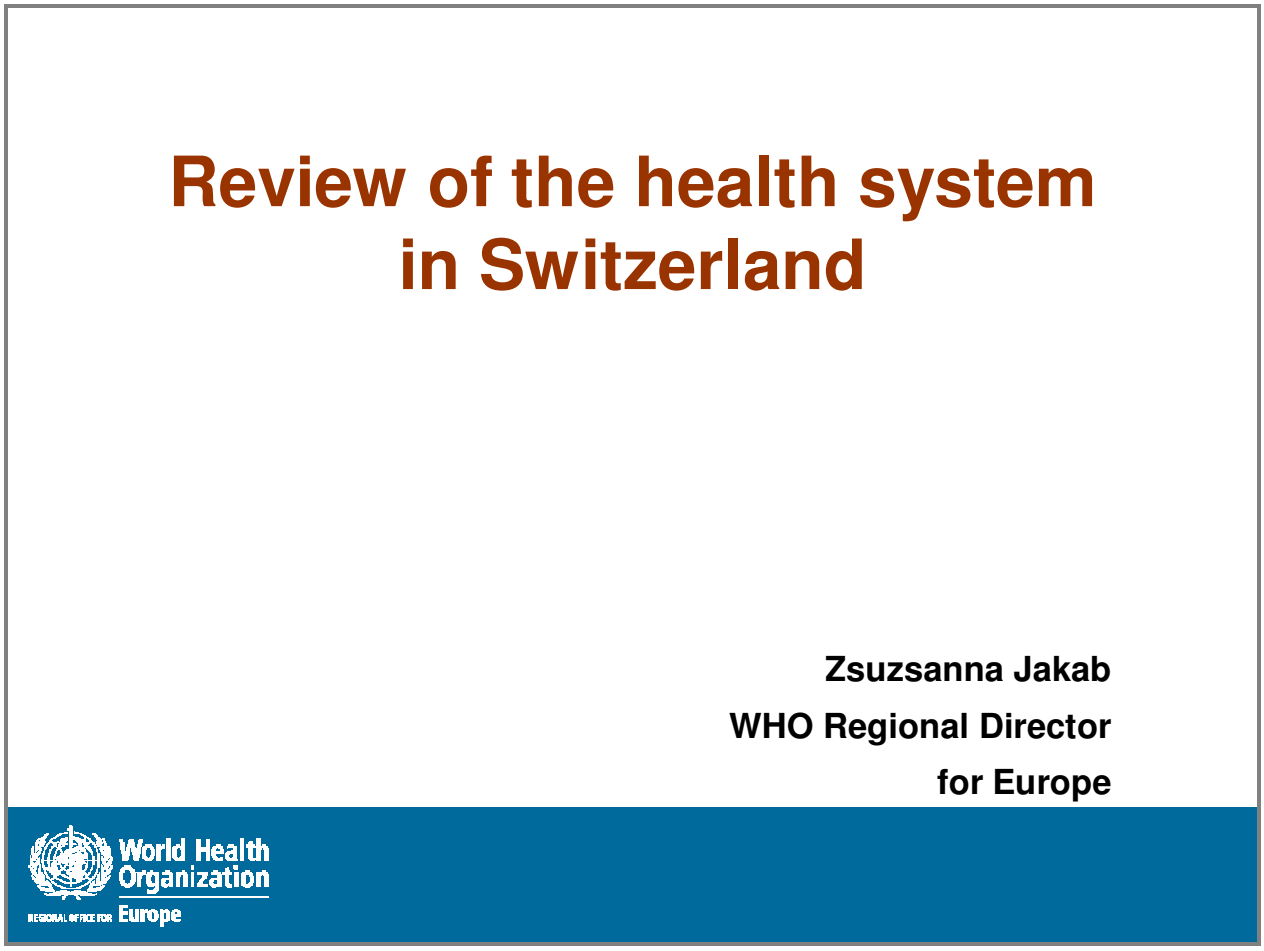
Review of the health system in Switzerland

Zsuzsanna Jakab, WHO Regional Director for Europe

17 October 2011, Berne, Switzerland

(Slide 1)



Honoured Federal Counsellor, representatives of l'Office fédéral de la santé publique (OFSP), representatives of the Organisation for Economic Co-operation and Development (OECD), ladies and gentlemen,

It is with respectful acknowledgement of the Swiss Government and of M. Burkhalter that I address you today in the context of this joint effort to review the Swiss health system.

This laudable initiative was undertaken on the initiative of the Swiss Government, which requested an external review of the health system as a follow-up to the review that took place in 2006.

At that time, the same partner organizations that meet today, with whom the World Health Organization (WHO) Regional Office for Europe has consolidated working and strategic relations, recommended actions that the Swiss Government took on board to reorient health reform where deemed necessary.

The Federal Department of Interior subsequently requested a second review of the Swiss health system, to support the policy debate on key issues such as health financing, human resources for health and governance. This approach to ongoing review of the health system can serve as a model for other Member States.

Before moving on to my short presentation, let me inform or remind you that WHO is undertaking organizational reform. In addition, the Regional Office, jointly with its Member States, is formulating a policy framework with guiding priorities for the countries in the WHO European Region. This framework will shape the health agenda of the coming years, building on and integrating the results that I introduce here.

(Slide 2)

Noncommunicable diseases: most significant risk to health

World Health Organization
REGIONAL OFFICE FOR Europe

Review of the health system in Switzerland

As in other OECD countries, noncommunicable diseases are the most significant risk to health in Switzerland. Two key figures will set the scene.

- The OFSP estimates that smoking caused more than 9000 deaths in Switzerland in 2007 – 15% of the total number of deaths, or almost 1 in 6.
- The proportion of overweight and obese individuals has been increasing, particularly among children aged 6–13 – to 16% for boys and 13% for girls.

The risk and behavioural factors relevant to the burden of noncommunicable diseases are well known to you in this audience. We know that action to address just seven of these risk factors – high blood pressure, high cholesterol, high blood glucose, overweight, physical inactivity, tobacco smoking and alcohol abuse – would reduce disability-adjusted life-years (DALYs) lost by nearly 60% in the WHO European Region and 45% in high-income European countries.

Switzerland has made some progress towards tackling those risk factors. Among other measures, I mention here the recent smoking ban in enclosed public spaces, and the National Programme on Diet and Physical Activity (2008–2010).

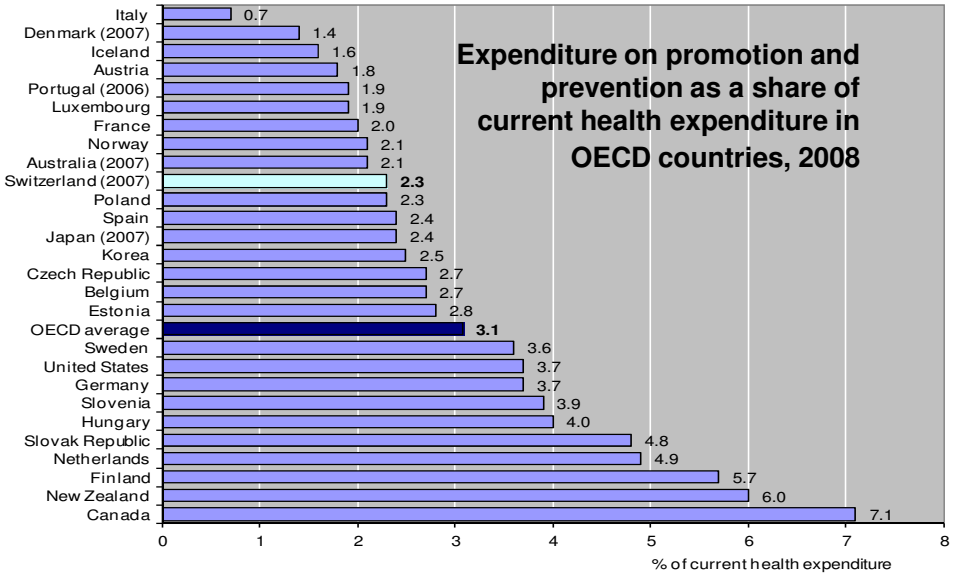
But much more remains to be done to tackle the current burden of noncommunicable diseases in a more integrated way, encompassing these behavioural determinants, in order to reduce their incidence in Switzerland and the subsequent costs for the health system. Ill health is expensive in terms of societal development that is lost, as well as the costs of diagnosis, care and rehabilitation. Noncommunicable diseases, including mental disorders, have an overall economic impact of many hundreds of billions of euros every year in the European Region.

Tackling the multiple and complex risk factors for NCDs, such as obesity, requires a shift of the health system from curative care to prevention and coordinated care. These are complex problems that demand coordinated action by multiple stakeholders, such as government, industry and professional bodies. No one actor may meaningfully reduce the burden of the problem. The Regional Office's use of the "health in all policies" approach stresses the importance of integrating health into legislation and governmental measures by all sectors and segments of governance and all stakeholders in resolving the health issues that affect their societies.

I will use this line of thinking as a red thread in today's presentation, to highlight how Switzerland – despite its excellent health outcomes –should not rest upon its laurels. Switzerland needs proactively to adapt to respond to these upcoming challenges.

(Slide 3)

But relatively low commitment to public health …



World Health Organization Regional Office for Europe

Review of the health system in Switzerland

While the Swiss public health system shows real excellence in parts, it requires further resources and remains fragmented in general.

As generally observed in the European Region, investments in prevention remain under the OECD average. Similar to other OECD countries, spending on health promotion and disease prevention is a small fraction of that for curative care: around 2.3% of total health expenditure in Switzerland.

Within cantons, local resources for prevention and public health often compete with the expensive and apparently immediate curative gains that hospitals provide. If a shift from curative to preventive care is to happen, more comprehensive information systems and better dissemination of information to the population are required, as the population generally prefers proximity of physical infrastructure

(e.g. importance of keeping the local hospitals open) and considers access as a reflection of the quality of the system.

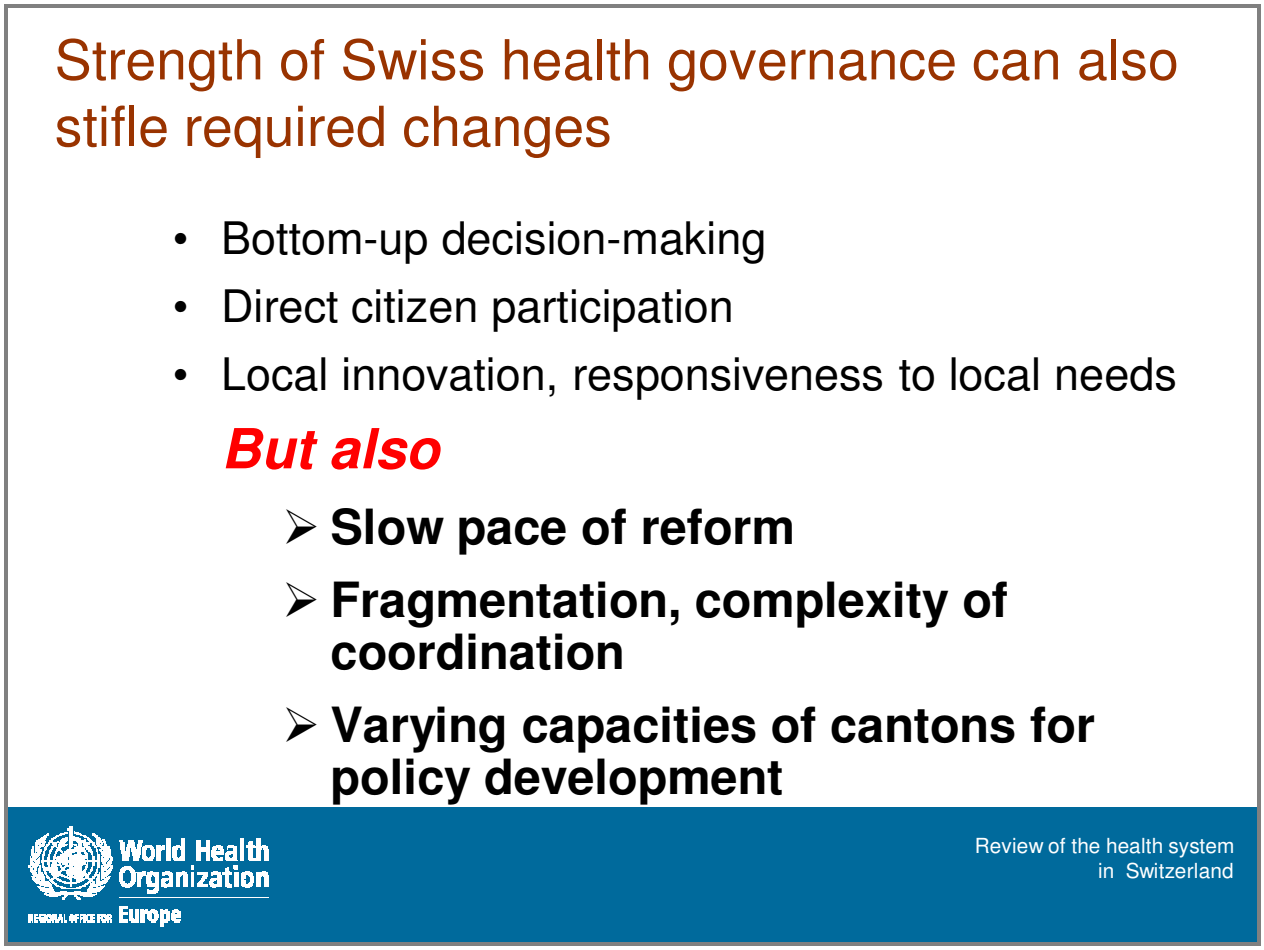
Although progress has been achieved since the 2006 review, more can be done:

Coordination of health protection has improved. Switzerland has made considerable progress in strengthening its policy framework for health protection. A clear legal mandate exists to allow federal employees (coordinated by OFSP) to lead in protecting the country from communicable diseases and chemical or radiological contamination. But even in this well-developed part of the system, coordination issues can emerge in implementing policy, as recently observed in the Swiss response to the 2009 influenza pandemic.

There have been attempts to coordinate the direction of efforts on alcohol-related health risks through a National Alcohol Programme (2008–2012). They demonstrate progress in building a coalition of support. However, apart from the recently introduced smoking ban, no population-wide prevention measures – where the greatest gains to health are likely to occur – have been introduced in recent years.

Establishing a legal framework to facilitate national health policies was highlighted as a priority action in the 2006 review. Since then, there has been considerable debate and discussion, culminating in a new proposed law on prevention, now standing for discussion before Parliament. This is an important milestone, even if further progress can be achieved.

(Slide 4)



Smart governance for health is a cornerstone of the new European health policy, Health2020, now being formulated by the Regional Office for Europe jointly with Member States. I would like to take this opportunity to highlight the major contribution of a Swiss institution – the Graduate Institute of International and Development Studies – to a study on governance for health that underpins Health2020.

Direct citizen participation and decentralization of decision-making to the canton and even to the communal level are remarkable features – I might call them "traditions" – of governance in Switzerland. Citizens can – in principle – drive decision-making at all levels. These are remarkable assets to foster innovation and responsiveness to local needs.

Citizens have high expectations, reflecting an increased awareness of their rights and choices. Citizens want to be involved in their own health, including management and treatment of their diseases, as well in their own care, particularly for chronic diseases. It is here that patient involvement in care has shown positive effects in terms of outcomes.

However, these very strengths pose serious challenges to coordination and the implementation of wide-scale comprehensive reform.

One such challenge is determining exactly who should do what at each level of government, and how these activities can be effectively coordinated. More effort is needed:

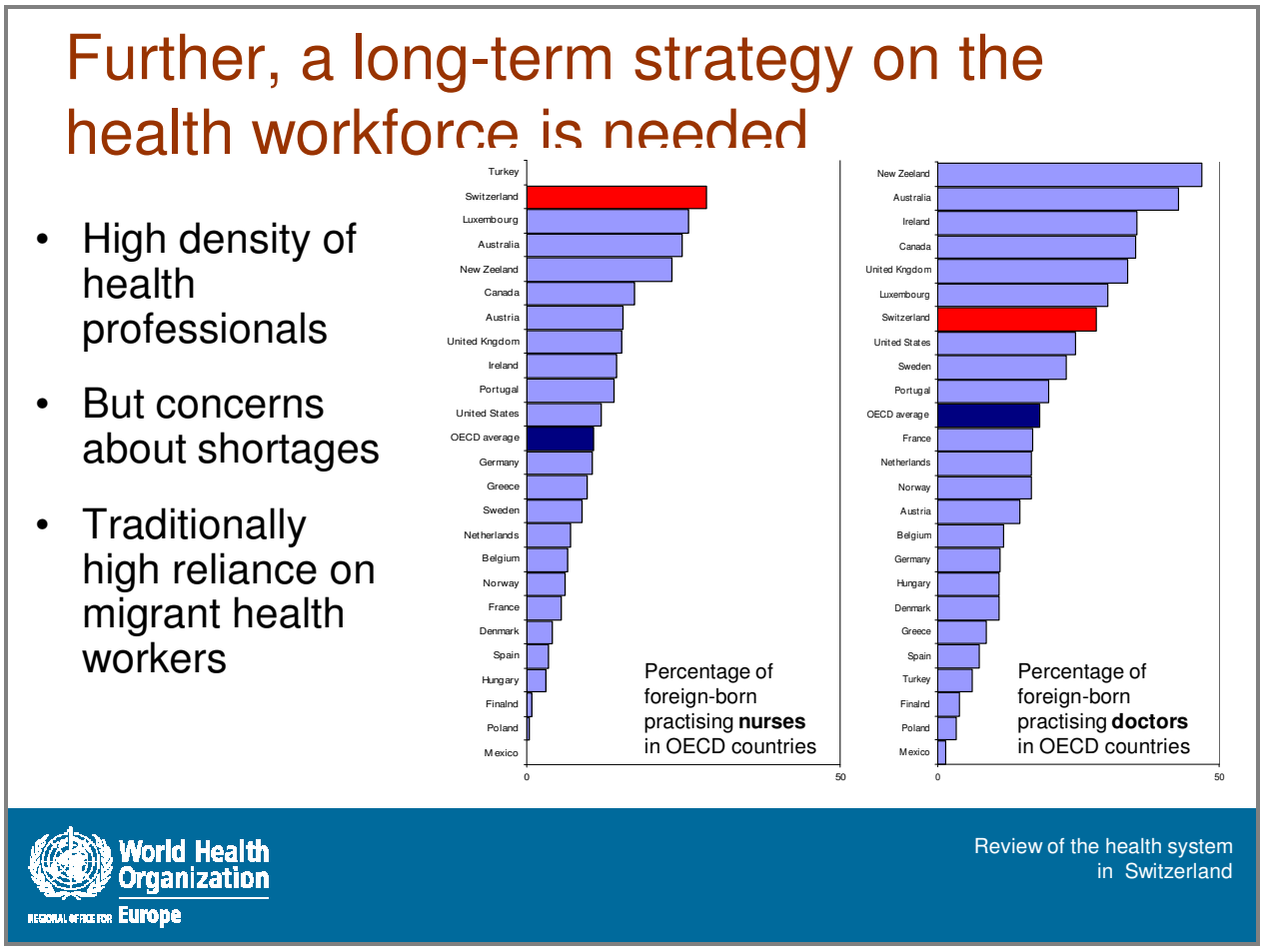
- to coordinate health protection and prevention
- to align providers, insurers and cantons
- to assure that the quality of care in Switzerland is nationally consistent and coordinated
- to coordinate between education and health sectors.

In respect to the governance traditions in Switzerland (bottom-up) and the international trend towards new forms of governance (horizontal and participatory), the preferred solution might not be a major shift in responsibilities with substantial recentralization. The challenge is to build mechanisms to align health actors through:

- platforms for dialogue
- alignment of incentives
- improved analytical capacity
- harmonized information system
- dissemination of evidence on health outcomes and cost–effectiveness of health strategies.

In this context, where cantons are of varying sizes and hence with varying capacities for policy development, strong public health institutions and new public health leaders will be needed to initiate and inform a health policy debate at the political, professional and public levels. This debate should be spearheaded by a horizontal view of health improvement across government and society as a whole. These leaders must create innovative networks comprising many different actors, and be catalysts for change.

(Slide 5)



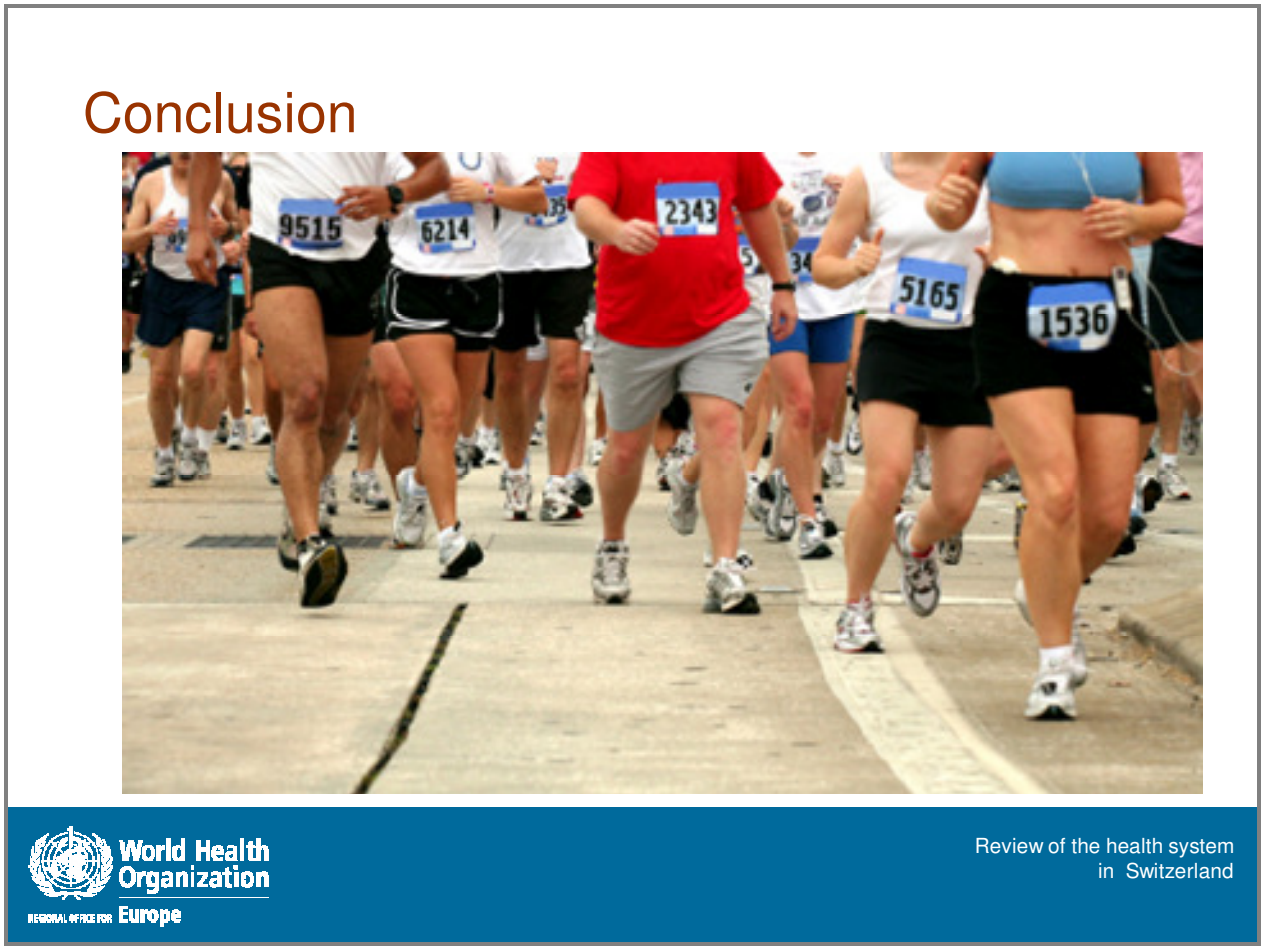
The development of the health workforce is a particular example, requiring a long-term vision at the national level and where coordinated action across the health and education sectors is needed.

Indeed, though Switzerland enjoys a greater density of health professionals than most OECD countries, there are some concerns about shortages in particular professions and geographical areas.

In addition, Switzerland's traditionally high reliance on migrant health workers to tackle projected shortages will not be an efficient strategy in the longer run. It also raises concomitant international issues of fairness with source countries.

While knowledge on health personnel has improved over the past years, particularly thanks to the studies of the Swiss Observatory on Health, information systems on the health workforce remain relatively weak, especially as regards nursing and other allied professions.

(Slide 6)



People in Switzerland live longer than almost anywhere else in the world, supported by a high level of economic development and a responsive health system. Swiss residents benefit from their proximity to health services, a wide range of providers and insurers, and broad coverage of essential medical and pharmaceutical services.

But its excellence comes at a price. Demands on Switzerland's health services will increase as the burden of noncommunicable disease rises. The traditional, hospital-centred health system in our Region will need to evolve to meet these challenges.

Today the political, social, economic, environmental, institutional and health-system determinants of health are centred powerfully in the communities and societies in which people are born, live, work and age. Health is an outcome of

complex and dynamic interplay between these determinants. We must deal with this complexity using a systematic, rather than fragmented, response.

If the determinants of health stretch across the whole of our societies, so must our interventions. Health and well-being cannot be produced by the health sector alone. Although the health sector can and must make a major contribution and lead, health and well-being are the responsibility of societies and governments and the products of intersectoral policies and actions. It is in this direction, and keeping health as a universal right of each and every human being in the centre, that we at the WHO Regional Office for Europe, jointly with Member States, work for the health of European citizens over upcoming years, and we hope this vision could be shaped and captured by Health 2020.