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Health2030 – the Federal Council's health policy strategy for the period 2020–2030

2030

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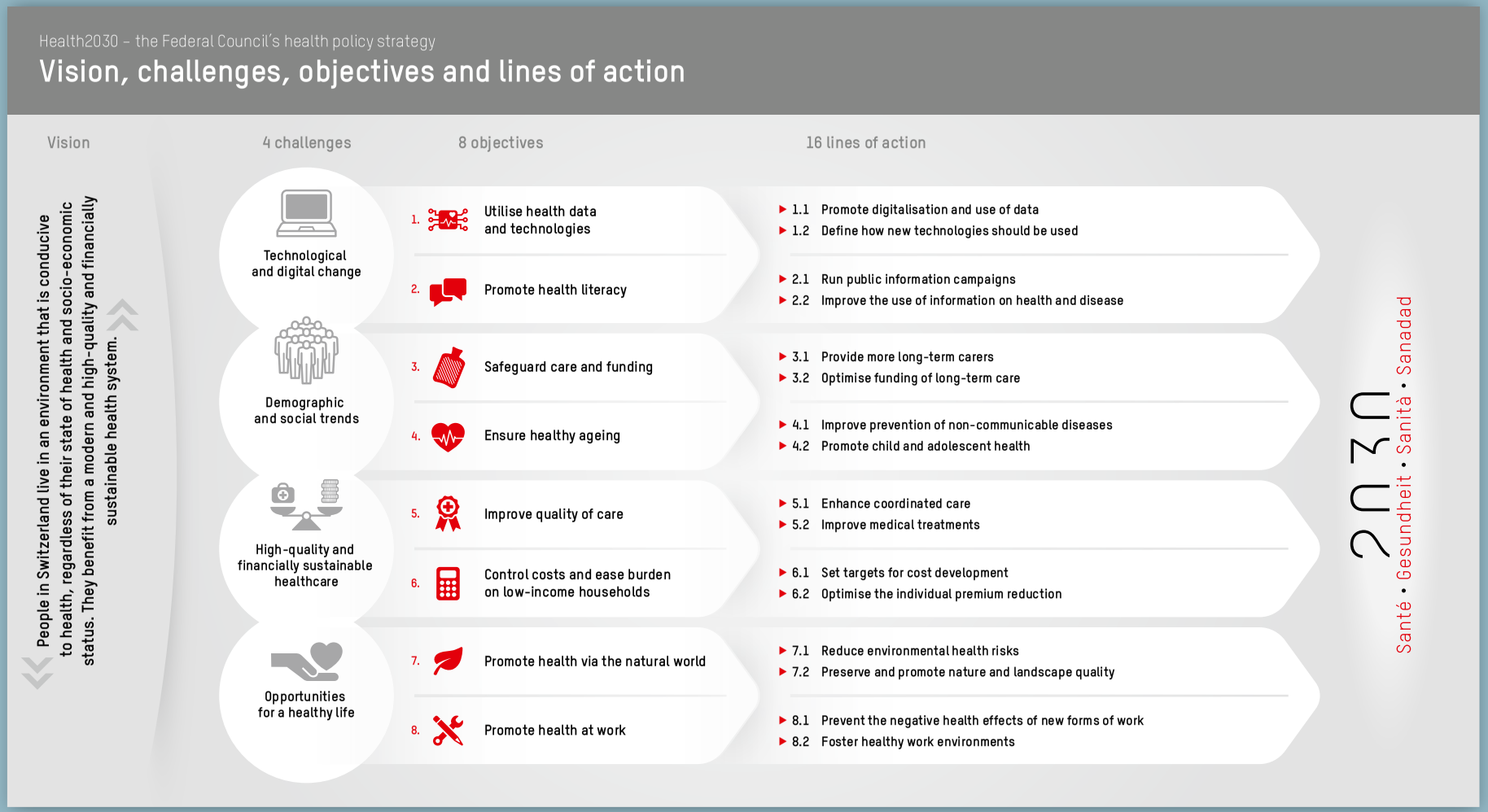
Health2030 at a glance



1 Background

In January 2013, the Federal Council adopted and launched the Health2020 strategy. Six years later, in December 2019, it put forward the Health2030 strategy, which updates and develops its forerunner on the basis of its achievements and the experiences gained from it. Unlike Health2020, the Health2030 strategy will no longer cover the full range of health policy concerns, but instead focus on a number of clear priorities. Its objectives and measures will be formulated on the basis of existing statutory responsibilities and the health strategies adopted by the Federal Council. Health2030 will include objectives that extend beyond those of traditional health policy. This approach is in line with the Sustainable Development Goals in Agenda 2030, which forms part of the government's sustainable development strategy.

2

The Swiss resident population and its health system today

Thanks to the work of the Swiss Federal Statistical Office and the Swiss Health Observatory, Switzerland possesses detailed reports on population health, health behaviour, healthcare provision and the factors influencing health. Some selected aspects are presented below. Among the major challenges the Health2030 strategy poses in the next ten years is to maintain the very good health status of the population and to improve quality of life.

The **health status** of the Swiss population is very good compared to other countries.[1] Over 80% of people living in Switzerland perceive their health status as good or very good. Life expectancy at birth is 81.7 years for men and 85.4 years for women.[2] Around 70 years are lived in good health;[3] in later years, people tend to suffer from health problems and chronic diseases that often require intensive treatment.[4] While new cases of cancer can occur at any stage of life, the risk increases in old age. The number of new cases of cancer and cancer-related deaths has increased among men and women in recent years.[5] Cancer incidence rates, adjusted for the ageing population, have remained stable for women and have fallen for men. The number of dementia cases has been increasing for some years.[6] These trends will become more marked in the future as the population continues to age.

Although the health situation in Switzerland is very good by international comparison, the risk of developing diseases that can shorten life[7] or impact quality of life[8] could be reduced. These include cardiovascular diseases, cancer, diabetes, musculoskeletal disorders, respiratory diseases, dementia and mental illness. Key to this is individual **health behaviour** and conditions conducive to a healthy life. Some 9,500 people still die every year in Switzerland from the effects of tobacco consumption.[9] The proportion of the Swiss population that is obese increased significantly in the past, but has been stable since 2012.[10] The proportion of the population taking sufficient exercise increased between 2002 and 2017.[11] A particular challenge is the increasing

prevalence of mental illness, which often has a significant impact on the friends and families of those affected. The proportion of people in Switzerland with moderate to severe symptoms of depression has increased in recent years and is now at almost 9%.[12] Meanwhile, the number of non-assisted suicides has fallen slightly in the last 15 years.[13]

The factors that influence health status **(determinants of health)** can be improved. For example, some 30% of Switzerland's resident population is exposed to high levels of noise pollution[14] and since 2013 the economic pressure on households has been steadily increasing.[15]

Healthcare: High-quality healthcare not only contributes to the maintenance of public health, it can also prevent unnecessary costs resulting from complications, inappropriate care or a high rate of workplace absences. 71% of the population describes the quality of the Swiss healthcare system as good or very good, with the remaining 29% rating it as at least quite good.[16] However, there is still a lack of transparency regarding the quality of services provided. Information on this is either not collected or is sketchy and difficult to understand at population level.

Compared with other countries, the Swiss health system has average to above average infrastructure. The number of hospital beds per 1,000 inhabitants is in line with the OECD average.[17] The number of computed tomography (CT) and magnetic resonance imaging (MRI) units exceeds the international average.[18] Doctor density is 4.3 per 1,000 inhabitants (OECD average: 3.4),[19] while nurse density is 17.2 per 1,000 inhabitants (OECD: 9.0)[20]. As Switzerland does not train enough healthcare professionals, the proportion of healthcare workers from abroad is high. However, not all vacancies can be filled. It is striking that some medical interventions are carried out much more frequently in Switzerland than in other countries. These include, for example, hip and knee replacements and caesarean sections.[21]

Healthcare costs: Healthcare costs have been rising for many years.[22] At 12.3%, Switzerland's health spending as a share of GDP was the highest in Europe in 2017.[23] Since the Health Insurance Act was introduced in 1996, expenditure under the compulsory health insurance scheme has risen from CHF 12.5bn to CHF 32.5bn in 2018 (including out-of-pocket expenses).[24] This equates to an average annual increase per insured person of 3.7%. Added to this are tax payments from the cantons which are used to subsidise hospital services and other service providers. The burden on households has sharply increased as a result,[25] with low-income households that do not receive a premium reduction the hardest hit.[26]

Health economy: The health system is one of the largest branches of the economy in Switzerland. It is therefore also a major employer, with 622,00 persons employed.[27] It includes a number of highly innovative sectors which are also major players in the export industry. Moreover, the services provided by the health system are vital to the productivity of workers in all sectors of the economy.

3

Experience gained from the Health2020 strategy

The Federal Council approved the Health2020 strategy on 23 January 2013 and since then has been working with all partners across the health system in implementing it. Health2020 comprises four priority areas, 12 objectives and 36 measures. The measures are being implemented in more than 90 projects (cf. https://www.g2020-info.admin.ch/), 23 of which are already complete. Every year, health system players convene at a national conference to review what has been achieved and to discuss future challenges. Progress is measured annually by means of indicator monitoring. An analysis by external experts has revealed the strengths and weaknesses of the Health2020 strategy.

At the end of 2019, positive results can be drawn from the Health2020 strategy. It has provided the first ever comprehensive overview of health policy. It has successfully combined a large number of federal activities under one strategic umbrella, thus making them clearer and easier to understand for the wider public. The thematic breakdown and the highlighting of interrelationships provide better orientation for all partners in the health system. The annual national conference has encouraged dialogue and networking among stakeholders. Health2020 has provided a transparent progress-monitoring system for health policy. Most importantly, a variety of measures have been implemented that have had a positive effect on the health of the Swiss population and on the healthcare system.

However, certain points in the design and implementation of the Health2020 strategy need to be optimised going forward. On account of the thematic diversity of Health2020, focusing and prioritising activities has been a challenge for Parliament and stakeholders. There has been little consideration of the determinants of health that lie beyond the healthcare system in a strict sense, such as environment and employment.

4 Health2030 vision

The Health2030 vision provides the framework for the strategy. It is designed to highlight what the federal government aims to achieve with its health policy in the coming years.

Vision

« People in Switzerland live in an environment that is conducive to health, regardless of their state of health and socio-economic status. They benefit from a modern and high-quality and financially sustainable health system. »

Vision Health2030

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One of the main functions of the State is to preserve and promote the population's quality of life. This includes the constitutionally enshrined protection of health and personal development. Good health is key to a person's quality of life and to being able to live in dignity; this is true at all stages of life. It is set to play an even greater role in future, as technical advances create new diagnostic and treatment possibilities that will further blur the boundary between what is considered sick or healthy. A person's socio-economic status also has an impact on life expectancy and health.

The Health 2030 vision includes reducing the negative impact of low socio-economic status on health.

Going forward, the whole of the population should continue to benefit from technological progress in medicine and healthcare. Costs must be distributed appropriately, transparently and fairly, and nobody should be excluded.

5 Principles

The Health2030 strategy follows six principles:

- It aligns the federal government's health policy with the future challenges facing the health system.
- It is geared to people's needs and expectations regarding a healthy life and good healthcare.
- It clearly sets out the federal government's health policy and indicates the areas in which other health policy players bear responsibility. It assumes that the current division of tasks and responsibilities between Confederation and cantons will continue.
- Its measures are selected on the basis of their problem-solving potential and feasibility. The standard principle of competition upon which the system of compulsory health insurance is based will be developed further.
- It takes international health policy developments and best practices as a frame of reference.
- It expands on and updates the existing Health2020 strategy.

A number of challenges have been identified to provide a framework for the objectives and lines of action when implementing Health2030. The respective lines of action are crucial to successfully mastering the challenges. When defining the lines of action, the Federal Council was guided by the following three criteria:

- Impact of the measures on public health and on healthcare costs
- When the desired effects would occur
- Likelihood of the policies being implemented

6

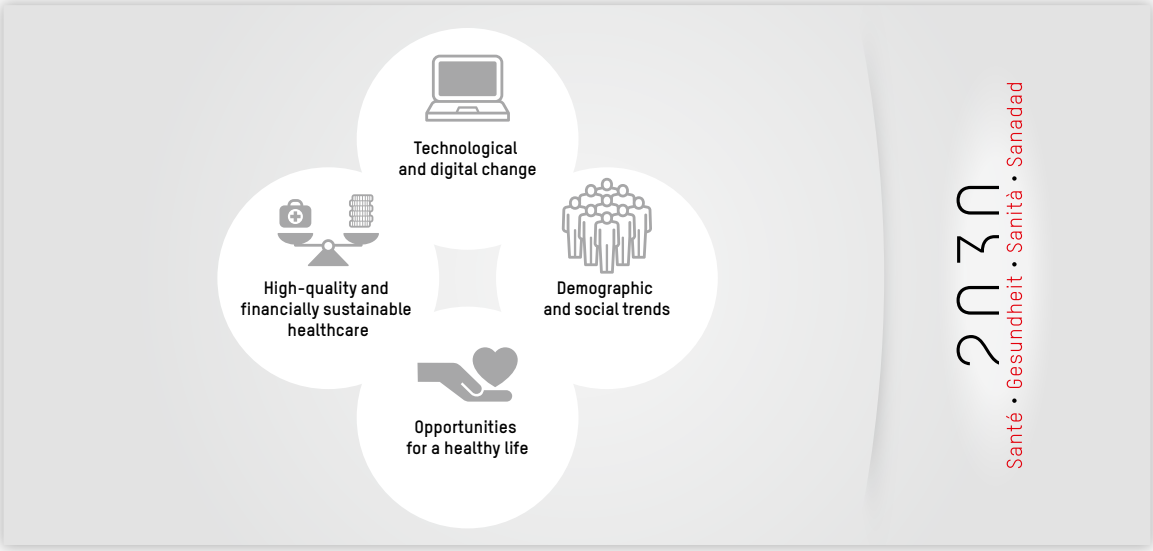
Challenges, objectives and lines of action in the coming years

Swiss health policy faces many major challenges in the next ten years. Many of these were already addressed in the Health2020 strategy (rise in incidence of chronic diseases, need for change in healthcare structures, ensuring financial sustainability and lack of transparency and manageability). Health2030 focuses on the four most pressing challenges:

- technological and digital change
- demographic and social trends
- preserving high-quality and financially sustainable healthcare provision
- positively influencing the determinants of health

Each of these challenges entails various problems. Priorities need to be set in the Health2030 strategy in order to provide a focus.

4 challenges



6.1
Technological and digital change

6.1.1 What does this involve?

Technological progress affects the opportunities people have to lead a healthy life and to be co-creators of their own health, in various ways. Firstly at a personal level, with new possibilities for prevention and early detection (e.g. genetic tests), health protection, diagnosis, treatment, care (e.g. robot nurses) and rehabilitation. New technology is changing the way patients make decisions by equipping them with additional knowledge about their disease, and by providing instruments such as mobile health and quantified-self apps. Secondly, technological change is impacting the health system with the emergence of new processes (e.g. algorithm-based decisions/decision-making aids), structures and forms of collaboration (business models such as telemedicine). Third, technological progress leads to productivity enhancements and thus contributes to GDP growth. This pushes up incomes among a large section of the population, which in turn results in improved health equity, increasing access to health services where required. The healthcare economy thus also benefits from market opportunities for new technologies. Two key challenges posed by the technological shift in the field of medicine should be highlighted:

New therapeutic and diagnostic possibilities: Scientific progress is being made in genetics at a rapid pace. A deeper understanding of the causes of genetic disorders and the improved characterisation of vectors (micro-organisms deployed for gene therapies) are enabling new diagnoses and interventions. In addition, genome editing opens up new ways of treating diseases (e.g. somatic cell gene therapies), and creates opportunities to cure hereditary disorders caused by a genetic defect (somatic gene therapy) or to prevent the genetic defect being passed on (germline gene therapy). Ethically speaking, the latter is highly controversial and is still illegal in Europe and internationally. The use of gene drives can play an important role in reducing or eliminating infectious diseases that are transmitted by insects (e.g. malaria and dengue). The long-term effects of genetic engineering on human health and the environment are unknown, but do harbour risks.

New possibilities in genome editing: In our performance-orientated society, there is a growing desire to improve individual performance based on new findings in genetics (human enhancement, e.g. in the fields of intelligence, sport, music). Undesirable characteristics such as hereditary diseases and other genetic traits could be prevented or modified through genetic engineering.

Both developments lead to key ethical questions, such as: What is a good life? What are the limits of a genetic intervention? What are the long-term effects of such interventions? Will redefining ownership rights to genes change access to new therapies (e.g. extending the patentability of genes)? How will these developments impact

data protection (i.e. the individual right to determine how your own personal data is divulged and used)? Will we continue to defend the current right not to be aware of genetic predispositions and not to want to do anything about potential illnesses or future disabilities? The increasing difficulty in anonymising data and the potential loopholes in protection and security mean there is a greater risk of unauthorised access to sensitive data. The new technological possibilities and resulting lack of clarity around what is understood by "healthy" and "sick" may trigger uncertainty.

As part of the technological shift, **digitalisation** will have a lasting impact on the development of the health system in the coming years. The driving factors are rapid, partly automated health data entry (including as a by-product of services such as Google); new insights from systematic analysis of this information (e.g. using big data methods/algorithms); the availability of treatment-related information at anytime and anywhere; and the partial replacement of human activities with new technologies (artificial intelligence, robotics). Digitalisation is as much about changes in infrastructure as about changes in culture. It throws up major challenges: efficiency and quality enhancement; data protection; security; secondary use of data (e.g. for research); coordinated digitalisation; education; empowerment of the population; equality of opportunity; work culture and the way digitalisation is organised (e.g. disruptive innovations).

The technological changes are not limited to the health system; they will have a deep and lasting impact on the whole of society. This will require broad-based social dialogue. Particular attention should be paid to the way in which the developments impact the roles of men and women in the health system.

6.1.2 Priorities in Health2030

Health2030 focuses on the following selected challenges:

Opportunities and shortcomings of genome editing

Interventions in human genetic material have far-reaching implications for human health. Society and policy makers are faced with key questions regarding the desire not only to cure illness, but also to overcome the biological limits of human existence (human enhancement). Questions about equal access to new technologies, combating communicable and non-communicable diseases and financial viability also need to be clarified.

Possibilities and shortcomings of the right to data protection

The growing understanding of individual genetic composition, the ready availability and possibility of linking the corresponding data, and the ability to analyse information for prevention, therapy and selection purposes offer people ever better opportunities to be co-creators of their own health. However, the new possibilities raise important legal and ethical questions, e.g. in relation to data protection and the right not to know.

Utilising the opportunities of disruptive innovations, identifying risks in good time

Partially substituting human activities with artificial intelligence and robotics will permanently change the nature of the health system. These developments also create opportunities to address existing challenges, such as inappropriate treatment due to a lack of evidence and a lack of skilled workers.

Harness the potential of health data

Never have there been so many possibilities for collecting, compiling and linking up health data. Health data are important, both for medical research and for efficient and optimal organisation of healthcare, and for maintaining and improving public health. Digitally connected consumers want to become active, informed and demanding participants in the healthcare system. Adequate account must be taken of data protection so that the advantages of data linking can be utilised.

Coordinated digitalisation

Digitalisation in the health system must be coordinated between partners and allow the multiple use of data and infrastructures. Only through such coordination can further efficiency gains be achieved so that once data are collected, they can be used for various purposes.

6.1.3 Objectives and lines of action for implementation

In order to address the challenges outlined, two objectives should be achieved between now and 2030. Future measures will be drawn up on the basis of common lines of action.

Objective 1
Utilise health data and technologies

Ensure that all partners in the health system utilise health data and new medical technologies, taking into account opportunities and risks.

OBJECTIVE 1

To implement objective 1, concrete measures should be developed alongside the following lines of action.

→ **Promoting digitalisation and use of data (line of action 1, LoA 1.1)**
To establish digitalisation in the healthcare system, the federal government and cantons need to create appropriate framework conditions and incentives. In addition, there is a need to build public trust in the reliability and security of data collection, storage and exchange. This could be achieved by establishing a national framework for the administration of digital health data funded by the federal government and cantons, the scientific community and other stakeholders. The data would be of particular use to the research community.

→ **Defining how new technologies should be used (LoA 1.2)**
The new insights and possibilities afforded by science and technology bring about fundamental changes in the health system. Discussion is required of the advantages and disadvantages of genome editing and of how artificial intelligence should be used. Based on the outcomes of these discussions, the federal government wants to create a framework that facilitates innovation in medical research and healthcare while taking sufficient account of ethical concerns.

Objective 2

Promote health literacy

Empower citizens to make well-informed, responsible and risk-aware decisions that determine their own health and that of their relatives with support from qualified healthcare professionals. Citizens are encouraged to access solidarity-based healthcare services in a responsible manner.

OBJECTIVE 2

In implementing objective 2, concrete measures should be developed alongside the following lines of action.

→ **Improved public information (LoA 2.1)**
The entire Swiss resident population should have access to transparent, coherent and consistent information on the opportunities and risks of new developments in medical technology, on cost developments in the health system, on the increased linkage of digital health data and on avoiding environmental risks. Improved health literacy raises the level of individual responsibility and discourages people from accessing solidarity-based institutions unnecessarily.

→ **Improving the way information on health and diseases is handled (LoA 2.2)**
Not everyone has sufficient health literacy to be able to make responsible and risk-aware decisions in all situations. Digitalisation can help them to do so. New possibilities in prevention, diagnosis and therapy could, however, mean that greater demands are placed on healthcare professionals in educating and advising both healthy and sick people. The federal government, cantons and service providers need to work together to develop and coordinate measures that equip healthcare professionals and institutions to deal with these challenges.

6.2
Demographic and social trends

6.2.1 What does this involve?

People in Switzerland are living longer. This is because they live and work in healthy environments, and also because, thanks to medical advances, it is increasingly possible to successfully treat life-threatening diseases. Low birth rates, an ageing population and immigration all have a quantitative and qualitative impact on the make-up of the population.

Quantitative impact

Older people increasingly have not just one, but several conditions. The incidence of serious illnesses such as dementia also increases in old age. As a result, demand for medical care is set to rise in the coming years, which thus also means a rise in costs. This raises funding questions, in particular in the area of long-term care. Meeting this growing demand for medical and nursing services forms part of the challenge ahead. Besides measures to increase efficiency, more staff will be required. Recent increases in training figures will be inadequate. Measures to retain staff in the profession are also necessary. Otherwise, the Swiss health system is set to become even more dependent on foreign-trained healthcare professionals.

Qualitative impact

Healthcare is currently geared towards the curative treatment of acute somatic individual illnesses. The Swiss healthcare system is highly fragmented and highly specialised, while coordination between service providers is poor. However, treating people with multiple conditions requires more than just a cumulation of consultations with individual specialists. This fragmented structure makes it difficult to deliver the right care to people with multiple conditions and mental health disorders. The entire healthcare system needs to be more heavily geared towards the benefits of the whole treatment chain rather than to the benefits of individual measures. The crucial factor for patients is their everyday state of health after treatment. Healthcare structures must be adapted accordingly: there needs to be a stronger focus on outpatient and intermediate care structures, in some cases at the interface between healthcare and social care (day clinics, assisted living).

Society and social structures have always undergone change. 36% of private households are currently single-person households;[28] 5% of the population feels lonely; men and women are having children later; in 2014, 60% of 0- to 12-year-olds in Switzerland were in childcare or out-of-school care; the educational attainment of the population has been steadily rising in recent years as more women enter higher education and well-qualified foreign nationals come to work in Switzerland. The proportion of men and women in part-time employment has been increasing since the late 1990s. 13% of the population struggle to earn enough to make ends meet.[29] These develop-

ments can have a positive or negative impact on public health and on care by family members. Despite their growing role in the workforce, it is still women who do the lion's share of unpaid care work, sometimes with negative consequences for their health.[30] As the values of the younger generation change, there is a greater focus on issues such as work-life balance, self-fulfilment, independence and awareness of climate change and the finite nature of natural resources.

6.2.2 Priorities in Health2030

Of the many challenges presented by demographic and social change, Health2030 focuses on long-term care and maintenance of public health.

Through prevention of the need for care, people should be able to live independently for as long as possible. Since in most cases patients do eventually need long-term care at the end of life, there must be enough well-qualified staff to provide nursing services and long-term care in future. However, it is not just through better prevention that the costs of long-term care can be reduced. On the contrary, studies show that long-term care can be organised more effectively and more efficiently.[31] New funding incentives should lead to modernisation of service providers and to the provision of offerings, e.g. in intermediate structures between outpatient and inpatient care and in palliative care. With regard to cost distribution, the interdependencies between the different social systems (supplementary benefits, social assistance, health insurance) need to be taken into account.

A second priority is improving health and preventing disease. Health promotion and disease prevention should start as early as possible and be extended into adulthood. If people not only adopt healthy behaviours at a young age but also take appropriate measures as they get older, diseases in old age can be prevented.

6.2.3 Objectives and lines of action for implementation

In order to address the challenges outlined, two objectives need to be achieved between now and 2030. Future measures will be drawn up on the basis of common lines of action.

Objective 3
Safeguard care and funding

The federal government, insurers and those involved in long-term care ensure that there are enough well-qualified staff in the right place to provide efficient long-term care to those who need it.

OBJECTIVE 3

To implement objective 3, concrete measures should be developed alongside the following lines of action.

→ **Providing more long-term carers (LoA 3.1)**
To meet the high demand for care and support services, there need to be enough well-qualified healthcare professionals throughout the healthcare system. Switzerland requires needs-based training capacities, and there need to be more incentives for carers to enter long-term care and to remain in the occupation. Processes in long-term care should be optimised and healthcare professionals deployed in a more targeted way in order to control costs. Providing adequate infrastructures for long-term care is equally important.

→ **Optimising funding of long-term care (LoA 3.2)**
The rising demand for care services creates higher costs and an increased financial burden on the various payers. Existing funding models for long-term care should be assessed to establish whether changes are required in order to ensure that the services remain accessible to all and to create new incentives for both innovation and efficiency.

Objective 4

Ensure healthy ageing

The federal government, cantons and other stakeholders ensure that people of all ages enjoy favourable conditions to allow them to be as healthy as possible.

OBJECTIVE 4

In implementing objective 4, concrete measures should be developed alongside the following lines of action.

→ **Enhancing prevention of non-communicable diseases (LoA 4.1)**
It is increasingly common for older people to have not just one, but several non-communicable diseases. Prevention can reduce the risk factors for non-communicable diseases. In order to promote healthy ageing, efforts to prevent non-communicable diseases should be stepped up throughout patients' lifetimes and in all social groups. This applies to both somatic and mental illnesses, including addiction and dementia.

→ **Promoting child and adolescent health (LoA 4.2)**
A healthy start in life is an essential prerequisite for health in adulthood. The federal government, cantons and all educational institutions working with children and adolescents should develop measures for all socio-economic groups to utilise untapped potential during pregnancy, in early childhood, at nursery, at school and in the transition into work. There should be a special focus on mental health.

6.3
High-quality and financially sustainable healthcare

6.3.1 What does this involve?

Healthcare costs have been rising year on year. In an international comparison, health spending in Switzerland per capita and as a share of gross domestic product is among the highest.[32] Similarly, the patient cost-sharing figures for Switzerland are also comparatively high. The high expenditure reflects the public's preference for high-quality health provision. However, the increase in costs has adverse effects both at an individual level and at systemic level. At an individual level, rising health insurance premiums increase the financial burden on many households. At systemic level, as a result of steadily rising costs the compulsory health insurance system may no longer be able to fund all services for all citizens.

A large part of the cost increase can be attributed to demographic change, advances in medical technology and growing prosperity. All these factors will continue to play a pivotal role in the next ten years. Some of the current costs generated by over-provision of care and inappropriate healthcare are avoidable. A lack of coordination between service providers when treating patients and false incentives also generate unnecessary costs, e.g. different sources of funding depending on treatment, differing or insufficient compensation, oversupply by service providers and excessive expectations. Besides over-provision of care and inappropriate healthcare, there is also under-provision (e.g. for people with mental illnesses) where patients do not receive timely care. If their state of health deteriorates as a result, this may lead to unnecessary suffering and higher costs further down the line.

The Swiss population should have access to high-quality healthcare. While quality of care is currently very good generally speaking, this is not true in each individual case. Insufficient quality of care leads to unnecessary costs and additional suffering (e.g. in the case of unnecessary treatments with side effects, inadequate implant quality or infections acquired in hospitals).

We anticipate advancements in the coming years which will result in the targeted use of medicines and other medical devices. Newly developed medicines, diagnostic procedures and therapies are cost intensive. Furthermore, ever higher prices are being charged for new drugs and medical devices without sufficient justification in terms of research and production costs. Methods and organisational solutions need to be developed in order to achieve economical and ethically justifiable prices. Improved international cooperation can help achieve this.

6.3.2 Priorities in Health2030

The Health2030 strategy will focus on the following areas:

Improving quality while controlling costs

On account of better data, it is possible to identify and thus prevent the over-provision, under-provision and inappropriate provision of care for individual medical treatments and throughout the healthcare system. In order to eliminate unnecessary costs, there should be better coordination between service providers, duplication should be avoided and quality assurance improved, particularly among patients with more than one chronic condition. Inefficient infrastructures, such as the lack of coordination in hospital planning at intercantonal and regional level, also results in over-provision or inappropriate provision of care. It is important to establish a framework to ensure that cost increases remain sustainable. At the same time, a way needs to be found to provide the public with new (and nowadays still often very expensive) medicines.

Maintaining solidarity as costs rise

Higher health insurance premiums due to steadily rising costs are placing an unsustainable burden on more and more people. However, in recent years the cantons have been unwilling to maintain their share of funding and to make more money available to ease the burden of health insurance premiums, as the federal government has done: since 2009, federal spending on premium reductions has increased by around 50%, whereas the cantons have raised their spending by only 15%.[33]

6.3.3 Objectives and lines of action for implementation

In order to address the challenges outlined, two objectives need to be achieved between now and 2030. Future measures will be drawn up on the basis of common lines of action.

Objective 5
Improve quality of care

The federal government, insurers and medical service providers reduce over-provision, under-provision and inappropriate provision of care.

OBJECTIVE 5

To implement objective 5, concrete measures should be developed alongside the following lines of action.

→ **Enhancing coordinated care (LoA 5.1)**
Over-provision, under-provision and inappropriate provision of care have a significant impact on health costs and quality of care. Targeted incentives can lead to better coordination between service providers; payment systems should be based as far as possible on the success of treatment rather than on the number of steps taken in the examination and treatment process. Duplication needs to be avoided, treatment more evidence based and quality must be assured.

→ **Improving medical treatments (LoA 5.2)**
The quality of medical treatments should be continuously and systematically improved in the coming years. The focus is on patients with multiple conditions as these are the most likely to receive too much care, too little care or inappropriate care.

Objective 6
Control costs and ease burden on low-income households

The federal government, insurers and medical service providers control cost increases in compulsory health insurance. They ease the funding burden on low-income households more effectively.

OBJECTIVE 6

In implementing objective 6, concrete measures should be developed alongside the following lines of action.

→ **Influencing cost development (LoA 6.1)**
In order to control costs, adjustments need to be made to the health insurance system needs so that cost development remains at an acceptable level.

→ **Optimising the individual premium reduction (LoA 6.2)**
In recent years, increases in individual premium reductions have not kept pace with rises in the premiums themselves. The effect of easing the burden on low-income households has therefore shrunk. A mechanism needs to be found to counteract this trend so that individual premium reductions again have the desired effect.

6.4
Opportunities for a healthy life

6.4.1 What does this involve?

Many factors help determine a person's health: genetic predispositions, behaviour and lifestyle, environmental influence as well as socio-economic and cultural living conditions. Various studies show that these factors account for between 60% and 80% of a person's state of health. The health system is responsible for the rest. In the interests of a comprehensive health policy and to ensure a healthy life for the Swiss population, there needs to be greater focus on the factors beyond the health system.

Not all people in Switzerland have the same opportunities for a healthy life. For example, life expectancy is much higher for well-educated people than for those whose highest level of education is compulsory schooling.[34] Social inequality also causes health inequality. Similarly, in many areas there is a difference in living conditions for women and men, and for those with and without disabilities.[35]

Policy areas such as the environment, transport, spatial planning, the economy, energy, food/agriculture, education, social issues and integration have a direct impact on public health. These areas face major challenges in the years ahead. As each policy area is concerned with its own core business, addressing the health effects inherent in this area at the same time poses an additional challenge. In certain cases, health arguments help achieve the goals of the core business, and active cooperation is sought. In others, taking health aspects into account represents an additional effort that impedes the core business. Furthermore, healthcare concerns and the affected policy areas sometimes have conflicting goals.

The untapped potential to improve the conditions for a healthy life and to increase health equity can only be utilised if all policy areas make an additional contribution to health in the years ahead. In the interest of policy coherence, health concerns must be proactively incorporated in sectoral policies. A more comprehensive and coherent approach to policy-making is required at federal level in order to exploit synergies to support the development of a comprehensive health policy.

6.4.2 Priorities in Health2030

Of the many factors that determine human health, environment and work have the greatest impact. This is why Health2030 should focus on these aspects.

The **environmental influence** on health is multifaceted and complex. Spending time in natural environments and green spaces promotes the well-being of the population and is essential to maintaining health. By contrast, harmful substances in the air, water and soil, ionising and non-ionising radiation, and biodiversity loss pose numerous health risks. Excessive noise pollution, e.g. from road and air traffic, disrupts sleep and in the long term increases the risk of cardiovascular diseases and other damage to health. Climate change also creates numerous health risks, such as through biodiversity shifts (e.g. an increase in the number of insects such as mosquitoes and ticks which may transmit disease; or the appearance of invasive alien plants which may have a very high allergen potential for humans), and the higher incidence of heat waves, which particularly affect older people and those with chronic conditions. There are still major knowledge gaps that need to be closed regarding the health effects of various environmental factors. A better environment benefits the whole population and increases health equity.

Digitalisation, globalisation and modernisation bring changes in the **world of work.** These new working conditions offer opportunities, e.g. to improve livelihoods by reducing duplication and simplifying processes. They are also a cause for concern, however, as unfavourable working conditions can have a negative impact on health.[36] The changes in the world of work and their influence on health do not affect all sections of the population to the same degree.

6.4.3 Objectives and lines of action for implementation

In order to address the challenges outlined, two objectives should be achieved between now and 2030. Future measures will be drawn up on the basis of common lines of action.

Objective 7
Support health through a healthy environment

The federal government and cantons work together in the area of environmental policy to ensure that current and future generations can enjoy optimal health and can benefit from biodiversity and landscape quality.

OBJECTIVE 7

In implementing objective 7, concrete measures should be developed alongside the following lines of action.

→ **Reducing environmental health risks (LoA 7.1)**
Environmental pollution (e.g. harmful substances in the air, waters and soils; radiation exposure), biodiversity loss and climate change affect public health in many different ways. The major environmental health risks which we will be exposed to in future must be addressed through appropriate measures at national and international level, including reviewing new governance approaches. Ongoing efforts to gain a greater understanding of the effects of environmental pollution and climate change (including combined effects) on health should be intensified in order to provide a better basis for evidence-based policy-making.

→ **Preserving and supporting nature and landscape quality (LoA 7.2)**
High-quality nature and landscapes (stimulating local recreation areas, abundant flora and fauna, clean air, acoustic quality) demonstrably promote relaxation and health and are an important way of encouraging people to take physical activity. Planning activities should therefore actively consider nature and landscape quality as a contributor to structural health promotion and enhance this quality by means of revaluation measures.

Objective 8

Promote occupational health

The federal government, cantons and employers utilise the opportunities that arise from new forms of employment in the world of work and take account of the resulting risks.

OBJECTIVE 8

In implementing objective 8, concrete measures should be developed alongside the following lines of action.

→ **Preventing negative health effects of new forms of employment (LoA 8.1)**
Existing knowledge on the impact of new forms of employment (e.g. platform work) and digitalisation on the health of apprentices and employees needs to be updated and further developed. Particular attention should be paid to self-employed workers, as their statutory level of protection is lower than that of employees. In collaboration with the cantons and social partners, best practices need to be gathered and, once validated, widely shared. These must be based on concrete measures that reduce the health risks associated with employment, and with new forms of employment in particular.

→ **Fostering healthy work environments (LoA 8.2)**
In collaboration with the cantons and social partners, existing measures to promote health and prevent disease in business and the world of work should be made more binding and more effective. Developing and implementing prevention measures that have a measurable impact in terms of psychosocial pressures (e.g. working hours, stress, harassment, burnout) are particularly important in this context. To this end, responsibilities and capabilities should be utilised and extended where necessary or reconfigured within the scope of the existing legal foundations.

7 Implementation plan and responsibilities

Sixteen lines of action are proposed in Health2030, which will be implemented on the basis of existing federal and cantonal responsibilities. Each line of action will be fleshed out together with the relevant partners and where appropriate submitted to the Federal Council and other decision-makers for a final decision. Many measures require the direct involvement of the cantons or lie entirely within their remit. As part of the National Health Policy Dialogue, the way in which Health2030 is to be implemented will be discussed and decided in conjunction with the Swiss Conference of Cantonal Ministers of Public Health. The key actors in the sphere of public health, insurers, service providers, manufacturers of medicines and medical devices and patients all need to step up to the plate and take action.

Health2030 prioritises the challenges and lines of action. The intention is to address and implement all aspects of the strategy in the next ten years. Although not all lines of action can be implemented at once, no further priorities will be set. In some areas, for example, preliminary work is needed to allow implementation in a subsequent phase (e.g. regarding the funding of long-term care). In other areas, strategies are already under way and will not be concluded for several years (e.g. Strategy on the Control of Non-Communicable Diseases, 2017–2024). Furthermore, the packages of measures drawn up must be manageable for the political process and for all partners.

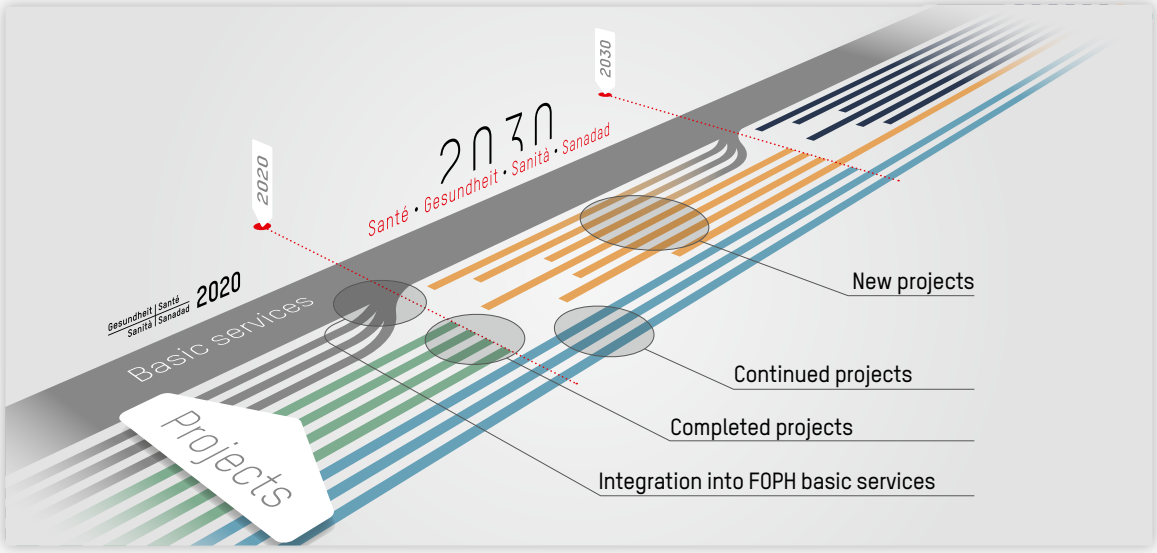
Like the Health2020 strategy, the progress of Health2030 will be monitored using a system of indicators[37] in order to track how the health system context is evolving.

8

From Health2020 to Health2030

Health2030 replaces the existing Health2020 strategy. More than 90 projects have been launched under Health2020, 23 of which were completed by the end of 2019. Some of the projects that are still ongoing will contribute to implementation of Health2030 in the coming years. The remaining projects will be transferred to the operational business of the Federal Office of Public Health.

Transition from Health2020 to Health2030



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