

spectra

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International

2 Switzerland's health-related foreign policy

Diseases do not stop at national borders. The more global the world and the more mobile its population, the greater is the need for international cooperation on health issues. To satisfy this growing need, Switzerland has created a tool: the Swiss Health Foreign Policy (HFP). The HFP aims to help promote the cross-border exchange of experience and the dissemination of best-practice models, step up contacts with key partners – specifically the EU and our neighbouring countries – and represent the wide range of Swiss interests in the healthcare sector. These include Switzerland's engagement at various levels and in numerous commissions and organisations, particularly in the EU and the World Health Organization (WHO).

2 WHO Europe's physical activity strategy

There is a widespread lack of physical activity. For instance, more than a third of people living in Europe do not take enough exercise. In Switzerland, around 41% of adults and 19% of children and adolescents are overweight. But because physical activity is a key factor in preventing noncommunicable diseases, the WHO Regional Office for Europe has launched a strategy aimed at motivating people to take more exercise. The goal is to reduce physical inactivity by 10 percent within ten years. We compare the five priority action areas and show where and how Switzerland actively promotes physical activity.

4 Interview with Gauden Galea

To counter the further spread of chronic diseases, the Swiss government is currently drawing up a national strategy on the prevention of noncommunicable diseases (in short: "NCD Strategy"). In this interview, Dr Gauden Galea, Director of the Division of Noncommunicable Diseases and Promoting Health through the Life-course, WHO Regional Office for Europe, acknowledges the value of the Swiss strategy from an international viewpoint. According to Galea, Switzerland deserves a great deal of credit for its control of risk factors. For instance, its National Nutrition and Physical Activity Programme and its Tobacco Prevention Fund have had a positive impact throughout the whole European region.



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Switzerland's health-related foreign policy: which objectives does it pursue?

Swiss Health Foreign Policy. The process of globalisation and the internationalisation of the public health sector generate a great demand for coordination between health, foreign and development policies. In order to ensure Switzerland's capability to be a convincing partner with a coherent position and to represent its interests in the best way possible, the Swiss Health Foreign Policy (HFP) was approved in 2012 to serve as an instrument for this coordination. Thematic areas such as transport, environment, energy, security and global health are increasingly important topics in international relations. They play a substantial role in the sustainable development of societies, and can therefore no longer be addressed in isolation – nor be restricted to a state's territory. Thanks to its HFP, Switzerland is well equipped to formulate and implement a coordinated and coherent health policy approach at both national and international levels. In addition, health is a useful tool for strengthening and further developing our international relations with key partners.

The third stakeholder conference of the Swiss Health Foreign Policy (HFP) took place on September 1st 2015. This platform is the HFP's latest established body. It convenes some fifty different civil society organisations with an interest in international cooperation in the health sector. Networking venues of this kind enable discussion, shaping and consolidation of Switzerland's position in the international health context. Traditionally, global health issues were primarily discussed within the framework of the World Health Organisation (WHO). Recently however, about 175 international organisations, private actors and public-private partnerships surfaced in the global health area: The Vaccine Alliance (Gavi) and the Bill & Melinda Gates Foundation are amongst the most prominent ones. These new influential players have often more financial resources at their disposal than the WHO or national ministries of health. The HFP is an enabling instrument to respond to the increasing complexity of the challenges posed by global health. Its approval by the Swiss government in 2006 and renewal in 2012 gave Switzerland



land pioneer status. Germany followed our example in 2013, and other countries are expected to follow suit.

The twenty objectives set in the HFP are geared around three main areas of engagement:

1. Greater coherence in our commitment to global health

The main objective of all our activities at the international level is to promote Switzerland's various interests related to health.

First and foremost, they are public health interests. These may, however, overlap or even conflict with other interests, such as commercial or economic ones, Switzerland's policy on the European Union, the protection of intellectual property, or our solidarity commitment to development aid which aims at alleviating global poverty. Our efforts to ensure a coherent position aim at converging these diverse interests and channelling them towards a shared goal: the improvement of both public and global health.

... within the framework of the World Health Organisation (WHO)

Interministerial working groups within the Federal Administration develop agreed positions on the most important

issues that are discussed in multilateral forums such as the World Health Assembly (WHA), which brings together Ministers of Health of 194 States in Geneva every year.

Key topics at the 2015 WHA included the evaluation of the WHO's response to the Ebola crisis and the establishment of new crisis management tools for pandemics (approved), the negotiations on a strategy paper regarding a "Framework of engagement with non-State actors" (decision postponed) as well as the question of raising the regular assessed contributions of Member States to the WHO's overall budget (rejected).

Even when engagement with non-State actors may seem trivial at first glance, the issue at stake is the weight that the WHO is willing to give to these actors in shaping global health priorities. Bearing in mind that the second-largest donor to the WHO after the USA is not another Member State but the Bill & Melinda Gates Foundation, it is essential to establish a framework that will protect the WHO against potential conflicts of interest. Switzerland, being the host state for a large number of international organisations, must participate in this discussion and champion respect for good governance. Our delegation therefore played a vigorous part during the ten days of negotiations on the margins of the WHA commissions. However, as it was not possible to bring the negotiations to a conclusion, the decision had to be postponed.

... in relation to thematic issues

Given the many pressing global health challenges, how can we define Switzerland's priorities? Our guidelines in this respect are the national objectives defined in the Health 2020 Strategy, which was approved by the Swiss government in January 2013. Our international activities are an extension of our national

measures and thus enhance their importance and resonance.

Accordingly, Switzerland was one of the first countries to play an active role in the "Global Health Security Agenda" (GHTA) framework, an initiative launched by the United States in 2014. One of the GHTA's priority actions is to combat antimicrobial resistance. In this context, Switzerland is committed to the "One Health" approach which encompasses animal, plant and human health as outlined in our National Strategy against Antibiotic Resistance (StAR).

In addition, Switzerland fosters the groundwork on dementia-related diseases at the international level. Hence, the FOPH has organised a number of workshops, notably in cooperation with the Organisation for Economic Co-operation and Development (OECD). A resolution for the World Health Assembly is currently being drafted which aims at raising awareness of the illness among Member States and thus helping to destigmatise it. Moreover, the resolution should give the related scientific research an additional boost. This work supplements and reinforces our National Dementia Strategy, which was approved by the Swiss government in 2014.

Further interesting examples of our activities in this regard include our work in the field of drug abuse, the fight against HIV/AIDS, as well as the health of the migrant population.

2. Strengthening relations with our key partners

Over and above multilateral topics, the HFP also intended to strengthen our relations with our key partners, namely the European Union and our neighbouring countries.

Switzerland has been pursuing the conclusion of a health agreement with the European Union for a number of years.

WHO strategy on physical activity launched

WHO Europe. In September, the WHO European Region approved the European strategy on health-promoting physical activity – the WHO's first ever physical activity strategy. Its target is to bring about a 10% reduction in physical inactivity among the population of Europe by 2025. Switzerland has played a major role in developing the WHO strategy and has already been active for years in the five action areas defined by the WHO as requiring priority. What are the WHO's goals and what has Switzerland already achieved in this respect? You'll find the complete article and full details at

www.spectra-online.ch



Issue and what has it already achieved?



Summit meeting of health ministers

Health ministers Hermann Groehe (Germany), Alain Berset (Switzerland), Alois Stöger (Austria), Lydia Mutsch (Luxembourg) and Mauro Pedrazzini (Liechtenstein) pose for photographers at the meeting of health ministers ("Health Quintet") held at Kleine Scheidegg on Friday, 22 August 2014. The meeting focused on quality assurance in healthcare and on efforts to improve transparency.

The negotiations had been suspended for a considerable period, but were resumed at the end of 2013. We are now about to finalise the corresponding text of the agreement. Once concluded, the agreement will enable Switzerland to participate in the European cross-border health security framework, the European Centre for Disease Prevention and Control (ECDC) and the Third EU Health Programme. The latter enables

interested Swiss institutions to team up with European partners and receive partial funding for innovative projects in the public health sector.

In addition to the European Union, Switzerland's most obvious partners are our neighbouring countries. Understandably, the need to work more closely together on health issues is greatest in border regions. In the Basel-Lörrach cross-border area, for instance, a pilot project allows patients residing in Germany or Switzerland to be treated on the other side of the border from where they live while having the costs covered by their health insurance. We are endeavouring to extend this possibility to the border regions with France by concluding a framework agreement on cross-border health cooperation. After prolonged negotiations, we hope to conclude the agreement before the end of 2016.

Apart from the practical aspects of cross-border issues, cooperation with our neighbouring countries also allows for exchanges at the highest political level. For instance, in August 2014 Switzerland organised the second meeting of the "Health Quintet", convening the health ministers of the German-speaking countries (Germany, Austria, Luxembourg, Liechtenstein and Switzerland). These meetings create a platform for in-depth exchanges on priority topics. A notable example was the Dementia Symposium held in Berne in early June 2015, at which around 100 experts from German-speaking countries exchanged views and experience on the challenges posed by this disease. The

third Ministerial meeting of the "Health Quintet" was held in Vienna last September and will be followed by joint efforts on the issue of medicine prices. Such meetings can play a substantial part in enabling important health-related issues to gain (additional) attention and visibility. As a case in point, the first International Patient Safety Day (17 September 2015) was the outcome of initiatives undertaken by German, Austrian and Swiss patient safety organisations, and supported by the ministries concerned.

3. Exchange of experience and best practices

Different countries often face similar problems, and exchanges of experience help us address public health challenges more effectively.

There are numerous and diverse sources of inspiration for developing new national measures. They include innovative methods for promoting physical activity among the public like the ones introduced by the London authorities during the 2012 Olympic Games or the establishment of a new centre in Berlin for quality of care. The development of a strategy for improving the mental health of young people in Austria is yet another specific example from which we draw inspiration.

Similarly, representatives of other countries regularly visit Switzerland to gain a better understanding of our approaches to problems and our best practices, and to seek inspiration from them. Many foreign delegations are keen to learn about our four-pillar policy on drug abuse. They are equally interested in our healthcare system as a whole, the way our medical insurance regulations work or how responsibilities are shared between the Confederation and the cantons.

Bottom Line

Achieving greater coherence, strengthening partnerships and increasing the exchange of experience: the Swiss Health Foreign Policy serves as an important bridge between national, European and global health-policy priorities by making our national policy goals heard beyond as well as within Switzerland. It allows us to introduce new topics and ideas to the domestic political debate and to maintain a network of bilateral and multilateral contacts. Since its introduction and institutionalisation, the HFP has enhanced its profile and effectiveness and achieved important objectives. However, while the diversity of the issues involved keeps increasing and their complexity grows, the resources to implement the HFP remain limited. Thus, the constant challenge is to focus on the concerns and partners that are expected to generate the greatest added value for public and global health interests.

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At first hand

The health problems of a specific population are not confined to its residential area. Viruses, for instance, do not have passports, nor do national borders stop them from spreading. In past centuries, states addressed health problems from a security perspective: the best-known examples are the Black Death, which decimated half of Europe's population within five years in the Middle Ages, and the 1918 Spanish flu epidemic. The introduction of quarantine for people with an infectious disease was one of the first reactions to such health threats.

Nowadays, when non-communicable diseases are the most common causes of death, there is no doubt that public health and global health are two sides of the same coin. In fact, they are interdependent. A state can master the challenges involved in protecting public health only by working closely with partners, either through bilateral dialogue with other governments or jointly, by means of concerted measures, in multilateral bodies or through cooperation among governments. Moreover, Switzerland depends heavily on foreign workers to ensure the proper functioning of its health system. For instance, half of all physicians practising in Switzerland have been trained abroad.

Finally, every health system needs to be continuously improved in order to ensure the optimum use of resources and the ability to respond more effectively to patients' needs. Good ideas often emerge outside rather than within an organisation. It is therefore important that we welcome inputs from other institutions, and that we exchange ideas and experiences with them in order to draw inspiration from best practices that have been developed elsewhere. In return, we should also be keen to share our own experience gained in Switzerland with our various partners.



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This issue of "spectra" is the first of two devoted to international affairs. To mark the *United Nations General Assembly Special Session on Drugs (UNGASS)*, the next issue (no. 112, March 2016) will be focusing on the international aspects of addiction policy.

Credits • No. 111, December 2015

«spectra – Prevention and Health Promotion» is a newsletter of the Federal Office of Public Health published four times a year in German, French and English. Some of the views expressed in it may diverge from the official stance of the Federal Office of Public Health.

Published by: Federal Office of Public Health, CH-3003 Berne, tel. +41 (0)58 463 87 79, fax +41 (0)58 464 90 33

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Translation: BMP Translations AG, Basel

Photos: FOPH, Hoigné, Fotolia, Keystone/Peter Klaunder

Layout: Lebrecht typ-o-grafik, 3006 Berne

Printed by: Bütiger AG, 4562 Biberist

Print-run: German: 6400, French: 3400, English: 1050

Individual issues and free subscriptions to «spectra» can be ordered from:
Bundesamt für Gesundheit,
Sektion Kampagnen, 3003 Bern

Next issue: March 2016

www.spectra-online.ch

«People make behavioural choices, we cannot deny that. But the creation of the environment is part of the State's responsibility.»

Interview with Gauden Galea.

Federal and Cantonal authorities joined Swiss Health Promotion on June 22nd at the NCD Stakeholders' Event to present and discuss a draft for a National Noncommunicable Diseases Prevention Strategy. Dr Gauden Galea, Director, Division of Noncommunicable Diseases and Promoting Health through the Lifecourse, WHO Regional Office for Europe, travelled from Copenhagen in order to show admiration for the Swiss model from the international perspective. Galea had special praise for the integrative aspects of the Swiss Strategy Draft, its solid basis on evidence, emphasis on prevention, and inclusion of economically disadvantaged and vulnerable population groups. He also commends the consultative and participatory process.

spectra: Dr. Galea, what do you think is worth exploring in the current draft of the Swiss noncommunicable disease (NCD) strategy?

Dr. Gauden Galea: As far as I can see, Switzerland is following extremely good practice; the country is very consultative, involving local governments, stakeholders, and civil society, and consulting the evidence and models from other nations. So your strategy is technically very sound. It is based on current evidence and practice on NCDs. The draft also has a strong equity focus with a lot of interest in identifying and targeting vulnerable groups. The scope of the document is very comprehensive, since it focuses on needs across the life cycle, and includes serious conditions that may not be traditionally defined as NCDs, not just relying on political or medical classifications. So the strategy doesn't just look at NCDs, but also at other conditions like muscular-skeletal disorders or dementia. And there is also a preventive bias; it puts more importance on population-based public health approaches than just on treatment. But even within treatment, it recognises the importance of improving the balance between tertiary care and primary care. The draft has all of these merits.

It also connects very well with the general principles of "Gesundheit2020" (Health 2020), which is the public health framework. On the other hand, the strategy document could do with recognising Switzerland's achievements a bit more. Switzerland is doing very well in many areas on risk factor control. The type of programmes you have put in place, such as the physical activity strategy, or the tobacco control fund, are aspects of your work that have had an impact on the rest of the European region. I recognise and thank Switzerland for supporting the European Physical Activity Strategy that we will present to the



Gauden Galea

September Regional Committee. Most prominently, the Swiss population's decreased mortality rate from circulatory diseases is significant. For the last thirty years there has been a steady reduction in deaths. The document would be improved by stating explicitly that Switzerland doesn't just put public health programmes in place because it has an aging population and high treatment costs, but also because the country is confident of its record of ongoing public health service over three decades. That is important.

One point of improvement I focused on was to consider how explicit the strategy can afford to be in terms of the governance processes and the politics of NCD. In my presentation there was some debate that I was presenting an «us against them» model of NCD and health interests versus the food industry. On the contrary, I think the food industry must be part of the solution. We need to see how the industry can get involved in helping to solve the problem of NCD by first recognising that they are part of the cause of many of these problems. Marketing directed at children of products that are high in fat, sugar, and salt doesn't happen just like that, someone in the company decides to do it in order to make money. There is a point where vol-

untary industry agreement and state intervention need to balance each other out.

Could you give us an example of what this could look like?

In Denmark they have a properly working agreement. Companies in the food industry realised that if they didn't manage to come to a voluntary consensus on regulation and adhere to it, they were likely to be facing state regulation. So companies banded together and produced a working model. They police themselves, they report, they follow up infringements.

Are there more examples in other areas?

Oh yes, this applies in many areas. Another area is trans fat elimination. Switzerland is one of only five countries in Europe that has a legal limit on trans fat, and we would like to see many more countries go towards very low legal limits or even ban trans fatty acids. These are areas where the food industry can help. An important aspect of working with the industry is that it needs to be accountable, and its behaviour needs to be internationally consistent. It cannot be that a multinational company behaves one way in Switzerland and another in

Eastern Europe for example. There has to be an open discussion of these matters.

From your outside view on our NCD strategy: What are the main challenges that Switzerland is confronted with in the next few years?

Switzerland is a very advanced country in terms of public health. It is part of a region in which practically every country has ratified the Framework Convention on Tobacco Control, and it is doing some very good independent work on tobacco control. Considering this, it is very astonishing that Switzerland hasn't ratified the Framework Convention. It greets visitors at the airport with obvious tobacco advertisements. With all respect for its many health achievements, and acknowledging that Switzerland is not the only country that goes back and forth with policies, I think this is a point Switzerland could improve by joining its neighbors and ratifying the Framework Convention.

What other countries in the region haven't ratified the Framework Convention either?

Only Monaco and Andorra. The vast majority of the population in the European Region is covered by the Framework Convention. The Swiss absence in that list is glaring. I think it would be worth it for Switzerland to revisit that omission, especially considering the tobacco control law and the good work that is being done.

But let me come back to future challenges. Due to the reduction of the mortality rate in the country, the challenge has now shifted towards providing ongoing care. As premature mortality declines and people live longer, treatment and care become more expensive, especially at the end of life. The solution to creating an appropriate incentive structure for organising and delivering good clinical prevention to me is almost a no-brainer. We have a population that is so elderly, and we are doing well with primary prevention for the healthy part of the population. Now the question is, how we can ensure that as much care as possible for chronic conditions happens in the community, with patients able to take care of themselves in partnership with well qualified and appropriately incentivised primary care providers? It's not for me to tell a country what model of payment it should follow. But some indices could be created to compare how much funding is going versus tertiary and primary care. This data could drive national agreement on the direction essential primary care interventions should take.

This is a short version of the interview. You can find the whole text on

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