



Swiss Health Foreign Policy

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1. Introduction

As a result of globalization, health issues are becoming increasingly important at the international level. A growing interdependence between domestic and health foreign policy is apparent worldwide. Health has also become a topic of Switzerland's foreign policy and therefore a focused and multisectoral approach is required in order to ensure that fundamental Swiss values such as human rights, the rule of law and democracy are guaranteed, and also that the interests of a wide variety of Swiss actors can be taken into account.

Underlying Swiss Health Foreign Policy are all the country's international concerns relating to health – with neighbouring countries, in European policy, on the subject of global public goods, or in development policy. The policy is based on a concept of *global health* which – in contrast to the concept of *international health* that prevailed up to the turn of the century, focusing primarily on the health problems of the least developed countries – is concerned with strategies at the global level. Accordingly, prime responsibility rests with all countries, and not only – as in the conception of international health – with donor and beneficiary countries.

The present Swiss Health Foreign Policy, a revised version of the 2006 Agreement on Health Foreign Policy Objectives, is the result of a consultation procedure involving the relevant federal authorities and interested parties from civil society, the private sector, research, Swiss health system actors and the Swiss Conference of the Cantonal Ministers of Public Health. It was approved by the Federal Council on 09 March 2012, has a medium-term perspective and is to be reviewed as required, but after six years at the latest.

Approval by the Federal Council makes it possible to adopt a consistent position in dealings with external partners. The broad outlines of the policy are in agreement with the previous direction of Swiss Health Foreign Policy. However, the experience of recent years provides an opportunity to make adjustments so as to ensure that, in the future, Switzerland can pursue an even more coherent and effective approach in the health field.

2. Review of Swiss Health Foreign Policy

The Agreement on Health Foreign Policy Objectives concluded by the FDFA and FDHA – a pilot project representing the first interdepartmental agreement on objectives¹ between the FDFA and another department with responsibility for a specific sector – was adopted in 2006 for two years and subsequently renewed several times.

Switzerland was the first country to adopt an interministerial national agreement on objectives relating to global health issues. Since it was signed, the agreement has been regarded as a model at the international level.

The Agreement on Health Foreign Policy Objectives represents an important working and control instrument for the Federal Administration. As illustrated by the various examples given in the following boxes, the Agreement has substantially improved cooperation between the various authorities in the health field, permitting results-oriented coordination and greater policy coherence. It has also promoted reconciliation of differing positions and a readiness to compromise on the part of the authorities involved. This allows Switzerland to adopt a more uniform approach at the international level, thus strengthening the country's role as a coherent and transparent negotiating partner.

¹ Based on the Federal Council Decree of 18 May 2005.

Example A: Efforts to combat pandemic influenza

In September 2009, Switzerland decided to participate with other countries in the initiative launched by US President Barack Obama to donate pandemic influenza A (H1N1) vaccines to the least developed countries. Under this programme, Switzerland provided more than a tenth of the vaccine doses ordered by WHO, ultimately totalling 1.5 million vaccine doses supplied by WHO to Ethiopia. The logistical difficulties encountered by WHO in the global deployment of the pandemic influenza vaccine demonstrated the need for a system allowing for pre-planning. The **Pandemic Influenza Preparedness (PIP) Framework** adopted by the World Health Assembly in 2011, which aims to promote the sharing of influenza viruses and access to vaccines and other benefits (thanks in particular to the contribution made by industry), will ensure more equitable access and greater international solidarity during future pandemics. This agreement was the result of a four-year negotiation process in which Switzerland played an active role.

Coherence within the Federal Administration is a key success factor for the Swiss Health Foreign Policy, even though this may not always be apparent from the outside. This explains the importance of various structural modifications within the departments responsible for global health. In the FOPH, the International Affairs Division has been consolidated and global health has been confirmed as one of the Office's eleven strategic activity areas. The FDFA Directorate of Political Affairs has established a health desk in the Sectoral Foreign Policies Division, included the Swiss Health Foreign Policy in the introductory programme for new diplomats and is increasingly defining health-related objectives in agreements on objectives for foreign missions. The FOPH assigns a health attaché to Switzerland's Mission to the EU in Brussels. In SDC, alongside the policy advisor function, two posts have been created for multilateral and international partnerships, and an internal knowledge-sharing health network has been developed. In addition, from 2013 onwards a new global programme on health will strengthen SDC's mandate to advocate the Swiss perspective at the global level.

3. Challenges

The Swiss Health Foreign Policy has traditionally involved both concrete bilateral development cooperation in the least developed countries and multilateral activities. Recent years have seen a steady increase in requests made to Switzerland for **bilateral contacts** with industrialized countries and countries with emerging economies. This applies to general health policy visits, specific contacts concerning health insurance, drug issues, food safety and communicable diseases, and also to health projects associated with Swiss cohesion payments to new EU member states. At the same time, international health issues are increasingly also being raised at bilateral visits of the Ministers of Foreign Affairs and Home Affairs as well as the Directors of the federal offices concerned. Thus, apart from the thematic objectives of the Swiss Health Foreign Policy, there will also be a need for coordination with Switzerland's bilateral cooperation in the health field, in order to meet the growing demands in this area.

Example B: Local authority partnerships with China

Cooperation with China in the health field is being pursued on the basis of a Memorandum of Understanding concluded in 2005. For three years, Peking University and the Global Health Programme of the Graduate Institute of International and Development Studies in Geneva have been jointly organizing courses on global health diplomacy, supported by the Chinese Ministry of Health and the FOPH. In addition, four partnerships are being developed between Swiss cantons and Chinese cities:

Canton Basel-Stadt	&	Municipality of Shanghai
Canton Geneva	&	Municipality of Shenzhen
Canton Vaud	&	Municipality of Zhenjiang
Canton Zurich	&	Municipality of Kunming

On an official working visit to China (21–27 April 2011), Federal Councillor Didier Burkhalter met with the Chinese Health Minister Chen Zhu and signed a joint declaration on bilateral cooperation in the field of health; among other things, this establishes the institutional framework for the four partnerships mentioned above.

As in most industrialized countries, Switzerland's governmental structures in the post-war period were built based on a perceived dichotomy between industrialized and developing countries – with the exception of the isolated Eastern bloc. With regard to international health issues, generally addressed in a purely technical manner, there was a clearly defined division of responsibilities: the FOPH was responsible for industrialized countries and for WHO (technical matters and governance), while SDC was responsible for developing countries and multilateral development matters. Today however, two thirds of the world's population live in **countries with emerging economies**, which no longer expect traditional development cooperation, but exchanges among countries on an equal footing. Moreover, in multilateral negotiations on questions such as access to medicines, the positions of large countries with emerging economies (BRICS)² in particular – given their economic and research policy interests – often differ from those of the least developed countries. Not infrequently, interests stemming from competition are mixed with those of health policy. This in turn raises special challenges for Switzerland in weighing up its own corresponding interests, necessitating significantly closer cooperation between the federal authorities concerned.

Switzerland and numerous public and private actors in the country pursue intensive **research** on questions of global health. Especially in the context of development cooperation, Switzerland has a long tradition of approaching health issues from a global perspective. In the future, this global focus is to be intensified in Swiss Health Foreign Policy activities by all the federal authorities concerned.

With regard to the eight Millennium Development Goals (MDGs)³ – three of them directly concerning health⁴ – which were adopted in 2000 by all UN Member States, the question arises for the post-2015 period of how the global development goals can be improved and adapted to the respective environment so as to maintain or increase their positive effects. Here, greater weight should be accorded to global issues, human rights and sustainability. In addition, there is a need for a conception of development involving a broader definition

² Brazil, Russia, India, China, South Africa.

³ With the adoption of the Millennium Declaration and the Millennium Development Goals in the year 2000, the UN members states were endeavouring to reduce extreme poverty in the world by half up to 2015.

⁴ MDG 4 (reducing child mortality), MDG 5 (improving maternal health) and MDG 6 (combating HIV/AIDS, malaria and other diseases).

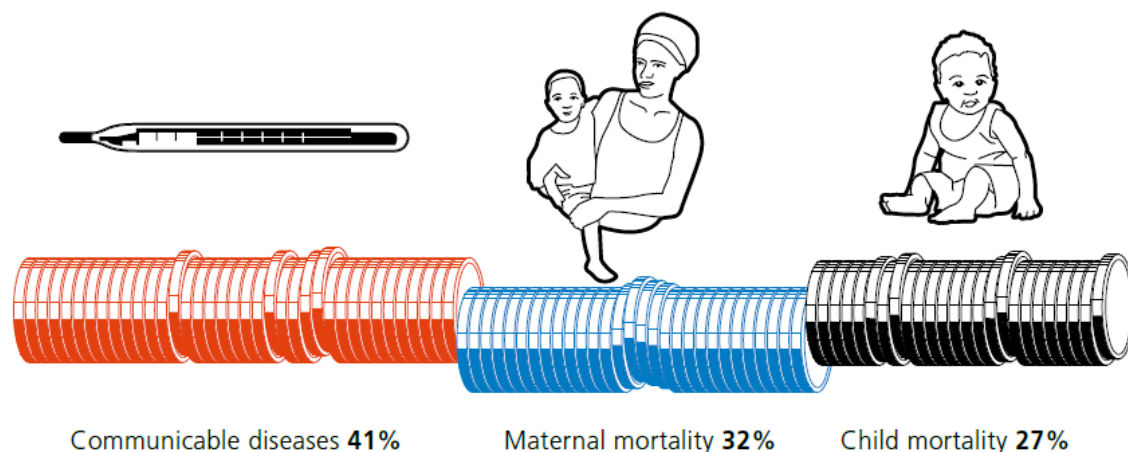
of poverty than that which is implicitly assumed at present by the MDGs. Being developed means living in a society where as many people as possible have socially, environmentally and economically acceptable options for living in dignity.⁵ Account should be taken not only of access to education and health care, but also of vulnerability and insecurity, exclusion and powerlessness (ability to influence the underlying conditions of poverty through political participation). This is based on recognition of the universal right, enshrined in the WHO Constitution, to enjoyment of the highest attainable standard of physical and mental health.

Example C: Efforts to control the main communicable diseases – the case of malaria

Each year, malaria affects over 200 million people, killing over 700,000 of them. Since the 1990s, SDC has supported innovative projects designed to control this dangerous tropical disease in Tanzania, as well as local malaria research which has earned global recognition. One particularly successful approach has been the systematic distribution of insecticide-treated mosquito nets: use of these nets was shown to reduce the number of cases of malaria and child mortality. Following these encouraging results, the method attracted broader interest outside Tanzania and now forms part of national malaria control programmes supported by numerous organizations. The results are impressive – the prevalence of malaria has been reduced in children aged under 5, contributing significantly to a reduction in child mortality. Over the past 5 years, SDC has invested CHF 11 million annually in malaria control efforts. It was investments of this kind that made it possible, for example, for 88 million bed nets to be distributed in sub-Saharan Africa in 2008. By 2008, thanks to this campaign, a third of all Tanzanian households had at least one insecticide-treated bed net, compared with only 20% of households in 2006. In global efforts to combat malaria, Swiss research institutions, NGOs and companies play a key role. The Swiss Malaria Group (SMG) established by SDC currently has 11 members. The aim of the SMG is to strengthen Switzerland's commitment in this area, which has already proved successful. One life-saving innovation, the antimalarial drug now most widely used in children, was jointly developed by the Medicines for Malaria Venture and Novartis – a public-private partnership financially supported by SDC.

Breakdown of SDC health expenditure by MDGs, 2006–2009

Health, expenditures by
Millennium Development Goals 2006–2009



⁵ Swiss Federal Council, Millennium Development Goals – Progress Report of Switzerland 2010, June 2010, p. 40, see: www.deza.admin.ch/ressources/resource_en_193398.pdf.

4. Principles and values

The Swiss Health Foreign Policy is guided by overarching principles and values, applicable to all the objectives⁶.

- **Good governance**

Good governance is the exercise of political, economic and administrative authority to manage a society's affairs at all levels. It comprises the mechanisms, processes and institutions through which citizens and groups articulate their interests, exercise their rights, meet their obligations and mediate their differences.⁷

In the Swiss Health Foreign Policy, too, Switzerland has a substantial interest in a smoothly functioning multilateral system based on the rule of law and human rights, where corruption and inequalities are combated and democracy is promoted. These are the necessary conditions for political stability and thus for effective and sustainable development. Accordingly, governance is to be understood as a relationship between citizens and the state, as the negotiation of a balance of power on an equal footing. Good governance does not only mean that the government and administration exercise their public duties responsibly, professionally and in accordance with the interests of the population. It also encompasses fruitful cooperation between state and private sector actors, and places certain responsibilities on citizens. Efforts to promote good governance must therefore involve the state, civil society and the private sector alike. The principle of good governance is also a yardstick for the Swiss Health Foreign Policy – both in its development and in its implementation.

- **Justice and poverty focus**

Without health, no development is possible and, conversely, restricted opportunities for development have an impact on health. Switzerland supports the objective of global health, pursuing an approach based on human rights. The aim is thereby to achieve, firstly, equal access to health care for all worldwide (irrespective of origin, race, gender, age, sexual orientation, language, social position, way of life, religious, ideological or political convictions, or of physical, mental or psychological disability). Also to be achieved, secondly, are greater social justice – by considering the needs of poor and vulnerable population groups within states – and an improved balance between high-, middle- and low-income countries.

- **Global responsibility**

The Swiss Health Foreign Policy has the potential to enhance Switzerland's credibility as a global actor in the health field and to highlight the commitment of Swiss development cooperation to poverty reduction and sustainable development as part of Switzerland's national interests and shared global responsibility. This involves not only effective disease control measures, but an integrated approach, taking account of key health determinants such as income, education, nutrition, environment and water, as well as social factors such as discrimination against women. Today, health is one of the core responsibilities of every foreign minister, and every health minister has a dual responsibility – for public health at home and for helping to shape global health policy.

⁶ For the goals see pp. 15–22.

⁷ Adapted from "Governance for sustainable human development. A UNDP policy document", United Nations Development Programme 1997.

These global responsibilities are enshrined, to a great extent, in the Swiss Federal Constitution⁸ and in the WHO Constitution⁹. The objective of WHO is to promote the attainment by all peoples of the highest possible level of health. The aims specified in the Federal Constitution have a substantial influence on health. In this connection, special mention should be made of the common welfare, sustainable development, the greatest possible equality of opportunity, long-term preservation of natural resources, and a just and peaceful international order.

With regard to foreign policy, Art. 54 Para. 2 of the Federal Constitution states that the Confederation is to ensure that the independence of Switzerland and its welfare is safeguarded; in particular, it is to promote the alleviation of need and of poverty in the world, respect for human rights and democracy, the peaceful co-existence of peoples and the conservation of natural resources.

Example D: Health, a key to poverty reduction

Even in the absence of crises, weak or deficient health systems are the rule in many of the least developed countries and of the countries with economies in transition. In recent years, SDC has increased its financial contributions to health programmes, also supporting international efforts and global initiatives. It promotes health care which benefits especially poorer population groups and reduces major inequalities in access to health services. Even though new challenges are constantly arising, progress has been achieved in those countries where Switzerland is active in the health field and, together with other donor countries, helps to build state capacity through budgetary support in the health sector. This progress has been facilitated by the expertise and numerous partnerships of SDC, coordination between donor countries, efficient use of resources and many years of experience. In SDC priority countries Tanzania and Mozambique, child mortality has declined by more than a third over the last 10 years; in Moldova, it has decreased by 40% since 2000. In sub-Saharan countries, a third fewer children were infected with HIV in 2009 than in 2004, and in 11 African countries new cases of malaria have been reduced by more than 50%.

Health centres: village communities participate

In close cooperation with the local population, Switzerland has been involved in the development of 7 hospitals and 76 health centres in Rwanda and Burundi. Motivated by the active participation of village communities, health advisors, medical personnel, traditional midwives or youth groups have collaborated in projects. Over a million people in the African Great Lakes region are benefiting from improved medical services and health education, which generally leads to improvements in health.

- **Safeguarding of interests and coherence**

In both domestic and foreign policy, Switzerland has a variety of objectives to pursue. For example, Switzerland wishes to reconcile its commitment to a liberal economic order with the interests of solidarity and global health. In the measures designed to achieve these objectives, therefore, the greatest possible coherence should be sought, synergies should be developed, and inevitable conflicts of interests should be openly addressed and resolved via the existing political decision-making mechanisms.

If Switzerland is to successfully safeguard its interests in today's globalized world, it is important that it should continue to pursue diversified approaches – be it geographically, in-

⁸ In particular, the Preamble, Art. 2 "Aims" and Art. 54 "Foreign relations".

⁹ SR 0.810.1 (English version: http://www.who.int/governance/eb/who_constitution_en.pdf), in particular the Preamble and Art. 1.

stitutionally or thematically. The foreign policy instruments deployed need to be sufficiently adaptable to accommodate a constantly changing international environment.

The growing importance of the health field brings new challenges and opportunities for Swiss foreign policy. International cooperation on health has intensified, and new international legal instruments are being established. There are growing calls for international standards and greater international cooperation in view of steadily rising costs, the increasing mobility of patients, health personnel and services, and growing technical complexity. The AIDS pandemic or the H1N1 influenza pandemic have shown that, in a globalized world, globally coordinated action based on solidarity is essential to protect the public. At the same time, noncommunicable diseases¹⁰, for example – with multiple causes such as diet, lifestyle or environmental factors –, call for a new kind of (preventive) approach, encompassing a wide variety of actors and sectors.

A coherent Swiss Health Foreign Policy seeks synergies between different policy sectors. The long-term aim is that, in each of the sectors concerned, "better" policies can be pursued, strengthening credibility, transparency and effectiveness of Swiss policy as a whole.

- **"Swissness" – building on existing strengths**

In its Health Foreign Policy, Switzerland also builds primarily on its own strengths. Switzerland has one of the best health systems¹¹, outstanding global health research centres, a strong, innovative pharmaceutical and medtech industry, and a long humanitarian tradition. Health is one of the top priorities of Switzerland's development cooperation. Its health research and teaching is of a high class internationally.

Switzerland is thus an attractive partner with a great deal to offer both in development cooperation and in exchanges with health ministries. As the host country for the most important international organizations in the health sector, and with its political culture of consensus and neutrality, Switzerland can also benefit from its comparative advantages in multi-lateral activities, both representing its own interests and assuming significant responsibility for global health.

Example E: Maternal and infant health

Depending on where an expectant mother lives, pregnancy can be more or less risky. Maternal and child mortality is largely determined by whether medical care is provided in good time – or is even available. Non-existent or poor-quality health care is still one of the main reasons for deaths occurring during pregnancy, in childbirth and during the postnatal period. To reduce infant mortality and improve maternal health, Switzerland is therefore relying on optimized basic care for mothers and infants. In the sub-Saharan countries and in the transitional countries of Eastern Europe, SDC has been involved in efforts to improve infrastructure and equipment in health centres and to provide training for physicians, nursing staff and midwives. Between 1990 and 2008, thanks to efforts by SDC and other partners to develop basic medical care, the proportion of professionally attended births in sub-Saharan countries rose from 53% to 63%, while maternal mortality declined. A decline in maternal and infant mortality has also been recorded in Eastern European partner countries.

¹⁰ Cancer, diabetes, cardiovascular diseases, chronic respiratory diseases.

¹¹ According to OECD/WHO 2011: OECD Reviews of Health Systems: Switzerland 2011, p.11.

5. Actors

The FDFA and the FDHA, or the Sectoral Foreign Policies Division of the FDFA (SFPD), SDC and the FOPH respectively, are the federal authorities most closely involved in the Swiss Health Foreign Policy. At the same time, the concerns of other federal authorities are to be taken into account in the policy. Specifically, the authorities in question are the United Nations and International Organisations Division (UNIOD) and the Human Security Division (HSD) of the FDFA, the FDFA/FDEA Integration Office, the Federal Statistical Office (FSO), the State Secretariat for Education and Research (SER), the Federal Office for Migration (FOM), the Swiss Federal Institute of Intellectual Property (IPI), the Armed Forces Logistics Organisation (AFLO), the State Secretariat for Economic Affairs (SECO), the Federal Office for Professional Education and Technology (OPET) and the Federal Office for the Environment (FOEN). Other authorities involved in relation to specific topics include the Federal Social Insurance Office (FSIO), the Swiss Agency for Therapeutic Products (Swissmedic), the Swiss Alcohol Board (SAB), the Federal Veterinary Office (FVO) and the Federal Office for Agriculture (FOAG).

Example F: Activities in the area of access to essential medicines

Switzerland was closely involved in the process which led, in 2008, to the adoption by the World Health Assembly of the **Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property**. This is designed to promote research and development and to improve access to medicines for diseases affecting the least developed countries in particular. The WHO Commission on Intellectual Property Rights, Innovation and Public Health (CIPRH), which produced the report and recommendations on which the strategy is based, was chaired by former Federal Councillor Ruth Dreifuss. Consequently, Switzerland played a key role throughout the negotiations for this strategy and plan of action. At the national level, a document was developed for the implementation of the plan of action in Switzerland, integrating the activities of the federal authorities concerned (SDC, SER, SECO, IPI, FOPH) but also of external actors (NGOs, public-private partnerships, pharmaceutical industry, scientific community); this document was published on the occasion of the 64th World Health Assembly in 2011.

The present Swiss Health Foreign Policy recognizes and utilizes the existing competences of the various federal authorities. The complexity of the challenges arising with regard to coherence is demonstrated by the numerous policy areas which are relevant to the Swiss Health Foreign Policy. Through closer cooperation, the policy as a whole is to become more targeted and synergies are to be exploited wherever possible. Foreign policy coherence and more effective safeguarding of interests are the overarching objectives which are to be achieved through enhanced coordination among the federal authorities.¹²

The Swiss Health Foreign Policy is influenced not only by the federal authorities involved but also, to a considerable extent, by other Swiss actors and partners:

- Since health policy is largely also a **cantonal** responsibility, the Swiss Conference of the Cantonal Ministers of Public Health (GDK) is a key partner for the Swiss Health Foreign Policy. It will therefore continue to be involved in policy activities and

¹²As for all international relations, the principles concerning mandatory consultation, dealings with other countries and treaties concluded with foreign parties as set out in the Directives of 29 March 2000 on the conduct of international relations by the federal administration are also applicable to foreign health policy.

be invited to meetings of the Interdepartmental Conference (IK GAP) and the Interdepartmental Working Group (IdAG GAP).¹³

- In the Swiss Health Foreign Policy, as in all other policy areas, exchanges take place with the Swiss **Parliament** (Foreign Affairs Committee/FAC, Committee for Social Security and Health/CSSH).
- Among the other key actors are **NGOs**, including organizations active in Switzerland, such as the Swiss Society for Public Health and the various health leagues, and others active in development cooperation, e.g. Medicus Mundi Switzerland (MMS), Médecins Sans Frontières (MSF), Berne Declaration.
- **Professional associations**, e.g. those for physicians (FMH) or nurses (SBK/ASI)
- **Health research and teaching** (e.g. the Swiss Tropical and Public Health Institute, the Geneva University Hospitals, the Graduate Institute of International and Development Studies)
- **Health service providers** (such as hospitals, insurers)
- **Private sector** (pharmaceutical, medtech, food industry).

Completing the picture are actors from other sectors with an interest in the Swiss Health Foreign Policy and the numerous Swiss-based international organizations and public-private partnerships, such as the Medicines for Malaria Venture (MMV) or the Drugs for Neglected Diseases initiative (DNDi).

These actors – sometimes in cooperation with federal authorities, sometimes independently – contribute to the Swiss Health Foreign Policy. Their experience and knowledge feed into health research, contribute to national policies in partner countries and help to raise public awareness in Switzerland and abroad.

Example G: Migration and health personnel

In 2008, an interdepartmental working group was established, under the aegis of the FOPH, to prepare for negotiations on and implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel, which was adopted in May 2010. This group, whose main objective is to investigate the role played by Switzerland in the global shortage of health personnel, commissioned studies from three institutions concerning 1) statistical documentation (OBSAN), 2) recruitment practices (GDK/CDS) and 3) international cooperation practices (Swiss TPH). The three reports were presented at the 12th Conference on National Health Policy, held in Bern in November 2010. It was concluded in particular that greater emphasis should be placed on training and retention of Swiss health personnel; in addition, a broad awareness is currently lacking in Switzerland of the principle, laid down in the Code, whereby both source and destination countries should derive benefits from international migration. The group is continuing its work with a view to identifying ways of remedying this situation; the first report on activities concerning implementation of the Code in Switzerland is due to appear in May 2012.

The World Health Organization (WHO), other UN agencies (e.g. UNAIDS, UNICEF or UNFPA), the World Bank and the OECD are the most important international organizations active in the health field.

Through regulation and via agencies such as the European Food Safety Authority (EFSA) and the European Centre for Disease Prevention and Control (ECDC), the EU exerts an influence in numerous areas on the health systems and health policy measures of EU Member States and also of other countries. In addition, recent years have seen the emer-

¹³ For a list of federal authorities participating in the IdAG GAP or involved in relation to specific topics, see Annex I.

gence – alongside existing funding institutions (World Bank, regional development banks, etc.) – of influential new international funding mechanisms and partnerships: these include global health initiatives – e.g. the Global Fund to Fight Aids, Tuberculosis and Malaria (GFATM) and the Global Alliance for Vaccines and Immunisation (GAVI) – and also public-private partnerships (PPPs) or product development partnerships (PDPs), such as the Medicines for Malaria Venture (MMV), the Drugs for Neglected Diseases initiative (DNDi) or the Foundation for Innovative New Diagnostics (FIND).

The global aid architecture is undergoing a process of profound change, turning into a highly fragmented arena. In international health cooperation, likewise, the world has become multipolar, with a large number of new actors. New cooperation mechanisms are developing whereby actors such as countries with emerging economies, foundations and the private sector can be involved in working towards shared objectives agreed at the international level.

In global health, this already complex architecture interacts with global public goods issues, such as protection against pandemics and representation of the economic interests of all countries in one of the largest and most rapidly growing sectors. In addition, new models of cooperation are being pursued, e.g. between industrialized countries and countries with emerging economies, where the focus is not primarily on funding, but on sharing of experience. All countries face certain common challenges, such as strengthening health systems, demographic changes, or influencing social determinants of health.

Example H: Strengthening cooperation between the OECD and WHO

For some years, Switzerland has been seeking to strengthen cooperation between the OECD and WHO. In particular, it funded the secondment of a WHO expert to the OECD for a period of two years. It also provided financial support for a WHO-OECD hosted dialogue on health personnel migration, held in Geneva in October 2008.

On two occasions, Switzerland has also requested these two organizations to conduct a joint analysis of the Swiss health system. These reviews, published in October 2006 and October 2011, provide an overview of this country's system, in both economic and public health terms. They also serve as a "portrait" for countries interested in Switzerland's health system.

There is a need to identify new forms of cooperation or ways of exploiting synergies – initial efforts in this direction can already be seen in informal coordination mechanisms such as the Health 8 group (H8)¹⁴. One direct result of recent trends is the reform process initiated within WHO in 2010. Given the multiplicity of new health actors, WHO now faces the challenge of clearly articulating its role in a globalized world, redefining its leadership function within global health governance, and more closely involving a wide variety of global health policy stakeholders in WHO activities.

¹⁴ WHO, UNICEF, UNFPA, UNAIDS, GFATM, GAVI, the Bill and Melinda Gates Foundation and the World Bank.

6. Areas of interest

Experience with the Swiss Health Foreign Policy in recent years has shown that it is desirable to improve integration of the wide variety of activities in the health field, taking a more systematic approach to the development of synergies. It has become clear that current challenges need to be addressed holistically (e.g. health personnel migration), and that existing health risks often have multisectoral causes and consequences (e.g. noncommunicable diseases). This applies at the local, national and global level. Better use is to be made of integration and the development of synergies among the various objectives and actors.

With the revision of the Swiss Health Foreign Policy, three areas of interest are defined:

- Governance
- Interactions with other policy areas
- Health issues

These goal areas cover the health interests of the Swiss population, Switzerland's global responsibility and general interests (cf. the matrix in Annex III).

Area of interest 1: Governance

Since its establishment, WHO has been the key agency and dominant international forum for health issues, especially in the normative area. However, the last ten years have seen the emergence of a large number of new state, private and mixed institutions, which have rapidly developed into significant actors in the health field, sometimes with massive financial resources. As a result, the global health architecture has become more complex, and governance at the global level more difficult. Switzerland has a substantial interest in an improvement of the effectiveness of global and international health cooperation. It is therefore seeking to promote more coherent interaction among the relevant actors from the sectors of health, development cooperation, humanitarian aid, human rights and other health-related policy areas, be it at the bilateral level – especially in relations with the EU, but also in bilateral development cooperation –, in multilateral bodies or in the context of the WHO reform process. There should be further strengthening of health policy synergies within international Geneva, which is home to 21 international organizations having a host country agreement with the Swiss Federal Government (including WHO, UNAIDS, GFATM, WTO, ILO), the permanent missions of 168 countries, various partnerships and convention secretariats, and 250 international NGOs, and a wide variety of university and research institutes. This may involve providing support for the Member Countries of these organizations in their capital cities and in Geneva, so that these countries can participate effectively in global health debates. In addition, scientific foundations and teaching in the field of health diplomacy and governance are to be made available in international Geneva.

The Swiss Health Foreign Policy is also to focus on the promotion of effective, high-quality, affordable and equitable health systems in all countries – but especially in the least developed and in countries with economies in transition –, so as to reduce the existing inequalities in this area. In healthcare provision, the international dimension is rapidly increasing as a result of technical developments and the migration of patients and health personnel. Switzerland has an interest in learning from international experience in this area so that the Swiss health system can be further developed while remaining affordable. In this connection, increased exchanges on best practices should be pursued with other OECD coun-

tries, selected countries with emerging economies and the Commonwealth Fund¹⁵, with which Switzerland has maintained a partnership since 2008.

Area of interest 2: Interactions with other policy areas

Worldwide, consideration of health determinants is playing an increasingly central role. After all, human health is influenced to a considerable extent by economic, social and environmental factors such as income, education, access to water, nutrition, natural resources, chemicals, waste management and gender equity.

Switzerland's prosperity is one of the main determinants of health, and the health of the population, together with the quality of the health system, is a significant locational factor. The therapeutic products industry (pharmaceuticals and medtech), accounting for around 36% of exports of goods, is Switzerland's most important export sector. It is constantly confronted with the conflicting demands of innovation, universal access to good-quality medicines and profitability. Equally, it has to address the needs of the least developed countries in the production and adequate disposal, pricing and marketing of vital medicines, and in the development of their own research capacity. The health sector is one of the country's leading employers. This indicates the economic significance of the Swiss Health Foreign Policy, especially if one takes into account that these data on exports and jobs do not include related areas, such as the food and beverage industry.

Switzerland exercises its global responsibility for combating poverty and promoting sustainable development, contributes – as a centre of scientific and academic research and training in the health field – to important advances in basic and applied research, and has an interest in a sound, non-discriminatory framework at the international level. With the development of new, more effective drugs by companies based in or carrying out research and production in Switzerland, added value is created, which should be strengthened both from an economic and from a health policy perspective.

Switzerland's specific contribution should consist in striking a responsible balance between the legitimate profitability interests of industry and universal access to good-quality therapeutic products (see Example C above).

Area of interest 3: Health issues

Through efforts to combat diseases and strategies for coping with existing disease burdens, public health and productivity are to be maintained. Targeted efforts are still required to combat the three main poverty-related diseases (HIV/AIDS, tuberculosis and malaria). Also required are continuing efforts to maintain a high level of protection in the areas of food safety, chemicals, radiological protection, environmental protection and safety of therapeutic products. At the same time, successful public health projects – at both the national and the global level – are now less frequently based on strictly vertical approaches designed to address a specific health challenge.

Health promotion is an important element in the public health sector. Especially in relation to noncommunicable diseases (Cancer, diabetes, cardiovascular diseases, chronic respiratory diseases), contributions should be made to global strategies and programmes of a preventive nature, using the existing channels and the resources already available to development and health organizations.

With regard to Switzerland's development cooperation, the focus is on improving the health of poor and vulnerable population groups. Particular efforts are required to improve maternal and child health, as well as improving sexual and reproductive health. Non-discriminatory access to basic preventive and curative health services should be assured for as many people as possible – irrespective of their socioeconomic status. This requires

¹⁵ The Commonwealth Fund is a US-based private foundation. Since 1998, it has conducted annual comparative international health policy surveys.

the existence of a global market for good-quality, but inexpensive, medicines, vaccines, diagnostics and medical devices.

Education and training of health personnel – and the creation of incentives to motivate staff to remain in these occupations – need to be strengthened both in Switzerland and in the least developed countries. A partnership-based approach is essential if sufficient numbers of health personnel are to be recruited over the long term while avoiding the migration or "luring" of personnel from countries where they are urgently needed.

In the context of complex emergencies, humanitarian aid is complementary to development cooperation. Switzerland provides humanitarian assistance to the people most severely affected by a crisis, conflict or natural disaster. In such cases, humanitarian missions will include measures to promote health over the long term.

7. Objectives of Swiss Health Foreign Policy

The following twenty objectives – and the associated results/measures – are to be understood as objectives to the attainment of which Switzerland makes a significant contribution within the scope of its capacities and resources, since some of them cannot be attained by Switzerland alone. Responsibility for operational implementation rests largely with the federal authorities (acting alone or jointly) whose mandates and strategies are to be defined in accordance with the Swiss Health Foreign Policy.

<i>Areas of interest</i>	<i>Objectives</i>	<i>Results/measures</i>
<i>Governance</i>	<p>1. Swiss-EU relations: Establish a legal framework for collaboration with the EU on health and consumer protection matters.</p> <p>2. Role of WHO: Strengthen WHO as the leading, coordinating global health authority.</p> <p>3. Global health architecture: Improve the effectiveness, efficiency and coherence of the global health architecture.</p>	<ul style="list-style-type: none"> - An agreement in the areas agriculture, food and product safety, and public health is concluded with the EU. - Switzerland participates in the key health-related EU institutions and early warning systems (ECDC, EWRS, EFSA, RASFF) and in the Health Programme. - Switzerland supports the new EU Member States in the implementation of health standards. - Health policy exchanges with individual EU countries are actively pursued. - WHO reform is successfully completed. - The normative role of WHO is strengthened. - The positive impact of WHO on international Geneva is recognized and fostered. - As an Executive Board member (2011–2014), Switzerland makes an active contribution to strengthening WHO. - WHO fulfils its role as the leading, coordinating global health authority and is accepted as such by other actors. - There is no further increase in the fragmentation of the global health architecture. - International actors focus more effec-

4. Strengthening of health systems: Place at the centre of the Swiss Health Foreign Policy the promotion of effective, high-quality, affordable and equitable health systems.

5. Health diplomacy: Integrate health as a key element of foreign policy.

tively on their comparative advantages (normative role, financing, operational implementation, etc.).

- While the role of states is preserved, non-governmental actors are better integrated into global health debates and activities.
- Multilateral (including OECD, WHO) and bilateral comparisons yield important findings for the further development of Switzerland's health system.
- Swiss development cooperation prioritizes measures which strengthen health systems in the least developed countries and in countries with economies in transition.
- The relevant international organizations seek to strengthen the health systems of all countries, regardless of their development status.
- Optimum support is provided for international networking of the main actors of Switzerland's health system, so as to facilitate learning from international good practices.
- Switzerland takes an active part in debates on global health and foreign policy, strengthening intersectoral coherence and concrete results.
- Health is part of the training of Swiss diplomats.
- The *Geneva Program for Global Health Diplomacy and Governance* is developed and firmly established, thus helping to strengthen international Geneva.

	<p>6. International Geneva: Consolidate and strengthen Geneva's position as the "health capital of the world".</p>	<ul style="list-style-type: none"> - Geneva is perceived internationally as the world's "health capital". - Switzerland continues to support the international organizations – including WHO – with facilities and infrastructure and ensures that Geneva remains an attractive location for international organizations. - In relation to the renovation of WHO buildings, Switzerland supports financing in accordance with the Capital Master Plan and relies on contributions from all member countries. - The "Campus Santé" project is implemented.
<p><i>Interactions with other policy areas</i></p>	<p>7. Research: Establish conditions for the strengthening of global health research.</p>	<ul style="list-style-type: none"> - Switzerland's strengths as a research location are used for global health purposes. - Existing and new Swiss global health research actors work together, exploiting synergies for international research collaboration. - The SDC-SNSF program for research on global questions with one focus on the public health sector stimulates Swiss global health research. - The latter is more strongly oriented towards the most pressing health problems of the least developed countries and the countries with emerging economies. - Policy dialogue and the programmes of the federal authorities concerned are influenced by relevant findings from the SDC-SNSF research programme "Provision systems and financing mecha-

	<p>8. Economic interests: Position the strengths of Switzerland's health sector economy internationally.</p> <p>9. Protection of intellectual property: Provide appropriate protection for intellectual property (IP) as an incentive for research.</p>	<p>nisms in the public health sector".</p> <ul style="list-style-type: none"> - Switzerland's research results contribute to innovation and improvements in quality. - Better use is made of existing funding instruments, according to the respective framework conditions, for global health research. - There is an increased awareness of local and global responsibilities in representing the economic interests of Swiss actors in the health sector. - The visibility of the quality advantages of Switzerland's health system is enhanced in the international context. - Free trade is promoted. - The IP system is further developed so as to ensure that incentives for research are not weakened, access to essential medicines is promoted, and consideration is given to the particular requirements of public health in the least developed countries. - The application of TRIPS flexibilities in emergency situations is recognized.¹⁶ - New models and partnerships for the development of essential medicines and diagnostics are assessed and, if appropriate, supported. - The IP system is recognized internationally for its contributions to the research and development of new drugs and vaccines.
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¹⁶ Cf. in particular "Declaration on the TRIPS agreement and public health", 2001 (http://www.wto.org/english/thewto_e/minist_e/min01_e/mindecl_trips_e.htm)

	<p>10. Health determinants: Sustainably improve the economic, social and environmental determinants of health.</p> <p>11. E-Health: Fully exploit the potential of technological developments and social media in the area of global health.</p>	<ul style="list-style-type: none"> - The IP system of the least developed countries and the countries with emerging economies is fostered by Switzerland. - Other sectors' awareness of determinants is raised on the national and international level. - Approaches and solutions for influencing health determinants are made suitable for application in practice. - Implementation of health promotion strategies is supported. - Multi- and intersectoral cooperation and processes in operational programmes are used and supported. - Information and communication technologies adapted to the relevant context are deployed for health service users and providers. - A web-based platform is established for communication with external partners.
<p><i>Health issues</i></p>	<p>12. Communicable disease surveillance: Further strengthen the international system for communicable disease surveillance and control.</p>	<ul style="list-style-type: none"> - The International Health Regulations (IHR) are universally applied. - National, regional and global preparedness for an influenza pandemic is improved. - The WHO target of eliminating measles in Europe by 2015 is met. - There is a reduction in the disease burden and mortality associated with the main poverty-related diseases (HIV/AIDS, malaria and tuberculosis) and with waterborne diseases.

	<p>13. Health protection: Protect the public from health risks in the areas of food safety, radiological protection and chemicals.</p> <p>14. Health personnel: Combat the global shortage and unequal distribution of health personnel.</p>	<ul style="list-style-type: none"> - Protection in Switzerland is maintained at a high level through international co-operation, in particular with the EU. - Measures are designed in a business-friendly way, and non-tariff barriers to trade are avoided as far as possible. - The Swiss vice-presidency (2011–2014) helps to strengthen the Codex alimentarius as a programme for global food safety standards. - The WHO Global Code of Practice on the International Recruitment of Health Personnel is implemented. - From May 2012, Switzerland prepares a report every three years on the implementation of the WHO Code of Practice. - The Swiss market takes into account the guidelines of the WHO Code of Practice in the training and recruitment of health personnel. - Equal consideration is given to labour market needs in industrialized countries, countries with emerging economies and the least developed countries. - The recruitment of health personnel in the least developed countries is accompanied by measures which strengthen their health systems. - Education and training for health workers is strengthened in Switzerland and worldwide.
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15. Access to / quality of therapeutic products: Improve access to indispensable (established and newly developed), good-quality, affordable medicines and medical devices.

16. Noncommunicable diseases: Promote the prevention, diagnosis and treatment of noncommunicable diseases.

- Support is provided for the provision and management of basic health services with essential medicines.
- Support is provided for the research and development of new, affordable medicines and diagnostics through public-private partnerships.
- There are global efforts to combat the spread of counterfeit medicines.

- Switzerland advocates a coordinated international approach to the prevention of noncommunicable diseases and to health promotion.
- Under WHO leadership, Switzerland supports effective measures (e.g. a web-based, international platform documenting international data availability) to implement objectives and voluntary commitments of government and private-sector actors to combat non-communicable diseases.
- Mental health is integrated into efforts to strengthen health systems.
- Switzerland consistently implements existing national prevention programmes and – as soon as it comes into force – the Federal Act on Prevention and Health Promotion (Prevention Act).
- Switzerland ratifies the WHO Framework Convention on Tobacco Control.

17. Drug policy: Establish internationally the fourfold policy (prevention, therapy and rehabilitation, harm reduction, and law enforcement and control).

18. Humanitarian aid: Make available Switzerland's capacities and skills for saving lives and restoring health in humanitarian crises.

19. Human rights: Promote and secure the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

- Switzerland retains the freedom which it has secured for itself in the international environment.
- In international drug policy, Switzerland's fourfold approach¹⁷ (prevention, therapy and rehabilitation, harm reduction, and law enforcement and control) is more widely recognized.
- There is increased cooperation and sharing of information on illegal drugs, especially with European countries and the EU authorities.

- Switzerland provides emergency medical assistance in humanitarian crises.
- Switzerland participates in reconstruction efforts after disasters and crises, and contributes to the stabilization and long-term strengthening of public health in fragile states.
- Through prevention and advocacy, Switzerland reduces risks and mitigates the impacts of crises and disasters.

- Based on the human rights principles of universality, indivisibility, interdependence, equality and non-discrimination, participation and inclusion, accountability and rule of law, Art. 12 Para. 1 of the International Covenant on Economic, Social and Cultural Rights is implemented globally.

¹⁷ As specified in Art. 1a of the Narcotics Act (SR 812.121)

20. Maternal and child health / sexual and reproductive health: Promote maternal and child health, and sexual and reproductive health.

- Medical and social care is improved for expectant mothers in countries with high rates of infant and maternal mortality.
- The chances of survival of infants and mothers are increased by improving access to health services for vulnerable groups.
- Switzerland helps to improve access to sexual and reproductive health information and services for women and men.

8. Instruments for enhancing coordination and coherence

The measures to improve coordination and coherence which were proposed in the Agreement on Health Foreign Policy Objectives in 2006 have been implemented and are reaffirmed as permanent instruments in the new the Swiss Health Foreign Policy. These established instruments should ensure that interdepartmental cooperation remains as straightforward as possible. In addition, decisions are naturally also to be assured by standard mechanisms such as defined responsibilities (see Annex I), departmental consultation and co-reporting procedures, and Federal Council decisions. With Instrument 6, a new element has been introduced to strengthen cooperation with non-governmental actors. Swiss Health Foreign Policy activities are to be coordinated with Switzerland's general foreign policy and actively communicated, building on Switzerland's particular strengths.

Instrument 1: Coordination office for Health Foreign Policy

The Sectoral Foreign Policies Division (SFPD) is the FDFA's coordination office for the Swiss Health Foreign Policy (currently, the Transport, Energy and Health section). This office is responsible for collecting and forwarding relevant information from the FDFA to the other authorities concerned within the Federal Administration. In principle, communication with the Swiss diplomatic missions should pass through the coordination office, although other arrangements may be made with the FDFA in justified cases. The coordination office serves as the contact point for enquiries from the FOPH and other authorities within the Federal Administration. It is also responsible for coordination of health matters within the FDFA. The coordination office also seeks to ensure the coherence of the Swiss Health Foreign Policy as part of Switzerland's overall foreign policy, by weighing up the various foreign policy interests and, at the interdepartmental level, optimizing the safeguarding of interests and the allocation of resources.

Instrument 2: Information platform for Health Foreign Policy

CH@WORLD is a wholly web-based information hub and consultation platform, supporting and facilitating cooperation in the area of Swiss foreign policy. On it, the FDFA has established a sectoral area for health, with links to the relevant bilateral or multilateral dossiers. Accessible to all interested parties within the Federal Administration, CH@WORLD provides a shared interface which allows users to conduct consultations, publish comments, look up information and upload documents. CH@WORLD thus ensures that all parties involved in the Swiss Health Foreign Policy within the Federal Administration have the same background information and planning documents at their disposal. CH@WORLD is generally used as a key communication tool by all parties concerned.

Instrument 3: Development of policy papers on Health Foreign Policy issues and strengthening of academic expertise

The FOPH, SDC, and the Sectoral Foreign Policies Division of the FDFA, in consultation with the other parties concerned within the Federal Administration, prepare papers on specific aspects of the Swiss Health Foreign Policy. These papers support discussion and subsequent clarification of Switzerland's position on important the Health Foreign Policy issues. To date, papers have been produced on the migration of health personnel and the implementation of the WHO Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property; papers will be produced on international food safety and on bilateral cooperation in the health field. At the same time, the FDHA and FDFA are

strengthening international Geneva through the consolidation of academic expertise in international health.

Instrument 4: Interdepartmental structures

The Interdepartmental Conference on Health Foreign Policy (IK GAP¹⁸), which is held annually, is jointly headed by the FOPH Director, the SDC Director and the FDFA State Secretary. The IK GAP includes representatives of the FDFA, FDHA, FDJP, DDPS, FDEA and DETEC, as well as the Conference of Cantonal Directors of Public Health. Other federal authorities are invited according to the particular requirements and/or interests.

The IK GAP defines current priorities and joint projects. In addition, the IK GAP decides on joint annual planning, including disclosure of the resources available for this purpose. As a contribution to monitoring and transparency, the status of implementation of measures is reported annually to the IK GAP.

The IK GAP is supported by the interdepartmental working groups on health foreign policy (IdAG GAP¹⁹) and on health, innovation and intellectual property (IdAG GIGE²⁰). Depending on the specific thematic emphasis, the IdAG GAP is jointly led by the heads of two of the following divisions: Sectoral Foreign Policies Division of FDFA, International Affairs of FOPH, and Eastern and Southern Africa of SDC. The IdAG GIGE is jointly led by the Divisional Heads of FOPH International Affairs and IPI International Affairs. Both of the interdepartmental working groups hold regular meetings at least twice a year; as far as is possible and appropriate, these are scheduled back to back. In turn, both the IdAG GAP and the IdAG GIGE can convene ad hoc working groups on specific issues. The experience and concerns of non-governmental health actors are consulted according to the particular topic and available expertise.

An executive-level support group – comprising representatives of the SFPD, SDC, FOPH, SER, IPI, SECO and OPET²¹ – meets at least twice a year to promote policy coherence and, in the event of differences of opinion concerning current dossiers, to reach a consensus or refer such questions to the standard decision-making mechanisms at the Office Director, Department or Federal Council level. The support group provides the two interdepartmental working groups with brief feedback on any agreements reached.

Apart from this interdepartmental working structure specifically concerned with the Swiss Health Foreign Policy, there are various additional interdepartmental bodies which may deal with policy issues. Here, mention should be made of the interdepartmental working group on European Integration (IDA EU), the interdepartmental group on sustainable development (IDANE), the Interdepartmental Committee for International Development and Cooperation (ICDC), as well as the interdepartmental working group for migration (IAM) and its subcommittee for international migration cooperation (IMZ-Ausschuss).

¹⁸ From German: **I**nterdepartementale **K**onferenz **G**esundheitsaussenpolitik

¹⁹ From German: **I**nterdepartementale **A**rbeitsgruppe **G**esundheitsaussenpolitik

²⁰ From German: **I**nterdepartementale **A**rbeitsgruppe **G**esundheit, **I**nnovation und **G**eistiges **E**igentum

²¹ Other federal authorities are invited according to the particular requirements and/or interests.

Instrument 5: Staff exchange, foreign missions and secondments

If possible, a senior position within the FOPH International Affairs Division will continue to be held by a member of the diplomatic staff of FDFA. The health dossier is to be explicitly assigned to a member of staff at each of the missions in Geneva, Brussels and New York. Health topics are to be included in the annual objectives of these three missions and also, where appropriate, in the objectives of other Swiss diplomatic missions. In addition, SDC will increasingly establish secondments with partner institutions.

Instrument 6: Regular exchanges with stakeholders

This instrument is designed to ensure closer involvement of non-governmental actors in the Swiss Health Foreign Policy. To this end, a general meeting on the policy with all relevant actors is to be held each year. At these events, the external partners will also be consulted on the annual priorities to be adopted by the IK GAP. Also planned are consultations on certain issues. These may be written consultations, invitations to preparatory meetings, working groups on specific topics, participation in delegations to international negotiations. To support such consultations, it is to be assessed whether the establishment of a web-based communication platform is appropriate and feasible at reasonable expense.

9. Resources

The growing importance of the Swiss Health Foreign Policy at the bilateral and multilateral level makes it necessary to use the resources available for its tasks as efficiently as possible. Resources are to be released by a steady improvement in the cost-benefit of measures and by allocating means according to the priorities set. The objective of this is to finance the measures needed to master future challenges without additional financial expenditure by the federal government.

The joint Swiss Health Foreign Policy is to be principally implemented with the resources committed by the FDFA, the FDHA and the other federal authorities concerned.

Annex I Federal bodies involved in the Swiss Health Foreign Policy

Unit of Federal Administration	Responsibilities
DPA ²²	The Directorate of Political Affairs of the FDFA safeguards Switzerland's foreign policy interests and provides optimum bilateral and multilateral relations. It promotes Switzerland's political integration in Europe, and assures the coherence of Swiss positions towards international organizations and bodies and the foreign policy coordination in the migration, economy, financial center, environment, health and science policies.
SDC ²³	The Swiss Agency for Development and Cooperation is the agency within the FDFA responsible for overall coordination, with other federal authorities, of international development cooperation and cooperation with Eastern Europe; it is also responsible for Switzerland's humanitarian aid.
IO ²⁴	The Integration Office is the federal centre of expertise for European integration policy matters. Its responsibilities include the preparation of treaties with the European Union. It negotiates such treaties in collaboration with the competent authorities and coordinates their implementation and further development. The activities of the IO are supported by the Mission of Switzerland to the EU.
FOPH ²⁵	The Federal Office of Public Health is the authority responsible for human health, for national health policy, for Switzerland's contribution to international health policy, for medical and accidental insurance, and for certain aspects of consumer protection.
FSO ²⁶	The Federal Statistical Office is the authority responsible for Switzerland's official statistics.
SER ²⁷	The State Secretariat for Education and Research is the federal authority responsible for national and international matters relating to general and university education, research and space.
Swissmedic ²⁸	Swissmedic is Switzerland's central agency for authorisation and supervision of therapeutic products.
FOM ²⁹	The Federal Office for Migration is the authority responsible for matters relating to immigration and emigration, legislation on foreign nationals, asylum and refugees, as well as naturalization.
IPI ³⁰	The Swiss Federal Institute of Intellectual Property is the authority responsible for matters of intellectual property law.
FOSPO ³¹	The FOSPO, within the defined political framework, promotes the diverse and sustainable development of sport for young people, adults and senior citizens.
AFLO ³²	The Armed Forces Logistics Organisation supports the Swiss Army in all situations and in all processes at home and abroad. The AFLO's tasks include: replenishment, evacuation and maintenance of material and sys-

²² Ordinance on the Organization of the FDFA (SR 172.211.1, Art. 7).

²³ See also: Ordinance on the Organization of the FDFA (SR 172.211.1, Art. 9).

²⁴ Ordinance on the Organization of the FDFA (SR 172.211.1, Art. 13) / Ordinance on the Organization of the FDEA (SR 172.216.1, Art. 13).

²⁵ Ordinance on the Organization of the FDHA (SR 172.212.1, Art. 9).

²⁶ Ordinance on the Organization of the FDHA (SR 172.212.1, Art. 10).

²⁷ Ordinance on the Organization of the FDHA (SR 172.212.1, Art. 13).

²⁸ See also: Ordinance on the Organization of the Swiss Agency for Therapeutic Products (SR 812.216).

²⁹ Ordinance on the Organization of the FDJP (SR 172.213.1, Art. 12).

³⁰ Ordinance on the Organization of the FDJP (SR 172.213.1, Art. 29).

³¹ Ordinance on the Organization of the DDPS (SR 172.214.1, Art. 15).

³² See also: Ordinance on the Organization of the DDPS (SR 172.214.1, Art. 10)

	tems, medical services for the force, transport of people and goods, provision and operation of infrastructures and systems as well as cross section services for the department's defence sector.
SECO ³³	The State Secretariat for Economic Affairs is the federal centre of expertise responsible for all core issues of economic policy, including employment and foreign economic policy, and also, together with SDC, for development policy and cooperation with Eastern Europe.
OPET ³⁴	The Federal Office for Professional Education and Technology is the centre of expertise responsible for national and international matters relating to vocational education and training, universities of applied sciences, and technology and innovation policy; it is also responsible for the coordination of mutual recognition of qualifications with the EU and EFTA and, within its area of competence, for the recognition of foreign qualifications.
FOAG ³⁵	The Federal Office for Agriculture is the centre of expertise responsible for agricultural matters.
FVO ³⁶	The Federal Veterinary Office is the centre of expertise responsible for animal health, animal welfare and the protection of endangered species in international trade.
FOEN ³⁷	The Federal Office for the Environment is the authority responsible for environmental matters.

Annex II List of abbreviations

AFLO	Armed Forces Logistics Organisation
DDPS	Federal Department of Defence, Civil Protection and Sport
DETEC	Federal Department of the Environment, Transport, Energy and Communications
DNDi	Drugs for Neglected Diseases initiative
DPA	Directorate of Political Affairs
DPIL	Directorate of Public International Law
ECDC	European Centre for Disease Prevention and Control
EFSA	European Food Safety Authority
EFTA	European Free Trade Association
EU	European Union
EWRS	Early Warning and Response System
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
FIND	Foundation for Innovative New Diagnostics
FMH	Swiss Medical Association
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

³³ Ordinance on the Organization of the FDEA (SR 172.216.1, Art. 5).

³⁴ Ordinance on the Organization of the FDEA (SR 172.216.1, Art. 6).

³⁵ Ordinance on the Organization of the FDEA (SR 172.216.1, Art. 7).

³⁶ Ordinance on the Organization of the FDEA (SR 172.216. Art. 8).

³⁷ Ordinance on the Organization of the DETEC (SR 172.217.1, Art. 12).

FOSPO	Federal Office of Sport
FSIO	Federal Social Insurance Office
FSO	Federal Statistical Office
FVO	Federal Veterinary Office
GAVI	Global Alliance for Vaccines and Immunisation
GDK	Swiss Conference of the Cantonal Ministers of Public Health
GELIKO	Swiss National Conference of Health Leagues
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
H+	Swiss Hospital Association
HSD	Human Security Division of the FDFA
HUG	Geneva University Hospitals
ICDC	Interdepartmental Committee for International Development and Co-operation
IAM	Interdepartmental working group on migration
IdA EU	Interdepartmental group on the EU
IdAG GAP	Interdepartmental working group on Health Foreign Policy
IdAG GIGE	Interdepartmental working group on health, innovation and intellectual property
IDANE	Interdepartmental committee on sustainable development
IHEID	Graduate Institute of International and Development Studies
IK GAP	Interdepartmental Conference on Health Foreign Policy
ILO	International Labour Organization
IMZ	Subcommittee for International Migration Cooperation
IO	FDFA/FDEA Integration Office
IOD	United Nations and International Organisations Division of the FDFA
IP	Intellectual Property
IPI	Swiss Federal Institute of Intellectual Property
MMI	Medicus Mundi International
MMS	Medicus Mundi Switzerland
MMV	Medicines for Malaria Venture
MSF	Médecins Sans Frontières
NEOC	National Emergency Operations Centre
NGO	Non-governmental organization
OBSAN	Swiss Health Observatory
OECD	Organisation for Economic Co-operation and Development
OPET	Federal Office for Professional Education and Technology
SFPD	Sectoral Foreign Policies Division of the FDFA
PDP	Product development partnership
pharmaSuisse	Swiss Association of Pharmacists
PPP	Public-private partnership
RASFF	Rapid Alert System for Food and Feed
SAICM	Strategic Approach to International Chemicals Management
SBK/ASI	Swiss Professional Association for Nurses
SDC	Swiss Agency for Development and Cooperation
SECO	State Secretariat for Economic Affairs
SER	State Secretariat for Education and Research
SGGP/SSPS	Swiss Society for Health Policy
SNSF	Swiss National Science Foundation
SRC	Swiss Red Cross
Swiss TPH	Swiss Tropical and Public Health Institute
TRIPS	Trade-Related Aspects of Intellectual Property Rights
UN	United Nations

UNIOD	United Nations and international Organisations Division of the FDFA
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

Annex III

