

# spectra

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## Partnership

### 2 New LOVE LIFE STOP AIDS campaign

Not giving HIV/AIDS a chance also means not losing one's head in extreme situations, i.e. using a condom for protection. This is the message of the new LOVE LIFE STOP AIDS campaign, which communicates in a light and humorous way that protection is still essential in exotic settings and exceptional situations. Because studies show that it's precisely in such situations – business trips, holidays abroad or boozy nights out on the town – that many people catch the infection.

### 3 Equal opportunities for the migrant population

About a quarter of the Swiss population is from a migration background. To ensure that all people enjoy equal access to the healthcare system, the Swiss Government launched its «Migration and Public Health» strategy in 2002, which is now entering its second phase. The focus is on integration of the migrant communities into health promotion and preventive health programmes, the continuous improvement of healthcare professionals' migration-specific skills and better use of professional intercultural translation services.

### 4 Forming alliances to combat depression

In our society depression is as common as it is stigmatised. Early diagnosis and treatment to relieve the suffering of patients and their families alike and prevent suicides ought to be a priority health-policy concern. Raising the problem's profile among those affected, GPs, multipliers and the general public is the goal of the «Alliances against depression» that are being set up in growing numbers of Swiss cantons.



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Federal Department of Home Affairs FDHA  
Federal Office of Public Health FOPH

# Always use one – even on the moon



**2008 LOVE LIFE STOP AIDS campaign.** A study shows that many new HIV infections occur on business trips or during holidays. The LOVE LIFE STOP AIDS campaign uses subjects that are provocative in a positive sense to remind the public that the rules of safer sex apply without exception – even in exceptional circumstances.

Making love in an astronaut suit, for in-

stance, or in a cave or by the River Li-ane. Everything's possible. But not even the most exotic circumstances justify not using protection during sex. This is the principal message of the new AIDS prevention campaign that has been running since 31 March. The campaign is based on the 2006 CH.A.T. study of AIDS transmission (CH = Swiss, A = AIDS, T = transmission), which surveyed newly HIV-positive persons about the circumstances and time of infection.

## Taking risks despite having a protection strategy

83% of those interviewed in the CH.A.T. study had a pretty good idea of when and where they could have been infected: abroad in some 43% of them – 25% non-Swiss and 17% Swiss. A good two thirds of the Swiss were on a business trip or on holiday. In addition, interviews with those affected revealed the reasons for their risk behaviour and, in the final analysis, for the failure of the prevention messages current at the time. One group did not have any strategy, or at least not an effective one, for protecting themselves against HIV, except along the lines of «I can see that my partner is healthy». The approach taken by the new campaign has, however, been derived from statements made by those who had developed a reliable protection strategy for themselves, but were not able to apply it at the decisive moment. This failure may have been due to the effects of alcohol or drugs, intense sexual excitement, being in love or misplaced trust.

## Multi-channel message

This year's prevention campaign has been designed to sensitise people to such situations and thus enable them to protect themselves out of love of life, even in extreme situations, and remind themselves of the rules of safer sex: 1. No intercourse without a condom; 2. No sperm or blood in the mouth. The deliberately overstated poster subjects which address holidays, business trips and night life as risk situations show how extreme such circumstances can be. But TV commercials and advertisements also draw attention to other «critical» situations, for instance boozy celebrations at the 2008 European football championships or at open-air festivals. The campaign also uses Internet banners and other activities.

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# HIV/AIDS prevention: avoiding generalisation of the epidemic

**Reorientation of the National HIV/AIDS Programme.** The National HIV/AIDS Programme (NHAP), which has been running since 2004, is to be extended – in a slightly different form – for two years. Prevention measures will continue along three axes until 2010. The goal of Axis 1 is to stop the spread of HIV/AIDS in the general population.

It is true that the number of new infections with HIV has not increased since 2002 and HIV is still relatively rare in the global population. Yet as long as people can only protect themselves against HIV by behaving appropriately and not by being vaccinated, stopping the generalisation of AIDS is a permanent task of prevention work.

A new edition of the LOVE LIFE STOPS AIDS campaign has been sensitizing the general population since April 2008 in order to keep the spread of HIV/AIDS in Switzerland in check. In addition, selective measures in the framework of Axis 1 address the following specific target groups: young people, sex workers and their clients, people who travel to high-prevalence countries and migrants.

## Mass-media campaign focusing on the «extreme case»

The LOVE LIFE STOP AIDS campaign, the effectiveness of which is now proven, is being repeated with new topics for the general population. Like the previous campaigns, the new campaign launched in April 2008 aims to raise public awareness of HIV/AIDS and to communicate the two key rules of safer sex: always

use a condom when having penetrative sex and don't let semen or blood get into the mouth, with the new secondary message that this also applies in «extreme cases» such as holidays, business trips or wild parties involving drugs or alcohol. These extreme cases are critical because many people neglect to protect themselves in such circumstances. The new campaign therefore explicitly targets travellers in high-prevalence countries. Travellers will read prevention messages throughout their journey as these messages will appear on information boards in airports and campaign spots will be shown during the flight. In addition, travel portals will be covering the topic of HIV/AIDS in order to widely sensitise the population to the risk of infection on trips.

## Establishing HIV/AIDS in the teaching curriculum

Because of their specific information needs, young people constitute a separate target group of Axis 1. Knowledge of sexual issues, particularly HIV/AIDS, varies greatly among young people, depending on their level of education and country of origin. The most important measure in this respect is to institutionalise sex education at all levels of the curriculum in all cantons and provide teachers with the training and personal development opportunities this requires. Finally, all 12-year-olds should be aware of the risk situations that they may encounter in relation to HIV/AIDS, they should understand the messages of the prevention campaign and know how to protect themselves properly. This measure is being implemented by the Teacher Training University of Central Switzerland (PHZ), which was commissioned

by the Federal Office of Public Health in 2007 to set up and run a «Centre of Excellence for Sex Education and Schools».

Migrants from countries with a low prevalence of HIV are also in particular need of enlightenment. Information on how HIV is transmitted, the risk situations and protective measures have to be in their language and easy to obtain. Appropriate linguistic and transcultural services must be made available for those seeking individual advice.

## Don Juan: prevention of HIV/AIDS among sex workers and their clients

Every fifth man in Switzerland pays for sex at least once a year. Sex workers report that the demand for unprotected sex is increasing. For Axis 1, the attainment or non-attainment of the goal of «preventing generalisation» therefore also depends on sex workers and their clients. The Swiss AIDS Federation's Don Juan project is an HIV/AIDS prevention measure commissioned by the FOPH that has targeted sex workers' clients since 1997 and will continue to operate in the framework of Axis 1. Its aim is to raise prevention awareness among the clients by providing them with information on HIV/AIDS and other sexually transmitted diseases. This takes place face-to-face, i.e. in personal talks with AIDS professionals. In addition, Don Juan targets the owners of sex salons and the sex workers employed there by providing them with information material. By visiting [www.don-juan.ch](http://www.don-juan.ch), clients can obtain information on safer sex, on the risks associated with specific sexual practices and on sexually transmitted diseases. Besides Don Juan activities,

further goals are defined in Axis 1: for instance, a ban on offers of «unsafe sex» in the media, and the placement of free ads for LOVE LIFE STOP AIDS or Don Juan next to sex advertisements.

## Series of contributions on the new focus of the National HIV/AIDS Programme (NHAP)

The newly refocused National HIV/AIDS Programme (NHAP) consists of six projects. Three of them are prevention-project packages – the prevention «axes»:

- Preventing generalisation of the epidemic in the population
- Stopping further spread of HIV in risk groups
- No HIV transmission in couples with different serological HIV status

The next issues of spectra will focus on the other two prevention axes and the three other projects.

Links on the topic:  
[www.bag.admin.ch/aids](http://www.bag.admin.ch/aids)  
[www.lovelife.ch](http://www.lovelife.ch)  
[www.check-your-lovelife.ch](http://www.check-your-lovelife.ch)  
[www.aids.ch](http://www.aids.ch)  
[www.wbza.luzern.phz.ch](http://www.wbza.luzern.phz.ch)  
*Teacher Training University (PHZ) Lucerne / Centre of Excellence for Sex Education and Schools*  
[www.don-juan.ch](http://www.don-juan.ch)  
*Information platform for sex workers' clients*  
[www.isis-info.ch](http://www.isis-info.ch)  
*Information platform for advice centres in the field of sexual and reproductive health in Switzerland*  
[www.safetravel.ch](http://www.safetravel.ch)  
*medical advice for travellers*

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# Not just for Swiss users: the Swiss healthcare system

**«Migration and Public Health 2008 – 2013» strategy.** Equality of opportunity is a basic prerequisite of successful integration – in the healthcare system as elsewhere. Within the framework of the Swiss strategy on migration and health, the Federal Office of Public Health has been working since 2002 to achieve this goal. This year sees the strategy move on to its second phase.

Over 25% of Switzerland's population are people with a migration background. They are often at greater risk of ill health and are more likely to be affected by poverty or unemployment, and their state of health is poorer in many respects than that of the native population. A survey conducted in the framework of the «Migration and Public Health» strategy in 2004 revealed that migrants are, for instance, more likely than native Swiss to suffer from chronic pain, among other reasons on account of years of heavy manual work. They are also more likely to suffer from infections such as malaria, tuberculosis and HIV, and their mental health tends to be poorer than that of their Swiss counterparts. Asylum seekers in particular often feel lonely and many are traumatised by previous violent experiences.

## Migrant community disadvantaged

Despite being in generally poorer health, migrants do not use the services of the healthcare system – prevention, for instance – more frequently than the indigenous population. Many of them lack the necessary health awareness, or else specific obstacles such as speaking another language or unfamiliarity with local conditions put them at a disadvantage in terms of access to information and to the services of the healthcare system. Conversely, the Swiss healthcare system is inadequately equipped to deal with the great diversity of the migrant community. There is often an inability to perceive migrants in the context of their individual cultures. In addition, health professionals are sometimes confronted with very specific clinical conditions or trauma that hardly ever occur in Switzerland.

## Successful Phase I projects

Under the aegis of the Federal Office of Public Health (FOPH), projects aimed at improving the health situation of migrant communities were launched in the first phase of the «Migration and Public Health» (2002–2007) strategy. Some of these have been particularly successful. For instance, 500 interpreters have been trained to work in the healthcare sector and, in cooperation with the H+ Swiss Hospital Association, a network of forty «migrant-friendly hospitals» has been established in Switzerland. For the first time ever, a broadly based survey, «Monitoring on the Migrant Population's State of Health in Switzerland» (GMM),



The Federal «Migration and Public Health» Strategy helps dismantle language and cultural barriers.

has been conducted on the health of migrants living in this country. The [www.migesplus.ch](http://www.migesplus.ch) website provides healthcare professionals with booklets on a range of subjects and in a variety of languages that they can pass on to those seeking advice.

## Go-ahead for Phase II

On the basis of the experience gained in the first phase and taking the recommendations of the evaluation into account, the FOPH, in conjunction with the Federal Office for Migration and the Federal Commission for Foreigners, drew up Phase II of the «Migration and Public Health» (2008–2013) strategy. The Federal Council approved the strategy at the end of June 2007. The most important goals are:

- To incorporate the migrant population into public-health promotion and prevention programmes.
- To ensure that people with a background of migration are adequately informed and have the skills to adopt healthy behaviour on their own responsibility.

- To give healthcare professionals skills specific to the needs of the migrant communities.
- To make greater, needs-based use of professional intercultural translation services.
- To gain additional knowledge on the health of the migrant population and ensure that it is accessible to interested groups.

## Long-term cost savings

Switzerland's approach to migration and public health is based on international standards such as the goals of the WHO, the recommendations of the Council of Europe and the Bratislava Declaration. Another reason why the Federal Government attaches great importance to the subject of migration and public health is because the right to equality of opportunity is enshrined in the Swiss Constitution and is a guiding principle of national policy on integration. Investments in equal opportunities for the migrant population are not simply driven by high-mindedness. Experts are convinced that long-term cost savings can be achieved by increasing health-promotion and prevention efforts in the migrant communities and improving the transcultural skills of healthcare staff.

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## «Migration and Public Health. Summary to the Federal Strategy Phase II (2008–2013)»

This 32-page publication gives an insight into the measures planned, plus background information on the inequality of opportunities existing in the healthcare system. It can be obtained free of charge in German, French, Italian and English from the FOPH's online shop at [www.bag.admin.ch](http://www.bag.admin.ch) > Services > Health Policy > Migration and Health.

## «spectra» newsletter – available on paper, on subscription and online

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### E-mail reminder

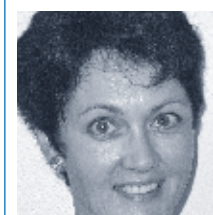
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[www.bag.admin.ch](http://www.bag.admin.ch) > Topics > Alcohol, Tobacco, Drugs

## At first hand

There is enormous potential for prevention work in the fields of nutrition and physical activity. According to the WHO's recommendations, coordinating the various partners' activities and a multisectoral approach are important to stemming the trend towards greater obesity and eating disorders among the population. A general framework that promotes health has to be created and the health awareness of each and everyone raised by showing that physical activity can be fun and a balanced diet a pleasure.

In addition to the cantons, the NGOs working in prevention, nutrition, physical exercise and the healthcare professions are key partners to the government because they engage in supporting the needs of those affected while also playing a leading advocacy role in politics and society. A debate on the subject of «health & wellbeing» is also underway in the business community. The trend towards health-promoting foodstuffs has grown significantly. Partnerships are needed that promote ranges of nutritionally superior food products, and some are already at work (as shown, for instance, by the licensing agreements between the «5 a day» campaign and various companies). There is a need today for corporate health management that takes wellbeing at the workplace into account. This not only enables companies to help reduce the cost to the economy, but improves their overall business performance as well. Science has an important role to play too by delivering the bases for evaluating projects or measures, identifying effective approaches or making amendments.

But success in addressing public health concerns in accordance with the motto «make the healthy choice the easy choice» depends very much on cooperation between the different key players.



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## «Alliances against Depression» bring light to the darkness

**Intervention programme against depression and suicide.** Despite being a common illness, depression is still stigmatised. Regional «Alliances against Depression» aimed at improving knowledge, early diagnosis and treatment of this illness and thus of preventing suicides have been active in Switzerland since 2003. To achieve these goals, the «Alliances» adopt a four-level approach focusing on GPs, the general public, multipliers, and patients and their relatives.

Depression is one of the commonest illnesses. About five to seven percent of the population are thought to suffer from it. Depression is often not identified as such and is underestimated, misunderstood and stigmatised. Yet it is just as far from being an expression of personal failure as diabetes or high blood pressure. This misunderstanding often means that, despite the generally very good chances of a cure, depression is often left untreated and people with it suffer unnecessarily, putting themselves at risk and, in the worst cases, taking their own lives.

### Intervention programme at four levels

The «Alliances against Depression» seek to dispel the prejudice and misunderstanding surrounding this illness and make the general public more aware of it. Its programme is based on four levels of intervention.

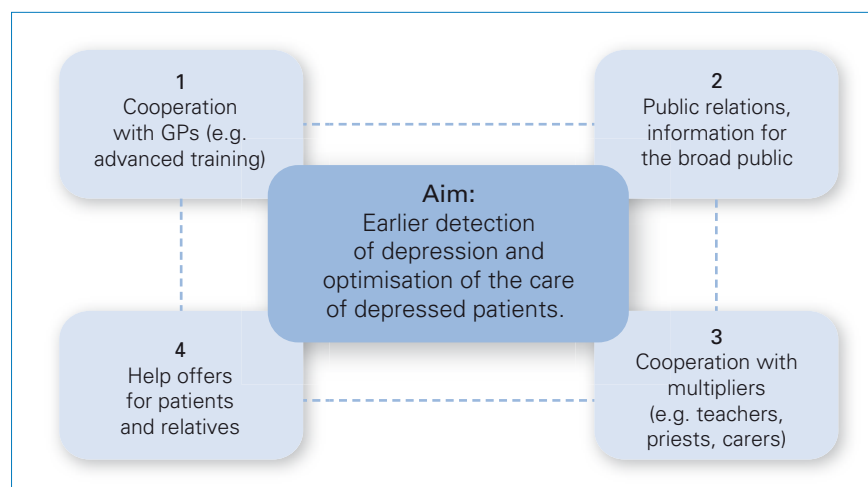


Fig. 1: 4-level approach of the Alliances against Depression

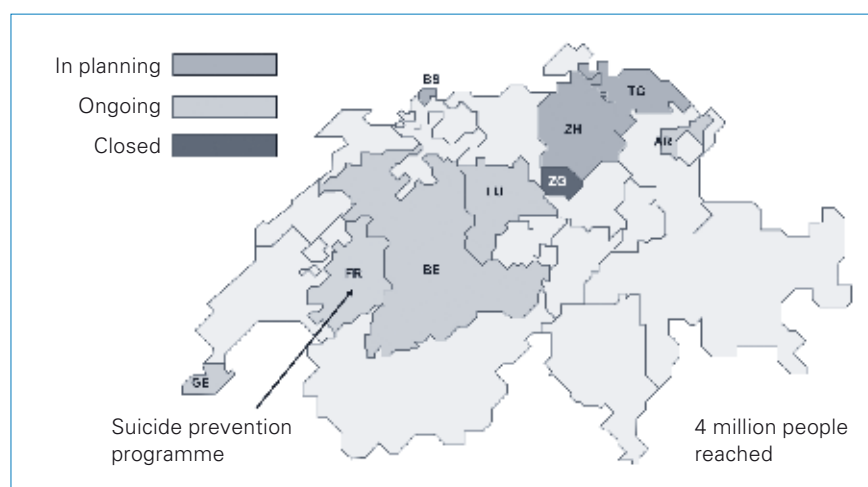


Fig. 2: Regional Alliances against Depression and Suicidality

Source: [www.1x1.ch](http://www.1x1.ch)

## Three messages against stigmatisation

In order to raise public awareness of depression as an illness and to dispel misunderstandings about it, every «Alliance» in Europe disseminates the same three core messages.

## «Depression has many faces»

This message is meant to draw public attention to the many different symptoms of depression and help people recognise the illness in the first place. The symptoms include lack of feeling, inner agitation or emptiness, apathy, poor concentration, insomnia, anxiety, loss of sexual drive and various physical disturbances.

«Depression can affect anybody»

Depression is sometimes preceded by a particular problem, for instance the loss of a loved one or prolonged, excessive pressure. But it can also happen out of the blue. At all events, it can affect anybody, regardless of age, occupation and social status.

**«Depression can be treated»**

Depressions represent neither personal failure nor unavoidable destiny. They can generally be very effectively treated by means of psychotherapy and/or medicines. But because the condition is still often overlooked, these treatments are used too infrequently.

## 1 Cooperation with GPs and advanced training

Family doctors receive support in identifying depression (at an early stage) and in instituting appropriate treatment. They receive regular information on the latest advances in the diagnosis and treatment of depression and suicidality and are provided with information material for their patients.

## 2 Public awareness

This measure focuses on the three core messages of the intervention programme (see box). The general public is provided with factual, easy-to-understand information on the illness and the possible treatment options.

### 3 Cooperation with multipliers and target groups

Key individuals such as pharmacists, media representatives, carers, teachers, clergy, police employees and other community facilitators are ideally placed to raise public awareness of the problem. They are therefore provided with information and, as required, training on the subject of depression.

#### 4 Services for patients and their relatives

The aim of this intervention level is to encourage the establishment of self-help groups and provide them with support. Special services are aimed at persons who are at risk of suicide, and at their relatives.

## Great interest in the German idea

The idea of the «Alliances against Depression» comes from Germany. It evolved out of the 1980s «Gotland Study», which demonstrated that advanced training of doctors in suicide prevention could significantly reduce suicide rates. However, the study also showed that the positive effect was not lasting. A research team at the University of Munich subsequently developed the current, more broadly based, intervention programme to combat depression and suicide, which was first put into action by the «Nuremberg Alliance against Depression» in 2002. A number of other German regions, South Tyrol, Iceland and other countries then followed suit and started similar programmes.

The intervention programme was presented at the national health-policy conference in Switzerland in 2002. As early as 2003, the Canton of Zug became the first Swiss region to initiate a pilot phase with a programme that was adapted to local conditions. The initiators succeeded in reaching families, schools, care institutions and many groups outside the healthcare system and making depression a topic of public discussion. In the meantime, the cantons of Appenzell Auser rhoden, Berne and Lucerne have also set up «Alliances». The cantons of Basel-Stadt, Geneva, Thurgau and Zu-

rich are currently considering launching an intervention programme for the local populations.

### Support for the «Alliances»

The Federal Office of Public Health (FOPH) and the Swiss Conference of Cantonal Health Ministers (GDK) welcome the spread of the intervention programme and support «Alliance» providers both financially and with advice. The FOPH has acquired utilisation rights to the intervention programme for Switzerland until 2021 and passes them on to interested cantons and regions free of charge. In addition, the FOPH and GDK support supraregional activities of the «Alliances» and their exchanges at the national and international levels.

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