

# A new multi-lingual exchange platform

**Health information for migrants.** For the past six months the [www.migesplus.ch](http://www.migesplus.ch) Internet platform has been providing an overview of the information material available in different migrant languages, indicating where it can be obtained and grouping together advice and know-how on one central site. [www.migesplus.ch](http://www.migesplus.ch) – the first service of its kind in Switzerland – is primarily aimed at health service professionals. *migesplus* helps to close information gaps and makes an important contribution to effective health promotion among migrants in Switzerland.



Halima Yussuf from Somalia works in the offices of the alternative radio station «Radio Rabe»  
(photo: Edouard Rieben)

## La Suisse plurielle

The pictures in this edition of *spectra* were taken as part of the project «La Suisse plurielle». In October 2004 a team of photographers recorded the indigenous and immigrant populations living side by side in three different districts of Swiss cities: Ursula Markus in Molino Nuovo (Lugano), Edouard Rieben in Lorraine (Berne) and Pierre-Antoine Grisoni in Maupas (Lausanne). The three photographers were accompanied by scientists throughout their projects. None of the shots were set up; they merely record the photographers' observations. The project was staged in close collaboration with the Swiss government's Käfigturm political forum, the Swiss Forum for Migration and Population Studies, the Federal Commission for Foreigners and the Federal Office of Immigration, Integration and Emigration, and funded by the integration credit.

Commissioned by the Swiss Federal Office of Public Health (SFOPH), the Swiss Red Cross (SRC) has designed an Internet platform on health-related issues. The information is available in 25 different languages. *migesplus.ch* involves a database which gives an overview of the information resources available in migrant languages, listed according to subject area and with a brief description of the contents. It also indicates where such information can be obtained. Around 30 organizations and institutions are partners in the venture, offering brochures and videos, etc. But it is not just about making existing material available. A central aspect of *migesplus* is the identification of gaps in information and the promotion of new services to bridge these.

The new platform is proving popular: on average the site receives 590 visitors per month, with around 32 orders being placed for info material. Due to the level of interest, the website – which is currently only accessible in French and German – will also become available in Italian as of February.

## Using synergies, ensuring quality

Producing information material in different languages is both complex and time-consuming. A further goal of [www.migesplus.ch](http://www.migesplus.ch) is therefore to centrally collate as much know-how and experience as possible and to go on continually developing this aspect. *migesplus.ch* has built up a network of graphic artists, translators and content writers in order to coordinate and promote the editing and production of the missing information material as best as possible. This systematic and standard approach should make an important contribu-

tion to developing and ensuring quality.

## Professionals as disseminators

The project's main target group is healthcare professionals. [www.migesplus.ch](http://www.migesplus.ch) provides them with an overview of the available information, thus reinforcing their professional competency vis-à-vis the migrant population. The professionals take on a dissemination role by making use of already existing material in their day-to-day work and passing it on to their clients, because being as well informed as possible is one of the most important prerequisites for successful treatment and satisfactory cooperation.

As you would expect, the [www.migesplus](http://www.migesplus.ch) platform is linked to the [www.miges.ch](http://www.miges.ch) website, the central contact point for migration and health issues.

## Main aim: equality of opportunities

The «*migesplus*: health information materials for the migrant population» project is based on the Federal «Migration and Public Health Strategy, 2002–2006», which aspires toward an open healthcare system that is accessible to everyone, in accordance with the principle of equality of opportunity, and that everyone knows how to make the most of. One of the focal points of this strategy is information, prevention and health promotion for the migrant population.

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## Interview



Hospitals should have sufficient transcultural skills to be able to provide the same level of treatment and care to migrants as to local people. The «Migrant-Friendly Hospitals» project is a contribution towards achieving this goal. A discussion of the challenges that lie on the path to equality of opportunity with the project's head, Peter Saladin. » Page 2

## Equality of opportunities

The Federal Strategy on Migration and Health 2002–2006 aims to help eliminate the obstacles that migrants currently face and give them unimpeded access to the Swiss healthcare system. As an important basis for achieving this goal, representative facts and figures on the migrant population's state of health, health behaviours and use of healthcare services are being collected for the first time. » Page 3

## HIV prevention for asylum seekers

A new information video geared to diverse cultural backgrounds will provide information on HIV/AIDS and prevention measures to asylum seekers entering Switzerland. Investigations are also underway to identify ways of offering asylum seekers voluntary HIV tests and post-test counselling in the cantons to which they are assigned. » Page 4

# «An approach that caters for migrants as well should become routine in hospitals.»

**Migrant-Friendly Hospitals.** Migrants often have to overcome greater hurdles than local people in order to gain access to the healthcare system. The «Migrant-Friendly Hospitals» project aims to give these people greater equality within the system. The idea is for hospitals to form a network that will enable them to acquire special skills in dealing with migrant populations, and start-up funding will be provided to encourage new projects. Peter Saladin, head of the «Migrant-Friendly Hospitals» project, talked about the challenges of this task in an interview with «spectra».



Peter Saladin

**spectra:** Mr. Saladin, you are the head of the «Migrant-Friendly Hospitals» project. What do you find so appealing about your job?

**Peter Saladin:** In the near future, hospitals will be faced with many new challenges as a result of advancing globalization and the expansion of the EU. Migration is changing the profile of their «customers». I find it gratifying to be able to help people, no matter what their «situation» in life and their cultural background, to have the same opportunities in the

Swiss health system as Swiss people. This is a task that must be approached constructively because the constitution requires it (equality of opportunity), but it is also important from a social, political and, not least, economic point of view.

**The EU has set up a «Migrant-Friendly Hospitals» project. Is the Swiss project copying this initiative?**

The EU started a pilot project of this kind three years ago with 12 hospitals. We have taken a slightly different approach in that we are trying to make contact with Swiss hospitals and clinics across a broader front. As part of the European continent we have to face up to these developments and respond to them. The underlying idea is the same in both cases. In fact, the «Amsterdam Declaration» was recently adopted as the conclusion of the EU project, and this declaration contains some points that we feel are fundamental too. The text can be found at [www.miges.ch](http://www.miges.ch).

**You were once the director of a hospital. What kind of everyday problems do migrants encounter in this environment?**

Their cultural diversity is evident in many places: during consultations between doctor and patient, when they are being nursed, in the emergency department, in the obstetric department, in their infrastructure, their cultural spaces, their food, etc. The question we always have to consider is: How can the hospital ensure that the worlds that these patients inhabit are understood correctly, and what can it do to ensure the best clinical outcome for them, even if it is not able to understand either their language or their culture properly?

Nowadays the people working in a hospital are a microcosm in their own right. The larger university hospitals, for example, employ people from over 70 different countries. It would be impossible to run Switzerland's hospitals without these people, and they certainly enrich the hospital environment. I don't need to emphasize that hospitals deal with life and death; people are born and people die; and their main concern is health, something that is precious to all of us. It is the fact that every society surrounds these facts of life with its own «philosophies», customs, rit-

uals and taboos that makes the world today such a rich and diversified place.

Another problem is the pressure that many hospital employees work under. How do they handle migrant patients, who require more time and more patience, when they are so stressed?

There is another aspect which must also be addressed: there is animosity towards foreigners and racism in our country, and they affect hospital employees and patients too.

Finally, there is also the question of funding. How can the additional services that are needed, such as interpreters, be paid for? This has to be the responsibility of the federal government, the cantons, the health insurance providers and the hospitals.

Another important area is initial and continuing training for hospital employees. They need to be given an opportunity to study the phenomenon of migration and to acquire the necessary transcultural skills. The subject needs to be made an integral part of basic and continuing training courses.

**The question of funding is an important one: how should it be dealt with?**

There are funding problems on several levels. One is the need to pay for the services of interpreters, and this is something that hospitals are very interested in. A lot of them have already set up interpreting services, or use those provided by specialist organizations. But these services naturally cost money. Once the Health Insurance Law has been revised, Switzerland will have a benefit-oriented funding system for healthcare, and it will no longer be possible simply to charge the costs to the «hospital deficit». I believe that the consultation between doctor and patient is a fundamental element of treatment and of curing the patient; it must be considered as a basic benefit within the health service and funded as such. If an interpreter is required to enable doctor and patient to communicate, then the cost of this service must be part of the basic benefit. This is particularly true in the psychiatric service.

Another question is the funding of hospital services provided to people without valid papers, who are not supposed to be in the hospital in the first place! Although the legal situation would seem to be clearly defined in the Health Insurance Law, no agreement has yet been reached between the federal government and the health insurance providers.

**One of the ideas is to create a mark of quality for Migrant-Friendly Hospitals. Surely uniform standards will have to be determined for this?**

The question of a «label» is still being discussed. At the moment I don't think it would be appropriate to create a new label. What would it signify, after all? What competitive

advantage would a hospital or nursing home acquire by using the label? Hospitals are reluctant to create new structures that nobody will fund. The main question for me is how to set up a network of hospitals and other healthcare facilities so that experience can be exchanged and the concept of successfully managing cultural diversity can be taken one step further. The project's core group is looking at ways of doing this. We are naturally looking to see what our European neighbours are doing; the EU has decided to continue its «MFH project» as part of the WHO movement to promote «healthy hospitals». We are currently considering whether Switzerland should also take this approach.

**How much money is available to fund projects, and what projects are you supporting?**

The federal government has approved a project pool worth a total of CHF 650,000 for a three-year period, and this can be used to finance projects in hospitals. A regulation stipulates the conditions under which funding can be granted. This document and application forms are available on the H+ website ([www.hplus.ch](http://www.hplus.ch)). The aim is to fund projects that are innovative, promote quality and have a sustainable impact, and those which promote the networking of hospitals with facilities upstream and downstream of the hospital service. New projects also mean extra outlay and a greater workload for the hospitals, so their reticence in requesting project funding so far is understandable. One project being funded at the university hospital in Geneva, for example, is looking at access to antenatal care for pregnant women who are in the country illegally, and is comparing the health outcomes in this group with the results in a control group.

**The timescale for your project is ambitious. You are aiming to have set up the network of migrant-friendly hospitals by the end of 2005, and your project will finish at the end of 2006.**

The network is already functioning. There is a core group of around 25 hospitals and an advisory board for strategic matters. The idea met with a very positive initial response, and the hope is now that this enthusiasm will be maintained. As I mentioned before, we are looking at ways of institutionalizing the network once the project has finished. Our goal ultimately is to increase awareness of the problem among the individuals in charge of hospitals and among hospital staff as a whole. «Migration-friendly» needs to become part of the management expertise of a hospital and its quality management system. Good management of diversity should become a business standard.

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

## Peter Saladin

- Studied political and administrative science at the University of St. Gallen, obtained a PhD at the Medical University of Varna, Bulgaria.
- Held various posts in the international development, economic and trade policy section of the Federal Office for Foreign Economic Affairs; was finance attaché at the Swiss Embassy in Washington; and Chairman of the Commission for the Swiss Export Risk Guarantee from 1969 to 1986.
- General Secretary of the Federal Department of Economic Affairs, Berne, from 1986 to 1989.
- Chairman of the Board of Management of the Canton of Berne's Inselspital University Hospital from 1990 to 2003.
- President of H+, the Swiss Association of Public and Private Hospitals, since 1998.

# Facts and figures as important foundation for improving health services

**Health monitoring of Switzerland's migrant population.** How can the Swiss healthcare system meet the needs of a society that has changed through migration? Many questions relating to the state of health and health behaviours of the resident foreign population remain open, preventing the central concerns of the Federal «Migration and Public Health Strategy, 2002–2006» from being properly pursued. Monitoring the health of the Swiss migrant population should help. The Confederation has commissioned a related survey.



Sylvie Samba from Brazzaville in Congo works as a cleaner in a Salvation Army old people's home (photo: Edouard Rieben)

Migrants should have access to the healthcare system – in accordance with the principle of equality of opportunity – and that system should in turn provide them with the specific services they require. That is the vision of the Federal strategy on migration and health. Part of the «research» field of intervention of this strategy involves gathering the necessary data. At the behest of the Swiss Federal Office of Public Health (SFOPH) and the Federal Office for Migration (FOM – formerly the Federal Office for Refugees/FOR), the Swiss Forum for Migration and Population Studies conducted a study in 2004 to determine the viability of using existing data to develop a health monitoring system for the migrant population. The outcome showed that while certain data exist, these only allow selective conclusions to be reached concerning individual groups of migrants. On the basis of this study, the SFOPH and FOM decided to develop a new instrument for gathering data and to commission an initial survey and analysis. The aim was to ascertain whether the data collected could be integrated into the established Swiss Health Survey (SHS) over the medium term. The mandate was given to the Wissenschaftliche Institut der Ärzte Deutschlands (Scientific Institute of German Physicians/WIAD), in collaboration with the LINK Institute in Lucerne. The first results and the outcome of the feasibility study on integration into the Swiss Health Survey are expected in autumn 2005.

Supplementing the Health Survey «Health monitoring of Switzerland's migrant population» is geared towards recording and describing the state of health and health behaviours of migrants using the same methods that are applied in the Swiss Health Survey. The ultimate aim is to design and conduct a health-related survey that will supplement the SHS among those migrant groups that have not previously been sufficiently accounted for in the SHS due to language barriers.

The situation of migrants is principally characterized by the need to find their feet socially and get used to a new lifestyle in the society in which they have chosen to settle. This process of integration not only creates new opportunities in life for individual migrants, it also leads to psychosocial tensions, which can be overcome through further integration, but which, in extreme cases, can likewise lead to marginalization. Tensions of this kind between cultural, societal and economic aspects of the country of origin and those of the host country can ultimately find expression in health-specific problems which then have to be tackled through a healthcare system whose structures are often not familiar to the person affected. For this reason such patients frequently do not take proper advantage of the services on offer. Migrants represent a very significant group in the make-up of society – due in part to their strong presence in Switzerland. However,

the data currently available about their state of health, healthcare and their recourse to such care is sketchy: monitoring the health of the Swiss migrant population should help fill the gaps.

## Modular design

The «Health monitoring of Switzerland's migrant population» project has a modular design. Only those individuals from the migrant population who are able to communicate well enough in one of the national languages are currently represented in the Swiss Health Survey. Thus only these groups are being included in the analysis under Module I of the project, which evaluates the existing data from the Health Survey. The national groups in question are Italians, French, Austrians and Germans. Module II, on the other hand, involves an additional survey among those nationalities who are represented in significant numbers in the permanent resident population, but whose mother tongue is not French, German or Italian. The interviews will be conducted in the individual's native language or, if preferred, in French or German. Module III covers a group of individuals who are seeking asylum.

One of the main difficulties in modules II and III is the diversity of languages. Questionnaires have to be translated into the appropriate languages and the answers translated back into one of the national languages. This requires a sensitive approach and an awareness of areas that are culturally or religiously taboo, especially when it comes to formulating the questions.

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## At first hand



Current debates on health issues tend to focus on financial aspects, for instance how to stop healthcare costs from spiralling out of control.

But important though this question is, such a narrow viewpoint is an obstacle to the search for effective solutions to other, equally important, problems. At last year's meeting of the Swiss social-policy association SAS, there was a call for stronger links to be forged between health policy on the one hand and social and prevention policies on the other. A broader perception of health, it was stated, requires more account to be taken of the impact of social circumstances on the development and course of illness. Hence, to be useful and sustainable, programmes would have to be devised so as to combine both health and prevention. This would improve the quality of the measures taken and ensure that financial resources were utilized efficiently, sustainably and expediently.

We know today that the factors shaping health (i.e., the general conditions that govern our economic and social lives) can be influenced only marginally by curative or conventional prevention measures. A comprehensive, multisectoral health policy that takes this into account as a requirement in the context of migration can achieve its goals only if it takes on board such relevant related political areas as social, migration and integration policies in addition to health.

As part of the implementation of the «Migration and Health 2002–2006» strategy the SFOPH has succeeded in taking an overarching approach to the problem and involving a number of national organizations at the interface points.

This issue of spectra addresses some of the current implementation projects. «migesplus», for instance, meets a nationwide need for the systematic gathering and publishing of information on health issues in the migrant groups' own languages. The Migrant-Friendly Hospitals project demonstrates that, to create equality of opportunity, organizations have to address the fact of plurality in our society and are doing so in a network set up by the SFOPH. Health monitoring of the migrant population fills a gap that affects a socially disadvantaged group and is an important foundation on which public-health measures can be drawn up. The comprehensive scope of the strategy is illustrated by the diversity of the topics addressed in this issue, which are rounded off by human rights concerns in the field of migration and health, addiction work, and the professionalization of intercultural translators. I wish you every enjoyment in reading it.

**Thomas Spang**  
Head of the Equal Opportunities and Health Section, SFOPH

## Credits

No. 49, February 2005

«spectra – Prevention and Health Promotion» is a newsletter of the Swiss Federal Office of Public Health published six times a year in German, French and English. Some of the views expressed in it may diverge from the official stance of the Swiss Federal Office of Public Health.

**Published by:**  
Swiss Federal Office of Public Health  
CH-3003 Berne  
Tel. +41 31 323 87 79  
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**Photos:** Edouard Rieben,  
Pierre-Antoine Grisoni,  
Christoph Hoigné

**Graphic design:**  
Lebrecht typ-o-grafik  
3147 Aekenmatt

**Printed by:**  
Beag Druck AG  
Emmenbrücke

**Print-run:**  
German: 7 000  
French: 4 000  
English: 1 500

**Individual issues and free subscription of «spectra» can be ordered from:**  
Swiss Federal Office of Public Health  
Campaigns Section  
CH-3003 Berne  
Tel. +41 31 323 87 79  
Fax +41 31 322 24 54  
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## Starting the new year with energy and vitality

**Move more, live better.** Early January 2005 saw the launch of the START/GOAL campaign to promote physical activity. As a joint project of the Swiss Federal Offices of Public Health and Sport, the Swiss Foundation for Health Promotion and the APG poster company, the campaign aims to persuade the general public of the benefits of a balanced diet and daily exercise in the new year.



have consumed three of the five recommended daily portions of fruit and vegetables. Daily physical activity and a balanced diet help create a healthy energy balance. As the International Year of Sport, 2005 will focus on nutrition and on physical activity in everyday life and help make a healthy bodyweight the norm once again.

The campaign is supported by a website, [www.suissebalance.ch](http://www.suissebalance.ch), which features many useful and valuable tips on everyday physical activity and nutrition – for instance, the food and activity pyramid.

The APG poster company, which initiated the START/GOAL campaign along with Publicis AG advertising agency, is making poster boards available in different sizes throughout Switzerland, ensuring that some 85 percent of the population will be confronted with the message several times in the first few weeks of the new year.

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With the START/GOAL campaign and the slogan «MOVE MORE, LIVE BETTER», the project partners are appealing to the general public in Switzerland to start the new year with more energy and vitality. The post-festive season is the right time to START engaging in more physical activity and eating a balanced diet with the GOAL of achieving better quality of life and greater wellbeing. Physical activity and a balanced diet can easily be integrated into the everyday routine. Going for a walk at midday or getting off the bus two or three stops before one's destination and doing the rest on foot means making at least a start to achieving the minimum recommended 30 minutes of exercise a day.

Anyone who rounds off breakfast with fresh orange juice, eats an apple at mid-morning and starts lunch or dinner with a green salad will already

## «Alcohol leaves you empty»

**High-risk alcohol consumption.** The Blue Cross kicked off 2005 with a new poster campaign intended to follow on from the success of last year's activities. This time around the target group is young people and the topic of high-risk alcohol consumption.

«He/she doesn't have a problem with alcohol. He/she has a problem without it.» That was the message of the 2004 poster campaign: alcohol problems can hit anyone.

Those who begin to consume alcohol regularly at an early age are especially at risk. Which is why the Blue Cross is making young people the focus of its 2005 posters. Three bottles, wearing trendy young gear, hold a mirror up to today's cool youths, and the «alcohol leaves you empty» watchword reminds them that excessive drinking makes you anything but attractive. The pictorial message should prompt everyone – and not just young people – to reassess their drinking habits.

### Addressing young people

The posters are specifically aimed at young people since they tend to be more strongly affected by alcohol, both mentally and physically, than adults. Alcohol consumption changes our perception of reality, and thus can be particularly destabilizing for adolescents at a time when they are going through great mental and emotional changes. The fact that alcohol has an accepted place in our society, and that drinking alcohol is considered «normal», lessens our awareness of the dangers related to this particular substance. The sooner we begin to drink regularly, the greater the risk of our developing alcohol problems in later life. Young people often drink because they want to be seen as strong and grown-up. Peer pressure plays a major role, too. Reaching for the bottle can help overcome shyness. Getting roaring drunk at the weekend to wipe out the frustrations of the school or working week is a current, disturbing

trend. «Alcohol leaves you empty» is also intended as a reminder that, in this case, drink may solve an immediate problem, but it creates a far



greater one over time.

### Partnership-based campaign

Since mid-January a total of 2,100 posters have been posted in the greater Basel, Berne, St.Gallen and Zurich areas. With twice as many posters as the previous year, the campaign was made possible thanks to the willingness of the Publicis advertising agency and the APG poster company to waive a large part of their costs, as well as to financial support from the Swiss Federal Office of Public Health.

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## New information film for asylum seekers

**HIV/AIDS prevention for asylum seekers.** A new information video suited to the diverse cultural backgrounds will provide information on HIV/AIDS and prevention measures to asylum seekers entering Switzerland.

Early in 2004, media reports on calls for mandatory HIV testing of asylum seekers triggered a lively debate. Mandatory testing is, however, as out of the question for asylum seekers as it is for other sections of the population. In response to this debate, the Swiss Federal Offices for Refugees and Public Health set up an interdepartmental working group, which began its task by addressing the following questions:

- What can be done to ensure that all asylum seekers in the reception centres are informed about HIV/AIDS?
- What can be done to ensure that, asylum seekers who are likely to remain in Switzerland for some considerable time, are made aware of the possibility of taking an HIV test, of its advantages and disadvantages, and are given an opportunity to take the test?
- What can be done to ensure that they receive adequate post-test counselling?
- What can be done to ensure that HIV-positive asylum seekers undergo

individual medical checks to determine whether the conditions for antiretroviral therapy are met?

### Audio-visual information material

The Swiss Red Cross, commissioned by the working group, reviewed existing HIV/AIDS videos used in other European countries. According to the SRC, there was no usable material available, but great interest had nonetheless been expressed in the rest of Europe as well as in Switzerland in procuring audio-visual information media that met modern requirements. As a result, a Zurich advertising agency was commissioned to draw up a concept for an information film and then, once this had been approved by the special commissions concerned, to produce the film. The film is to be released on DVD in 15 languages. The information concept, script and ideas for realizing the film were first submitted for consultation to representatives of the target group as well as to the govern-

ment bodies and NGOs concerned.

The particular challenge facing the production of an information film of this kind is the diversity of the cultural and social backgrounds and corresponding taboos that have to be taken into account, plus the fact that some asylum seekers are unable to read. The new film is likely to be available for distribution in spring. It will be screened in federal reception centres, but can also be used in the much broader context of HIV prevention among migrants.

### Voluntary HIV tests in the cantons

The working group also concluded that the subject of HIV testing should not be addressed on entry into Switzerland but rather should be delayed until the asylum seekers are in the cantons to which they have been assigned. The three cantons of Geneva, Neuchâtel and Zurich are currently examining whether a corresponding pilot project can be carried out. Particular attention is being given to ques-



At the boxing gym (photo: Pierre-Antoine Grisoni)

tions concerning data protection, cost and actual implementation. As things stand at the moment, it looks as if pilot projects on voluntary HIV testing associated with counselling services can begin in spring 2005.

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