

Letizia Toscani, A. Rougemont, & O. Jeanneret

Development of health activities in Switzerland

A survey in five Swiss cantons has indicated several kinds of difficulty that will have to be overcome if strategies for the prevention of illness and the promotion of health are to be satisfactorily developed and implemented.

Switzerland, like most other developed countries, is re-examining the structures, options and priorities of its health system, with a view to meeting rational criteria and adjusting to correctly evaluated needs of a population whose main illnesses are chronic, being linked to life-styles and aging. The desire for reform stems principally from the need to keep expenditure in check. However, there is also a seeking for valid alternatives to the present options; the concepts of prevention and health promotion are central to this trend.

A study has been conducted on obstacles hampering the development of strategies for prevention and health promotion. In particular, it set out to analyse the potential role of specialists, who are still scarce and generally found only in university institutions or in departments with special functions. In Switzerland there is no curriculum for teaching the appropriate disciplines, although in recent decades the scope of public health has widened to

embrace new technical fields in which many countries award qualifications, usually at university level.

Switzerland, a Confederation of 26 cantons with a high degree of autonomy, has 6.5 million inhabitants. There are some 3000 communes, and they also possess certain powers. The Swiss health system is largely based on private initiative, subject to cantonal or federal controls. Responsibilities in the public health field are shared between the Confederation, the cantons and the communes. However, the part played by the Confederation is restricted to a few legally defined spheres. The development and implementation of health policy lies essentially with the cantons and municipalities, and instead of a federal ministry of health there is an "office" that comes under the Department of the Interior.

Each cantonal administration has a public health service to which is assigned a cantonal physician. Coordination between the cantons is handled by the Conference of Health Directors, composed of political representatives, which meets several times a year. Traditionally, the role of the public health service in the cantons is largely administrative. The post of cantonal

The authors are with the Institute of Social and Preventive Medicine, University of Geneva, and the Unit of Community Health and Tropical Medicine, Cantonal Hospital, 1211 Geneva 4, Switzerland.

physician is a relatively recent innovation in the majority of cantonal services. Even today, in most of the smaller cantons the cantonal physician's time is divided between private practice and duties in the public health service.

Nevertheless, radical change is occurring in the role of these services. In this connection it is worth highlighting the following developments.

- There is increased interest by the public in health matters, including the prevention of illness and the containment of costs.
- There is intense debate on these matters in professional groups and university circles.
- New cantonal laws have been passed on prevention, care of the elderly and chronically ill, cost containment, and so on.
- A federal draft law on prevention was shelved in 1984 after protracted debate. Subsequently, the Swiss Society for Social and Preventive Medicine launched its "1986 concept of health promotion and prevention in Switzerland", inspired by WHO's health-for-all strategy. The Conference of Health Directors recently asked a working group drawn from the Society to produce a practical guide on this subject for use by the cantonal authorities.
- The Federation of Swiss Physicians, the only body empowered to issue specialist diplomas, has agreed to recognize a degree in Prevention and Public Health. Unfortunately, suitable training is not yet available. A working group is studying the possibility of remedying this deficiency.

The high degree of decentralization in the Swiss system means that those in charge of the public health services and other medical and health facilities in the cantons must keep a very close watch on local circumstances. They have direct responsibility for solving problems and take part in decision-making. However, the increase in the number and complexity of tasks assigned to the cantons has scarcely been matched by the resources made available, notably as regards professional expertise. This imbalance constitutes a major obstacle to the identification of needs, priorities and intervention strategies, and thus to the development of preventive and health promotional activities. Another difficulty is likely to be presented by the scarcity of data on health problems in the cantons. Only the statistics on causes of death are complete and available for the country as a whole and by cantons. Other data are incomplete, concern only a few cantons, or are difficult to interpret. Only a few recent studies have analysed certain causes of death so as to permit easy comparison of the figures for cantons with national or international reference values. Epidemiological investigations into the role of certain risk factors have been scarce, and have not always resulted in concrete action, for decision-makers have not been sufficiently involved in their design and conduct.

Survey

A study was therefore conducted with the following objectives.

- To review the main obstacles encountered in the discharge of functions relating to disease prevention and health promotion.
- To evaluate the requirements for professional expertise, in quantitative

and qualitative terms, of those in charge of medical and health facilities in five cantons, with reference to:

- needs already expressed, e.g., as requests for expert advice, and the degree of satisfaction with advice given;
 - needs revealed by analysis of the main problems to be tackled and of the prospects for action and research.
- To promote the implementation of research projects and of activities identified as necessary in the course of the survey by increasing, in particular, contacts and exchanges between:
 - authorities in different cantons who expressed a desire to carry out joint projects;
 - cantonal authorities and specialists or research workers whose interests coincided.

The researchers and their respondents or partners in the cantons jointly made decisions about certain phases of the investigation. The survey was based on techniques designed for arriving at a consensus. Through repeated contacts between investigators and partners it was possible to go through the following sequence.

- *Brainstorming*: getting people to express a wide range of ideas.
- *Formalization*: redefining, arranging in order of importance and pursuing these ideas in greater depth.
- *Joint planning*: reaching a degree of consensus on problems to be solved by action or research and on the requirements for professional expertise.

At every stage the inputs were incorporated into a single document, and this was distributed to all the partners. Initially, interviews were arranged with those in charge of the public health services in the cantons of Fribourg, Jura, Neuchâtel, Valais and Ticino, none of which has a medical faculty. This contact enabled the partners to get a picture of the main problems and recent developments in the public health field and of the obstacles facing them. Minutes were taken and submitted to the participants before being used in preparing the first summarizing document and the first discussion guide.

A list of some ten people involved in decision-making on public health matters was drawn up for each canton, in consultation with the cantonal authorities, e.g., hospital directors. Data on health in each canton were collected and used to prepare a cantonal profile for submission to the partners prior to the talks in the cantons. This document covered data with a direct bearing on the health sector and indicators of life-styles and population characteristics.

The brainstorming phase

Talks with each partner were conducted on the basis of the first discussion guide and the cantonal profile. They lasted between two and four hours, and the participants expressed themselves very freely on the following subjects:

- health status, with reference to both known and suspected problems;
- risk factors and groups exposed to them for each health problem;
- preventive activities to be undertaken;
- research projects that would help towards a better understanding of the

determinants of known or suspected health problems;

- main problems concerning the structures and functioning of health systems, and activities and studies needed to guide the choice of solutions;
- conditions likely to facilitate the implementation of these studies and activities;
- any preventive and research work already conducted in the cantons, the participation by experts and specialists in it, and the degree of satisfaction with the advisory services obtained;
- profile of the fields of competence, personal characteristics and institutional connections of the experts required.

The formalization phase

After each talk, minutes were prepared and used as the basis for a first cantonal summarizing document. This allowed a second discussion guide to be drawn up. A further talk was then held with all the participants. For each of the subjects

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tackled the main proposals contained in the first summarizing document were discussed again, made more specific, and ranked in order of priority. This was the first stage in the process of reaching a consensus on priority activities and projects. A second cantonal summarizing document was prepared, short-listing a number of

proposals for resubmission to the participants.

The joint planning phase

A summarizing document for the five cantons, setting out the consensus obtained, included:

- a comparison of priority problems in the different cantons, on which to base the main lines for intercantonal cooperation;
- a summary of the main obstacles to the implementation of the research projects, health promotion programmes and preventive activities, and of possible ways of overcoming them;
- a qualitative and quantitative analysis of requirements for professional expertise.

The projects and activities on which a degree of consensus was achieved became the subjects of workshops involving partners from different cantons and specialists in the fields concerned.

The first results are indicated in Table 1, which gives some examples of proposals for research projects drawn up in the light of known health problems. Similar tables were prepared for other health problems suspected by the partners or for problems relating to the health systems. These tables served as the basis for prospective analysis of the requirements for public health expertise.

Findings

The planning and implementation of reforms and projects were hindered by funding difficulties, a shortage of professional expertise, political conflicts, and an inadequacy of data on the health

Table 1. Some known health problems

Health problems	Hypotheses on possible causes	Research activities or projects to facilitate solution	Possible involvement of specialists
Infant and perinatal mortality above the national average	<ol style="list-style-type: none"> 1. Cause residing in medical system (inadequacy of diagnostic facilities and perinatal check-ups) 2. Existence of disadvantaged social strata 3. Statistical bias (baptism of the stillborn) 	<ol style="list-style-type: none"> 1. Breakdown of deaths by time and place of birth 2. Analysis of diagnoses of deaths (e.g., comparison between two cantons) 3. Identification of groups at risk 	<ol style="list-style-type: none"> 1. Statistical analysis (deaths, hospital returns) 2. Epidemiological study (e.g., control cases)
Figure for disabled pensioners above the national average	<ol style="list-style-type: none"> 1. Historical data: lung diseases (e.g., silicosis in miners) 2. Multiple causes: e.g., reasons why life expectancy lower in other cantons (alcohol or tobacco) 3. Statistical bias (cultural factors) 	<ol style="list-style-type: none"> 1. Recalculation of disability rate omitting cases of occupationally caused lung diseases 2. Comparative analysis of main causes of disability and mortality (e.g., in two cantons) 3. Alerting physicians to the problem 	<ol style="list-style-type: none"> 1. Analysis of statistical data 2. Comparative epidemiological studies in two cantons
Mortality from: buccopharyngeal cancer, road accidents and cirrhosis of the liver higher than national average	Abuse of alcohol and tobacco is the main public health problem in this wine-producing canton	<ol style="list-style-type: none"> 1. Conducting "soft-sell" educational campaigns (e.g., "Drink better") 2. Determining the part played by alcohol in all causes of admission to hospital. Calculate and publicize economic and social impact 	<ol style="list-style-type: none"> 1. Organization and planning of educational activities directed to the young, to families, etc. 2. Analysis of the circumstances of accidents (time, place, age of those involved, part played by alcohol, etc.) 3. Study of risk groups and social and cultural factors conducive to abuse (e.g., in certain professions)
Number of voluntary terminations of pregnancy (VTP) on the increase	<ol style="list-style-type: none"> 1. Sex education in schools (entrusted to members of religious orders) has not adjusted to changes in moral standards. 2. Statistical bias (fewer VTPs outside canton) 	<ol style="list-style-type: none"> 1. Analysis of profile of applicants (age, localities, reasons given) 2. Recasting of school programmes with specialist assistance and bringing health professionals into them 	<ol style="list-style-type: none"> 1. Analysis of data 2. Analysis of schoolchildren's needs and knowledge to improve design of education programmes

sector. These problems were interlinked, as the following examples show.

- Funds and professional expertise would make it possible either to inventory and analyse data that as yet cannot be directly interpreted and utilized, or to formulate proposals for improving the information system.
- The financing of projects depends on

political and administrative decisions, but is easier to obtain if requests for it are well documented and convincing; the drawing up of such requests calls for skills that are difficult to find and depend, in their turn, on the provision of funds.

- The intervention of specialists is necessary for the formal identification of problems, the drawing up of research

protocols, the planning of action programmes, the provision of support for the implementation of projects, and so forth.

- The experience of the cantonal authorities shows that well-argued reform proposals, backed by objective analyses, are more likely to win acceptance than schemes based on purely political considerations or viewpoints arising from clashes of interest; this again poses the problem of financial resources and professional expertise.

The remarks of the participants provided confirmation of the initial hypothesis that a shortage of specialists was one of the main obstacles to the formulation of strategies and the development of health activities. The research and action projects which were assigned priority rating determined the specialists' tasks. Some of those for which a degree of consensus was achieved are indicated in Table 2. This list clearly shows that the required specialists have various professional backgrounds and an aptitude for tackling problems from a multidisciplinary viewpoint, factors to be taken into account when devising programmes aimed at promoting the training of specialists in the public health field.

Application

As public health specialists the members of the research team participated in the working groups, and consequently the findings of the investigation enabled them to contribute to deliberations on the following matters.

- The creation of a postgraduate course on public health. At a later stage, an analysis of functions and tasks of the

Table 2. Kinds of task for which specialist input is desired

Preparation of health education programmes in the light of analysis of the knowledge and needs of target groups such as high-school students, patients suffering from rheumatic diseases, and occupational groups.
Establishment of decision-making criteria for the planning, management and evaluation of health services (medical and welfare centres, hospitals, ambulatory care services); these criteria should make it possible to analyse the problems in all their complexity and to approach them from a multidisciplinary viewpoint (economics, management, medicine, ethics).
Conduct of surveys to determine the health needs of specific groups (e.g., elderly persons at home).
Analysis and interpretation of statistics; proposals for improvements in data collection, creation of an information system useful to various groups (e.g., users, hospital directors).
Analysis of risk factors and groups exposed to them, in the cantonal context, for the main causes of morbidity and mortality (e.g., background and profile of persons involved in serious traffic accidents).
Planning of case-finding protocols with due regard to particular local situations (e.g., young people in relation to drug addiction and alcoholism).
Intervention in the working environment (e.g., to propose workplace designs intended to prevent back injuries).

specialists should provide guidance as to choices in the development of the teaching programmes.

- The practical procedures for carrying out a plan of preventive action in the cantons based on the "1986 concept". A "guide" produced specially for those in charge in the cantons and intended to help the implementation of the plan will be published shortly.

The survey has already contributed to the implementation of two specific projects:

- technical support for a survey of health problems in a canton;
- cooperation between a cantonal physician and a specialist in the epidemiology of communicable diseases on the evaluation of vaccination in a canton.

Most of the participants stated that the talks and documents stimulated thinking on the activities needed to promote health in the cantons. Thus the interactive nature of the approach was confirmed; it is to be hoped that the investigation will lead to other activities aimed at solving, at least in part, the problems identified, and that cooperation between health professionals

and academics will develop in the near future.

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Lessons from the first five years of lending for health projects

There is now wide agreement that economic development should be measured not only by improvements in indicators such as per capita income but also by indicators of the quality of life. Health and nutrition are important indicators of human, social, and economic development. They also affect development in a number of direct and indirect ways. Good health and nutrition are important factors in the provision of a regular supply of labour, an advantage even in countries with surplus labour, since it avoids the disruptions caused by sickness and resulting absenteeism. Poor health and nutrition reduce labour productivity and impair the ability to learn, thus undermining investments in education and training. Moreover, the good health of mothers is critical to the health and well-being of children and to their eventual labour contribution. Treatment of ill health can drain scarce national and individual resources.

–Anthony R. Measham, "Health and development, the Bank's experience", *Finance & development*, **23** (4): 26 (1986).