

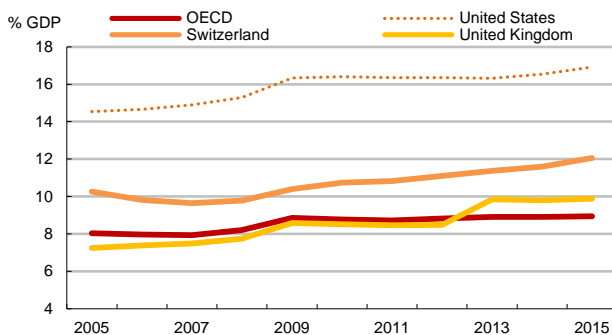
The Swiss health system achieves good health outcomes but at relatively high cost. Health spending per capita and as a share of GDP is the second highest across the OECD. The number of doctors per capita in Switzerland is much higher than the OECD average, but the share of generalists is relatively low. A better balance between generalists and specialists may be needed to respond to the needs arising from population ageing and the growing burden of chronic conditions. The Swiss health system may also gain in efficiency by rationalising hospital activities, and also promoting a greater use of generic pharmaceuticals.

Health expenditure continues to grow

► Health spending as a share of GDP and per capita in Switzerland is the second highest among OECD countries, after the United States

Health spending in Switzerland accounted for 12.1% of GDP in 2015 (equivalent to 7536 USD PPP). This is well below the United States (16.9% of GDP), but above all European countries including Germany (11.2%), France (11.1%) and the United Kingdom (9.9%). The health spending share of GDP in Switzerland has steadily increased since 2007, as the growth in health spending has outpaced GDP growth.

Current expenditure on health, % of GDP (2005 to 2015)

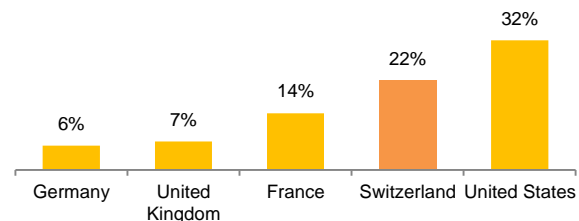


Source: [OECD Health Statistics 2017](#)

► The share of public financing of health expenditure is relatively low compared to other OECD countries

In 2015, only 64% of health spending was publicly financed (compared to 73% for the OECD average). The share of out-of-pocket payment is exceptionally high by international standards, at 28% of total health expenditure. This is well above the OECD average of 20%. The burden of out-of-pocket spending can create barriers to health care access. In 2016, 22% of the Swiss population reported going without needed health care because of costs, with this rate being particularly high among people with low-income (31%).

Unmet health care needs* due to financial reasons (2016)



* The range of services includes a medical examination, medical tests, treatments and filling pharmaceutical prescriptions.

Source: Commonwealth Fund International Health Policy Survey 2016.

» What can be done?

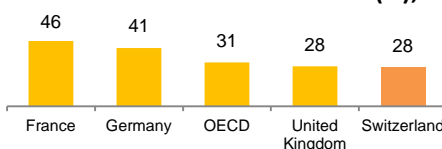
- Monitor the impact of user payments on low-income groups to ensure access to care for all the population

Encourage a more equal balance between specialists and generalists

► The share of generalists as a share of all doctors in Switzerland is relatively low

Switzerland has more doctors per capita than most OECD countries, but a relatively low share of generalists. Generalists made up only about 30% of all physicians in 2015. This is relatively low compared to France (46%) and Germany (41%). Concerns about shortages of generalists are likely to increase with the upcoming retirement of the baby boom generation of doctors.

Generalists as a share of all doctors (%), 2015



Source: [OECD Health Statistics 2017](#)

» What can be done?

- Increase the number of post-graduate training places in general medicine
- Make working conditions in general practice relatively more attractive compared with other specialities, for instance by reducing the remuneration gaps and working times constraints associated with general practice

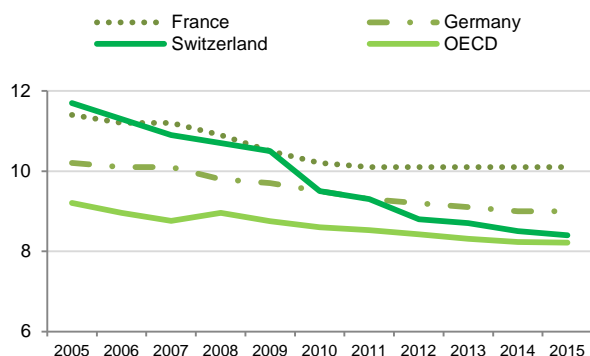
To read more about our work: [OECD Health Statistics 2017](#); [Health Workforce Policies in OECD Countries](#)

Rationalise hospital activities

► The average length of stay (ALOS) in hospital remains high in Switzerland

As in most other OECD countries, the number of hospital beds per capita has been reduced substantially in Switzerland over the past decade, by around 20% since 2005. The ALOS has also come down between 2005 and 2015, from 11.7 days to 8.4 days. This is still slightly above the OECD average (8.1 days). ALOS in specific clinical areas (maternity and cardiac care) is also longer than in most other OECD countries.

Average length of stay (in days), 2005-2015



To read more about our work: [OECD Health Statistics 2017](#); [OECD Reviews of Health Systems: Switzerland](#)

► There is room for further expansion of day surgery in Switzerland

The share of cataract surgery performed on a same day basis has increased by 50% between 2000 and 2013. However, in 2013, 77% of cataract surgery was performed on a same-day basis, whereas it was close to 100% in several OECD countries.

While the share of tonsillectomy carried out as ambulatory cases has risen rapidly in several countries since 2000 (e.g. in Finland, United Kingdom, Denmark, Portugal and Italy), this share has decreased in Switzerland.

The lack of financial incentives is an important issue raised by Swiss hospitals to expand day care surgery.

» What can be done?

- Expand the role of home-based and community care programmes to reduce delayed hospital discharges, notably in the area of maternity and some cardiac care
- Introduce financial incentives to encourage day surgery in hospital or other health care facilities

Encourage greater use of generic pharmaceuticals

► Switzerland does not fully exploit the potential of generics

Between 2005 and 2014, the generic market share has more than doubled in Switzerland but this share is still low compared to other OECD countries. In 2014, generics accounted for only 17% of the volume of pharmaceuticals sold in Switzerland (and 16% in value), the second lowest rate among OECD countries. By contrast, generics accounted for more than 80% of the volume of pharmaceuticals sold in Germany.

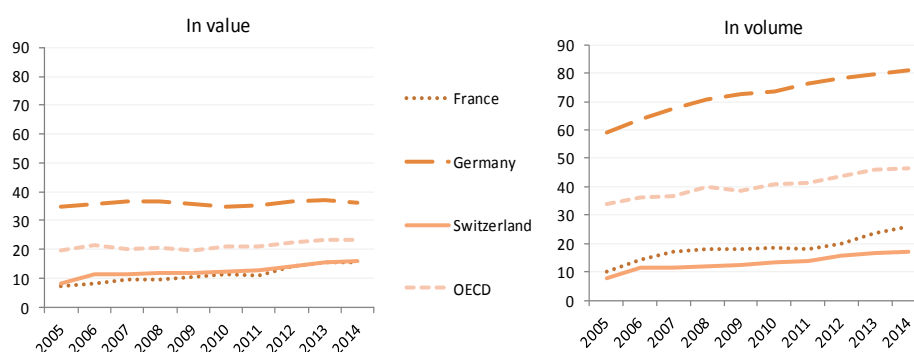
Part of the low take-up of generics in the Swiss pharmaceutical market is explained by relatively high prices of generics, which makes generics less attractive for consumers.

In 2011 for example, generics prices in Switzerland were almost twice as high as in the Netherlands, Denmark, Germany and the United Kingdom.

» What can be done?

- Encourage further price reduction for generics compared to original branded drugs
- Implement voluntary or mandatory prescribing in International Non-proprietary Names (INN)
- Introduce further financial incentives for physicians, pharmacists and patients to use generics

Share of generics in the total pharmaceutical market (%), 2005-2014



To read more about our work: [Pharmaceuticals expenditure and policies: past trends and future challenges](#); [OECD Reviews of Health Systems: Switzerland](#)