

How does Switzerland compare?

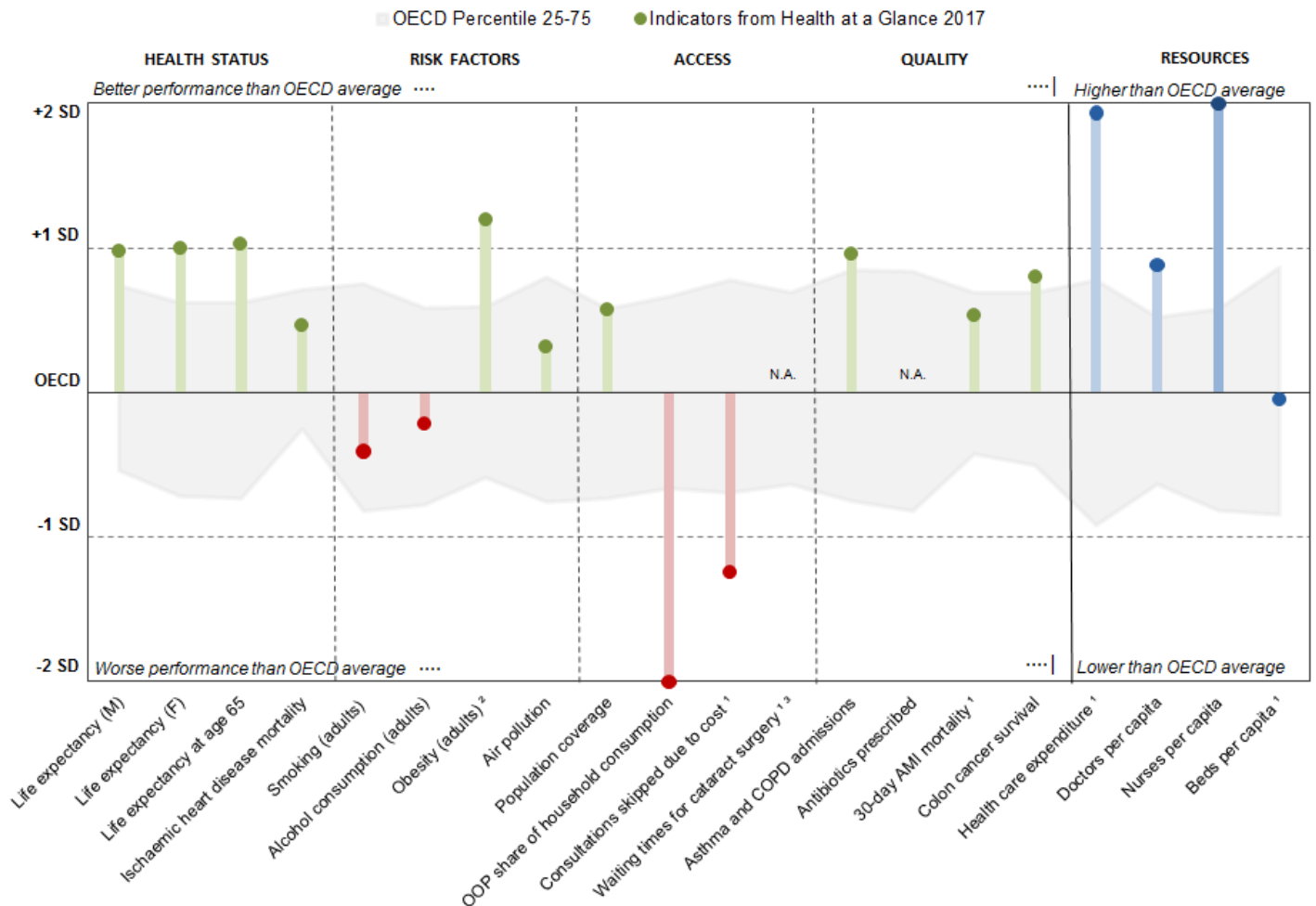


Health at a Glance provides the latest comparable data and trends on the performance of health systems in OECD countries. It provides striking evidence of large variations across countries in health status and health risks, as well as in the inputs and outputs of health systems. This edition contains a range of new indicators, particularly on risk factors for health. It also places greater emphasis on time trend analysis. Alongside indicator-by-indicator analysis, this edition offers snapshots and dashboard indicators that summarise the comparative performance of countries, and a special chapter on the main factors driving life expectancy gains.

Overview of health system performance in Switzerland

Switzerland enjoys the joint second highest life expectancy at birth among OECD countries, achieved through a generously funded health system. Smoking and alcohol rates are slightly above the OECD average, but obesity rates are very low, with rates among adults only lower in Japan and Korea. While mandatory insurance is in place, high out-of-pocket spending impedes access to care. The figure below shows how Switzerland compares across these and other core indicators from Health at a Glance.

Switzerland – Relative performance compared to the OECD average



¹ Standardisation of interquartile range excludes outliers (at least ± 3 standard deviations from the average) that cause biased statistical distributions. ² Includes measured and self-reported obesity rates. ³ Values for Australia and Canada are reported in median (rather than mean) number of days. AMI = acute myocardial infarction (heart attack), COPD = chronic obstructive pulmonary (lung) disease, OOP = out-of-pocket payments.



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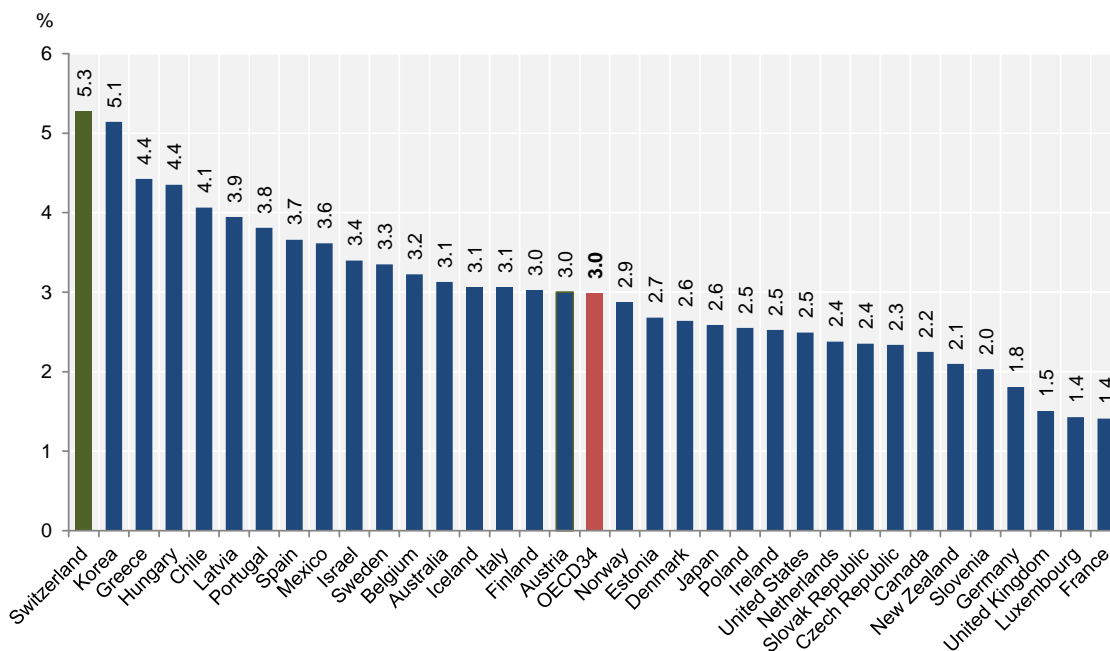
- **Health status:** life expectancy at birth was 83.0 years in 2015, considerably higher than the OECD average of 80.6 years.
- **Risk factors:** adult obesity rates are half the OECD average -- at 10.3% of the population (compared with an OECD average of 19.4%). But smoking and alcohol consumption are both slightly worse than the OECD average, with 20.4% of daily smokers (18.4% for the OECD average) and 9.5 litres of pure alcohol consumed per person annually (9 litres for the OECD average). Consumption of fruit and vegetables among children is among the highest in the OECD, however Swiss children aged 15 years have the third lowest rate of daily physical activity after Israel and Italy.
- **Access:** mandatory insurance provides universal health coverage, but access problems remain. For example, out-of-pocket payments for health constitute 5.3% of final household consumption (and 28% of health spending), the highest share in the OECD. As a consequence, 21% of people reported skipping consultations due to the cost of care (the third highest among 17 OECD countries with comparable data).
- **Quality:** is generally good, with low rates of asthma and COPD admissions (138 per 100 000 population) and low case-fatality rates following acute myocardial infarction (heart attack), at 5.1 deaths per 100 000. Colon cancer survival rates are also above the OECD average at 67%.
- **Resources:** health spending averages \$7 919 per person (adjusted for local living standards), the second highest across the OECD (the OECD average is \$4 003). The number of doctors and nurses are also high, with 4.2 doctors and 18 nurses per 1 000 people (compared to respective OECD averages of 3.4 and 9).

Selected policy issues

High out-of-pocket payments can lead patients to forego care, notwithstanding mandatory health insurance

The Swiss system ensures access to citizens through a compulsory health insurance, which together with other government spending on health constitutes 64% of health expenditure. Insurers cannot turn down people, with individual cantons being responsible of the provision of care for their populations, with subsidies for low-income people. However, the direct financial burden faced by households is high. Out-of-pocket payments for health account for 28% of health spending in Switzerland (compared to the OECD average of 20%), and made up the highest share of total household consumption in the OECD (5.3%). These expenses are partly due to high annual deductibles (the amount that people have to pay out of pocket before insurance takes effect) and a flat 10% co-payment rate on all services. As a consequence, the numbers of consultations skipped due to cost are very high (21%, the third highest among 17 OECD countries with comparable data). Further, insurance premiums have increased faster than incomes over the past 15 years, although the Swiss government subsidises premiums for around 30% of the population.

Out-of-pocket medical spending as a share of final household consumption, 2015 (or nearest year)



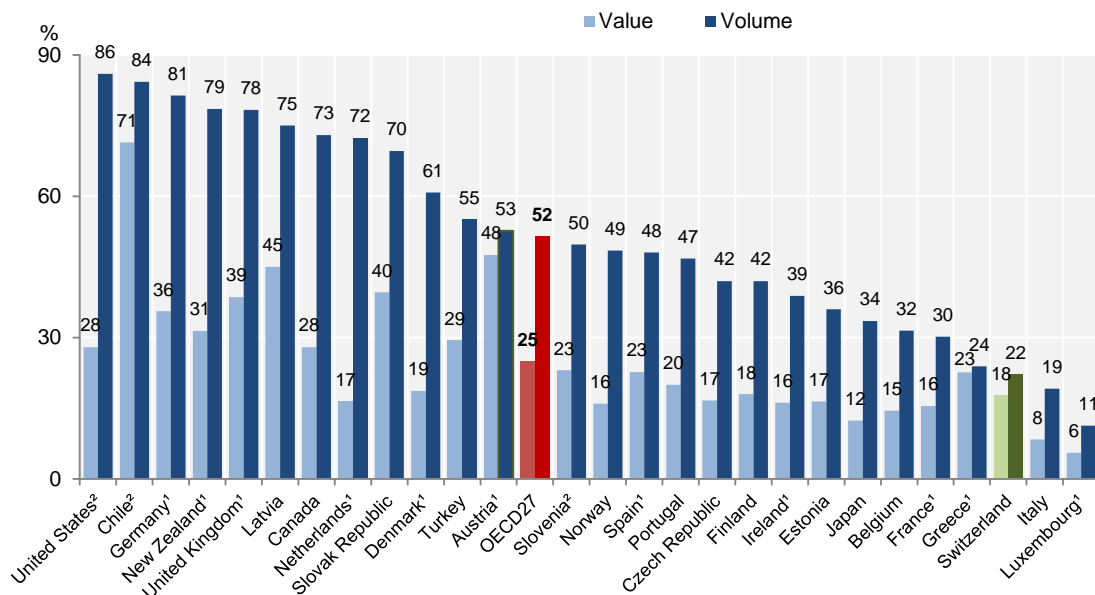
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Value for money could be further enhanced

The Swiss health system achieves good outcomes with a high level of spending, however further gains are possible. Numbers for both doctors and nurses have increased steadily over the last decade, reaching some of the highest numbers in Europe at 18 nurses and 4.2 doctors per 1 000 population. A large share of the workforce is foreign-trained (27% of doctors and 18.7% of nurses, both among the highest in the OECD), which is shifting the composition of workers significantly. However, the number of annual consultations per doctors is the third lowest in the OECD.

The use of generics has increased over time, having only accounted for 6% of the total volume of pharmaceuticals in 2000, although it remains one of the lowest in the OECD at 18% in value and 22% in volume in 2015. This improvement was due in part to policies that incentivise pharmacists to offer customers generic alternatives to brand name drugs. One in three children in Switzerland is born through caesarean delivery, raising questions about the appropriateness of care. The number of MRI units and of MRI scans is also above the OECD average. To encourage the efficient use of diagnostic tests and procedures, various OECD countries have introduced guidelines and recommendations.

Share of generics in the total pharmaceutical market, 2015 (or nearest year)



Further reading

OECD (2017), *Tackling Wasteful Spending on Health*, OECD Publishing, Paris. <http://dx.doi.org/10.1787/9789264266414-en>.

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<http://dx.doi.org/10.1787/9789264120914-en>.

OECD (2017), *New Health Technologies: Managing Access, Value and Sustainability*, OECD Publishing, Paris.

<http://dx.doi.org/10.1787/9789264266438-en>.

De Pietro, C. et al. (2015), Switzerland: Health system review. *Health Systems in Transition*, 17(4):1–288.

Health at a Glance 2017 website: <http://www.oecd.org/health/health-systems/health-at-a-glance-19991312.htm>.

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