

Switzerland



<http://www.who.int/countries/en/>

WHO region	Europe
World Bank income group	High-income
Child health	
Infants exclusively breastfed for the first six months of life (%) ()	
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2016)	97
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)	81.3 (Male) 83.4 (Both sexes) 85.3 (Female)
Population (in thousands) total (2015)	8298.7
% Population under 15 (2015)	14.8
% Population over 60 (2015)	23.6
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) ()	
Literacy rate among adults aged >= 15 years (%) ()	
Gender Inequality Index rank (2014)	2
Human Development Index rank (2014)	3
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	11.66
Private expenditure on health as a percentage of total expenditure on health (2014)	34.00
General government expenditure on health as a percentage of total government expenditure (2014)	22.70
Physicians density (per 1000 population) (2016)	4.248
Nursing and midwifery personnel density (per 1000 population) (2015)	18.23
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2016)	2.9 [2.7-3.2]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016)	4.1 [3.8-4.4]
Maternal mortality ratio (per 100 000 live births) (2015)	5 [4 - 7]
Births attended by skilled health personnel (%) ()	
Public health and environment	
Population using safely managed sanitation services (%) (2015)	99 (Total) 100 (Urban) 96 (Rural)
Population using safely managed drinking water services (%) (2015)	95 (Total)

Sources of data:
Global Health Observatory May 2017
<http://apps.who.int/gho/data/node.cco>

HEALTH SITUATION

Switzerland has one of the highest life expectancies at birth, with an estimated 81 years for men and 85 for women in 2015. In terms of mortality, most deaths in Switzerland in 2010 were due to noncommunicable diseases (NCDs), such as cardiovascular diseases, malignant neoplasms or cancer, respiratory diseases, and mental and behavioural disorders. Switzerland has implemented some very successful disease control programmes. The reported number of new HIV infections in Switzerland was among the highest in Europe at the time of the emergence of the HIV/AIDS epidemic, but has been reduced from a peak of 3251 cases in 1986 to 610 in 2010. Tuberculosis (TB) case notification rates have declined from a reported 18 incidences per 100 000 in 1990 to 4 per 100 000 in 2008, as the result of a national TB programme. The immunization rate for the third dose of diphtheria-tetanus-pertussis (DPT) vaccine was 96% in 2010, indicating good access to child health services. However, the measles immunization rate was only 90%, compared to a European average of 95%.

Switzerland has had mixed results with influencing healthy lifestyles. The proportion of overweight or obese people in the population was 37.3% in 2007, compared to the OECD average of 50.1%; however, the rate for children aged 6 to 13 years during the period from 1960/65 to 2007 has risen from 5.4% to 16.8% for boys and from 5.8% to 13.1% for girls. As of 2015, the smoking among adults (15+) was at 25%. From 2001 to 2008, there was a continuous decrease in smoking while since this decrease has slowed down. The average rate of smoking in the Region is at 28%. The burden from mental and behavioural disorders, as well as from other chronic diseases, is expected to further increase in importance as the Swiss population continues to age. The suicide rate in Switzerland is higher than the European average and represents the fourth most important cause of death in Switzerland in terms of years of life lost. Degenerative mental disorders like dementia, which already affect between 100 000 and 120 000 people, will be an important public health challenge in the future.

HEALTH POLICIES AND SYSTEMS

The Swiss health system is characterized by its federal structure and a complex mix of powers and responsibilities exercised by different levels of government (federal, cantonal and communal/municipal). According to the Swiss constitution, the cantons are sovereign, exercising all rights that are not specifically vested in the Confederation. Within this context, while the federal authorities have been granted some important functions related to maintaining the health of Switzerland's over 8 million people, health is basically the responsibility of the 26 cantons, which are at the centre of delivering and funding health services.

A central feature of the Swiss health system is its mandatory health insurance requirement. While the mandatory health insurance is the main source of funding for the Swiss healthcare system, over a third of the healthcare costs are paid by households (2014).

The health sector is one of the largest employers in Switzerland, employing around 13.5% of Switzerland's population, and employment growth in health has far outpaced that in the rest of the Swiss economy over the past years.

In 2016, Switzerland adopted a National NCD prevention strategy and action plan for 2017-2024.

Switzerland is one of the first countries to adopt an inter-ministerial global health strategy at cabinet level. Switzerland has signed, but so far not ratified, the WHO Framework Convention on Tobacco Control. In 2006 Switzerland ratified the Protocol on Water and Health, which is an international agreement on the promotion of health through improved water management and control of water-related disease.

COOPERATION FOR HEALTH

A wide variety of Swiss actors are involved in a broad range of areas within global health. The federal government, notably through the Federal Department of Foreign Affairs, together with its Swiss Agency for Development and Cooperation, and the Federal Office of Public Health, play the largest role in Switzerland's contribution to global health. The other main actors can be grouped in the following categories: cantons, hospitals, academia, research institutions, healthcare providers, foundations, nongovernmental organizations, professional associations and the private sector/industry.

Considering the three areas of interest of the Swiss Health Foreign Policy, Switzerland's contributions to global health are broadly classified under the following three headings: interaction with international and multilateral organizations active in global health; bilateral cooperation in health development; and financial contributions to support global health activities. Switzerland is involved in various global health programmes and partnerships, such as for example: Codex Alimentarius; the joint FAO/WHO Food Standards Programme; Special Programme of Research, Development and Research Training in Human Reproduction; The Protocol of Water and Health; The United Nations Economic Commission for Europe and the WHO Regional Office for Europe; Global Fund to Fight AIDS, Tuberculosis and Malaria; Medicines for Malaria Venture; Drugs for Neglected Diseases Initiative; Global health research programmes.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2013-on-going)

Strategic Priorities	Main Focus Areas for WHO Cooperation
<p>STRATEGIC PRIORITY 1: Exchange of information and expertise in the fields of non-communicable diseases, nutrition and food policies, mental health and substance use issues</p>	<ul style="list-style-type: none"> • WHO should support consensus-building on the use of international standards for NCD risk factors and advocacy for the importance of prevention of NCDs in Switzerland • Switzerland should provide information and expertise on its policies and experiences regarding NCDs, mental health and substance use, and support WHO's work on NCD management <p>Expand or initiate systematic collaboration with relevant Swiss institutions and their international research networks in the areas of research and development on NCDs, nutrition and food, mental health and substance use</p>
<p>STRATEGIC PRIORITY 2: Strengthened cooperation on national health systems with emphasis on health personnel</p>	<ul style="list-style-type: none"> • WHO should provide, in collaboration with OECD, support for the implementation of the recommendations of the OECD/WHO report on the Swiss health system and for the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel • Switzerland should share its experiences with health systems best practices and lessons learned through the knowledge-base of WHO, including on eHealth • Expand or initiate systematic collaboration with relevant Swiss institutions in research and development for strengthening of health systems
<p>STRATEGIC PRIORITY 3: Collaboration towards supporting WHO to strengthen its leadership role in global health governance, in accordance with its constitutional mandate, by making use of the enabling environment available in Geneva</p>	<ul style="list-style-type: none"> • WHO should support Switzerland in its objective of strengthening synergies between global health actors • Switzerland should support WHO to strengthen its leadership and convening role in global health governance through the enabling environment available in Geneva • Enhanced systematic collaboration between Switzerland and WHO to foster and reinforce synergies among global health actors in Geneva
<p>STRATEGIC PRIORITY 4: Enhanced WHO – Swiss collaboration in Swiss Agency for Development and Cooperation (SDC) priority countries</p>	<ul style="list-style-type: none"> • WHO should facilitate Swiss engagement in dialogue on health policy development and implementation in SDC priority countries • Switzerland should support WHO in its role to convene health development partners, engage in technical cooperation and support the introduction of applicable norms and standards • Expand the systematic exchange of expertise between Switzerland and WHO in SDC priority countries

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