

The Future of Public Health in Switzerland: Setting the Agenda for a Swiss School

A position paper from the SSPH+ governing bodies

Zurich, February 2010

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Background

1. In this document, public health is broadly defined as the science and the art of organizing appropriate responses to the health needs of populations.
2. In this sense, public health includes knowledge and skills coming from many areas, i.e., population medicine, health economics, health policy, health services research, social medicine, medical and health sociology, health psychology, environmental medicine, health law, insurance medicine, plus large parts of international health and primary care. All these areas, which are in general considered to be sciences/disciplines allied to public health, are included as a part of public health in this document.
3. Public health is a key function of the modern state. In most western countries, current regulations, laws and, more generally, the overall organization of the health system were implemented during the 19th century, when the management of the population (including its health) became a topic of modern governance¹. Typically, Swiss regulations related to public health were among the first pieces of federal and intercantonal legislation (the law on epidemics, the law on medical profession, etc.)².
4. During the 20th century, health systems further evolved to become a substantial part of modern economies. Resources devoted to health care increased substantially, and are likely to continue to increase in the coming decades. On the other hand, health related activities represent an important part of the production of goods and services in these societies. This implies that public health is a key discipline in the organization of health systems.
5. Despite its growing importance, specific education and training of a public health workforce³ have not been developed in Switzerland, unlike in many other European countries. As a consequence, most positions in public health institutions (at the federal, cantonal and local levels) have been, and still are, held by persons with no formal education in public health.

¹ Gross Solomon S, Zylberman P, Murard L (Eds). *Shifting Boundaries of Public Health: Europe in the Twentieth Century*. Rochester : University of Rochester Press, 2008

² Gutzwiller F, Paccaud F. (Hrsg.). *Sozial- und Präventivmedizin - Public Health*. Bern: Hans Huber, 2007

³ Human resources for health are generally classified into those providing care for individuals and those providing non-personal health services. In this document, the term "public health workforce" is used to describe the human resources providing non-personal health services. Note that there is an overlap in the activities of the two main human resource categories, e.g. the administration of immunization and screening services. The public health workforce is not the only customer of public health education: several professions, from medical doctors to environmental hygienists and accountants, use many concepts and tools developed by public health, and these "non public health professionals and users of public health concepts" have to be taught and trained as well.

6. Governing bodies have acknowledged that the coming decades will be dominated by public health issues, both in Switzerland⁴ and in other similar countries^{5 6 7 8}. In this context, it is of crucial importance that public health services are competently delivered by a workforce with the appropriate education and training. It is also crucial to link formal education to active inputs coming from research conducted with a sound scientific approach.
7. Building and supporting the public health workforce is part of the effort to ensure an effective and efficient health system (see for example the Canadian report⁹). This does not mean increasing the volume of the workforce, but rather enhancing its skill through better education.
8. Further, a growing number of public health issues are managed by professionals who do not belong to the public health workforce, i.e., those working in areas such as urbanisation, transport, migration, public policy, etc. Thus, fundamentals of public health have to be taught not only to future public health practitioners, but to all key players in population health: health care, education, social work and urban planning, architecture, law, insurance companies, etc., are typical examples. In other words, education and training in public health should be reinforced to also reach professionals beyond the circle of public health practitioners.
9. In the 1960s, the five Swiss faculties of medicine set up chairs in social and preventive medicine for the undergraduate program in human medicine. This was followed in the 1980s by the creation of a FMH specialty, "Prevention and Public Health". The corresponding postgraduate program included a Master of Public Health (i.e., equivalent to one full-time year to acquire the basic skills of a public health practitioner). Prior to this, many medical doctors specializing in public health would have visited Master's programs in foreign countries (mainly the United States, United Kingdom and Netherlands), often with the financial support of the Swiss National Science Foundation.
10. Thus, public health became a medical speciality in Switzerland 20 years ago, as a career option offered to medical doctors exclusively. Until now, however, this formal specialization has not been a strong prerequisite to the attainment of a significant position in the public health sector.

⁴ Ackermann-Liebrich U, Paccaud F, Gutzwiller F, Stutz Steiger T (Eds). Gesundheitsziele für die Schweiz. Bern: Schweizerische Gesellschaft für Prävention und Gesundheitswesen, 2002

⁵ Marks JS. Epidemiology, public health, and public policy. *Prev Chronic Dis* 2009;6(4). http://www.cdc.gov/pcd/issues/2009/oct/09_0110.htm. Accessed Nov 22, 2009

⁶ Ricciardi W. Ten statements on the future of public health in Europe. *Eur J Public Health*. 2006; 16 (5):458-61

⁷ Koplan JP, Fleming DW. Current and Future Public Health Challenges. *JAMA* 2000; 284:1696-8

⁸ Institute of medicine. *The Future Of The Public's Health in the 21st Century*. Washington: National Academy Press, 2002

⁹ The Joint Task Group on Public Health Human Resources. *Building the Public Health Workforce for the 21 Century : A Pan-Canadian Framework for Public Health Human Resources Planning*. Ottawa: Public Health Agency of Canada, 2005

11. It is worth mentioning that in Switzerland, public health as a formal discipline did not interest faculties other than medicine, even if several themes relevant to public health have been addressed by other academic disciplines (i.e., addiction research in sociology, health research in physical education and sport, HIV research in psychology, migration and health in ethnography or anthropology, etc.).
12. This is unusual when compared to several other countries. According to a recent historical report¹⁰, the Swiss situation can be explained by the development of hygiene as a part of the medical curriculum of future practitioners, while in other countries, public health education was developed largely to cope with problems related to colonization (e.g., the Institute of Tropical Medicine in Antwerp, established 1906, or the London School of Hygiene and Tropical Medicine, established 1924), or military purposes (as in the US where the first formal educational curriculum was established by the marine corps).
13. Since the early 1980s, several initiatives were taken to provide courses, mostly with a vocational perspective. The Faculty of Medicine of Geneva and, independently, a consortium of the three German-speaking faculties offered a Master of public health addressed to medical and non-medical professionals, and to students with academic diplomas (otherwise, students selected on the basis of one's application).
14. In parallel, similar educational initiatives were taken in the fields of international health (in Basel and Geneva), management of health institutions (at University of Bern), occupational medicine (by academic centres in Lausanne and Zurich) and in health economics, health policy and health care management (at Universities of Lausanne and Lugano).
15. Many of these initiatives were financially supported by the Federal Office of Public Health. Since the 2000s, the budget (amounting to 3 millions CHF per year) has been funded by the State Secretariat for Education and Research (SER) as a "Projet de coopération et d'innovation" under the responsibility of the Swiss University Conference (SUC). This support is managed by the foundation "Swiss School of Public Health" (SSPH+), a funding agency promoting and coordinating teaching programs at the academic level in public health and allied disciplines¹¹.
16. SSPH+ can be seen as a part of a national effort to address the credentialing of the public health workforce. It helps to define the education and training required to exercise a profession related to public health, to increase and to maintain the quality of the certificates, diplomas, Master and PhD degrees awarded, and to develop continuing education.
17. The current contract between the SER, the SUC and the SSPH+ will end in December 2011.

¹⁰ Gorin V, Barras V. Rapport sur le développement de l'enseignement en santé publique en Suisse. Lausanne : Institut universitaire d'histoire de la médecine et de la santé publique, 2010

¹¹ Until 2005 the funding agency consisted of two separate networks which merged into SSPH+. For more information see the website : www.sspplus.ch

18. After a first round of discussions with the SER (held in Bern on Sept 24th, 2009, see Annex, p.11) and the program leaders, the SSPH+ governing bodies (the Board, the Commission and the Directorate) are initiating the discussion about the future of SSPH+.

Scenarios for the post-2011 era

19. The governing bodies of SSPH+ consider that the mission of SSPH+ should be extended. After 2011, the quality of public health education and training should be maintained at a high level. This means that established programs should be supported, and that new teaching programs have to be promoted. To do this, the financial support to universities ear-marked for professorships, PhD grants, etc., has to be maintained.
20. SSPH+ should aim at establishing a nationwide structure supporting public health education at the graduate and continuing education levels, as well as supporting research and development. Such an evolution is an expected continuation of SSPH+, building upon its success as a coordinating body and funding agency¹².
21. The activity of this School in education, research and expertise should be supported, to a large extent, by the federal government, doing its full part to promote, develop and maintain an appropriate educational and training program in public health.
22. Such a development will give a significant nationwide momentum to public health in Switzerland, in particular because a School is likely to strengthen the quality of the debate and the decision-making in public health.
23. The federal government should take the same perspective that was adopted with regard to the medical profession in the 19th century, i.e., establishing the education and practice of the medical profession under federal responsibility. Because of their key role in maintaining population health, the education of the professions related to public health should be supported by the federal state.
24. An evolution to a nationwide School is also in keeping with a general trend in Switzerland to set up "national" institutions for specific tasks in public health, such as Promotion Santé Suisse in Bern ¹³, the Observatoire Suisse de la Santé (OBSAN) in Neuchâtel ¹⁴, the National Institute for Cancer Epidemiology and Registration in Zurich (NICER) ¹⁵, etc. More are expected, e.g. the National Institute for Prevention¹⁶.
25. The emergence of these institutions at the national level reflects constraints related to the small size of Switzerland: the limited number of professionals cannot be scattered all over the country, and population-based approaches require a larger framework than the canton.

¹² See the evaluation report prepared for the SUC, cf. Joye-Cagnard F et al. Evaluation de l'instrument "Projets de coopération et d'innovation" (2004-2007). Rapport final. Berne: SUK/CUS; 2009.

¹³ <http://www.gesundheitsfoerderung.ch/>

¹⁴ <http://www.obsan.admin.ch/>

¹⁵ <http://www.asrt.ch/nicer/>

¹⁶ <http://www.bag.admin.ch/themen/gesundheitspolitik/00388/01811/index.html?lang=de>

26. Working within the same structure will also help professionals develop a common perspective towards public health, thanks to closer interaction between a larger number of persons working as researchers, educators or practitioners. This will further what has already been achieved by SSPH+, e.g., a common perspective on post-graduate programs of study (e.g., implementation of a common portfolio), better coordination between the PhD programs, an improvement in the quality of education and training (through the organization of several seminars for teachers) and the promotion of academic teachers (e.g., providing resources for assistant professors)¹⁷.
27. Furthermore, a single School provides a larger base for the planning of the public health workforce. This is needed for both research-oriented and practice-oriented activities in public health.
28. Moreover, a School of Public Health will be able to develop and maintain the appropriate structure for continuing education. Federal support for continuing education is in line with the general perspective put forward in a recent report from the federal administration¹⁸.
29. Finally, formal contacts with foreign institutions will be easier to promote and to maintain with a Swiss School, e.g., to organize student exchanges, mutual recognition of doctoral degrees and international accreditation of titles.
30. This post-2011 nationwide School of Public Health can take several forms, depending on its scope and the organisation. These options and the resulting scenarios are discussed below.

Scope of the School: "Universities only" vs. "Strong cooperation with Universities of Applied Sciences"

31. One of the two main options is to decide upon the extension of the current SSPH+ (which include Universities only) to Universities of Applied Sciences (Fachhochschulen / Hautes écoles spécialisées: FH/HES below).
32. A School of Public Health including Universities only would be the continuation of the current SSPH+. A new academic institution devoted to public health will be set up, active in education and training (from the certificate to PhD and to continuing education), as well as in research and development.
33. The alternative, i.e. a strong cooperation between Universities and FH/HES, aims at the education and training of all professionals in all disciplines related to public health. Practically, this means that FH/HES that are already active in several sectors of public health would have a link with the new School.

¹⁷ See the evaluation report prepared for the SUC, cf. Joye-Cagnard et al. Evaluation de l'instrument "Projets de coopération et d'innovation" (2004-2007). Rapport final. Berne: SUK/CUS; 2009.

¹⁸ Neue Weiterbildungspolitik des Bundes. Ein Bericht des Eidgenössischen Volkswirtschaftsdepartements in Zusammenarbeit mit dem Eidgenössischen Departement des Innern. Bern, November 2009. See : <http://www.bbt.admin.ch/themen/berufsbildung/00105/index.html?lang=de>

34. Currently, there is no FH/HES in the network supported by SSPH+, despite an obvious overlap between these institutions in terms of both their educational scopes and the students recruited. In fact, the FH/HES offer a number of courses which, according to their titles, could be taught in programs supported by SSPH+.
35. Uniting Universities with FH/HES would be in line with Schools in several other countries, offering various degrees (from certificates to diplomas, Master's and PhD) to various professions (from occupational hygienist to health economist to community nurse).
36. The development of life-long learning (continuing education) will be easier with this second option. Both Universities and FH/HES will have to move in this direction, and a new School of Public Health would offer an appropriate framework to organize and deliver continuing education.

Organization of the School: Single central School vs. network of institutions

37. One of the objectives in developing a nationwide School is to reinforce the identity of public health as a discipline. Part of the reinforcement will come from a gain in School autonomy as related to, for example, the capacity to award degrees, to influence directly the choice of professors and trainees, etc. On the other hand, reinforcement will also be related to the geographical organization of the School. There are three main possibilities.
38. The first possibility is to set up a network of institutions coordinated by a leading house. This network will be stronger than the current SSPH+. However, it is close to the current situation and hence this possibility is likely to be the one most acceptable to the Universities. On the other hand, the interaction between students and professors are bound to be minimal.
39. Another possibility is to establish the new School in a single place. It could be a new faculty in one of the existing institutions, with the other existing facilities joining this new central School. The most important advantage here is to allow a critical mass of professors, students and researchers to work together on a daily basis on public health topics; this advantage, already mentioned (see §26), is easier to realize if the School is established in a single place.
40. The third possibility is intermediate: the School could be set up in a limited number of centres. Typically, there would be one centre in each of the three linguistic areas. This would increase the critical mass of the institutions in the German and French speaking parts, while the situation is different in Ticino where there is already only one active Centre.

Six organisational scenarios open to discussion

41. Table 1 gives an overview of the six scenarios resulting from combining each of the “scope” options with each of the “location” options discussed above. The scenario A1 (“School as a network of Universities only”) is close to the current situation, while the scenario B3 (“single central School with a strong collaboration between Universities and FH/HES”) represents a substantial move away from the current situation in both the scope and the location of the School.

	School as a network of institutions	semi-centralized School (e.g., one pole in each linguistic region)	single central School
“Universities only” School	A1	A2	A3
“Universities + FH/HES” School	B1	B2	B3

Table 1. Organizational scenarios resulting from the combination of scope and location options

42. Apart from A1 and B3, all other scenarios (B1, A2, B2 and A3) represent some sort of middle ground. They could also be considered as steps in an evolutionary perspective: these intermediate scenarios could well be milestones to go from A1, close to the current situation, to B3, the single School, considered as a long term goal, the final stage of the process.

Setting up a task force

43. The principles of such a new School, its structure and its functioning, the implementation of the institution, etc., will have to be carefully and openly debated. Towards this end, it is proposed to set up a task force as soon as possible after the formal acceptance of this document by the governing bodies of SSPH+ and by the SER.
44. Implementing a new institution is a challenging task. Most Universities and / or Faculties will be reluctant to give up part of their sovereignty in favour of a new institution, let alone shed one of their components. Furthermore, if a “centralizing” scenario is proposed by the task force, the choice of the host institution usually causes some unrest at other institutions, sometimes with toxic consequences for the disciplines involved. Another risk is a disinterest towards public health at institutions which have the feelings of having lost something in this process.
45. The main role of this task force will be to explore the various scenarios at stake and their implementation, including the budget.
46. It will be composed of representatives of Universities and FH/HES, as well as by public health practitioners working in various institutions. The composition of this task force is crucial to its success or failure, and should be proposed to and discussed by the Foundation Board.

47. Experts could be mandated by the task force.
48. The task force and its budget will be under the responsibility of the SSPH+ directorate.

A four-step proposal

49. To sum up, the SSPH+ governing bodies consider that the development of public health education and training has not yet been completed in Switzerland. It is thus proposed to let SSPH+ evolve into a nationwide Swiss School by prolonging the current contract linking SSPH+ with the SUC and SER. This new period will allow progress towards the final goal to be made, i.e., the setting of the new School.
50. The aim of the SSPH+ governing bodies is to avoid a breaking off of the current activities in 2012 or 2013. This would leave each participating centre with the responsibility of finding appropriate support and funding. In practice, this would mean a decrease in the number of existing programs, for several universities will not supplant the funding currently made available by SSPH+. This will be a step back in term of capacity building for public health in Switzerland.
51. Avoiding this breaking off is not a trivial challenge, for the federal funding of SSPH+ was aimed at launching a set of educational programs within the time-limited framework supported by the SUC. At the end of such a launching period, the next step is usually to hand back the responsibility of funding and managing the programs to local institutions.
52. Another problem is that it is unclear which mechanism under the new federal law on higher education (HFKG/LAHE) could be instrumental in the funding of SSPH+ missions in the future.
53. 2012 is likely to be a transition year because of the delayed implementation of the federal law¹⁹. The SSPH+ should be supported by the SER, controlled by the SUC, and able to distribute funds to promote education and training in public health and allied disciplines.
54. The next period, i.e., the period 2013-2016, will serve to fully implement the new School.
55. Thus, we have the following four phases:
 - (i) 2010-2011: the task force is implemented and will provide a first report on the scenarios for mid 2011; this report will be about the opportunity to develop a nationwide School of Public Health, about the nature of the institutions to be included in the School, its organisation, the relationship with academic and public health institutions, the budget, funding support, etc. A decision based on this mid 2011 report will be taken before the end of 2011.

¹⁹ See website: www.sbf.admin.ch/htm/themen/uni/hls_en.html. The law was discussed by the Swiss Parliament in 2009, and is expected to be enforced as of January 1st, 2012, although a delay (one year or more) is not unlikely. In short, this law aims to broaden the scope of higher education in Switzerland and to redefine the tasks of the Cantons and the Confederation in this area.

- (ii) 2012 will be a transition year, with the renewal of ongoing activities. This year will be used to continue and to reinforce the implementation of educational programs in public health in Switzerland. The task force will provide a new report by the end of 2012, with mainly tactical content focused on the implementation of the new School.
- (iii) The start of the implementation of the new School is January 1st, 2013.
- (iv) 2013-2016: a full four-year period to continue and reinforce the implementation of educational programs in public health in Switzerland under the auspices of the new School. The task force will provide annual reports on the progress of implementation. Another task to be completed (during the 2012-2016 period, or even before) is a full survey of current and future public health workforce needs in Switzerland, and a full survey of the need for public health education and training for other professionals (i.e., medical doctors, economists, etc.) (See footnote 3, p.2).

Annexe:**Note de la la séance avec le Secrétariat d'Etat (24 septembre 2009)**

Participants : Mauro Dell'Ambrogio, Felix Gutzwiller, Sandra Nocera, Fred Paccaud, Irene Rehmman

1. Après les salutations d'usage, la Direction présente les activités de SSPH+ et développe les arguments selon lesquels ces activités doivent être soutenues durant les prochaines années.
2. Le Secrétaire d'Etat informe que la Confédération n'a pas vocation à prendre en charge toutes les tâches de formation ou de professionnalisation de toutes les disciplines. Bien que la santé publique présente des aspects spécifiques qui encouragent une certaine centralisation (c'est le cas dans tous les pays), le principe général de la subsidiarité des organes fédéraux reste un principe majeur de gouvernance en Suisse.
3. D'autre part, le Secrétaire d'Etat informe qu'une prolongation du financement de la SSPH+ par la CUS au-delà de la fin 2011 (à savoir : l'année 2012 comme période transitoire, et la période 2013-2016) est envisageable, compte tenu de la bonne réputation du programme et des arguments présentés pour défendre la prolongation. Cette prolongation bénéficiera de l'apport du Secrétariat d'Etat, sans qu'aucune garantie ne puisse être donnée.
4. La CUS informera la SSPH+ sur les procédures à suivre pour la soumission du nouveau projet en octobre 2009. La date de soumission sera probablement en printemps 2010. Un premier document de la part de la SSPH+ sera prêt à la fin octobre et sera augmenté au fur et à mesure des discussions avec les Universités participantes et les partenaires.
5. Un message fort de la part du Secrétaire d'Etat est que la nouvelle demande devra intégrer le ou les scénarios après 2016. En d'autres termes, il n'est pas envisageable que le financement de la CUS soit pérennisé au-delà de 2016.
6. Parmi les scénarios de financement pérenne évoqués sont signalés le FNS, les Universités (dans le cadre d'un consortium à développer), les Ecoles Polytechniques Fédérales (comme nouveau secteur académique), les principaux employeurs des spécialistes en santé publique, etc. Chacun de ces scénarios devraient être explorés durant la prochaine période de financement de la CUS (2012-2016).
7. En outre il s'agit d'évaluer les possibilités de coopération ou d'intégration avec les EPFs. Il existe déjà de nombreuses interactions avec les universités, en particulier à Lausanne et à Zurich (p.ex. Competence Center for Systems Physiology and Metabolic Diseases, the Neuroscience Center, centre de biomécanique, Global Health Institute, etc.). De plus, la répartition des tâches entre les EPFs et les universités pourrait changer dans le futur (p.ex., l'intégration des Facultés de médecine au sein des EPFs).

8. D'autre part, la prochaine période devrait renforcer l'intégration de la santé publique dans les universités en favorisant les « matched funds » entre universités et SSPH+, en appliquant par exemple ces procédés pour les bourses doctorales, les positions de professeurs associés, etc. Cela privilégierait les universités qui s'engagent dans une coopération active.
9. Le contact sera conservé entre le Secrétariat d'état et la SSPH+ durant les prochains mois pour assurer le suivi du dossier.

Zurich, le 25 septembre 2009