

SWISS HEALTH FOREIGN POLICY

Agreement on health foreign policy objectives





The World Health Organization (WHO), based in Geneva, is the world's leading health organization. Its responsibilities include the issuing, harmonization and worldwide implementation of guidelines, standards and methods in health-related areas. Chinese national Margaret Chan became the Director General of WHO in 2007.

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Swiss Health Foreign Policy

Preliminary remark: Status of this document

This policy paper is the result of an internal agreement between the relevant services of the Swiss federal administration. Its main purpose is to improve the instruments of internal cooperation, and to provide clear shared objectives for all Swiss administrative services active in the field of foreign affairs and public health policy.

This policy paper was drafted following a decision by the Federal Council on 18 May 2005 to improve the coordination and coherence of Swiss foreign policy in those areas for which federal departments other than the Federal Department of Foreign Affairs (FDFA) are primarily responsible.

The agreement on health foreign policy is the first agreement of its kind between the FDFA and another federal department. It was signed by the Head of the FDFA and the Head of the Federal Department of Home Affairs (FDHA) on 9 October 2006, and submitted to the Federal Council on 18 October 2006.

List of abbreviations

BASPO	Federal Office for Sport
DDPS	Federal Department of Defence, Civil Protection and Sport
DETEC	Federal Department of the Environment, Transport, Energy and Communications
DIL	Directorate of International Law
DP	Directorate of Political Affairs
EU	European Union
FDEA	Federal Department of Economic Affairs
FDFA	Federal Department of Foreign Affairs
FDHA	Federal Department of Home Affairs
FDJP	Federal Department of Justice and Police
FOAG	Federal Office for Agriculture
FOCP	Federal Office for Civil Protection
FOEN	Federal Office for the Environment
FOM	Federal Office for Migration
FOPH	Federal Office of Public Health
FSIO	Federal Social Insurance Office
FVO	Federal Veterinary Office
IdAG GAP	Interdepartmental Working Group on Health Foreign Policy
IIP	Swiss Federal Institute of Intellectual Property
IK GAP	Interdepartmental Conference on Health Foreign Policy
ILO	International Labour Organization
IO	Integration Office FDFA/FDEA
NEOC	National Emergency Operations Centre
OECD	Organisation for Economic Co-operation and Development
SDC	Swiss Agency for Development and Cooperation
SECO	State Secretariat for Economic Affairs
SER	State Secretariat for Education and Research
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization
WTO	World Trade Organization

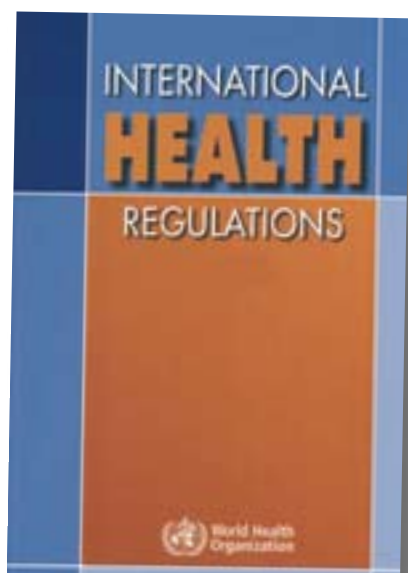
Agreement on health foreign policy objectives

Adopted by the FDFA and FDHA on 9 October 2006

Context

In a closed session on 18 May 2005, the Federal Council decided to improve the coordination and coherence of Switzerland's foreign policy, and to enhance interdepartmental collaboration in sectors that the FDFA does not lead by concluding agreements on shared objectives between the FDFA and the federal department responsible for the sector in question.

The FDFA and the FDHA, in collaboration with the other federal offices and departments concerned have produced this policy paper in fulfilment of the Federal Council's mandate concerning foreign policy in the area of health.



Key document: The International Health Regulations regulate international cooperation in the control of infectious diseases and can be applied to all events that could pose a threat to public health.



Background: international context

Solving problems together

The greater impact of health issues on both domestic and foreign policy.

The SARS epidemic of spring 2003, and the spread of avian influenza in autumn 2005, showed that the growing interdependence of countries and societies has also increased their vulnerability, and that internationally coordinated responses have become indispensable in solving 'national' health problems. Moreover, the improvement in the gen-

eral level of health over recent decades has demonstrated both the advantages of internationally agreed upon standards and rules, and the beneficial nature of the interaction between health and economic development.

The growing significance of health presents new challenges and opportuni-

ties for Swiss foreign policy. Until now, we have tended to address health issues in our foreign policy in an indirect manner, and to consider them primarily as part of health and development policies. However, greater global interdependence calls for a more comprehensive and more coherent approach, as well as for solutions that are coordinated at both



VERBODEN TOEGANG



Cordoned-off river and lake banks when cases of bird flu are suspected. The avian flu that broke out in South Korea in 2003 and has since been discovered in Europe, Africa and the Middle East, constitutes an impressive illustration of the need for international coordination in the area of health.

the national and international levels. From this, it follows that all policy areas directly or indirectly involved in health foreign policy should be integrated into a single framework.

International collaboration on health matters has intensified and new international rules have been established.

Rising costs, increased mobility of patients, health professionals and services, as well as growing technical complexity

are creating an increasing demand for international standards and closer international cooperation. Moreover, the health of populations and investments in the health sector are becoming ever more important considerations for the economy and competitiveness. Public health is increasingly taking on a cross-border dimension in the areas of food safety,



the safety of medicines and chemicals, radiation protection, safety at work, and many aspects of environmental policy.

The World Health Organization, other UN organizations (e.g. UNICEF, UNFPA, etc.), the World Bank, and the OECD are the major international organizations involved in coordinating and setting standards in the field of public health. The EU influences the health systems and public health measures of its Member States in a wide range of policy areas through regulations and through its agencies (EFSA – European Food Safety Authority; ECDC – European Centre for Disease Prevention and Control). The Council of Europe also sets internationally valid standards for the health sector (e.g. the European Pharmacopoeia). The World Bank and WHO are the two most important organizations in relation to the implementation of global health measures. In recent years, new international financing mechanisms (e.g. the Global Fund to Fight AIDS, Tuberculosis and Malaria), and public-private partnerships (e.g. the Global Alliance for Vaccines and Immunisation) have been set up in the field of public health.

New internationally binding regulations include the International Health Regulations issued by WHO (2005), and the WHO Framework Convention on Tobacco Control (2003). Intensive international cooperation on health protection and health determinants has been in existence for a considerable time. For example, in the form of the WTO's agreement on Sanitary and Phytosanitary Measures (SPS), the Codex Alimentarius, ILO conventions, and environmental conventions.

Health is a fundamental component of sustainable human development and one of the main priorities of the global partnership for development, security and human rights (UN).

Three of the eight Millennium Development Goals (MDGs) adopted by all UN Member States in 2000 focus on health. These are: MDG 4 – reduce child mortality; MDG 5 – improve maternal health; and MDG 6 – combat HIV/AIDS, malaria and other diseases. Development is not possible without health. Industrialised countries are increasingly realising that it is in their own interests to cooperate with developing countries. Such partnerships also seek to influence the primary determinants of health such as income, education, nutrition, the environment and water, as well as social factors such as discrimination against women.

Swiss players

The major players in the Swiss administration are the FDHA (FOPH), for international health policy, and the FDFA. Within the FDFA, the SDC is responsible for development and humanitarian policy relating to health, while the DP deals with general foreign policy issues on the agendas of forums that address health issues, questions of host nation policy, and specific topics such as consular protection abroad.

Other federal offices also play an important role. These are the Integration Office FDFA/FDEA in the area of cooperation with the EU; the FDEA (SECO) in the area of economic policy decisions that are relevant to health; the FDEA (FVO) in the area of control of communicable animal diseases; the FDEA (FOAG) in areas such as hygiene measures concerning primary food production; DETEC (FOEN) in the area of environmental policy relevant to health; FDJP (IIP) in the area of health aspects of intellectual property

rights; FDJP (FOM) in the area of issuing visas and residence permits; DDPS (armed forces) in the areas of health matters concerning the armed forces and the tasks of the coordinated medical service; DDPS (FOCP, NEOC) in the area of emergencies related to nuclear accidents; and DDPS (BASPO) in the area of promoting physical activity and sport.

Coordination¹

At present, systematic coordination only occurs within the International Health Policy Steering Committee² and the Interdepartmental WHO Working Group³, both of these in the context of the agendas of WHO's World Health Assembly and the meetings of the WHO Regional Committee and the WHO Executive Board.

The FOPH and the FDFA (Directorate of Political Affairs) work together closely and effectively on general foreign policy issues that are raised in health forums. However, this cooperation is only on an

ad hoc basis. Further discussions and consultations on specific topics take place in a similar fashion between the FOPH and other federal offices.

The FDFA (SDC) coordinates health issues related to humanitarian and development policies with the relevant departments and federal offices, primarily within the framework of the Interdepartmental Committee for International Development and Cooperation.

¹ Note: This passage reflects the coordination mechanisms in place before the agreement on health foreign policy of October 2006 entered into force. The new coordination mechanisms based on this agreement are described from page 16 onwards.

² consisting of the Directors/Heads of the FOPH, SDC, DP/Political Affairs Division III, Geneva Mission, and the international delegates of the Swiss Conference of the Cantonal Ministers of Public Health.

³ FDHA (FOPH, FSIO), FDFA (SDC, DP Geneva Mission), FDEA (SECO), FDJP (IIP), Swiss Conference of the Cantonal Ministers of Public Health.



Medium-term goals of health foreign policy

Aiming for a healthier world

The common goals of Switzerland's health foreign policy have been determined for the next five years.

Main interests

Five main interests can be identified.

(1) Protect the health interests of the Swiss population

The main emphasis here is on protection against communicable (e.g. pandemic influenza) and non-communicable diseases, as well as on general health and consumer protection issues. Experience in recent years has shown that these questions can only be tackled efficiently

in cooperation with international organizations and Switzerland's neighbours.



Sun in water = life. Around a billion people have no access to safe drinking water. The Swiss Federal Institute of Technology Zurich (more precisely, its Institute of Aquatic Science and Technology EAWAG) has developed a simple water-purification method that uses solar UV radiation to disinfect water. The SODIS project is being promoted and disseminated, among others, by EAWAG and the Swiss Agency for Development and Cooperation (SDC).

(2) Harmonise national and international health policies

Those sectors of industry that are affected by health protection measures, such as the pharmaceutical and food industries, have been part of international networks for many years. Healthcare provision, too, is taking on an increasingly international dimension as a result of

technical developments and the migration of patients and workforce. In view of these developments, which are reflected in the growing role of the World Bank, the EU, the OECD and WHO in public health, our aim is to adapt national policy as effectively as possible to the new international and regional framework. We are also interested in learning from international experiences in order

to further develop our health system and improve its cost-effectiveness.

Reconciling different interests

Health foreign policy has to satisfy all the different interests listed on pages 10 and following; its goal is to achieve a coherent and effective policy in the different sectors.

It is not possible to avoid conflicts of interest. Therefore, one of the main tasks is to carefully weigh up the different interests in specific cases, and to reconcile national priorities with international developments, in order, as far as possible, to avoid an inefficient or incoherent approach. Wherever possible, Switzerland should adopt congruent and coherent positions in the various international organizations which address different aspects of the same subject.

One example is better access to affordable essential drugs for developing countries, as foreseen in the Millennium Development Goals. Switzerland, with its major pharmaceutical industry and long humanitarian tradition, is committed

both to adequate protection of intellectual property as well as access to essential drugs for the world's poorest countries. It should be mentioned that the private sector is becoming increasingly aware of its social and global responsibilities in the field of health, and this development will present new opportunities for cooperation.

Another area in which interests need to be reconciled is trade policy. Measures introduced to protect health may restrict the free movement of goods or individuals. On the other hand, trade policy measures can have, indirectly, both negative and positive effects on the health of a country's population. This potential conflict of interest is taken into account in one of the major exceptions to the WTO's basic principle of unrestricted market access: measures essential to protecting health are permitted in principle, provided they are not discriminatory or used as a covert means of restricting international trade.

Resources

In view of the current budget situation, no additional human or financial resources are planned for the implementation of this agreement. This means that the agreement will be implemented with the resources provided in the 2007 budget proposal and the financial plan for 2008-2010 of the FDFA, FDHA, and other participating federal offices. In contrast, the existing budgets (regular FOPH contribution to WHO, special FOPH and SDC contributions to health-related projects and programmes) will be more clearly targeted and coordinated in the newly planned health foreign policy.

Medium-term goals and priorities (five-year time frame)

The table below shows the most important health foreign policy goals.

This agreement is limited to medium-term goals and to appointing the lead offices and other relevant offices within the administration. The offices identified in the table are responsible for de-

fining and implementing the goals. The measures proposed on pages 16 and following are intended to improve policy coordination and coherence, with a view to achieving the goals with maximum efficiency and minimum policy conflict.

Switzerland will not be able to reach all the goals on its own. Where international cooperation, decision-making and implementation are the key factors, the goals are to be understood as a basis for an active Swiss contribution. This could take the form of special initiatives, international engagement or financial support.

Interests	Medium-term goals	Lead office	Other offices involved
1. Health interests of the Swiss population:	1. Strengthen the international monitoring networks for communicable diseases (e.g. pandemic influenza) through rapid implementation of the International Health Regulations (IHR).	FDHA (FOPH)	FDFA (SDC) FDFA (DP)
	2. Maintain a high level of protection for Switzerland through international cooperation (in particular with the EU) in areas such as food safety, drug safety, radiation protection, chemicals and the environment. These measures should be as business friendly as possible.	FDHA (FOPH)	DETEC (FOEN) FDEA (SECO, FVO, FOAG), FDHA (Swiss-medic); FDFA (SDC); IO
	3. Maintain the level of health and productivity of the Swiss population by adapting international strategies and targets relating to fighting non-communicable diseases, particularly obesity.	FDHA (FOPH)	DDPS (BASPO)
2. Harmonisation of national and international health policy	4. Use multilateral and bilateral comparisons to obtain key information with a view to further developing the Swiss health system and controlling costs.	FDHA (FOPH)	FDEA (SECO); IO
	5. Conclude bilateral agreements with the EU covering the EU's major health policy activities, or at least cooperate more closely in the following areas and with the following bodies: Action programme in the field of health and consumer protection in the period 2007-2013; European Centre for Disease Prevention and Control, ECDC; European Food Safety Authority, EFSA; various early warning systems (EWRS for communicable diseases, RASFF for food products, RAPEX for non-food products and RAS BICHAT for bioterrorism).	FDHA (FOPH) and IO	FDEA (SECO) FDFA (DP) FDFA (DIL) FDEA (FOAG) DETEC (FOEN)
	6. Manage migration of health professionals so as to ensure that the needs of labour markets in the industrialized countries and emerging economies are satisfied, without depriving developing countries of the health workforce they need.	FDHA (FOPH)	FDJP (FOM) FDFA (SDC) FDFA (DP)

<p>3. Improve international collaboration on health issues</p>	<p>7. Strengthen the normative role of WHO.</p> <p>8. Support cooperation between WHO, OECD and EU on normative health issues to promote greater use of synergies.</p> <p>9. Improve international access to essential drugs – both recognized and newly developed.</p> <p>10. Improve the efficiency of multilateral players in the fields of health, development cooperation, and humanitarian aid (architecture, normative role, operational aspects).</p> <p>11. Actively support the definition of international health standards to be applied in humanitarian crisis and emergency situations, and support associated implementation strategies.</p> <p>12. Promote research to strengthen the empirical basis for effective health interventions. Influence the dialogue on global research priorities in the health field in order to reduce the disproportionate burden of disease in the southern hemisphere in a sustainable way.</p>	<p>FDHA (FOPH)</p> <p>FDHA (FOPH)</p> <p>FDHA (FOPH)</p> <p>FDFA (SDC)</p> <p>FDFA (SDC)</p> <p>FDFA (SDC)</p> <p>FDFA (SDC)</p>	<p>FDFA (SDC) FDFA (DIL)</p> <p>FDFA (SDC); FDFA (DIL) FDFA (DP); IO FDEA (SECO)</p> <p>FDFA (SDC) FDHA (Swissmedic) FDJP (IIP); FDEA (SECO); FDFA (DP)</p> <p>FDFA (SDC)</p> <p>FDFA (SDC)</p> <p>FDFA (SDC)</p> <p>FDHA (FOPH) FDHA (SER)</p>
<p>4. Improve the global health situation</p>	<p>13. Further develop, reform and harmonise the health systems in developing and emerging countries, as well as in countries in transition or in crisis, focusing on efficient and non-discriminatory access to health services and drugs.</p> <p>14. Make appropriate contributions to eliminating the three significant poverty-related diseases – AIDS, tuberculosis and malaria (MDG 6) – paying particular attention to gender issues.</p> <p>15. Contribute to global strategies and programmes in the area of combating non-communicable diseases with an emphasis on prevention, health promotion and reproductive health.</p> <p>16. Cooperate bilaterally or multilaterally to save lives, deliver aid to victims of natural disasters and armed conflicts, and restore healthy living conditions.</p>	<p>FDFA (SDC)</p> <p>FDFA (SDC)</p> <p>FDFA (SDC)</p> <p>FDFA (SDC)</p>	<p>FDHA (FOPH)</p> <p>FDHA (FOPH)</p> <p>FDHA (FOPH)</p>
<p>5. Switzerland as a host country to international organizations and as an industrial location</p>	<p>17. Consolidate and strengthen Geneva’s position as an international centre of excellence for public and humanitarian health („health capital of the world“) as part of Switzerland’s host country policy.</p> <p>18. Ensure appropriate protection for intellectual property as an essential incentive for research into, and development of new drugs and vaccines.</p>	<p>FDFA (DP)</p> <p>FDJP (IIP)</p>	<p>FDHA (FOPH) FDFA (SDC)</p> <p>FDHA (FOPH/ Swissmedic); FDFA (SDC) FDEA (SECO) FDFA (DP)</p>



Measures to increase coordination and coherence

Coordinating three times a day

Overall political responsibility rests with the Federal Council. It approves the medium-term goals and priorities of health foreign policy, as well as the agreed measures to implement them.

In accordance with the FDFA Organisation Ordinance⁴, the Directives of the federal administration on the conduct of international relations of 29 March 2000, and the Federal Council's Foreign Policy Reports of 1993 and 2000, the FDFA is responsible for coordinating foreign policy and safeguarding Switzerland's for-

eign policy interests. The FDFA (SDC) is also the lead authority in matters relating to development policy and humanitarian programmes, both multilateral and bilateral, in the field of public health.

The FDHA (FOPH) is the lead authority in matters relating to national health policy

and Switzerland's contribution to international health policies, pursuant to the functions assigned to the FOPH in the FDHA Organisation Ordinance⁵.

The present agreement on health foreign policy objectives does not infringe on the existing competences of the fed-

⁴ Ordinance governing the organisation of the FDFA (SR 172.211.1)

⁵ Ordinance governing the organisation of the FDHA (SR 172.212.1, Article 9).



By courtesy of the "Rathaus Apotheke", Bern

Carefully arranged: home medicine cabinet, probably from 1905

eral offices. It does, however, give overall health foreign policy a more specific direction, and it improves coordination and coherence. Coherence in foreign policy and more efficient safeguarding of interests are its overriding objectives; coordination between the players in the administration is the instrument⁶.

⁶ The principles relating to mandatory consultation, dealings with other countries and treaties concluded with foreign parties as set out in the Directives of the federal administration on the conduct of international relations of 29 March 2000 also apply to health foreign policy.

Measures

Measures undertaken by the FDFA

Measure 1: Establishment of a coordinating office for health foreign policy

The coordinating office is the contact point for all relevant enquiries from the FOPH and other offices of the federal administration. It is also responsible for coordinating all health matters within the FDFA.

The coordinating office is responsible for collecting and forwarding relevant information from the FDFA to other involved offices in the federal administration. In principle, communication with the FDFA's foreign missions must pass through the coordinating office, although other arrangements may be made with the FDFA in specific cases.

The coordinating office also ensures the coherence of health foreign policy as part of overall Swiss foreign policy. It achieves this through weighing up the different foreign policy interests and optimising, at interdepartmental level, the safeguard of interests and the allocation of resources.

Measure 2: Creation of an information platform for health foreign policy

The FDFA is setting up a health foreign policy information platform as part of its foreign policy information system, APIS. This platform will be available to all interested offices within the federal administration.

The information platform contains all important basic documents and background information, as well as an agenda showing the most important issues, meetings and events in health foreign policy.

The involved offices, in particular the FOPH and the SDC, can upload their documents directly into the APIS system and update them.

The FDFA coordinating office uses the information platform to ensure that all the offices in the federal administration involved in health foreign policy have the same background information and planning documents at their disposal.

Measures undertaken by the FDHA

Measure 3: Produce policy papers on subjects arising in health foreign policy and strengthen academic competence

The FDHA (FOPH) develops papers on specific aspects of health foreign policy in consultation with partner offices in the federal administration. These papers are uploaded to the information platform to support wider discussion and clarification of positions on important questions.

The FDHA is committed to strengthening "International Geneva" by establishing scientific competence in international health issues in the city. For this purpose, the FDHA (FOPH) will provide start-up funding. The FDHA (SER) will include international health in the target agreement with the government-funded academic institutions in Geneva and Lausanne.

Joint measures

Measure 4: Harmonisation with general foreign policy and other sectoral policies

The international work of the FDHA (FOPH) is actively coordinated with Switzerland's general foreign policy and other sector policies.

The FDHA (FOPH) regularly briefs the FDFA and other relevant offices on important developments in health foreign policy.

The FDHA (FOPH) consults the competent offices on issues relevant to them.

Measure 5: Creation of an Interdepartmental Conference on Health Foreign Policy (IK GAP)⁷

The IK GAP is headed jointly by the Director of the FOPH and a representative of the FDFA (State Secretary or representative nominated by him), and includes representatives of the FDFA (Directorate of Political Affairs, SDC, Geneva Mission, Integration Office FDFA/FDEA), DETEC (FOEN) and FDEA (SECO), and the Swiss Conference of the Cantonal Ministers of Public Health (GDK). Other federal departments are called in as required.

The IK GAP defines current priorities and joint projects (including action plans and resources). It is supported by the Interdepartmental Working Group on Health Foreign Policy (IdAG GAP)⁸, which in turn can convene and dissolve ad hoc working groups on specific subjects.

Measure 6: Staff exchange and foreign missions

If possible, a senior position in the FOPH's International Affairs section will continue to be held by a member of the diplomatic staff from the FDFA.

One staff member at each of the Missions in Geneva and Brussels will be assigned explicitly to the health dossier.

Health-related topics may be included in the annual goals for the FDFA's foreign missions.

⁷ Replaces the former International Health Policy Steering Committee.

⁸ Replacing the former WHO Interdepartmental Working Group, the Interdepartmental Working Group on Health Foreign Policy will be headed jointly by the Heads of the International Affairs division at the FOPH and of the relevant division at the FDFA.

