Berne, le 16 juin 2021

**Réponse de la Suisse au questionnaire de la Rapporteuse spéciale sur le droit qu’à toute personne de jouir du meilleur état de santé physique et mentale possible**

Les réponses officielles de la Suisse concernant la dimension nationale ont été préparées après consultation des quatre principaux acteurs nationaux de la société civile dans le domaine de la santé et des droits sexuels et reproductifs, à savoir :

* Santé Sexuelle Suisse, Fondation pour la promotion de la santé sexuelle et le respect des droits sexuels au niveau national et international et membre accrédité de l’International Planned Parenthood Federation (IPPF) ;
* ProCore, un réseau national d'associations défendant les intérêts des travailleurs et du sexe ;
* Aide Suisse contre le Sida, association faîtière de plus de 40 organisations membres engagées dans le domaine du VIH ;
* SwissPrEPared, un projet de recherche sur la PrEP.

**1. Depuis le début de la pandémie de la COVID-19, les Etats ont adopté de nouvelles politiques, lois et autre mesures en réponse à la crise. Veuillez mentionner les mesures pertinentes dans votre pays (ou dans les pays ciblés) et leur impact sur le droit à la santé sexuelle et procréative. Veuillez partager les informations sur les opportunités et les défis.**

Since March 2020 the Swiss Government has been implementing different strategies / measures and a Covid-19-law to prevent damage to health and economy.

Until now sex workers, as particularly vulnerable persons, are strongly concerned by the lockdown measures and structural barriers to economic support. Between 17 March and 6 June 2020, sex work was banned throughout Switzerland and since October 2020 several cantons partially or totally ban sex work. For most sex workers the access to compensation payments by the state was too difficult and many could not cover their basic needs any more. Illegal sex work increased. Access to medical support, prevention and health promotion was difficult. Specialized services noted an increase of violence and unwanted pregnancies. They also say that they observed an increase in sexually transmitted infections in a specific group. The Federal Office of Public Health (FOPH) takes note of these statements, but as the sample was very small and not comparable with the samples from before the pandemic, it cannot make any reliable statements on the matter.

**2. Veuillez également préciser les mesures juridiques ou autres introduites pendant la pandémie visant à reconnaître, ou à restreindre, interdire ou criminaliser : a) l’accès à l’avortement légal ; b) les relations sexuelles consenties entre adultes ; c) les relations sexuelles entre personnes du même sexe ; d) les relations sexuelles consenties entre adolescents du même âge ; e) travail sexuel ; f) le mariage entre personnes du même sexe ; g) l’information sur les droits en matière de la santé sexuelle et procréative ; h) la transmission VIH/sida ; et i) l’autonomie et la liberté de décision concernant son corps et sa santé sexuelle et procréative.**

Sex workers who, out of need, continued to work illegally were criminalized and had to pay high fines if caught by control authorities (from 500 CHF up to several thousands CHF if they were caught more than once). Some were imprisoned or expelled from the country.

Sex workers often did not ask for economic state support because of fear about consequences under immigration law (potential loss of residence permit). In February 2021 the State Secretary for Migration issued a directive to all cantons, stating that welfare assistance due to Covid-19 shall have no consequences under immigration law.

In view of a potential risk of increasing domestic violence during the lockdown, the Swiss government, in spring 2020, has set up a taskforce on protection from domestic violence during the Covid-19-pandemic. One measure was a campaign, translated in 13 languages thanks to interventions by civil organizations, with information on support services.

Due to the increased demand in women's shelters (for protection from domestic violence), an increase in domestic violence during the pandemic can be assumed.

**3. En ce qui concerne les soins de santé sexuelle et procréative, quel services, biens et informations sont fournis dans votre pays (ou dans les pays ciblés), pendant la pandémie ?**

**3.1. Des changements par rapport à la période pré-COVID-19 ? Des services, des biens ou des informations en matière de la santé sexuelle et procréatives ont-ils-été dépriorisé ou privé de financement ? Qui cela affecte-t-il en particulier ?**

During the pandemic, medical and other health services were excluded from lockdown measures and did not have to close due to decisions by the national government. But during the first lockdown measures (starting in March 2020), interventions and treatments that were not "urgently indicated" had to be postponed. So, in spring 2020, some organizations closed because of uncertainty about this regulation and also because of other reasons. As a consequence, access barriers to counselling and testing increased.

The since 2019 ongoing development of the new Swiss national strategy for prevention of HIV and other STI was postponed. The new strategy won't be implemented by 2022 but - as newly planned - by 2024.

The work of the Federal Council commission on sexually transmitted infections has been reduced.

Due to the national and later cantonal bans on sex work, the social outreach workers, who mainly offer psycho-social support and STI/HIV-prevention to sex workers, were not able to continue their work and to be present at places of sex work as they usually do. Access to sex workers (who continued to work illegally) was therefore severely restricted. Right to information and counselling was not fulfilled. This has in particular affected the most vulnerable sex workers with the fewest resources: those for example who enter and work in Switzerland illegally, or with only a tourist visa, who do not speak the national languages and do not have community connections to exchange and receive information on counselling and other relevant services, including available low-threshold health services.

During the first lock down measures in spring 2020 there were uncertainties about the restrictions (see above). Due to that some walk-in clinics (specialized for men who have sex with men) were closed or closed by self-determination (f. e. due to lack of staff, especially in infectious diseases departments). Walk-in is still not available in most centers.

Most centers had to stop screening PrEP users during the first wave for STIs and were only able to see symptomatic patients, as routine controls were not allowed. Checkpoint Zurich and Vaud used this as a chance to pilot a Self-sampling program for PrEP users. <http://www.hivglasgow.org/wp-content/uploads/2020/11/P003_Hampel.pdf>

Ban on sex-work: Due to the ban on sex work, sex workers were no longer reachable and could not access information about the PrEP program.  Outreach: As all the venues are closed outreach work is not possible. Reduced resources: There was lack of masks and disinfections and also swabs for Chlamydia/Gonorrhoea, as the same swabs were needed for COVID tests. Lab results that used to be communicated within 48h, could take up to 7 days. Research staff was highly involved in the COVID care and research. Therefore, the SwissPrEP-research could not proceed as planned.

**3.2. Veuillez expliquer s’il y a eu des impacts sur la disponibilité, l’accessibilité, l’acceptabilité ou la qualité des services en matière de santé sexuelle et procréative pendant la pandémie de la COVID-19.**

Specialized services observed higher access barriers, mainly due to fears of stigmatization and legal consequences (as sex workers were working illegally) and lack of information (see 3.1).

While in some cantons there are (independently from the pandemic) low-threshold reproductive health facilities that offer services for persons without health insurance and/or for those who reside in Switzerland illegally, many cantons do not have such facilities. Access to (low-threshold) reproductive health services was therefore already restricted for the most vulnerable sex workers (e.g. those without legal permit and without health insurance) before the Covid-19-pandemic. During the pandemic, as outreach work hardly reached sex workers and could not close this gap to the services, access restrictions increased for many sex workers.

Access to contraception and to abortion was limited during the Covid-19 pandemic for people living in precarious situations mainly for financial reasons. The Swiss umbrella organization SEXUAL HEALTH SWITZERLAND (SHS) was able to financially support women in financial needs due to Covid-19 thanks to a project supported by the Swiss solidarity fund from May 12 – end of August and in a follow-up from 15 October until December 2020. The report on the project shows that an already existing problem got worse during the Covid-19-pandemic: there are women who cannot afford contraception and abortion and are therefore restricted in their reproductive rights and choices.

Contraception:

In Switzerland, contraception is not covered by health insurance and has therefore to be paid privately. Already in pre-Covid-times, the Swiss family planning centers have regularly reported cases of women who could not afford contraception. They were supported by various private funds. SHS reported that the situation got worse during the pandemic. The Covid-19-project report documents 169 anonymized cases of women who were in need for financial support. In 68% of the cases it concerned women who already had children.

Abortion:

* From a medical service perspective, abortion services were not restricted during the Covid-19-pandemic because services in the context of pregnancy, birth and abortion were listed as essential interventions.
* However, there were financial barriers for women in relation to access to abortion. In general, abortion is covered by health insurance. However, there are still challenges for some women in Switzerland because they do not have health insurance (for example for women without regular residence permit, "sans papiers"), because of co-payment and retention fees or because of problems regarding confidentiality. The Covid-19-project report documents anonymized 45 cases submitted by the cantonal family planning centers.

In the beginning of the lockdown measures in spring 2020 some sexual health centers (mainly for men who have sex with men) closed (see under 3.1.). After clarifying the uncertainties, many of them opened again. Other services still work with reduced services. As NGOs report, walk-in services for low-threshold access or outreach information and prevention work in communities are not at the same level as before.

**3.3. Veuillez également communiquer les informations sur d’autres obstacles ou défis pratiques à l’accès aux services en matière de santé sexuelle et procréative pendant la pandémie, et indiquer qui a été le plus touché.**

In Switzerland, out of 26 cantons only a few have low-threshold reproductive health facilities that offer services for persons without health insurance or without a legal residence permit. Yet even those facilities demand a consultation fee of around CHF 60, excluding the fees for medicines (including reproductive health medicines). For the most vulnerable sex workers, this fee is already too high, not to mention the fee for an abortion for example. This was particularly the case during the Covid-19 pandemic as the incomes of most sex workers severely decreased while at the same time unwanted pregnancies increased.

Challenges in two target groups are worth to be highlighted:

* The ban on sex work had an immediate impact, see above.
* Not just since the pandemic, but better visible in the consultations of sexual health services of SHS-and SAF-members during the pandemic, there is a challenge with LGBTQI-persons: Serving the LGBTQI-persons is more difficult because access is lacking. That has implications for sexual and mental health. In consequence health problems in this population and costs can increase.

**3.4. Veuillez également faire part des bonnes pratiques et des opportunités en matière de fourniture de soins de santé sexuelle et procréative pendant la pandémie.**

In March 2020, the FOPH supported a project by the umbrella organization ProCoRe aiming at combating the negative impact of the Corona pandemic on sex workers. The project guaranteed coordination and flow of information within the 27 regional services for sex workers through the regular provision of relevant information and legal clarifications related to sex work. At the same time, ProCoRe was able to develop information material for sex workers (for example protection concepts in the erotic industry) in various languages. The project management also regularly informed the public about the difficult situation of sex workers during the pandemic through regular public relations and media work as well as the publication of expert reports. With the help of private donations and foundations, the project management set up a national emergency fund and, via the 27 member organizations distributed over CHF 400'000 to sex workers for food, medication, medical bills and emergency accommodation within a few months.

Access to information and counselling could mostly be ensured. When face-to-face counselling was not possible, alternatives could be found in order to guarantee access to services, e. g. information was shared by telephone or online. Access to services in many cases was ensured thanks to the engagement of the services, collaboration of different services and creative ideas.

Information was shared broadly – on websites, in newsletters and by direct contacts. This support was available also during the lockdown – sometimes in new formats and procedures.

There were some challenges with regard to access to emergency contraception, because pharmacies are obliged to provide counselling (behind the counter) together with the delivery of the pill. At the beginning of the pandemic, pharmacies were unsure on how to ensure the protection of staff and customers (customers did not wear masks at that time). Thanks to innovative collaboration between sexual health services and pharmacies, access to emergency pills could be ensured.

Thanks to the fast digitization of collaborations in the pandemic, there has been increased acceptance among professionals to find modern solutions for established offerings. In this context, the Swiss AIDS Federation was able to launch a home sampling project that can also take forward the test-and-treat strategy of STIs.

**4. En relation avec les questions 1 à 3, veuillez également partager d’autres informations pertinentes sur les changements juridiques, politiques ou autres affectant les droits en matière de santé sexuelle et procréative et les soins de santé associés dans votre pays ou dans les pays concernés, sans lien avec la pandémie de la COVID-19.**

Pas d’information

**5. Veuillez indiquer si votre pays, donneur, institutions ou organisation a diminué son soutien financier ou son aide à un autre Etat donateur ou à une institution ou un programme dans le domaine des droits en matière de santé sexuelle et procréative, y compris par le bias de la coopération internationale, par rapport à la période pré-Covid.**

En ce qui concerne la coopération internationale, la Suisse n'a pas réduit son soutien financier à la santé et aux droits sexuels et reproductifs à la suite de COVID-19, mais l'a maintenu à son niveau actuel.

La Suisse accorde une grande priorité à la santé et aux droits sexuels dans le cadre de ses instruments de politique étrangère, notamment mais pas exclusivement par le biais de la coopération internationale et de l'aide humanitaire. Le cadre stratégique suivant guide le positionnement et activités de la Suisse en la matière:

* La *Stratégie Egalité des genres et Droits des femmes* du Département fédéral des affaires étrangères (DFAE) qui s'applique transversalement à toute la politique étrangère de la Suisse.
* La *Stratégie de coopération internationale 2021-2024* qui définit les priorités en matière de coopération au développement et d'aide humanitaire de la Suisse.
* La *Politique extérieure suisse en matière de santé* *2019-2024* qui assure la cohérence des priorités et complémentarité des instruments dans le cadre d'une approche globale de la Suisse dans la santé.
* Divers documents stratégiques et thématiques au niveau de la Direction du Développement et de la Coopération (DDC) sur les priorités santé et les modes d’intervention au niveau global, régional et national (dans les pays de concentration de la coopération internationale de la Suisse).

Les objectifs de ces trois instruments sont d’engager des partenariats stratégiques avec des institutions clé telles que l'IPPF, l'ONUSIDA et l’UNFPA, afin de promouvoir les progrès du dialogue politique et l’application effective des droits, d'améliorer l'accès à l'information et aux soins de qualité, et de promouvoir l'intégration de services de santé sexuelle et reproductive dans les services de base, tout en renforçant le système de santé dans son ensemble. La poursuite de ces objectifs est conçue tant pour la coopération à long terme que pour les crises humanitaires. Dans l’approche et la logique d’intervention de la Suisse, le soutien aux structures locales du secteur de la santé et à la société civile reste clé pour garantir l’impact et la durabilité visés.

**6. Veuillez indiquer si votre pays, donneur, institution ou organisation a été affecté par une diminution du soutien ou de l’aide financière, y compris par le bias de la coopération internationale, par rapport à la période pré-Covid, et comment cela a affecté les soins de santé sexuelle et procréative.**

Pas d’information