



Elimination of HIV/AIDS and viral hepatitis (HBV, HCV) in Switzerland From Science to public health action

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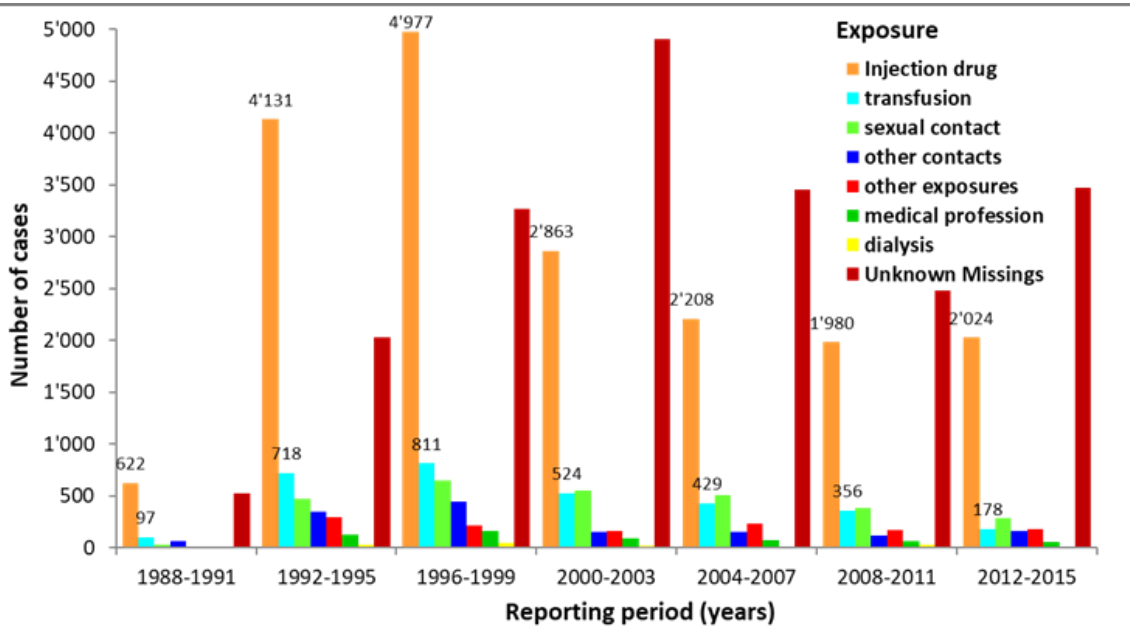
Swiss Academies of Arts and Sciences
Swiss Tropical & Public Health Institute
Chair, EKSI

27. November 2020

Inhalt

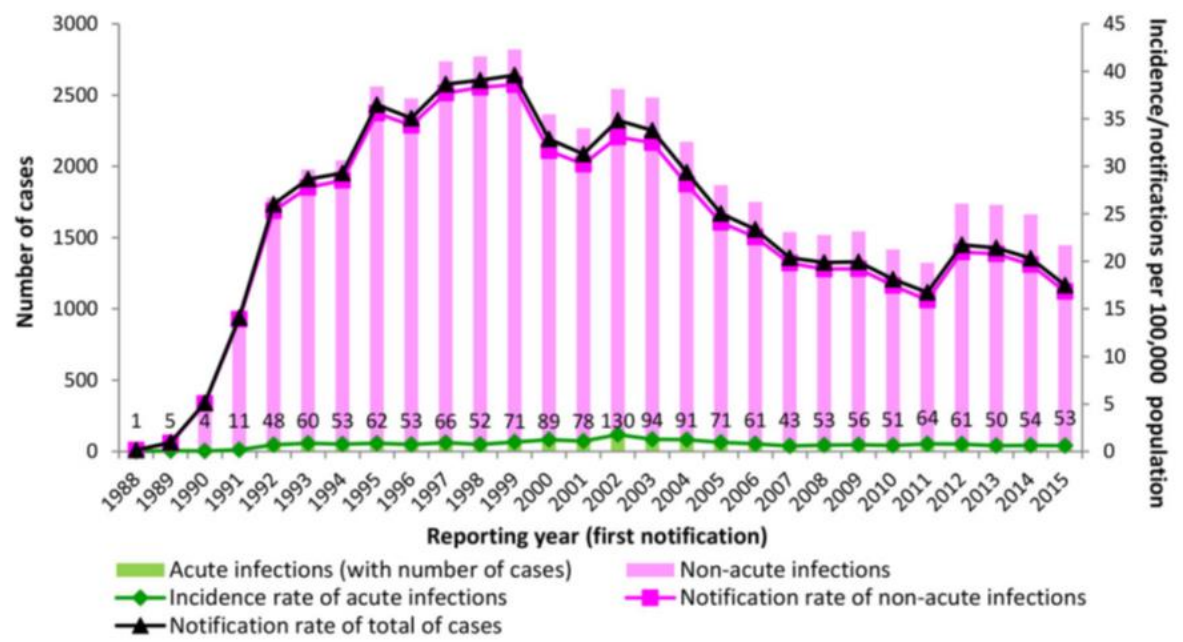
1. From control to elimination
2. Framework and steps
3. Strategies
4. Next steps towards public health action
5. Discussion

HIV/AIDS



Hepatitis C

Figure 1: Notified acute and non-acute hepatitis C virus cases with incidence and notification rates, Switzerland, 1988-2015.



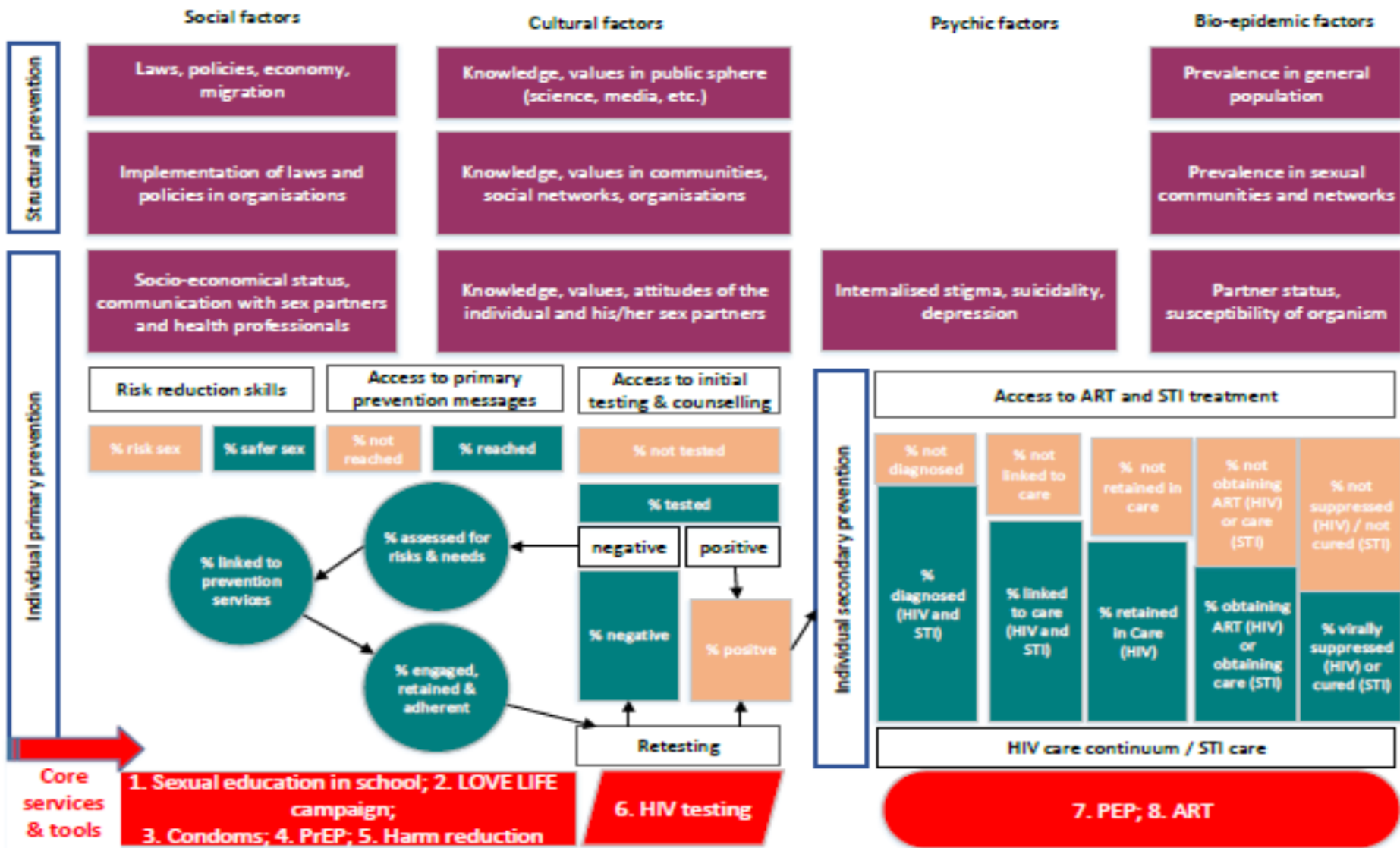
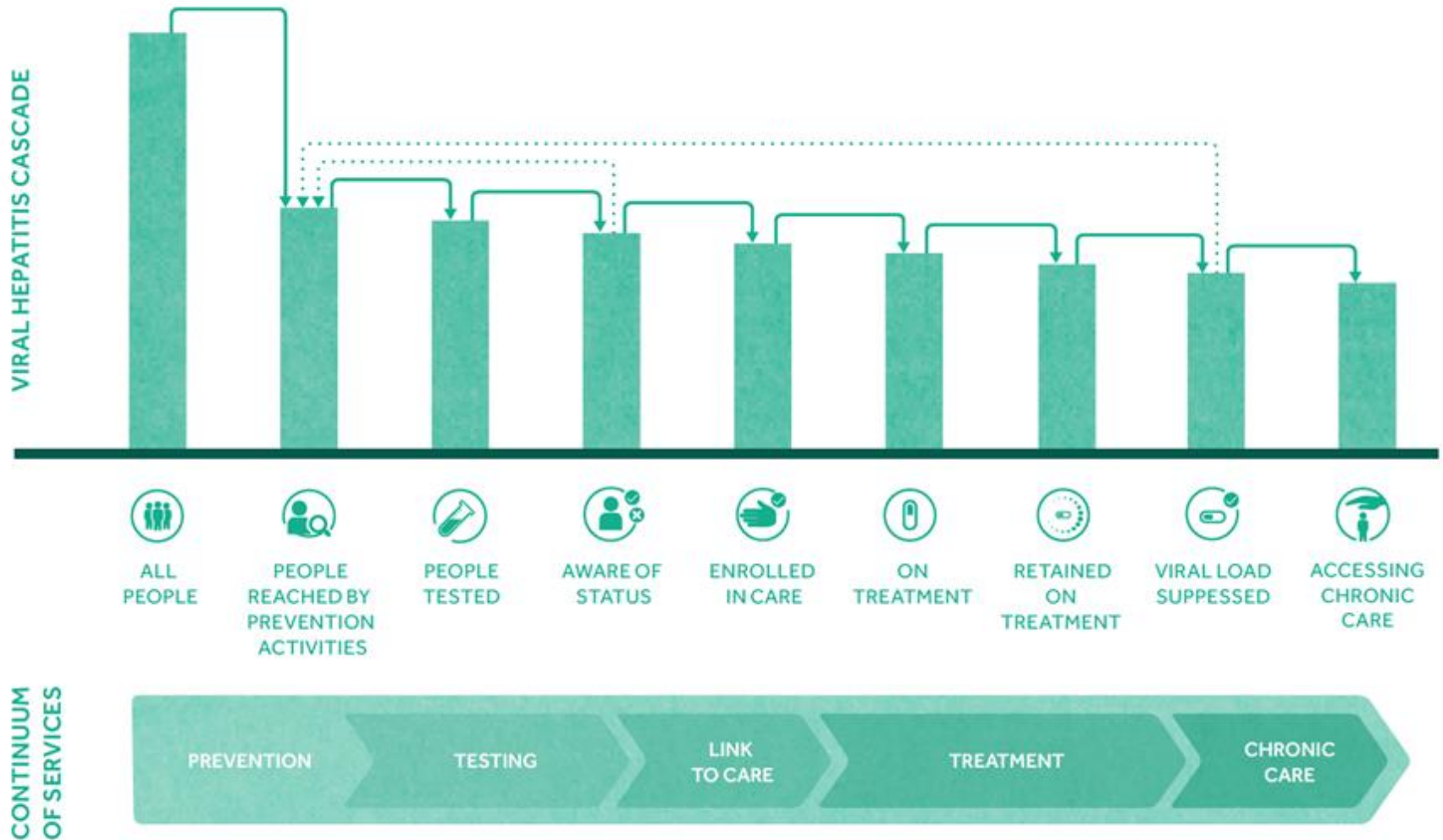


Figure 5. The continuum of viral hepatitis services and the retention cascade



Tools and approaches

Effectiveness: adequate, appropriate, accepted

- Tools, technologies
- Data, surveillance-response (minimal essential in space & time)
- Processes – time (steps, roles, responsibilities, ethics, legal)



Core services for elimination: HIV / viral hepatitis

■ Prevention Messages

- Risk-based information / communication (school sex education, campaigns)

■ Means of Prevention

- Condoms, PrEP for HIV, Vaccination HBV
- Low-threshold harm reduction (sterile drug-use, opioid agonist tx, supervised rooms/centres)

■ Testing

- HIV: 4th generation tests and RDTs, Self tests
- B/C: Lab tests and RDTs (Self-tests to come – combined?)

■ Emergency Prophylaxis

- PEP available for HIV and HBV

■ Treatment and care

- Access to Tx: ART and HCV-Tx, HBV - sequelae

Strategy of eliminating HIV/AIDS and viral hepatitis

2020 - 2030

HIV: Annual reduction by 30%

Viral Hepatitis: 30% - 60% - 95%

Pillars

1. Essential response package
2. Delivering for equity
3. Financing for sustainability
4. Innovation – technology and legal and policy hurdles

Goals

- **Accountability:** all state actors on all levels, NGOs
- **Access:** key – integrated - universal
- **Sustainability:** built on participation, science/innovation, political support
- **Surveillance - Response**

For all: MSM, sex-workers, migrants, asylum seekers, prisoners, PWID/PWUD

▪ Elimination

- FOPH and cantons to develop national strategy
- NGOs to become integral part

▪ Accountability

- Response package FOPH/cantons together with Stakeholders
- All groups incl. Asylum seekers – compulsory health insurance....no black lists etc.

▪ Access

- Low-threshold facilities (primary care, GPs...) for all groups and for continuum of care
- Free services for all groups

▪ Sustainability

- Based on investment cases, CEA/CBA service-cost-models

▪ Surveillance-Response

- Develop and validate system and processes (BAD to MED!)

...less academic and more humble and pragmatic...



„...all scientific work is incomplete...all scientific work is liable to be upset or modified by advancing knowledge. That does not confer to us a freedom to ignore the knowledge we already have, or to postpone the action that it appears to demand at a given time...“

A.B. Hill (1965)



Thank you very much !