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WHO – Switzerland

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Acronyms and abbreviations

CCS	Country Cooperation Strategy
COHRED	Council on Health Research for Development
DNDi	Drugs for Neglected Diseases Initiative
DPT	diphtheria-tetanus-pertussis
ESAN	European Salt Action Network
EU	European Union
FAO	Food and Agriculture Organization of the United Nations
FDFA	Federal Department of Foreign Affairs
FOEN	Federal Office for the Environment
FOM	Federal Office for Migration
FOPH	Federal Office of Public Health
FSO	Federal Statistical Office
FCTC	WHO Framework Convention on Tobacco Control
GDP	gross domestic product
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GFHR	Global Forum for Health Research
GPW	WHO General Programme of Work
GSPAPHI	Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property
HIV/AIDS	human immunodeficiency virus/ acquired immunodeficiency syndrome
HRP	Special Programme of Research, Development and Research Training in Human Reproduction
HUG	Geneva University Hospitals
IHR (2005)	International Health Regulations 2005
ILO	International Labour Organization
IOM	International Organization for Migration
LAMal	Loi fédérale sur l'assurance maladie (Swiss mandatory health insurance)
MMV	Medicines for Malaria Venture
MoU	Memorandum of Understanding
NCD	noncommunicable disease
NGO	nongovernmental organization
NMH	WHO Noncommunicable Diseases and Mental Health cluster
OBSAN	Observatoire de la santé (Swiss Health Observatory)
ODA	official development assistance
FSO	Office fédéral de la statistique (Federal Statistical Office)
OECD	Organisation for Economic Co-operation and Development
P4H	Providing for Health Partnership
SDC	Swiss Agency for Development and Cooperation
SECO	State Secretariat for Economic Affairs
SHFP	Swiss Health Foreign Policy
SNSF	Swiss National Science Foundation
Swissmedic	Swissmedic, Swiss Agency for Therapeutic Products
TDR	Special Programme for Research and Training in Tropical Diseases
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Programme
UNEP	United Nations Environment Programme
UNODC	United Nations Office on Drugs and Crime
UN Women	UN Entity for Gender Equality and the Empowerment of Women
WB	World Bank, International Bank for Reconstruction and Development
UNECE	United Nations Economic Commission for Europe
WHO	World Health Organization
WHO/Europe	WHO Regional Office for Europe
WTO	World Trade Organization

Executive summary

This Country Cooperation Strategy (CCS) jointly elaborated between the World Health Organization (WHO) and Switzerland represents a balance between Switzerland's needs and interests, with WHO's global priorities and regional orientations. It was developed with the involvement of relevant Swiss stakeholders and WHO staff from across the Secretariat.

The CCS Switzerland aims to:

- strengthen the Swiss health system through WHO's global knowledge and expertise,
- strengthen and value Swiss contributions towards supporting WHO's role as leading and coordinating authority in global health, and
- improve coordination between Switzerland and WHO in the field of health cooperation in countries.

The CCS Switzerland highlights a number of opportunities and challenges for strengthened cooperation between Switzerland and the WHO Secretariat.

The Strategic Agenda of the CCS Switzerland encompasses the following four priorities, which provide a framework to guide systematic and sustained collaboration between Switzerland and WHO:

1. Exchange of information and expertise in the fields of noncommunicable diseases, nutrition and food policies, mental health and substance use issues.
2. Strengthened cooperation on national health systems with emphasis on health personnel.
3. Collaboration towards supporting WHO to strengthen its leadership role in global health governance, in accordance with its constitutional mandate, by making use of the enabling environment available in Geneva.
4. Enhanced WHO–Swiss collaboration in Swiss Agency for Development and Cooperation (SDC) priority countries.

WHO and Switzerland are expected to work together to implement the CCS within available resources.

Section 1
Introduction and overview

The Country Cooperation Strategy (CCS) is a medium-term, jointly elaborated strategy for cooperation between the World Health Organization (WHO) and a given Member State, serving as a common reference. The CCS represents a balance between the Member State's needs and interests, and WHO's regional orientations and global priorities.

As part of WHO reform, it has been agreed to adapt and extend the concept of the CCS to all WHO Member States.[1]

The CCS Switzerland is the first one to be developed with a high-income country which is a member of the Organisation for Economic Co-operation and Development (OECD). It aims to:

- strengthen the Swiss health system through WHO's global knowledge and expertise,
- strengthen and value Swiss contributions towards supporting WHO's role as leading and coordinating authority in global health, and
- improve coordination between Switzerland and WHO in the field of health cooperation in countries.

The CCS builds on the following WHO and Swiss policy framework documents (see reference list for details):

- the WHO Constitution, adopted at the International Health Conference in 1946 *(1)*,
- the Twelfth General Programme of Work (GPW), which sets out a strategic framework for the work of WHO for a period of six years starting in January 2014, and aims to implement the objectives of the reform as expressed in document A65/5 (*2*),[2]
- the WHO Regional Office for Europe (WHO/Europe) regional policy framework for health and well-being – Health 2020, which guides health policy development in the European Region as adopted in Resolution EUR/RC62/R4 in September 2012 (*3*) (see Annex 1).
- The Swiss Health Foreign Policy (SHFP), which is the inter-ministerial global health strategy of Switzerland adopted in March 2012 (*4*).
- Swiss "Health2020" strategy: a strategy for the Swiss health system approved by the Swiss Federal Council in January 2013 (*5*) (see Annex 2).

The CCS was developed with the involvement of relevant Swiss stakeholders and WHO staff at all levels of the Organization. The CCS is a legally non-binding policy instrument that aims, within available resources, to achieve greater policy coherence in the cooperation between Switzerland and WHO at all levels. The strategy is intended to enhance collaboration in commonly identified priority areas, and serves as a platform for further strengthening overall collaboration between WHO and Switzerland. At the national level, the CCS serves to present and explain the cooperation between WHO and Switzerland. For WHO, the CCS should focus and guide efforts at all levels of the Organization in its cooperation with Switzerland.

1 Document A65/5, Resolution EUR/RC62/R7.

2 The three objectives were defined at the Sixty-fourth World Health Assembly, May 2011 and at the Executive Board's 129th session, May 2011 (EBSS/2/2):
- improved health outcomes, with WHO meeting the expectations of its Member States and partners in addressing agreed global health priorities, focused on the actions and areas where the Organization has a unique function or comparative advantage, and financed in a way that facilitates this focus,
- greater coherence in global health, with WHO playing a leading role in enabling the many different actors to play an active and effective role in contributing to the health of all peoples,
- an Organization that pursues excellence; one that is effective, efficient, responsive, objective, transparent and accountable.

Section 2
The Swiss health system: structure, financing, health workforce, achievements and challenges

This section highlights key achievements and challenges for the Swiss health system which is characterized by its federal structure and a complex mix of powers and responsibilities exercised by different levels of government (federal, cantonal and communal/municipal).[3]

Data from the OECD/WHO review of Switzerland's health system conducted in 2011 are included (*6*).[4,5] This review was made at the request of Switzerland and provides an overview of the health system in both economic and public health terms. The report provides useful recommendations on how to face future challenges for the health system and is considered a good example of innovative cooperation between the two organizations.

2.1 Structure

According to the Swiss constitution,[6] the cantons are sovereign, exercising all rights that are not specifically vested in the Confederation. Within this context, while the federal authorities have been granted some important functions related to maintaining the health of Switzerland's 8 million people (*7*), health is basically the responsibility of the 26 cantons, which are at the centre of delivering and funding health services. A non-exhaustive list of selected areas where the federal level has responsibilities relating to health is shown below:

- mandatory health insurance;
- the prevention and control of communicable diseases in humans, including a national programme on human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS);
- consumer protection (particularly related to nutrition and food safety, water, chemicals, therapeutic products, cosmetics and utility goods);
- promoting healthy lifestyles (diet and physical activity, health and the environment);
- national programmes to reduce substance dependence (tobacco, alcohol, and illegal drugs) and to promote healthy behaviours concerning nutrition and exercise;
- basic and advanced training standards for health personnel;
- legislation on biological safety;
- research on humans (including stem cell research).

2.2 Health system financing

A central feature of the Swiss health system is its mandatory health insurance requirement, i.e. *loi fédérale sur l'assurance maladie* (LAMal), provided through regulated competition between insurers. Every resident of Switzerland must purchase health insurance, although they are free to select providers from among a large number of insurers. Under the LAMal, each insurer offers a similar comprehensive coverage of health care, which includes a wide range of services for curative and rehabilitative care, from ambulatory care to hospital care. Insurers set community-rated premiums that might vary from one insurer to another and from one canton or region to another.

Insurance premiums are not income-dependent: low-income groups pay the same premium as wealthier groups. However, individuals on a low income are eligible to receive public financial support. Currently about 30% of Swiss residents receive such support (OECD/WHO, 2011). In addition to the premium, every Swiss resident contributes to the cost of their health services through co-insurance and co-payments that vary according to the deductible levels chosen and purchased. Overall, under the LAMal, Swiss residents enjoy a comparatively high availability of hospital and ambulatory services. However, competition between insurers has not proven to be effective in terms of controlling cost, and competition between insurance companies to avoid potential high-risk applicants persists. Nearly all Swiss residents are insured, although the issue of undocumented immigrants remains unresolved (*8*). Maintaining universal cover-

3 The CCS does not influence the Swiss internal distribution of competences.

4 The OECD/WHO review of Switzerland's health system conducted in 2011 provides an update on the information and analysis presented in the Review of the Swiss Health System published by OECD and WHO in 2006, with a particular focus on three issues: health workforce, health insurance markets and governance of the Swiss health system. (http://www.bag.admin.ch/themen/internationales/11103/11512/11515/13532/index.html?lang=en).

5 Additional data are available at: http://www.bfs.admin.ch/bfs/portal/en/index/themen/14.html.

6 Federal Constitution of the Swiss Confederation (http://www.admin.ch/ch/e/rs/1/101.en.pdf).

age with a wide range of benefits will be increasingly challenging in view of demographic changes, higher numbers of people with chronic diseases, expanding health technologies, increasing medical costs and people's higher expectations and demands.

While the mandatory health insurance (LAMal) is the main source of funding for the Swiss health-care system (around 35%), Swiss residents also face relatively high out-of-pocket expenditures for health care in comparison to international standards. With 30% of health-care costs paid by households, Switzerland ranked fifth-highest among OECD countries in 2009 (*6*). In particular, health insurance premiums can account for a significant share of household expenses, even for people who qualify for public subsidies to help pay their premiums, which raises concerns about financing inequities. There is even an indication that some people avoid using health services due to high out-of-pocket expenditure (*6*).

As a share of its economy, Switzerland devotes a higher proportion of resources to health than most countries. In 2009, Switzerland spent 11.4% of its gross domestic product (GDP) on health, significantly more than the average of 9.3% for WHO's European Region and 9.6% for the OECD countries (*6*, *9*). While health expenditure as a share of GDP has steadily increased in Switzerland, the rate of growth has decreased in recent years (*6*). Hospital care represents the main category of health expenditure (45% of the total), followed by ambulatory care (32%), whereas only about 2.3% is devoted to prevention and health promotion (*10*). However, although it is

2.3 Health workforce

The health sector is one of the largest employers in Switzerland, employing around 13.5% of Switzerland's population, and employment growth in health has far outpaced that in the rest of the Swiss economy over the past years (*6*).

While the overall supply of health personnel in Switzerland is above the average for high-income countries, there are notable variations across health professions, in terms of medical specialties and geographical distribution. In the ambulatory sector, for example, the proportion of general practitioners has declined over the years and is now below the OECD average. Population and health workforce ageing, epidemiological shifts, technological progress, and changes in the working patterns of the health workforce are among the factors contributing to a growing concern about a future health workforce shortage. Measures have already been taken to increase the number of medicine and nursing graduates.

International migration of health workers is playing an important role in OECD countries and notably in Switzerland. The share of migrant health workers is particularly important in hospitals, where around 35% of doctors and other university-trained health professionals are migrant health workers. Overall the large majority of migrant workers are from neighbouring countries, especially Germany and France. However, a "domino effect" results in a decrease in available health personnel in other countries along the migratory chain.