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Acronyms and abbreviations

CCS	Country Cooperation Strategy	MoU	Memorandum of Understanding
COHRED	Council on Health Research for Development	NCD	noncommunicable disease
DNDi	Drugs for Neglected Diseases Initiative	NGO	nongovernmental organization
DPT	diphtheria-tetanus-pertussis	NMH	WHO Noncommunicable Diseases and Mental Health cluster
ESAN	European Salt Action Network	OBSAN	Observatoire de la santé (Swiss Health Observatory)
EU	European Union	ODA	official development assistance
FAO	Food and Agriculture Organization of the United Nations	FSO	Office fédéral de la statistique (Federal Statistical Office)
FDFA	Federal Department of Foreign Affairs	OECD	Organisation for Economic Co-operation and Development
FOEN	Federal Office for the Environment	P4H	Providing for Health Partnership
FOM	Federal Office for Migration	SDC	Swiss Agency for Development and Cooperation
FOPH	Federal Office of Public Health	SECO	State Secretariat for Economic Affairs
FSO	Federal Statistical Office	SHFP	Swiss Health Foreign Policy
FCTC	WHO Framework Convention on Tobacco Control	SNSF	Swiss National Science Foundation
GDP	gross domestic product	Swissmedic	Swissmedic, Swiss Agency for Therapeutic Products
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria	TDR	Special Programme for Research and Training in Tropical Diseases
GFHR	Global Forum for Health Research	UNAIDS	Joint United Nations Programme on HIV/AIDS
GPW	WHO General Programme of Work	UNFPA	United Nations Population Fund
GSPAPHI	Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property	UNICEF	United Nations Children's Fund
HIV/AIDS	human immunodeficiency virus/acquired immunodeficiency syndrome	UNDP	United Nations Development Programme
HRP	Special Programme of Research, Development and Research Training in Human Reproduction	UNEP	United Nations Environment Programme
HUG	Geneva University Hospitals	UNODC	United Nations Office on Drugs and Crime
IHR (2005)	International Health Regulations 2005	UN Women	UN Entity for Gender Equality and the Empowerment of Women
ILO	International Labour Organization	WB	World Bank, International Bank for Reconstruction and Development
IOM	International Organization for Migration	UNECE	United Nations Economic Commission for Europe
LAMal	Loi fédérale sur l'assurance maladie (Swiss mandatory health insurance)	WHO	World Health Organization
MMV	Medicines for Malaria Venture	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 considered to be costly, the Swiss system still ranked high in a recent OECD study on health system efficiency (11).

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.

In an effort to strengthen coherence between national and international policy and with a view to implementing the WHO Global Code of Practice on the international recruitment of health personnel (2010), adopted in resolution WHA63/16, Switzerland has integrated the issue of international migration of health workers into its health foreign policy.

2.4 Achievements and challenges

Switzerland has one of the highest life expectancies at birth in the world, with an estimated 80.2 years for men and 84.6 for women in 2010 (12). In terms of mortality, most deaths in Switzerland in 2010 were due to noncommunicable diseases (NCDs), such as cardiovascular diseases, malignant neoplasms or cancer, respiratory diseases, and mental and behavioural disorders (12).

Switzerland has implemented some very successful disease control programmes. For example, the reported number of new HIV infections in Switzerland was among the highest in Europe at the time of the emergence of the HIV/AIDS epidemic, but has been reduced from a peak of 3251 cases in 1986 to 578 in 2000 and 610 in 2010.⁷ Tuberculosis (TB) case notification rates have declined from a reported 18 incidences per 100 000 in 1990 to 4 per 100 000 in 2008,⁸ as the result of a national TB programme, although there is a potential for higher transmission linked to increased migration from countries with high TB rates. The immunization rate for the third dose of diphtheria-tetanus-pertussis (DPT) vaccine was 96% in 2010, the same as the European average, indicating good access to child health services. However, the measles immunization rate was only 90%, compared to a European average of 95% (9). The lower measles immunization rate has implications for achieving the European regional goal of elimination of measles by 2015.

Switzerland has had mixed results with influencing healthy lifestyles. For example, the proportion of overweight or obese people in the population was 37.3% in 2007, compared to the OECD average of 50.1% (6); however, the rate for children aged 6 to 13 years during the period from 1960/65 to 2007 has risen from 5.4% to 16.8% for boys and from 5.8% to 13.1% for girls (6). Progress in reducing smoking rates remains slow, despite an estimated 9201 deaths caused by smoking in 2007 (15% of all deaths), making it the leading preventable cause of death in Switzerland (6).

The burden from mental and behavioural disorders, as well as from other chronic diseases, is expected to further increase in importance as the Swiss population continues to age. The suicide rate in Switzerland is higher than the European average and represents the fourth most important cause of death in Switzerland in terms of years of life lost (13). Degenerative mental disorders like dementia, which already affect between 100 000 and 120 000 people, will be an important public health challenge in the future (13). It is predicted that the old age dependency ratio (the proportion of over 65-year-olds to those aged 20–65 years) will almost double from 26.5% of the population in 2008 to about 50% in 2050 (6).

7 data.euro.who.int/cisid/.

8 data.euro.who.int/cisid/.

Section 3

Global health: Switzerland's approach and contribution

This section discusses Switzerland's approach and contribution to global health. It briefly presents the Swiss global health strategy before describing the key actors and main types of engagement (multilateral, bilateral and financial contribution) of Switzerland in global health.

3.1 Swiss global health strategy

Switzerland is one of the first countries to adopt an inter-ministerial global health strategy at cabinet level. Switzerland's approach to global health is based on the 2012 update of the Swiss Health Foreign Policy (SHFP) (4) which had its origin in 2006 as an agreement between the Swiss Federal Department of Foreign Affairs (FDFA) and the Swiss Federal Department of Home Affairs (the department responsible for health in the federal government) in cooperation with other federal departments. Consultations were held with key Swiss global health actors during preparation of the updated policy, including the cantons, civil society, academia, the research institutions, the private sector, and other health system actors.

The SHFP guides Switzerland's governmental actions in global health and is based on the following overarching principles and values:

- good governance;
- justice and poverty focus;
- global responsibility;
- safeguarding of interest and coherence;
- "Swissness": building on existing strengths in national and global health.

Given these principles and values, the SHFP focuses on three areas of interest:

- governance;
- interactions with other policy areas;
- health issues.

Within these three areas of interest, the SHFP defines 20 specific thematic and programmatic objectives (see Annex 3) and the measures to achieve them. The SHFP aims at strengthening policy coherence based on a multisectoral dialogue with all relevant Swiss stakeholders, thereby enhancing Switzerland's contribution to global health.

3.2 Key actors in global health

A wide variety of Swiss actors is involved in a broad range of areas within global health. While the federal government, notably through the FDFA, together with its Swiss Agency for Development and Cooperation (SDC), and the Federal Office of Public Health (FOPH), play the largest role in terms of direction, policy dialogue, coordination and funding support, as well as project formulation and implementation, other actors actively contribute to the definition and implementation of the Swiss positions in global health. The other main actors involved in Switzerland's contribution to global health can be grouped in the following categories: cantons, hospitals, academia, research institutions, health-care providers, foundations, nongovernmental organizations (NGOs), professional associations and the private sector/industry (e.g. companies in the food and pharmaceutical industries).

3.3 Swiss contribution to global health

Considering the three areas of interest of the SHFP, Switzerland's contributions to global health are broadly classified under the following three headings:

- interaction with international and multilateral organizations active in global health;
- bilateral cooperation in health development;
- financial contributions to support global health activities.

3.3.1 Interaction with international actors and multilateral organizations active in global health

Switzerland is an active member of a wide range of agencies and organizations involved either directly or indirectly in global health, including United Nations (UN) agencies, development banks, joint programmes, public-private partnerships, NGOs, and other international and multilateral organizations.

Switzerland has been a Member State of WHO since the founding of the Organization in 1948, and of its Executive Board (1999–2002, 2011–2014).

Switzerland supports WHO reform to strengthen the Organization as the directing, norm-setting and coordinating authority in international health. Switzerland is also an active member of other UN programmes and agencies involved with health, such as the Food and Agriculture Organization of the United Nations (FAO), the International Labour Organization (ILO), the Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Environment Programme (UNEP), United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF), United Nations Office on Drugs and Crime (UNODC) and the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women).

Switzerland is involved in various global health programmes and partnerships:

- *Global health programmes*
 - Codex Alimentarius, the joint FAO/WHO Food Standards Programme
 - Special Programme of Research, Development and Research Training in Human Reproduction (HRP)
 - Special Programme for Research and Training in Tropical Diseases (TDR)
 - The Protocol of Water and Health, The United Nations Economic Commission for Europe (UNECE) and the WHO Regional Office for Europe
- *Global health partnerships*
 - Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund)
 - Medicines for Malaria Venture (MMV)
 - Drugs for Neglected Diseases Initiative (DNDi)
 - Providing for Health Partnership (P4H)
- *Global health research programmes*

Swiss Programme for Research on Global Issues for Development, a joint Swiss National Science Foundation SNSF-SDC Programme for research on global issues in and with developing and emerging countries generating knowledge and innovative solutions.

Switzerland is one of the founding members of two major global NGOs on health research: the Council on Health Research for Development (COHRED) and the Global Forum for Health Research (GFHR). Finally,

Switzerland is also a member of international organizations whose main concern is not health, but which are dealing with issues affecting global health, such as the World Trade Organization (WTO), the World Intellectual Property Organization (WIPO), the World Bank, the International Organization for Migration (IOM), the Council of Europe and the OECD.

Guided by the SHFP, Switzerland's aim in many of the above-mentioned global health arenas is to improve global health governance and promote the synergies among different actors involved in global health. Examples of this are the Swiss efforts to strengthen cooperation between WHO and the OECD through two joint analyses of the Swiss health system (6, 14) as well as Switzerland's financial support to the Global Health Programme⁹ of the Graduate Institute of International and Development Studies in Geneva to strengthen negotiation capacity of all actors through courses on global health diplomacy. The Geneva Health Forum,¹⁰ among other actors and institutions, contributes to sharing knowledge and experience among global health actors, in particular with civil society organizations. The role of Switzerland as host country for WHO headquarters, and the relatively close proximity of many global health actors in Geneva, is an asset to fostering interaction between them.

3.3.2 Bilateral cooperation in health development

The various actors of the SHFP are involved in bilateral cooperation with developing and developed/emerging countries contributing to improved global health.

The SDC is Switzerland's key official actor in the field of health development cooperation, responsible for bilateral cooperation with developing and emerging countries as well as new Member States of the European Union. SDC's key objective is to improve people's health with a specific focus on poor and vulnerable groups through the following thematic priorities:

⁹ <http://graduateinstitute.ch/globalhealth>

¹⁰ <http://www.genevahealthforum.org/>

- to reduce the burden of communicable and non-communicable diseases;
- to improve maternal, newborn and child health as well as sexual and reproductive health;
- to strengthen health systems in order to achieve universal coverage.

Within the context of bilateral cooperation in health, SDC currently cooperates with a large number of countries, territories and areas in the WHO African, European and Eastern Mediterranean Regions¹¹. SDC works with a wide range of public and private (for profit and non-profit) partners and fosters linkages between them. Switzerland is fully supportive of the Paris Declaration (2005), Accra Agenda for Action (2008) and the Busan Declaration (2011) on boosting development effectiveness, harmonizing and aligning the aid commitment of donor countries and cooperation agencies.

Nongovernmental Swiss actors, including research institutions, universities and hospitals, are also involved in longstanding bilateral health development activities. The Swiss nongovernmental health development organizations, with their bilateral activities abroad, have acquired important field experience which influences policy and advocacy dialogue in global health.

In addition to Swiss development cooperation, bilateral health cooperation with high-income countries or emerging economies has been increasing over the past years. This responds to an active interest from

many countries in learning about Switzerland's best practices and expertise in specific areas of health, such as financing of health systems and the Swiss health insurance model, policies on illegal drugs and influenza pandemic preparedness. This type of cooperation generally takes place under the lead of the FOPH. An increasing dimension of bilateral health cooperation is the interaction with neighbouring countries and other OECD Member States.

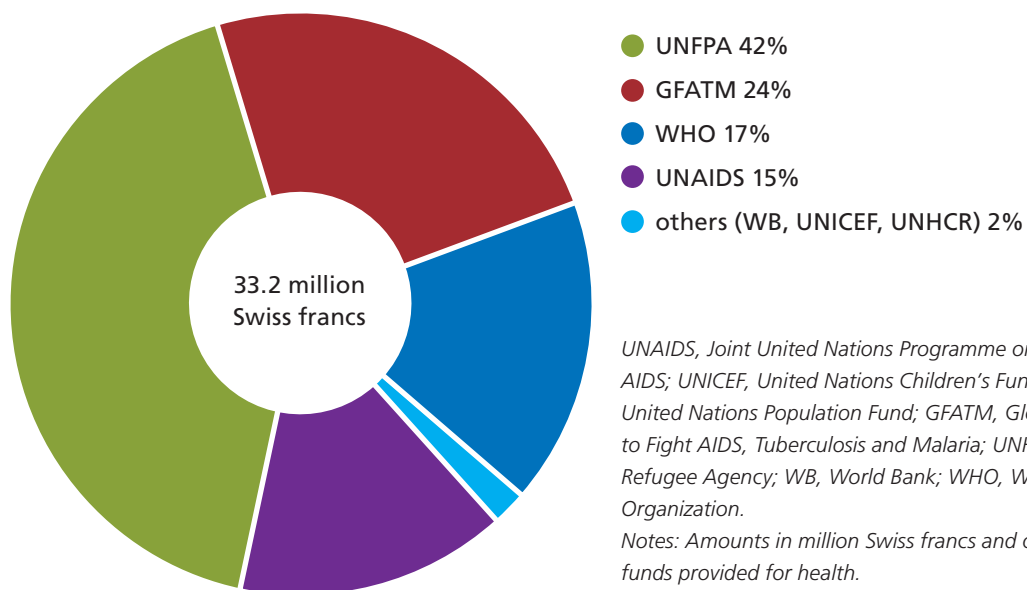
3.3.3 Financial contributions to support global health activities

SDC's financial contributions towards global health activities in 2010 amounted to approximately US\$ 120 million (114.9 million Swiss francs).¹² This comprises about US\$ 85 million (81.7 million Swiss francs) of Swiss bilateral official development assistance (ODA) in general and approximately US\$ 35 million (33.2 million Swiss francs) of ODA provided for health to international and multilateral organizations involved in global health. As shown in Figure 1, the main recipients of SDC funding for international and multilateral organizations in 2010 were the GFATM, UNAIDS, UNICEF, UNFPA, UN Women, UNHCR and WHO. The SDC funds shown for UNICEF and the World Bank include only the amounts to be spent on health and exclude funds intended for other areas. The total contribution of Switzerland to WHO was US\$ 25.6 million for the biennium 2010–2011, provided by different government offices and agencies (for more detailed information see Annex 4).

¹¹ Additional information is available at: http://www.sdc-health.ch/en/Home/Intervention/Bilateral_Development_Cooperation

¹² Swiss Agency for Development and Cooperation (SDC)

Figure 1: Switzerland's ODA for health provided to international and multilateral organizations by SDC in 2011



UNAIDS, Joint United Nations Programme on HIV/AIDS; UNICEF, United Nations Children's Fund; UNFPA, United Nations Population Fund; GFATM, Global Fund to Fight AIDS, Tuberculosis and Malaria; UNHCR, the UN Refugee Agency; WB, World Bank; WHO, World Health Organization.

Notes: Amounts in million Swiss francs and only include funds provided for health.

Source: Swiss Agency for Development and Cooperation (SDC)

Section 4

Review of current cooperation

This section briefly reviews the cooperation between WHO and Switzerland, with a focus on the last five years. The review is based on information collected as part of the CCS process through interviews or questionnaires sent to selected Swiss national governmental and nongovernmental stakeholders, relevant heads of WHO Offices in countries, territories and areas and WHO technical and managerial staff from WHO headquarters and the European Region.¹³

4.1 Cooperation on the Swiss health system

The cooperation between WHO and Switzerland follows the cooperation pattern of high-income countries and reflects the specific needs and high-level capacities of Switzerland. The following review of the cooperation between Switzerland and WHO is structured along the six categories of work proposed in WHO's 12th General Programme of Work, 2014–2019 (2).¹⁴ While cooperation in Switzerland between the Swiss government, Swiss non-state health actors and WHO exists in each of the six categories, the main focus of current cooperation is in the areas of NCDs, including mental health and substance use issues, and health systems. The cooperation takes several forms, such as technical and financial support, including staff secondments. Innovative mechanisms for cooperation between Swiss institutions and WHO have been developed, such as a Memorandum of Understanding (MoU) between the WHO Collaborating Centres in Geneva (University of Geneva and Geneva University Hospitals (HUG)) and WHO. These mechanisms strengthen the technical expertise of WHO, allow for more efficient and harmonized management of cooperation and, at the same time, contribute to the enabling environment of Geneva as a hub for health-related research and policy-making.

13 A database with information on many ongoing cooperation projects between Switzerland and WHO, and activities, was prepared during the CCS process. The updating, maintenance and dissemination of its content is an essential contribution to the implementation of the CCS.

14 (i) Communicable diseases, (ii) NCDs, (iii) life course, (iv) health systems, (v) preparation, surveillance and response, (vi) corporate service/enabling functions.

4.1.1 NCDs¹⁵

NCDs represent the main area of collaboration between WHO and Switzerland. Within this context, the WHO Collaborating Centres in Switzerland play an important role as they are mostly dedicated to NCDs.¹⁶ Areas of collaboration include NCD prevention and a range of health-promotion measures, including efforts to reduce tobacco use and alcohol abuse; to promote a balanced diet and physical activity; and, more generally, to strengthen intersectoral efforts to combat the common risk factors for NCDs. Switzerland participates in the World Health Organization Regional Office for Europe (WHO/Europe)/European Union (EU) project on monitoring progress on improving nutrition and physical activity and preventing obesity. The WHO European Action Plan for Food and Nutrition Policy 2007–2012 is an important guide for policy-makers in Switzerland, which includes a wide range of actions in the area of food safety and nutrition. Furthermore, Switzerland is an active member of the WHO European Region Action Network on Salt Reduction, otherwise known as the European Salt Action Network (ESAN). Switzerland is recognized as one of the WHO Member States with the most comprehensive salt reduction policy and it is sharing its experience with other countries.

Notwithstanding that Switzerland has signed, but so far not ratified, the WHO Framework Convention on Tobacco Control (FCTC), it funded an update of WHO/Europe's tobacco control database. This update attempted to identify gaps in the restriction of tobacco advertising, promotion and sponsorship in Switzerland compared to other countries in the European Region.

15 The category of NCDs in the WHO GPW includes heart diseases, cancers, chronic lung diseases, diabetes, mental disorders, injuries and disabilities. This CCS focuses on the four chronic NCDs, mental health and substance use, all of which are covered by the WHO Noncommunicable Diseases and Mental Health (NMH) cluster.

16 Seven out of 17 WHO Collaborating Centres in Switzerland are working in the area of NCDs (of the remaining WHO Collaborating Centres, four are in health systems; two in preparation, surveillance and response; two in communicable diseases and two in life course).

In 2006 Switzerland ratified the Protocol on Water and Health, which is an international agreement on the promotion of health through improved water management and control of water-related disease.

In the area of nutrition, close and innovative cooperation took place with the private sector, the research and development community, civil society and various public authorities. The objective was to reduce the burden of NCDs on the Swiss population and the health system. The resulting extensive intersectoral experience at the national level in Switzerland is of interest to WHO and to other Member States in terms of sharing of best practices.

4.1.2 Health systems

There is extensive cooperation in the field of health systems, notably illustrated by the well-received reviews of the Swiss health system by experts from WHO and OECD (6, 14).¹⁷ Switzerland also encourages close collaboration between WHO and OECD on the issue of international migration of health workers. Swiss academic institutions engage with health systems.

Switzerland has played an important role in the negotiation, development and implementation of the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property, aimed at improving research, development and access to medicines.¹⁸ WHO cooperation in the field of essential medicines and pharmaceuticals policies, covering pharmaceutical regulation, and access to safe, effective and affordable medicines, is relevant and useful for the Swiss health system. Switzerland also provides WHO with inputs on policy and technical issues on that topic. Swissmedic, the Swiss Agency for Therapeutic Products, responsible for the authorization and supervision of therapeutic products, is actively involved in training and capacity building together with WHO. Swissmedic contributes to the technical work of several regulators' networks in the area of

blood and therapeutic products, such as the WHO Expert Committee on Biological Standardization and the WHO Blood Regulators Network, among others.

Another line of work in the area of health system strengthening was Switzerland's active involvement in the process of elaboration of the WHO Regional Office for Europe's policy framework and strategy Health 2020 and Switzerland has given active support and funding to the South-East European Health Network, which contributed significantly to the development of this work.

4.1.3 Communicable diseases

There is long-established cooperation between Switzerland and WHO in the area of communicable diseases. Both Swiss and WHO stakeholders value collaboration in this field, with WHO leadership considered crucial. Cooperation mainly concerns exchanges in areas such as disease surveillance and vaccination, as well as prevention and treatment of malaria, HIV/AIDS and tuberculosis. SDC and several academic and research institutions have close links with WHO in the field of malaria, with Swiss experts being members of WHO technical advisory groups, and actively participating in public-private partnerships such as the Medicines for Malaria Venture (MMV).

4.1.4 Life course

Cooperation for the life-course category has been less sustained than for other categories, although significant cooperation does occur in programmes such as adolescent health, water supply and sanitation, indoor air pollution and environmental health, as well as transport. Cooperation has included not only the FOPH but also the Federal Office for the Environment (FOEN) and the Federal Office of Transport.

Through a secondment to the WHO Regional Office for Europe, Switzerland has provided expertise to the WHO Health in Prisons Programme, which supports Member States by addressing health and health care in prisons, and facilitating the links between prison health and public health systems on the prevention

17 <http://www.oecd.org/els/healthpoliciesanddata/oecdreviews-ofhealthsystems-switzerland.htm>

18 <http://www.bag.admin.ch/themen/international/11103/11513/11878/index.html?lang=en>

of HIV/AIDS, at both the national and international levels. Maternal and newborn health is not a major area of cooperation with WHO in Switzerland, but it is an important priority for SDC's work for health development cooperation at the country level (see section 4.2).

4.1.5 Preparedness, surveillance and response

In order to respond rapidly and effectively to public health events of international importance, cooperation to obtain and share accurate information and to implement appropriate measures in a timely and coordinated manner is essential. Within this context, the International Health Regulations 2005 (IHR (2005)) are the key legal instrument to achieve collective health security and serve as the basis for Swiss cooperation with WHO. The active participation of Switzerland under IHR (2005) and in the regional EuroFlu-network (WHO/Europe–EU) are good examples of successful cooperation with WHO in the area of disease surveillance, early and rapid alert, risk assessment and response.

4.1.6 Corporate services and enabling functions

As host country for WHO's headquarters, Switzerland closely collaborates with WHO through the provision of host country services, including support related to its building, infrastructure and security. A steering committee¹⁹ helps to ensure that WHO can efficiently carry out its renovation project and provides support and information regarding administrative, legal and technical questions in relation to infrastructure issues.

Promoting the presence of many global health actors in Geneva, which is home to WHO headquarters, is of mutual benefit to WHO and Switzerland. The new global health architecture requires the development

¹⁹ The steering committee currently comprises: the Secretariat of WHO, the Permanent Mission of Switzerland in Geneva, Canton of Geneva and the Foundation for Buildings for International Organisations (FIPOI).

and strengthening of health partnerships between international organizations, academic institutions, the pharmaceutical industry, ministries of health and development cooperation, foundations, NGOs and medical practitioners. In providing optimal working conditions in Geneva to many of these actors,²⁰ Switzerland contributes to synergies among the actors, as well as to greater coherence in global health. The strengthening of Geneva-based academic institutions and programmes in global health also furthers this objective.

4.2 Swiss development cooperation in health²¹

At country level, cooperation between Switzerland and WHO is well established in a broad range of programmes. However, the cooperation happens mostly on an *ad hoc* basis. Potential synergies could therefore be better exploited. Insufficient information flow between WHO and SDC staff in priority countries has been a problem in some instances, including limited collaboration in the preparation of CCS documents in the partner country. Moreover, it appears that until now, cooperation has not been strongly influenced by the existing CCSs of the countries concerned. Overall, the existing areas of cooperation between WHO and SDC at the country level as well as in the dialogue and interactions with WHO headquarters and regional offices are in line with the thematic priorities which guide SDC's health development cooperation in the field, as illustrated by the following examples:

²⁰ Directory of global health actors in Geneva: <http://graduateinstitute.ch/globalhealth/directory.html>

²¹ This sub-section is based on the results of a questionnaire designed to collect qualitative information in order to better understand the current level of cooperation between WHO and SDC. The questionnaire was sent to heads of WHO country offices and SDC representatives in 17 SDC health priority countries, territories and areas. The questions identified current areas of cooperation, ways of working, and the level of current cooperation between WHO and Switzerland in the SDC priority countries for health development cooperation.

4.2.1 Reduce the burden of communicable and NCDs

Most of the SDC priority countries are suffering from the double burden of both communicable diseases and NCDs. Accordingly, there are ongoing programmes on communicable diseases, such as HIV/AIDS and malaria, as well as NCDs. SDC health teams are actively cooperating with WHO on several mental health projects within the South-Eastern European Health Network. The cooperation of the Universities of Geneva and Lausanne working with WHO Regional Offices is an important example of exchange of technical expertise in the area of NCDs. This cooperation in several low-income countries focuses on the prevention of cardiovascular diseases and includes the organization of jointly funded academic courses on the prevention and control of NCDs.

4.2.2 Improve maternal, newborn and child health, as well as sexual and reproductive health

WHO and SDC are jointly implementing a project in Ukraine on improved access, quality and efficiency of comprehensive care of women with unwanted pregnancies, which will run from 2011–2014.²²

4.2.3 Strengthen health systems in order to achieve universal coverage

Cooperation between WHO and SDC in the field of health system strengthening has an emphasis on human resources for health, involving a range of Swiss health actors. In several countries, SDC and other actors, such as the Swiss Tropical and Public Health Institute in Basel and the University of Geneva, are working together with WHO in the field of education and training of the health workforce.

An additional dimension of cooperation in the strengthening of health systems deals with the

health innovation capacity of the system. In the United Republic of Tanzania, for example, SDC cooperates with WHO in order to facilitate systematic assessment to benchmark the United Republic of Tanzania's strengths and weaknesses in implementing the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property (GSPA-PHI).²³

4.3 Opportunities and challenges

The analysis of the information obtained during the CCS process has highlighted a number of opportunities and challenges which are discussed below.

WHO's trusted impartial advocacy role, convening power, technical support and setting of global policies, norms and standards is recognized as important support for Switzerland. Most of the six GPW categories are useful for raising awareness of issues which can increase support for required activities at the national level, particularly within the context of the Swiss federal system. However, WHO's advocacy role could be more effectively used to stimulate a national dialogue on prevention of NCDs, to achieve and sustain high national vaccination rates, and to maintain strong routine surveillance and response capacity, particularly with regard to measles. Collaboration with WHO can also be used to strengthen intersectoral work regarding health and the environment in Switzerland. WHO's advocacy role could also be used to reinforce, through ESAN, the sharing of experiences between countries with salt reduction efforts, could provide background information and material, and act as a resource for technical expertise.

WHO's technical guidance could contribute to facilitating the ratification of the WHO FCTC. In particular, WHO's extensive experience in supporting the implementation of 'best buy' measures would be helpful in this area.

22 http://www.swiss-cooperation.admin.ch/ukraine/en/Welcome_to_the_Office/Activities_of_Swiss_International_Cooperation/Domain_Reproductive_Health_SDC/Comprehensive_Care_for_Unwanted_Pregnancy_CCUP_Project_Phase_II

23 http://www.sdc-health.ch/en/Home/Intervention/Bilateral_Development_Cooperation/Southern_and_East_Africa#Tanzania

Another opportunity for increased technical cooperation is the implementation of some of the recommendations of the 2011 OECD/WHO health system review (6).

The implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel provides opportunities for more collaboration in the area of health workforce. This is particularly the case as the Code is considered to be an important instrument for policy-making.

Affordable and equitable access to medicines and medical devices is an issue in Switzerland, and cooperation with WHO offers a means to contribute to the continuing dialogue on this topic.

WHO's central health role in the area of emergency, surveillance and response is a distinctive comparative advantage, underlining its role as the leading authority in global health, which Switzerland supports.

Developing, expanding and maintaining partnerships and increasing synergies between the different actors in global health is an important challenge for WHO. The large number of global health actors in Geneva, and the wealth of opportunities for enhanced synergies between them indicates that more could be done to foster strategic exchanges and collaboration among these actors. This is an area where Swiss assistance would be valuable.

Swiss health actors also support the global process for the prevention and control of NCDs based on their expertise in the area of common risk factors. Both WHO and SDC have identified a potential for increased cooperation in mental health.

Various challenges present themselves at country level, despite the mutual interest in increased cooperation between WHO and Switzerland in SDC priority countries, territories and areas, and the potential to improve such cooperation. Cooperation between Switzerland and WHO in SDC priority countries would benefit from increased formalization of the joint work and more systematic information exchange. Opportunities exist to improve cooperation in the field of strengthening of health systems through enhancing capacities in the fields of health diplomacy, maternal and child health, NCDs and health services improvement.

Information exchange and partner coordination at country level is key to keeping WHO and partners updated on existing policies, strategies and programmes. WHO could further develop cooperation with Switzerland in the areas of information sharing and partner coordination in specific areas of thematic expertise. However, the communication and coordination capacities of WHO staff at country level vary considerably. In some cases, poor communication and coordination capacities as well as the lack of specific expertise of some WHO country staff, in particular, are seen as a major challenge to increased cooperation and need to be addressed.

Overall, the review of current and potential collaboration shows that extensive cooperation already exists between WHO and Switzerland in the areas of NCDs (including nutrition and food safety, water, mental health and substance use), health systems at country level, and in Geneva. Nevertheless, there is room for improvement and cooperation could be further increased and strengthened, with greater attention being given to formal and systematic planning of collaboration.

Section 5

A strategic agenda for cooperation

As part of the CCS process, a strategic agenda for cooperation between Switzerland and WHO has been jointly elaborated. Four strategic priorities for intensified cooperation were identified through a formal prioritization process that took into account the objectives of the SHFP and WHO policy frameworks, such as the GPW, the “Health2020” policy framework and strategy of the WHO Regional Office for Europe, and Switzerland’s “Health2020” policy framework.

5.1 Prioritization process

The prioritization process was a multi-stage exercise that started with an analysis of the current situation and a policy review. Key issues were identified that are in line with the objectives of SHFP and with WHO’s priorities for its headquarters and regions. Further consultations reviewed findings and identified four strategic priorities which are deemed to be areas:

- in which Switzerland and WHO have specific expertise and resources;
- which would result in mutually beneficial enhanced collaboration at the global, regional or national levels; and
- which would add value for WHO and Switzerland alike.

These four strategic priorities provide a framework to guide systematic and sustained collaboration for the period covered by the CCS.

5.2 Strategic priorities

The following four priorities were identified by both WHO and Switzerland.

1. Exchange of information and expertise in the fields of NCDs, nutrition and food policies, mental health and substance use issues²⁴
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 collaboration between WHO and Switzerland in SDC priority countries

Given the resources available, a manageable number of strategic priorities have been selected. The strategic priorities do not cover ongoing routine interactions between WHO and Switzerland, such as submission of statistical data for global databases, submission of IHR (2005) event reports or daily interactions with WHO Collaborating Centres. However, if the need arises (for example, due to pandemics or other emergencies), collaboration between Switzerland and WHO in other important areas of global health, mentioned in Section 4, such as communicable diseases, maternal and child health, pandemic preparedness or access to essential medicines, may be envisaged using the CCS platform.

²⁴ The strategic priority includes the four chronic NCDs (heart disease, cancer, chronic respiratory diseases and diabetes) as well as mental health and substance use. All of these fall within the WHO NMH cluster. The term “substance use” includes WHO activities on substance abuse.

Strategic priority 1

Exchange of information and expertise in the fields of NCDs, nutrition and food policies, mental health and substance use issues

Strategic priority 1 recognizes Swiss achievements in these areas and reflects the mutual benefits of coherent efforts at national, regional and global levels.

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- **WHO should support consensus-building on the use of international standards for NCD risk factors and advocacy for the importance of prevention of NCDs in Switzerland**
This work area would enable Switzerland to take greater advantage of the expertise of WHO and to learn from experiences in other countries. WHO is expected to provide technical support for the systematic collection of disaggregated data on risk factors and disease burden and to support the implementation of the global monitoring framework for the prevention and control of NCDs. With its reputation and authority, WHO can support moving the prevention of NCDs higher up on the Swiss political agenda. WHO's technical guidance could contribute to facilitating the ratification of the WHO Framework Convention on Tobacco Control (FCTC).
-
- ← **Switzerland should provide information and expertise on its policies and experiences regarding NCDs, mental health and substance use, and support WHO's work on NCD management**
Switzerland is expected to continue supporting and making use of the regional and global activities of WHO and the United Nations on NCDs, as well as cooperating with WHO in order to contribute to the Global Action Plan for the Prevention and Control of Non-Communicable Diseases. With regard to substance use issues, in particular, consumption patterns, Switzerland wishes to strengthen cooperation with WHO on compilation of reports on the global drug situation with respect to public health issues such as HIV/AIDS and on issues relating to the classification of substances, as well as other relevant topics. Switzerland is ready to continue to be involved in various WHO programmes,²⁴ particularly those designed to treat drug addiction and reduce related harm,²⁵ and supports the formulation of guidelines. Moreover, Switzerland intends to cooperate with WHO on the objectives of the Global Mental Health Plan, as well as the framework for the European Mental Health Action Plan, which addresses national needs and priorities. Switzerland is also ready to participate in the elaboration of the third WHO European Action Plan for Food and Nutrition Policy and to share its experience on interaction with the private sector and NGOs with respect to diet and physical activity as well as on reformulation of processed foods to reduce salt and sugar, and to reduce and improve fats. Switzerland is expected to continue providing expertise derived from its support for the ESAN.
-
- ↔ **Expand or initiate systematic collaboration with relevant Swiss institutions and their international research networks in the areas of research and development on NCDs, nutrition and food, mental health and substance use**
In addition to the examples listed in section 4, Swiss institutions have considerable expertise in conducting research useful for both WHO and Switzerland. This will contribute to the national, regional and global agenda on NCDs, mental health and substance use issues. Consideration can be given to facilitating secondments or internships to WHO from Swiss institutions.
-

Note: The arrows shown before each work area indicate the direction of inputs, with an arrow pointing to the right (→) indicating from WHO to Switzerland, an arrow pointing to the left (←) indicating from Switzerland to WHO, and a two-pointed arrow (↔) indicating two-way interaction.

25 Including the Joint United Nations Office on Drugs and Crime (UNODC)/WHO Programme on Drug Dependence Treatment and Care.

26 The Swiss national drug policy follows the principles of the four elements of prevention, therapy, harm reduction and law enforcement. More information: <http://www.bag.admin.ch/themen/internationales/11103/11513/11518/index.html?lang=en>

Strategic priority 2

Strengthened cooperation on national health systems with emphasis on health personnel

The OECD/WHO review of the Swiss health system provides a solid basis upon which further cooperation between WHO, OECD and Switzerland can be built. Switzerland endeavours to share its health system experience and lessons learned with WHO, through WHO with other countries, and to collaborate with WHO and OECD in implementing the report's recommendations.

Switzerland has also actively contributed to the development of WHO's Global Code of Practice on the International Recruitment of Health Personnel. Within this context, WHO's global role and mandate provides a crucial global perspective on the international recruitment of health personnel, which will be useful to support Switzerland at national level.

Beyond health personnel issues, Switzerland recognizes the importance of cooperation with WHO in assessing other essential public health operations that contribute to strengthening the national health system.

→ **WHO should provide, in collaboration with OECD, support for the implementation of the recommendations of the OECD/WHO report on the Swiss health system and for the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel**

WHO is expected to provide, together with OECD, technical support for implementing the recommendations of the 2011 OECD/WHO review of the Swiss health system, focusing on recommendations pertaining to health financing, strengthening of health-care policies, health workforce and improvement of the information systems. If requested by the Swiss authorities, WHO is expected to also support Switzerland in the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel, notably by creating awareness about the Code in Switzerland and providing requested technical advice to Swiss institutions.

← **Switzerland should share its experiences with health systems best practices and lessons learned through the knowledge-base of WHO, including on eHealth**

Switzerland is expected to share information with WHO on the advantages and shortcomings of the Swiss health system and to increase WHO's knowledge base about well-functioning health systems, which is of interest to high-income countries as well as to low- and middle-income countries undergoing or planning health system reform.

↔ **Expand or initiate systematic collaboration with relevant Swiss institutions in research and development for strengthening of health systems**

Countries have expressed an interest in learning more about the Swiss health system. Facilitating systematic collaboration between relevant Swiss institutions and WHO, through exchange of information and expertise, provides an opportunity to share information and experiences with other countries and to support the research efforts of WHO and of Switzerland. In this regard, facilitating secondments or internships to WHO from Swiss institutions could be considered.

Note: The arrows shown before each work area indicate the direction of inputs, with an arrow pointing to the right (→) indicating from WHO to Switzerland, an arrow pointing to the left (←) indicating from Switzerland to WHO, and a two-pointed arrow (↔) indicating two-way interaction.

Strategic priority 3

Collaborate on strengthening WHO's leadership role in global health governance, in accordance with its constitutional mandate, by making use of the enabling environment available in Geneva

Strategic priority 3 is to support WHO in its leadership and convening function. This priority is also aimed at reinforcing the existing synergies and creating new ones between global health actors by making the best use of the enabling environment available in Geneva. The presence of a large number of key actors (international organizations, NGOs, academic institutions, permanent missions, and WHO Collaborating Centres) in Geneva creates a multitude of opportunities for formal and informal strategic exchanges, which should be capitalized on and further strengthened.

→ **WHO should support Switzerland in its objective of strengthening synergies between global health actors**

WHO is expected to continue its dialogue with the Swiss government and global health actors in Switzerland in line with WHO reform to enhance synergies.

← **Switzerland should support WHO to strengthen its leadership and convening role in global health governance through the enabling environment available in Geneva**

Switzerland is expected to continue its policy of providing support for global health actors in Geneva, particularly WHO. In addition, Switzerland endeavours to promote opportunities for strategic collaboration between various actors and processes, including the concept of a "health campus", which aims to ensure more cooperation, dialogue and exchange.

↔ **Enhanced systematic collaboration between Switzerland and WHO to foster and reinforce synergies among global health actors in Geneva**

WHO and Switzerland share the common aim of enhancing a dialogue to promote global health in order to attract new actors by using existing platforms and developing new ones, such as the Geneva Health Forum.

Note: The arrows shown before each work area indicate the direction of inputs, with an arrow pointing to the right (→) indicating from WHO to Switzerland, an arrow pointing to the left (←) indicating from Switzerland to WHO, and a two-pointed arrow (↔) indicating two-way interaction.

Strategic priority 4

Enhanced collaboration between WHO and Switzerland in SDC priority countries

The fourth strategic priority addresses coordination and collaboration between Swiss health development cooperation and the WHO offices in the SDC priority countries, territories and areas. Its aim is to improve communication, coordination and collaboration between Switzerland and WHO and to strive to further support WHO's leading and coordinating authority at country level. This requires increased efforts to strengthen dialogue, information exchange and collaboration between WHO country offices and SDC country representatives and programmes. It also involves the relevant WHO regional offices and WHO headquarters.

→ **WHO should facilitate Swiss engagement in dialogue on health policy development and implementation in SDC priority countries**

Implementing the work in this area requires the strengthening of regular communication and exchange of information between WHO country offices and SDC representatives or programme staff in selected countries. WHO is expected to reach out to Swiss stakeholders working in the country to involve them in health policy dialogues and to jointly seek ways to improve collaboration. The joint development of national CCSs is useful to enhance policy dialogue.

← **Switzerland should support WHO in its role to convene health development partners, engage in technical cooperation and support the introduction of applicable norms and standards**

Switzerland is expected to work with selected WHO country offices to support them to better perform their role in convening development partners, and effectively facilitating dialogue and coherence between government, development partners, NGOs and other health stakeholders. This encompasses support for WHO offices in selected countries in emergency situations, and where appropriate, contributions to enhance, within the context of humanitarian reforms, WHO's leadership of the Global Health cluster.

↔ **Expand the systematic exchange of expertise between Switzerland and WHO in SDC priority countries**

At country level, information exchange mechanisms and collaboration between SDC health experts and the WHO country offices should be reviewed and, where appropriate, facilitated and improved. At regional level, SDC is expected to work through its national and regional coordinators for health, whose responsibilities include interaction with the relevant WHO regional offices, in particular with the WHO Regional Office for Africa, to regularly exchange views and information.

Note: The arrows shown before each work area indicate the direction of inputs, with an arrow pointing to the right (→) indicating from WHO to Switzerland, an arrow pointing to the left (←) indicating from Switzerland to WHO, and a two-pointed arrow (↔) indicating two-way interaction.

Section 6

Implementing the CCS

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

A CCS focal team is expected to facilitate the implementation of the CCS. This focal team should comprise, on the Swiss side, representatives of the key actors of the SHFP (in particular the Division of International Affairs of the Swiss FOPH; the Division of Sectoral Foreign Policy of the FDFA; the health focal team of SDC, FDFA; and the Division of Multilateral Affairs of the Swiss Mission to the UN in Geneva) and, on the WHO side, representatives of the main entities involved in the implementation of the CCS (in particular the Country Relations and Corporate Communications Unit of the WHO Regional Office for Europe; the Department of Country Focus, WHO headquarters; and the Country Analysis and Support Unit, WHO Regional Office for Africa).

The focal team is expected to meet once a year, or whenever deemed appropriate by the parties, to assess progress with the implementation of the CCS, to highlight successes, to identify and tackle any constraints hindering implementation, and to discuss issues of common interest. The focal team is expected to make decisions on its methods of work as well as on the implementation of the CCS by consensus. Between annual meetings, virtual means of communication should be favoured.

In addition, CCS focal points should be appointed for both WHO (representative of the Country Relations and Corporate Communications unit of the WHO Regional Office for Europe) and Switzerland (representative of the Division of International Affairs of the Swiss Federal Office of Public Health), as the main entry points for each partner, especially in charge of improving the information flow between WHO and Switzerland and maintaining and updating the CCS Switzerland database.

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Further reading

- Message on Switzerland’s International Cooperation in 2013–2016 (http://www.deza.admin.ch/en/Dossiers/Message_2013_2016)
- Swiss Programme for Research on Global Issues for Development (<http://www.snf.ch/E/international/worldwide/research-for-development/Pages/default.aspx>)
- SDC Health Network - Bilateral Development Cooperation (http://www.sdc-health.ch/en/Home/Intervention/Bilateral_Development_Cooperation)
- WHO reform, Consolidated Report by the Director-General A65/5 (http://apps.who.int/gb/ebwha/pdf_files/WHA65/A65_5-en.pdf)
- Strategy of Switzerland in the Executive Board (<http://www.bag.admin.ch/themen/internationales/11103/11512/11514/11520/index.html?lang=en>)
- List of WHO Collaborating Centres in Switzerland, List of WHO Expert Advisory Panel in Switzerland (http://apps.who.int/whocc/List.aspx?cc_code=SWI)
- Directory of Geneva global health actors/Directory of Swiss global health actors (<http://graduateinstitute.ch/globalhealth/directory.html>)

Annex 1

Health 2020: a European policy framework supporting action across government and society for health and well-being

The WHO Regional Committee for Europe consisting of the 53 Member States of the WHO European Region adopted in September 2012 an ambitious long-term WHO European policy for health and well-being, Health 2020.

The new European policy framework aims to maximize opportunities for promoting population health and reducing health inequities. It recommends that European countries address population health through whole-of-society and whole-of-government approaches. Health 2020 emphasizes the need to improve overall governance for health and suggests paths and approaches to achieving more equitable, sustainable and accountable health development.

The Health 2020 policy is an innovative roadmap, which sets out a new vision and forms the basis of the strategic health priorities in the European Region in the years ahead. It provides a unique Region-wide platform for sharing expertise and experience, so that, at a time of economic downturn, we leverage our individual strengths and multiply our health gains.

The aim of the new European health policy is to turn the tide by addressing key factors in a more integrated and coherent way, including tackling the NCD epidemic, universal access to health care of appropriate quality, and the social determinants.

Health 2020 was developed in wide consultation with technical experts, Member States, civil society and partner organizations, and the general public. In addition, the new framework policy was informed by several concurrent studies, including a European review of the social determinants of health and the health divide, a study on governance for health in the twenty-first century, and an OECD-led study on the economic case for public health action.

Health 2020 is built around four priorities:

- investing in health through taking a life-course approach and empowering people;
- tackling the Region's major health challenges: NCDs and communicable diseases;
- strengthening people-centred health systems, public health capacities and emergency preparedness, surveillance and response; and
- creating resilient communities and supportive environments.

Annex 2

Swiss “Health2020” strategy

A comprehensive health care strategy

In January 2013 the Federal Council approved a comprehensive strategy entitled “Gesundheit2020” (“Health2020”). A total of 36 measures across all areas of the health system aims to maintain quality of life, increase equal opportunities, raise the quality of care and improve transparency. The measures will be implemented in the course of the next few years with the involvement of all key stakeholders. The objective is to make the Swiss health system fit to face the challenges ahead and yet to keep costs affordable.

Switzerland has an excellent health system and the general public is satisfied with the service it receives. However, over the coming years and decades many challenges will have to be met. The number of elderly people is constantly rising, and this means a rise in chronic illnesses, current structures focus too strongly on dealing with acute care cases and there is too little transparency and control. The costs of health care will continue to rise due to demographic developments and medical and technical advances, yet high health insurance premiums are already a considerable financial burden for a lot of people. Illness and the suffering it causes need to be avoided by putting in place an effective system of prevention, early recognition and long-term care. Self-competence in health issues in all sections of the population needs to be raised, unnecessary treatments and complications need to be avoided, and the current system made as efficient as possible by implementing transparent structures and introducing better and more clearly regulated controls.

At the centre of all these measures are people and their well-being. The health system should continue to be developed for them and their needs and must remain affordable.

The four areas of action of the Swiss “Gesundheit2020” (“Health2020”):

- Transparency
- Quality of care
- Quality of life
- Equal opportunity

Annex 3

20 objectives as defined in the Swiss Health Foreign Policy²⁷

GOVERNANCE

1. **Swiss–EU relations**
Establish a legal framework for collaboration with the EU on health and consumer protection matters.
2. **Role of WHO**
Strengthen WHO as the leading, coordinating global health authority.
3. **Global health architecture**
Improve the effectiveness, efficiency and coherence of the global health architecture.
4. **Strengthening of health systems**
Place at the centre of Swiss Health Foreign Policy the promotion of effective, high-quality, affordable and equitable health systems.
5. **Health diplomacy**
Integrate health as a key element of foreign policy.
6. **International Geneva**
Consolidate and strengthen Geneva's position as the "health capital of the world".

INTERACTION WITH OTHER POLICY AREAS

7. **Research**
Establish conditions for the strengthening of global health research.
8. **Economic interests**
Position the strengths of Switzerland's health sector economy internationally.
9. **Protection of intellectual property**
Provide appropriate protection for intellectual property (IP) as an incentive for research.
10. **Health determinants**
Sustainably improve the economic, social and environmental determinants of health.
11. **E-health**
Fully exploit the potential of technological developments and social media in the area of global health.

HEALTH ISSUES

12. **Communicable disease surveillance**
Further strengthen the international system for communicable disease surveillance and control.
13. **Health protection**
Protect the public from health risks in the areas of food safety, radiological protection and chemicals.
14. **Health personnel**
Combat the global shortage and unequal distribution of health personnel.
15. **Access to and quality of therapeutic products**
Improve access to essential (established and newly developed), good-quality, affordable medicines and medical devices.
16. **Noncommunicable diseases**
Promote the prevention, diagnosis and treatment of non-communicable diseases.
17. **Drug policy**
Establish internationally the fourfold policy (prevention, therapy and rehabilitation, harm reduction, and law enforcement and control).
18. **Humanitarian aid**
Make available Switzerland's capacities and skills for saving lives and restoring health in humanitarian crises.
19. **Human rights**
Promote and secure the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.
20. **Maternal and child health, and sexual and reproductive health**
Promote maternal and child health, and sexual and reproductive health.

²⁷ Source: Swiss Health Foreign Policy, pp.26–30.

Annex 4

Swiss Funding for WHO

For the 2010–2011 biennium, the total contribution made by Switzerland to WHO was US\$ 25.6 million, provided by various government offices and agencies, as shown in Table A4.1. In terms of voluntary contributions, Switzerland was the eighteenth largest contributor. The Swiss Agency for Development and Cooperation (SDC) was the main Swiss contributor of voluntary funds, providing US\$ 13.1 million (89% of the total amount), with most of this amount being unspecified funds provided to the Core Voluntary Contribution Account. The approximate figure for 2011–2013 is US\$ 3.2 million (3 million Swiss francs) each year as core voluntary contribution (VC), approximately US\$ 1.7 million (1.65 million Swiss francs) to the Special Programme for Research and Training in Tropical Diseases (TDR) and approximately US\$ 0.9 million (0.85 million Swiss francs) to Special Programme of Research, Development and Research Training in Human Reproduction (HRP).

Table A4.1. Switzerland’s funding for WHO, by funding source, 2010–2011

AC/VC by source	Amount (US\$ millions)
AC provided by FOPH	10.9
VC provided by FDFA/SDC	13.1
VC provided by FOPH	1.4
VC provided by FOEN	0.2
Total	25.6

Notes: AC, assessed contribution; VC, voluntary contribution; FOPH, Federal Office of Public Health; FDFA/SDC, Federal Department of Foreign Affairs/Swiss Agency for Development and Cooperation; FOEN, Federal Office for the Environment.
Source: WHO Financial report for the period 2010–2011 (A65/29) and its Annex “Voluntary contributions by fund and by donor for the financial period 2010–2011” (A65/29 Add.1), FOPH and SDC.

During 2010–2011, voluntary contributions by FOPH supported specific programmes at WHO headquarters such as the Public Health and Environment Department and the Secretariat on Public Health, Innovation and Intellectual Property, as well as the WHO Regional Office for Europe (which was the recipient of 27% of FOPH’s total VC). FOPH supported the WHO reform process with grants of US\$ 538 000 in 2011 and US\$ 472 000 in 2012. In 2010–2011 the FOEN provided US\$ 237 000 for activities related to the WHO International Programme on Chemical Safety

as well as activities at the WHO Regional Office for Europe. In addition to the Swiss VCs in 2010–2011, support was also provided for specific crises, such as the FOPH in-kind vaccine donation for H1N1 pandemic preparedness with an estimated value of about US\$ 4 million. Switzerland, as the host country of WHO headquarters, has actively contributed to discussions concerning the WHO Capital Master Plan, and its funding. Switzerland’s VC funding to WHO during the period 2002–2003 to 2010–2011 is shown in Table A4.2.

There has been an increasing trend of funding support over this period, although there was a decline in VC funding from 2008–2009 to 2010–2011.²⁸ However, the support has not followed the overall trend of increased Swiss official development assistance (ODA), possibly related to the specificity of the Swiss development assistance for which health represented only 7% of total ODA in 2009 (OECD DAC report on aid to health, December 2011)²⁹. Accordingly, there has been a relative decline in Switzerland’s VC to WHO when compared to the overall 29% increase in VC from Member States since 2004–2005, resulting in Switzerland moving down from eleventh largest contributing Member State to eighteenth place.

Table A4.2. Switzerland’s voluntary contribution (VC) to WHO, 2002–2003 to 2010–2011

VC, by biennium	Amount (US\$ millions)
2002–2003	11.0
2004–2005	13.5
2006–2007	12.4
2008–2009	19.5
2010–2011	14.7

Source: Annexes to WHO Financial Reports (A57/20 Add.1 ; A59/28 Add.1 ; A61/20 Add.1 ; A63/INF.DOC.I4 ; A 65/29 Add.1)

²⁸ The increased funding in 2008–2009 is due to an extraordinary contribution for the H1N1-pandemic which is included in the figure.

²⁹ www.oecd.org/dac/stats/49907438.pdf

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