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Prevention makes so much sense: for the individual, for society, and for our whole healthcare system

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The Federal Office of Public Health (FOPH) is the body responsible for safeguarding public health in Switzerland, developing national health policies, and overseeing the Swiss healthcare system. In an exclusive conversation, FOPH Director Anne Lévy discusses the key challenges facing the Swiss healthcare system today and highlights potential solutions as well as important fields of action.

In our last conversation at the beginning of 2021 you introduced the FOPH's Health2030 strategy, focusing on technological and digital change, demographic and social trends, preserving high-quality and financially sustainable healthcare coverage and creating opportunities for a healthy life. Four years on, what progress has been made on these four fronts in Switzerland?

Let's look first at what we have. In any international comparison, Switzerland has an excellent healthcare system. A system that enables our population to get the treatment they need, promptly and to the latest medical standards. A system that leaves nobody behind, regardless of their financial situation. And a system that gives our country one of the highest life expectancies in the world.

It's also a system that is clearly under pressure. And one that needs a joint response to the challenges it faces from everyone involved. That's true of both our need to contain our costs and

our need for further rapid progress on the digitalisation front. It also applies to our need to strengthen basic medical care and the security of medicinal supplies. These are all issues that are very much on our minds – and issues in which we've taken clear steps forward over the past few years. I will go into them in more detail. But first I'd like to look at another important key focus: prevention.

Prevention is a vitally important approach, and one we cannot afford to overlook. Our new revised Tobacco Products Act finally came into force on 1 October. The new Act prohibits the provision of cigarettes, e-cigarettes and other tobacco or nicotine products to anyone under 18. This gives us the same minimum age for all these products in all our cantons nationwide.

Why is this important? Because the consumption of tobacco is still causing huge costs. The medical treatment costs alone are as high as CHF 3 billion (around USD 3.5 billion) a year. This is why it's also vital that our Swiss Parliament acts consistently to address the concerns behind the recent 'No Tobacco Advertising to Children and Adolescents' popular initiative. In health policy terms, it's crystal clear: if we can substantially reduce the spread of smoking among adolescents, this will have hugely positive long-term effects – not only on the health of those youngsters in their adult years, but also by easing the burdens on our healthcare system.

What we have to remember here is that some 80 percent of healthcare costs derive from non-communicable diseases – illnesses such as diabetes, cardiovascular disease or dementia. Various studies have shown that half of the cases concerned could have been avoided with healthy lifestyle, the right parameters and efficacious legislation. This is why I am convinced that prevention makes so much sense: for the individual, for society and for our whole healthcare system.

Around CHF 1.5 billion (about USD 1.75 billion) has been saved through medicine price reductions since 2012. But Swiss healthcare costs continue to rise. Can Switzerland realistically balance high-quality care and cost control, or are we reaching a breaking point where significant service reductions may be inevitable?

I'd like to come back again to the high quality and availability of the Swiss healthcare system. This quality comes at a price, of course. Medical advances bring crucial benefits, but they also add to the rising costs. As do population growth and the general ageing of our population. This is why we need to adopt a range of cost containment measures that can actually complement each other.

You have to keep in mind that our healthcare system consists of many different players. A lot of its provisions are regulated at the cantonal level. Our country also has around 200 acute-care hospitals, more than 40 health insurance schemes, thousands of doctors' practices, an extensive nursing sector, numerous associations and an important pharmaceutical and med-tech industry. All of these factors contribute to the quality of healthcare in Switzerland, but all of them are also keen to see their interests duly considered. Ultimately everyone involved has to play their part. And focus on actions that help to reduce costs all while maintaining quality. We can do this by coordinating care more effectively, by avoiding duplication, unnecessary treatment and over-medication and by tempering the rise in certain fees.

Where we have the authority to do so, the Federal Office of Public Health has also been taking actions to help contain healthcare costs. In addition to the cost reductions on medicines that you mentioned, we also introduced incentives to use lower-cost generic medicines and biosimilars at the beginning of this year. We see annual savings potential here of up to CHF 250 million. Additionally, health technology assessments (HTAs) are having quite an impact, too. HTAs offer a way to systematically evaluate a medical procedure or technology for its effectiveness, its appropriateness and its economic efficiency. The 20 HTAs that we have completed to date are already helping us save more than CHF 90 million a year.

Another immensely important action is the reform towards a standardised financing of all healthcare services, which Swiss voters will be asked to approve on 24 November. The reform proposed would eliminate the disincentives that currently favour inpatient treatments, even though outpatient treatment would often make more medical sense and would be more cost-effective, too. If this financing is standardised, people would benefit from the resulting savings through their health insurance premiums.

Switzerland's healthcare system is one of the best in the world. But in terms of digitalisation, it lags behind other nations. Why has this been the case? And, as a vocal advocate of healthcare digitalisation, how do you envision the 'Digisanté' programme streamlining patient care and reducing inefficiencies?

The 'lagging behind' that you refer to is the product of two particular factors. The first is that Switzerland has never been a digitalisation pioneer: we still don't have a state e-ID. And the second is that healthcare systems all over the world have been less well digitalised to date than, say, the banking sector.

In contrast to 2021, though, the electronic patient record or EPR is now available Swisswide. The EPR's benefits are undisputed. By bringing together all the relevant information about a patient's health, it can tangibly improve the quality of the medical care provided – to a patient with chronic illnesses, for example. The EPR also improves the efficiency of the overall healthcare system – by preventing information from getting lost, or by avoiding unnecessary repetitions of medical procedures such as X-rays or laboratory examinations.

I would agree with the critics of the EPR that it is less than perfect in its present form. We still have too few institutions signed up to it and too few individuals using it. But we're working on this, partly by expanding its usability to areas such as electronic vaccination certificates or e-medication plans, and partly by undertaking a comprehensive revision of the relevant legislation which should facilitate its further development. This includes providing a centralised technical infrastructure for the EPR under federal responsibility.

Here, too, we need to make a distinction. Most Swiss doctors' practices and all Swiss clinics have digital information systems. The problem is that these systems don't all use the same data standards, so all the data concerned have to be pretty much newly entered for each new system. That results in an unnecessary loss of time. And it's a major source of errors, too. We want to ensure that all the appropriate healthcare information can be sent with a single click from a clinic's information system into the relevant EPR. To do that, though, we need shared and binding data standards which enable health data to flow seamlessly and securely from one system to another. And this is where Digisanté comes in, the programme to promote the digital transformation of the healthcare sector which the Swiss Confederation launched in 2022 and which will move into its implementation phase at the beginning of next year.

Digisanté is intended to achieve four strategic objectives on behalf of the entire healthcare system: to digitalise, standardise, anchor and orchestrate. I'm convinced that, within the next ten years, we'll be clearly benefiting from all the efficiency gains that derive from having systems better interlinked. The digitalised healthcare data that Digisanté provides should also make such data more easily available to the research field. Subject, needless to say, to the requisite patient consent. For this, of course, we need not only the right technical infrastructure but the right legal framework, too. Which is why this is also part of the Digisanté programme.

Switzerland is increasingly reliant on China and India for essential medicines. Moreover, antibiotics and vaccines are frequently in short supply, but the federal government has

been slow to secure more robust domestic production capabilities. Is this a ticking time bomb for the healthcare system? And what concrete steps are being taken to ensure long-term security?

Supply shortages of medication are increasing all over the globe, and Switzerland is no exception. They particularly affect more inexpensive off-patent medicines such as the antibiotics and vaccines you mentioned. The concentration of vital steps in the manufacture of these products at a handful of Asia-based suppliers is a key reason for this.

What's more, Switzerland is a small market. So, when they develop an innovative new medicinal product, the global pharmaceutical companies will sometimes omit to apply for its licensing in Switzerland, or will only do so at a later date. Our actions here can also be quite a balancing act. The Swiss Confederation wants to ensure that such innovative new medicinal products are made available to Swiss-based patients as swiftly as possible. But at the same time, we owe it to our population to conduct the corresponding price negotiations as carefully as we can. After all, the costs of medicines now account for more than one-fifth of total healthcare costs.

The Federal Council approved a raft of measures at the end of August that should help to safeguard the availability of essential medicines. These actions include increasing Switzerland's compulsory stocks of such medicines to better bridge short-term shortages. A further measure should ensure that, in the event of a shortage of a particular medicine affecting large groups of patients, alternative products which have not yet been approved for use in Switzerland could be made exceptionally available for a specific limited period. The approval process should also be facilitated in certain cases. And should a particular medical drug become only available to a limited extent, the Federal Office of Public Health should exceptionally be able to not insist on price reductions. Requests for price increases can already be made today.

The Federal Council has also tasked the Federal Office of Public Health with devising a proposal for rewarding companies that invest in ensuring the reliability of their supplies of essential medicinal products. The Federal Council has also discussed what actions could be taken to further strengthen such reliability of supply in the event of a pandemic.

All the many challenges that our healthcare policy faces have one thing in common, though: we can only meet and master them together, through dialogue and by consensus.

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