on the use of condoms for prevention of HIV transmission. The sales rate of condoms is fairly high compared to most of the European countries. The sale of condoms has increased from 7.6 millions in 1986 to 13.4 millions in 1991.

The quality of condoms is well standardized and controlled, as is the content and readability of the accompanying information. Condoms are available for over-the-counter sales in numerous locations including supermarkets. There are more and more vending machines in discos and other places frequented by those groups most at risk including youth, but to our knowledge only one – more or less a symbol of the campaign among young people – is in a school.

It is important to note, that utilization of condoms is not the only strategy used by the National Programme; a reduction of the number of partners remains another important preventive measure being advocated. These results could be improved, and for the next few years it would be important to take into account the following aspects:

- the epidemic will continue with an increase of infections transmitted by heterosexual route;
- visibility of seropositives will be more important due to an extension of prophylactic treatment of seropositive persons for prevention of opportunistic infections; this might influence their exclusion from professional occupation;
- bio-medical aspects becoming too important, leading to minimization of the preventive role of the national efforts.

Further implementation of the preventive campaigns is an essential element of the National Programme. The essence of the STOP AIDS campaigns, their excellent acceptance by the population, the high quality of information and its accessibility, the permanence of the messages are crucially important for the maintaining of results received so far and for their further improvement. It is also important to improve the strategy with regard to HIV screening. The HIV screening test should remain a voluntary decision and be left to the responsibility of the individual person. No scientific research or epidemiological study could justify the test to be obligatory. A number of tests have been done without clear cost-efficiency definition.

In prevention of AIDS among youth the preventive efforts are mostly conducted by the different cantons.

An attempt to integrate the prevention of AIDS in school programmes should be evaluated and the programmes on sexual education should be well defined and promoted. In this aspect professional education of the teachers is equally important. Apart from schools other youth groups should be contacted with preventive information through sport clubs, youth clubs/homes and various associations. The materials produced by AIDS-Hilfe, SIDA INFO DOC are of very high quality and are aimed at various groups of population.

Considering the AIDS prevention strategies among different groups of immigrants, it would be desirable to strengthen the information links with different countries of immigrant origin (i.e. Portugal, Turkey).

Actions aimed at the prevention of HIV transmission among drug users are mostly concentrated in bigger cities. It is important to maintain the objectives of the preventive efforts:

- to improve the contacts through social support, installation of relations of confidence;
- to improve health status of the affected persons and facilitate their access to medical services;
- to offer the possibilities for social recuperation.

The programmes for HIV prevention among prisoners should not only be aimed at provision of information for prisoners and prison staff, but also at the magistrats.

Reduction of the personal and social impact of HIV infection

Screening and testing policies

The HIV antibody test is recommended by governmental officials for those who have a risk of HIV infection. There are several possibilities to get a test (especially in private doctors' offices). Quite popular are the five anonymous testing sites in different university hospitals throughout Switzerland. They provide counselling for those who feel at risk, and testing for a fee (30 Francs). Post-test counselling is usually only given to those clients whose test is positive or remains unclear. An ongoing study about the motives of the clientele in anonymous testing sites and the experiences of the counsellors gives some evidence that the test is useful for those who have tested positive and who are ready to behave very responsibly. But for those who test negative, it appears that denial often takes place and the risky behaviour continues, in some cases even to a greater extent than before. The majority of the clients do not belong to one of the main groups at risk (about 80%). It must be stressed that the test itself is not a preventive measure. Only if post-test counselling could be organized for every kind of test result, would there be a chance of prevention/education connected with the test.

Provision of health care to HIV infected persons

The six major (teaching) hospitals provide care for almost one-third of all known HIV infected persons. All these patients are recruited for a multicenter cohort study (funded by the NCAR for the purpose of epidemiological, public health and clinical research). The standard of the health care provided within this framework is fairly high. New cases are seen at one hour intervals, follow-ups at half hour intervals. Inpatient treatment is provided if necessary. Since every progress in the field of treatment is documented and evaluated, it is easy to react very fast to new information and experiences. The study group of experienced clinicians keeps close contact not only within this group but also with general practitioners. Those GPs who are ready and experienced enough to provide services for infected persons, are often overcrowded. They are often not able to allot the necessary time of one hour or more per visit of HIV infected persons. This structure in the health care system means that most of the symptomatic cases are sent to the university hospitals, while the asymptomatic cases stay with their family doctors.

Due to limited financial resources, there are plans to close the recruitment of the cohort study or limit it perhaps to every tenth patient. If this happens, there

will be a serious gap between need for care of symptomatic cases and the capacity in the hospitals. Some special institutions like hospices, inpatient services and others provide additional health care. Many programmes, mainly in the bigger cities, exist to treat opiate users. The character of health care for HIV infected addicts differs from canton to canton. In general, the basic medical and psychosocial needs of these patients is taken care of, but additional treatment, e.g. early medication with Zidoduvine, is not available everywhere.

Financing health care

There is a well developed health insurance system for those who are unemployed as well as for those who are employed. 95% of the Swiss population is insured (health insurance premiums are paid by individuals). Insurance companies cover most of the costs of health care in hospitals, by GPs and in hospices on a fee-for-service basis. Some additional funds are provided by national or cantonal bodies to increase the quality of care or to test certain types of measures, e.g. for HIV infected drug users. There seems to be an urgent need for more public funding to bridge the gap between clinical needs and clinical care.

Problems exist for some patients, if they cannot afford to pay their insurance premiums, for example due to unemployment. Another problem was pointed out by many people we met: life insurance companies discriminate against persons at risk and ask for an antibody test above a certain limit (150000 Swiss Francs). Although this type of life insurance is voluntary, this problem is now discussed in public and there seems to be a good chance to solve it in the near future. Another and quite serious problem is the fact that employers sometimes will not hire HIV infected persons as these are perceived as a potential burden for the employer's mandatory pension funds/retirement insurance.

Staff training

There are many highly motivated people with basic training of all kinds, who are ready to provide care for HIV infected persons. In most cases these professionals are trained on the job. A formal specialized training of MDs at the university level is possible within the framework of the specialized AIDS clinics (especially of the Swiss Cohort Study). There are also introductory seminars for GPs by experienced clinicians as well as by drug treatment specialists. Training in AIDS prevention and counselling at the graduate level in medical schools, however, does not appear to have high priority, although some early initiatives are on the way. Physicians in Switzerland tend to be over-technical;

in the field of HIV/AIDS psychosocial aspects need to be given a higher priority. This is not only the case for the patients. It was expressed by some clinicians that health care personnel get insufficient attention (e.g. for preventing burn-out).

Anti-discrimination policies / human rights

The Swiss National Programme is one of the very rare examples which literally formulates the solidarity between society and HIV infected persons as one of three overall goals. We met many responsible people at all levels of the AIDS prevention and care programme during our stay who expressed that they are very much concerned

- to increase solidarity with persons at risk or already infected,
- to minimize discrimination of minorities,
- to develop integrated methods and strategies of prevention (e.g. there have been some reservations towards a professional comic book, mainly since it linked the HIV prevention message with certain aspects of discrimination against drug users).

Furthermore, there are nationally funded studies directly focused on AIDS and discrimination or including it as a topic of concern. Finally, there are recently published scientific papers, which analyze the extent and quality of the ongoing process of solidarization.

Two observations have been made, which may or may not lead to a fading consensus within the Swiss activities against AIDS:

- the increasing influence of the organization of opponents to the Government's preventive strategy,
- the recent decision of the Federal Office of Public Health to delegate a part of its own leadership within the national strategy to a group of four independent opinion leaders by submitting to these all potentially controversial publications and other materials for approval.

There are today, even in Switzerland, unemployed and homeless people. Generally, social and financial support is provided, but these people are quite often difficult to reach. There is also a certain kind of denial of these kinds of problems within the community. A special programme targeting this group does not exist. But some of the other parts of the prevention programme – e.g. among drug users or foreigners – cover their needs through methods like outreach work.

Research

There are quite a lot of sexual behavioural studies published or on their way. However, most of them

are qualitative studies on small samples. There is an urgent need for sexological research with respect to the highly differentiated structure of the Swiss population and an institute for research in these areas.

The standard of evaluative studies and the evaluation strategy as a whole is more or less unique in the world and provides a clear picture of both process and outcomes of the national programme. On the other hand there is the usual gap between social and behavioural data on the one hand and epidemiological data on the other hand. There is also some evidence that the recent changes (plateauing) of the epidemic among the main populations at risk are at least partly due to behaviour changes. This mission used the WHO Global AIDS Strategy as a background, and found many positive aspects in the Swiss National AIDS Programme as well as some weaknesses.

Strengths

Our work was made easier since the results of a comprehensive regular evaluation programme were readily available.

The evaluation report of the prevention campaign is of the highest quality and should be placed on a firmer financial basis to consolidate this work.

The assessment report is a valuable collection of the more important comparable data – essential reference material for planning future activities.

Decentralization of many activities ensures that these initiatives are sensitive to the local needs.

The direction and strategies employed so far appear to have been as successful as can possibly be expected in such a short time frame. This direction and effort need to be sustained – this should be acknowledged and fostered by the higher authorities.

The strategy goals were consistent with those of GPA, and the programme is one of the few examples which literally formulate the solidarity between the general public and HIV positive persons.

There are many motivated and talented persons involved in the AIDS Programme.

There is high acceptability of the messages used in the prevention campaign.

There are three important results which have been achieved – increased use of condoms, decreased number of sexual partners and increased age of first sexual contact.

A broad spectrum of training activities for various professions have been carried out.

There appears to be some evidence of slowing down of the epidemic amongst the main population at risk, due partly to behaviour changes.

There are detailed and elaborate cohort studies which provide data of international importance.

Within the limitations of a federal country, the responsibility and efforts taken on by the national health authorities have been tremendous. This work has been complemented by active national NGOs such as the ASS and the AIDS Info Docu.

Weaknesses

There appears to be a loss of purpose and direction to the programme – probably due to the diminishing advocacy and leadership activities by the administrative and political hierarchy (FOPH and higher in the Department of the Interior).

There is no true National AIDS Manager (or National AIDS Coordinator).

Counselling services in the principal test sites are poorly coordinated at present.

There appears to be little or no coordination of a concerted programme targeted at AIDS prevention in injecting drug users. NAC recommendations, FOPH, Sektion AIDS projects, ASS prevention campaigns, Canton initiatives and several NGO initiatives all appear to be happening in parallel with no easily recognizable coordinator at the top. The system by which funds are distributed may also be at fault.

Traditional systems of government (i.e. the federalized system) ensure that there is no way the FOPH can point out failures or omissions in the canton activities.

Throughout the organizations there appears to be a lack of adequately trained specialists in public health and health promotion.

There is high turnover among qualified staff at the central level.

The evaluation unit in Lausanne rarely confers with the epidemiology unit of the FOPH to assist in interpreting data from both sectors.

There appears to be some deficiency in the data about the knowledge, attitudes and practices of drug users, in particular regarding their sex practices, condom use and needle sharing practices.

Conclusions and recommendations

1. The excellent work which has gone into building a comprehensive and effective programme at the national and the cantonal level should not be allowed to diminish but should be further sustained in order to consolidate control over the epidemic.
2. National leadership of the AIDS programme needs to be better defined. A demonstration of political support (from both the federal and canton levels) for the leadership role of the FOPH is required. The support should be clear and sustained, legitimizing a National AIDS Coordinator as the focal point for all major

- national, canton and international initiatives related to AIDS. A clear strong message on the national strategy must be articulated by those in a position of authority and this message must be sustained.
3. The role of the Canton AIDS Delegate/Commissioner should be further developed. All the larger cantons should be approached by the FOPH and jointly funded (i.e. 60% canton: 40% FOPH) AIDS Delegate posts proposed. The expected benefits for the canton are that it will gain an AIDS coordinator, who will be the right hand person of the chief canton physician, driving various local initiatives, setting up new projects and carrying out local evaluations. The FOPH will gain an insight into the local canton AIDS programme, receiving a quarterly (nationally standardized) report which will be included in the annual evaluations, and a network close to the grassroots where most of the initiatives are taking place.
 4. The National AIDS Commission should be reformulated as a truly multisectoral body, with greater autonomy. The NAC should explore the possibility of utilizing international expertise to tackle specific issues.
 5. The National AIDS Commission should take over the role as the forum for regaining firm consensus on the general AIDS programme strategies, including the prevention campaign messages.
 6. The HIV sentinel surveillance system should be based on an unlinked anonymous screening programme which should be promoted as the preferred tool to monitor trends in the population.
 7. A primary prevention programme targeted especially at youth needs to be established on a firm long-term basis.
 8. The evaluation of the AIDS prevention strategy assessment report should no longer be regarded as special research, having to apply routinely for grants from the AIDS Research Commission. This report is a vital contribution for planning future interventions and therefore an integral part of the main programme.
 9. Positive action from both the academic institutions together with the federal government is urgently required to attract, support and foster, through various incentives, more applicants for a career in public health and health promotion.
 10. Since Switzerland has one of the most extensively tested populations, there should be more emphasis on the quality of the testing programme: counselling services at the various testing sites should be further consolidated to provide pre- and post-test counselling on a routine basis for all clients, including those with a negative result.
 11. A national consensus on policies to tackle the problem of HIV in injecting drug users is required, involving consultation with all the principal interested bodies such as the National AIDS Commission and the National Drug Commission.
 12. The national authorities should meet with the health insurance companies in order to discuss and diffuse their fears of the ruinous effect of AIDS. In particular the mandatory HIV test which they require should be firmly discouraged.
 13. The imbalance in the proportion of grants awarded to fundamental/clinical research as opposed to psychosocial research should be redressed. In particular, a national study on general sexual behaviour, and another on the behaviour changes in injecting drug users is required.
 14. Better manpower organization and planning of training in order to foster multidisciplinary teamwork in AIDS is required.
 15. Research activities should be maintained with special focus on continuous evaluation of the programme, even if the programme itself would be tailored in a different way. An exchange of evaluative data, behavioural studies and epidemiological data should be formally organized. Extended research about behaviour, behaviour change and HIV prevalence among drug users need to be developed in comparison to other European/international studies. More sexological research based on a broader set of data needs to be developed.
 16. In the field of primary prevention an ongoing attempt towards education of the young generation needs to be established as part of sex education and/or health promotion. Special studies should be developed to control unintended side effects of HIV prevention among young people (like increase of fear, discrimination, moral aspects, partnership values etc.).
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