

# "Developing a National Public Health Policy - The Swiss Experience"

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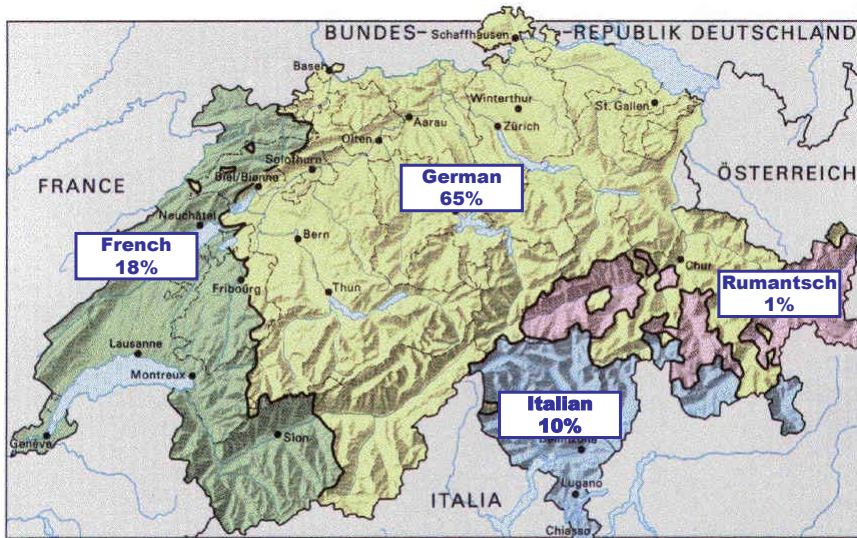
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## Switzerland



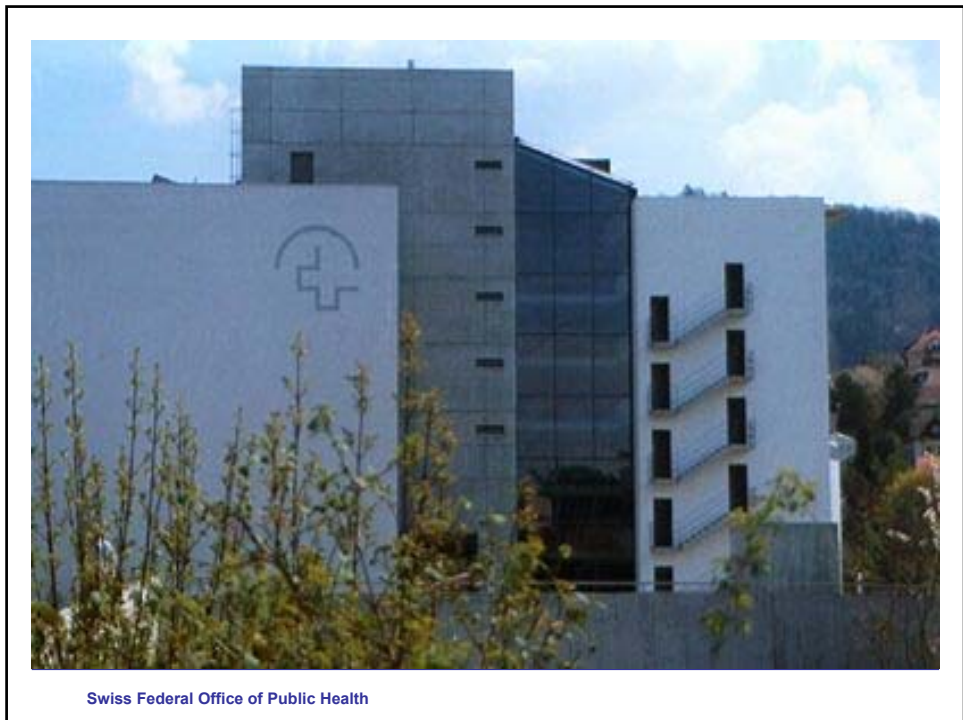
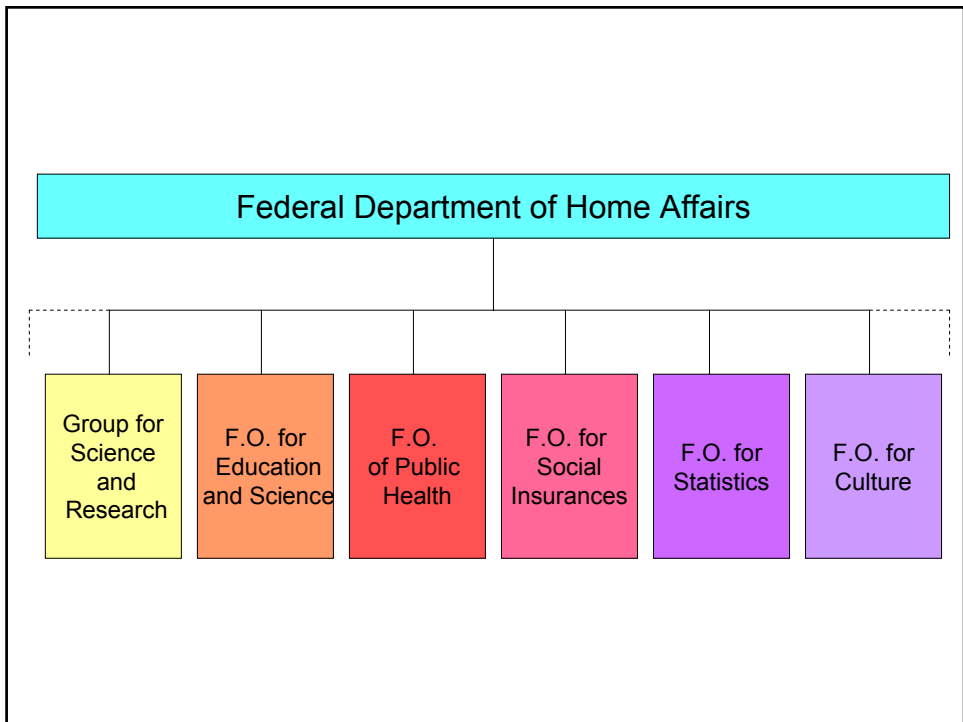
Permanent population : ~ 7'200'000 : Swiss ~ 5'800'000 Foreigners ~ 1'400'000 (2001)

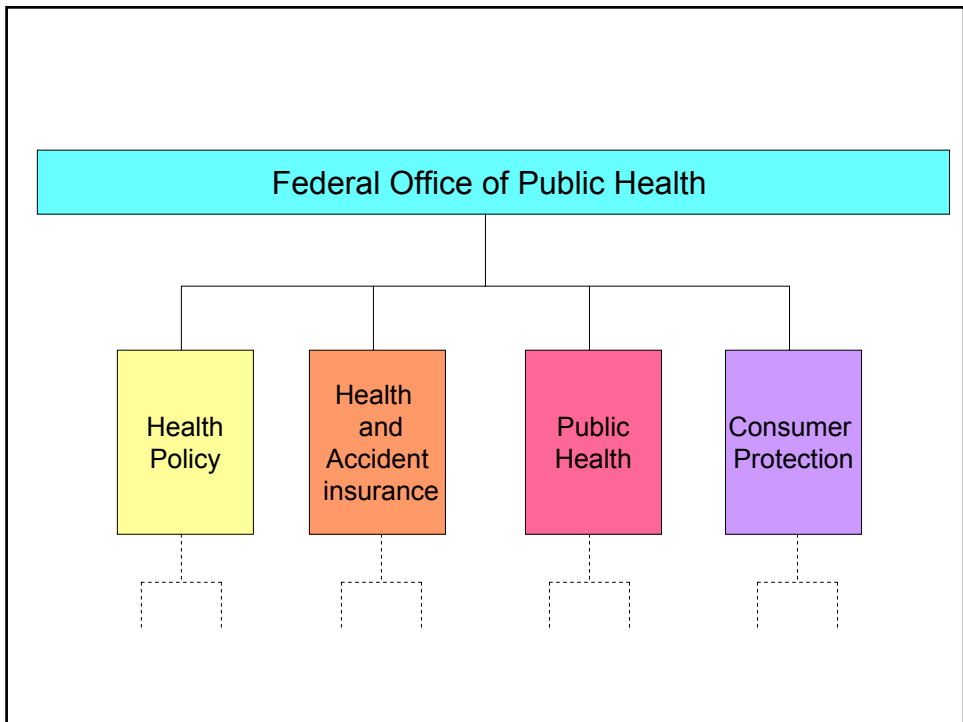
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## Switzerland : 4 languages







**Responsibilities of cantonal authorities within the health system**

**In the absence of federal legislation, the cantonal authorities are responsible for taking measures to protect health**

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# Fighting against infectious diseases in Switzerland

## Federal Constitution of the Swiss Confederation

### Art. 118 Protection of health

- **Within the limits of its powers, the federal government shall take measures for the protection of health.**
- **It shall legislate on :**
  - a. the handling of foodstuffs and of therapeutic products, narcotics, organisms, chemicals and articles that may be dangerous to health;**
  - b. Efforts to combat communicable, widespread or malignant human and animal diseases;**
  - c. Protection against ionizing radiation.**

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# Fighting against infectious diseases in Switzerland

## 2. Law

### Communicable diseases Epidemics Law

- ▶ **Measures to be taken by the federal authorities**
- ▶ **Measures to be taken by the cantonal authorities**
- ▶ **Measures to be taken by physicians, hospitals and laboratories**
- ▶ **Judicial practice and penalties**

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# Communicable diseases the Swiss surveillance system

## 1. Statutory notification system

- ~ 30 diseases / pathogens
- Physicians and/or laboratories
- Daily or weekly report



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# Communicable diseases the Swiss surveillance system

## 2. Swiss Sentinel Surveillance Network (voluntary)

- ~ 10 diseases (communicable, non-communicable)
- 2-3% of the physicians (generalists, internists, paediatricians)
- weekly reports

Physician > SFOPH > Extrapolation > weekly Bulletin, Internet

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## **Communicable diseases the Swiss surveillance system**

### **3. SPSU : Swiss Pediatric Surveillance Unit (voluntary)**

- ~ 40 clinics of paediatric
- ~ 10 rate paediatric diseases
- Monthly report

**Clinic > SFOPH > Research unit > yearly report**

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## **Communicable diseases the Swiss surveillance system**

### **4. The National reference centers**

- ~ 25 pathogens (viruses, bacteria, parasites)
- ~ 17 (university) laboratories
- Immediate – yearly report

**National center > SFOPH > yearly report**

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## **HIV/AIDS surveillance system**

**Anonymous AIDS case reporting since 1983**

**Anonymous HIV case reporting since 1985  
(when HIV testing became universally  
available)**

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### **Three-level HIV Laboratory Concept:**

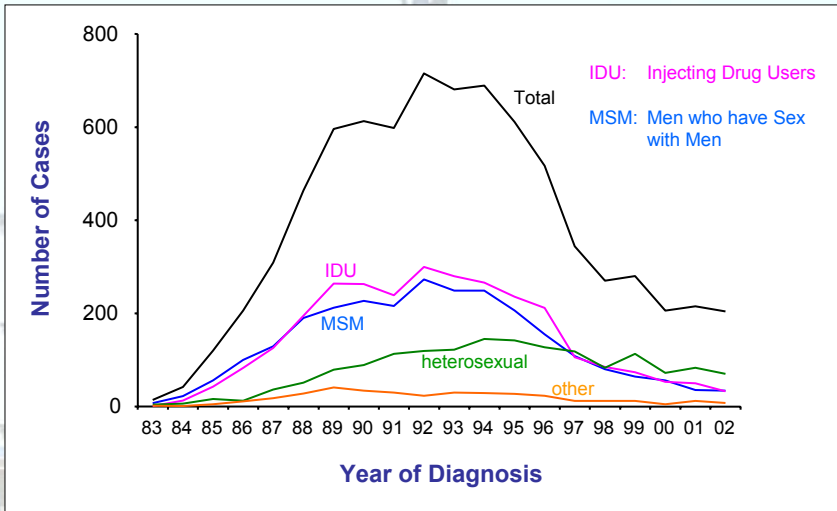
- 1. Screening Laboratories**
- 2. Each positive screening test is confirmed by one of ten specialised Confirmatory Laboratories**
- 3. Research and development of diagnostic tools by the National Reference Laboratory for Retroviruses**

**Defined quality standards for each level**

**No home testing allowed**

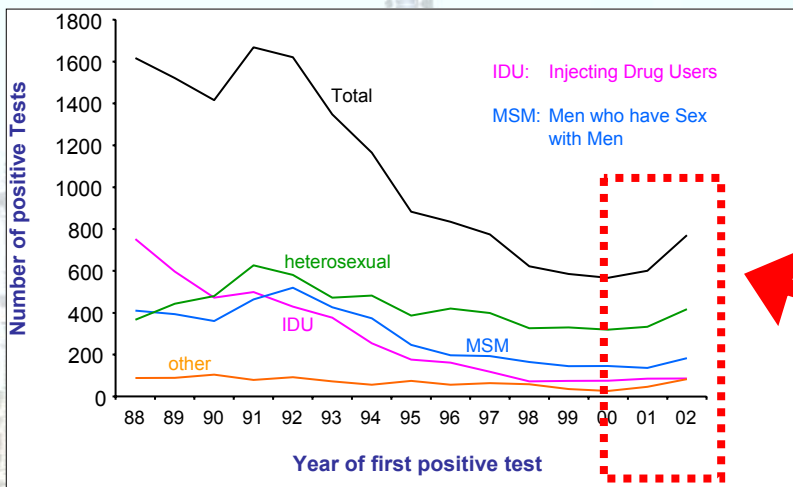
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## AIDS cases diagnosed in Switzerland by transmission group



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## Positive HIV test results in Switzerland by transmission group



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# National strategy

**Collaboration between governmental and non-governmental organisations**

**Overarching goals:**

- 1. To prevent the spread of HIV**
- 2. To reduce adverse impacts in people with HIV/AIDS**
- 3. To promote solidarity and acceptance**

→ **National HIV/AIDS Programme**

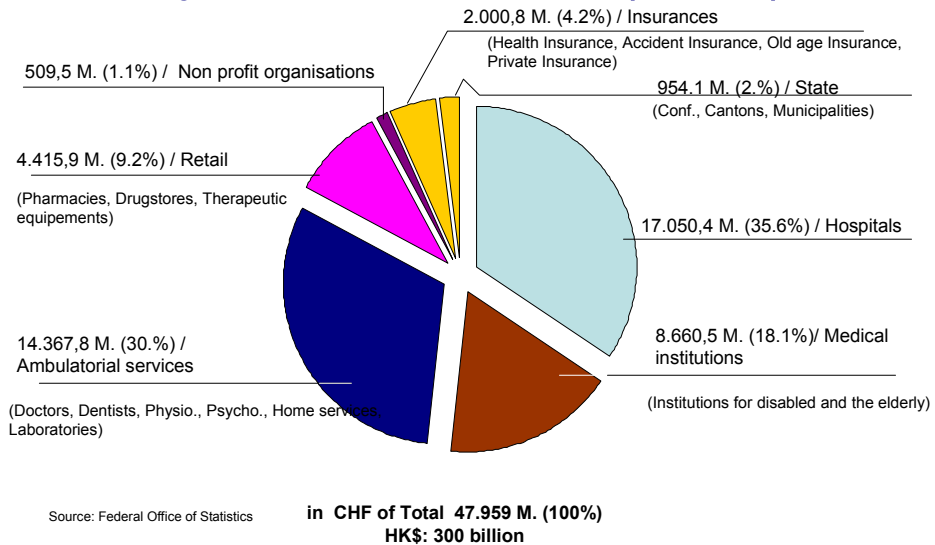
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A graphic for a 'STOP AIDS' campaign. The word 'STOP' is on the top line and 'AIDS' is on the bottom line, both in large, bold, black, sans-serif capital letters. The letter 'O' in 'STOP' is replaced by a realistic, 3D-rendered red condom with a white latex sheath. The background is a light blue sky with a faint, semi-transparent image of a grand building with a central dome and two side towers, similar to the one in the top slide.

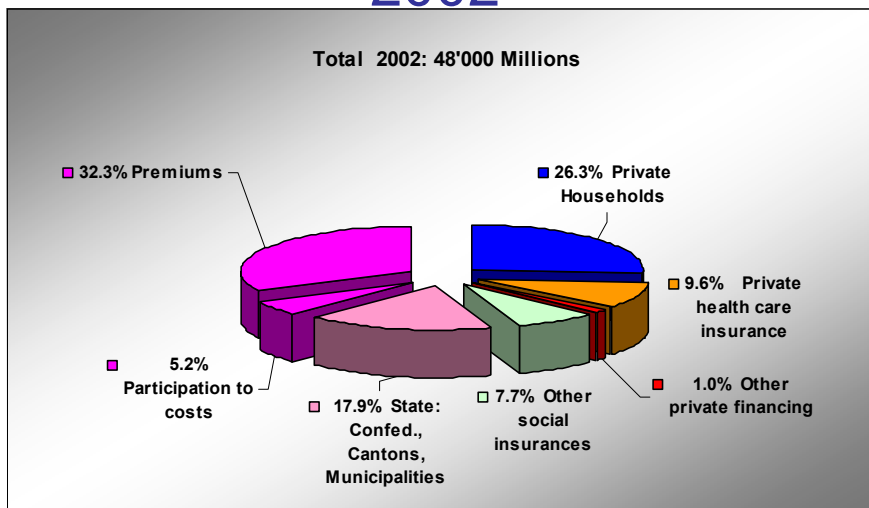
**STOP  
AIDS**

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# Components of health care system and costs (2002)



# Financing of the health sector in 2002



## Specificities of the Swiss health care system

- Individual premium system (no participation from the employer, no aid for families)
- Dualistic Hospital financing
- Reimbursement according to the services used, no limit per case
- Obligation to ensure
- Risk sharing (among the insured)

## 3 Objectives of the health care insurance

- Enhanced Solidarity
- Cost control
- Maintaining a high quality service

## Principles applying to compulsory health insurance premiums

- Every person living in Switzerland is insured
- Same premiums for women and men independently of age in the same region (exceptions are children and teenagers)
- Possibility of choosing particular insurance types
- Accident risk must be insured apart for those not working

## Participation of individuals to costs

In addition to insurance premiums:

- Participation to costs of 10 %, max. CHF 700.-
- Franchise of CHF 300.-
- Possibility of choosing a higher franchise and/or a restricted choice of suppliers (which implies a lower premium)

## Rules applying to all health insurers

- Obligation to insure everybody
- No risk selection
- No profit
- Possibility of offering supplementary insurance services
- Institutional and technical control from the FOPH

## Conclusion on Swiss health care system:

- Mix between state planning and market mechanisms
- Contractual principle to be strengthened
- Cost's rise is comparable to similar countries
- High costumor satisfaction with high level of costs
- no universal quality control system



**Switzerland and Hong Kong  
have many similarities**

**--> Scope for more collaboration**

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