

SWITZERLAND

Overview: The Swiss National Cancer Programme (2005 – 2010)

The Swiss NCP has three overarching goals:

- Decrease the incidence of cancer
- Decrease the mortality due to cancer
- Improve the quality of life of cancer patients and their families

It is structured into the five programmatic areas prevention, early detection, treatment, epidemiology and research. In each of these segments mostly Swiss data are used to illustrate where deficiencies are, how they could be corrected and what actions might be taken. Generally, objectives as outlined below suggest, where concrete project should be done.

Preventing the development of cancer more effectively:

Objective 1: To reduce the number of people who develop cancer as a result of tobacco consumption or passive smoking.

Objective 2: To ensure that fewer people develop illness as a result of overweight, lack of exercise, and unhealthy diet.

Objective 3: To reduce the number of people with high-risk alcohol consumption.

Objective 4: To ensure that fewer people develop cancer as a result of ultraviolet radiation.

Objective 5: To ensure that fewer people develop job-related cancers.

Objective 6: To ensure that fewer people develop cancer as a result of harmful substances in their environment.

Objective 7: To ensure that the number of people living a healthy lifestyle increases notably.

Improving early detection:

Objective 1: To inform the population objectively and in detail, so that every one can decide whether a screening test is justified.

Objective 2: To ensure that all women older than 50 are informed about and have regular access to a quality-controlled mammography test.

Objective 3: To improve the early detection of cervical cancer.

Objective 4: To make available appropriate, quality-assured early detection of colon cancer.

Objective 5: To improve early detection of melanoma.

Objective 6: To secure counseling for genetic testing for those with familial cancer risk.

Objective 7: To evaluate the different cancer screening programmes and adapt them accordingly.

High-quality treatment and care that is patient-oriented:

Objective 1: To enable patients to be the main agents in their integrated treatment.

Objective 2: To establish national quality standards for treatment of cancer.

Objective 3: To ensure better coordination and consistency of treatment thanks to regional cancer networks.

Objective 4: To improve psychosocial care.

Objective 5: To improve palliative treatment and care and guarantee access for all.

The challenge of an evidence-based cancer policy:

Objective 1: To improve epidemiological monitoring of cancer.

Objective 2: To create a national cancer information system that meets the needs of the health system.

Pinning our hopes on research:

Objective 1: To optimize coordination and networking.

Objective 2: To strengthen clinical research and public health research.

Objective 3: To support talented young researchers.

A central message is that the patient/citizen should be enabled to play an essential role in all prevention, early detection and treatment activities.

Additional information on the National Cancer Programme is available as a pdf file and can be accessed in German, French and English at: <http://www.oncosuisse.ch/>

The following information was provided in a telephone interview (March 2006) by:

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1. I understand you have a cancer control plan in Switzerland?

I managed the development of the cancer control plan for the years 2005-2010.

2. So you are in-charge of implementing?

No. The Swiss health care system is a federal system. There is no one person in charge of implementation. There are 26 cantonal health directors who are in charge plus the federal office of public health (FOPH). I am involved in the talks about coordination and priorities.

3. And this role is dependent on the ministry of health?

Yes. If, eventually, there will be a legal basis for the implementation of the national cancer control programme (NCCP), then the role will be minimal, because taken over by the FOPH. However, if a legal basis is missing - as now - then the federal government as well as the NGOs do need persons capable to coordinate the work.

4. Is this a kind of volunteer work?

No, I am employed by Oncosuisse, the umbrella NGO for Cancer in Switzerland.

5. In a way you are volunteering for the governmental initiative as well?

The whole development of the cancer control plan followed this road. Oncosuisse proposed to the FOPH and to the conference of the cantonal health directors to sponsor and develop such a plan. So the initiative came from Oncosuisse. We obtained a mandate to do that. This is a kind of public-private cooperation which is highly developed in Switzerland, but which is sometimes difficult.

6. It is something that you will do for several years I guess?

If you want to obtain results in a much decentralized country like Switzerland, you have to plan and act for many years and not for months. The absence of a health ministry with sufficient power does not permit to implement things rapidly.

7. Congratulations because I realize that you have made a huge progress since you started the plan. When did you start the plan?

We started in 2002, I took over the responsibility in 2003, and we published it in the beginning of 2005. So it took about 2-3 years.

8. That is the average and maybe it is a record for a federal government. Because Canada took about 3 years?

I do not know. They have a much more organized health care system than we have.

9. So it was Oncosuisse that was leading this process when you started to develop this plan. Can you explain a little bit the steps that were taken and who was involved in those steps?

There were initially two committees, the strategic steering group and a more operational technical working group. The steering group was composed of people from the federal government, the conference of the cantonal health ministries and other relevant national entities. They set the goals. We then charged the technical working group to prepare reports on various subjects. Sometimes we gave mandates to specialists in their respective fields. So we ended up with reports on different subjects, e.g. what is the financial basis to pay for cancer control in the fields of prevention, health promotion, early detection etc.? This gave points of view developed by specialists or specialist societies in different fields. After the first round we had to add a few missing analyses and structured the whole loose collection into a national cancer control programme. A writing committee amalgamated the reports into first draft. Then we returned it to the specialists and got some inputs, which led to further homogenisation of the point of views. By this approximation process one reaches consensus by re-exposing all partners to the views of all the others again and again. I did most of the coordination and Doris Shopper did most of the hands on work.

10. It is a very interesting methodology. Did you have someone advising you on that kind of methodology or was it more like tentatively?

I have post graduate training in health administration and know quite well how to do those kinds of things. Doris Schopper has a doctor of public health from Harvard. After this recycling of the product, it reflected quite well the view of the specialists. But finally the National Cancer Control Plan (NCCP) has to be accepted by politicians on the cantonal, not only at federal level or in the health department. So we invited all the cantonal health departments and the cantonal NGOs (mostly the cancer leagues), to participate in a consultation, which took about ½ a year from the beginning to end. D. Schopper interviewed the people from the cantons. As an example: in Geneva, with a well staffed cantonal public health sector, there were about 12 people around the table who discussed. In other cantons it was only 2.

But generally this gave us a feedback on the draft NCCP by all the cantons. We translated these opinions into German/French and redistributed it to all the cantons. This is again the same feedback-process of the information to all partners, which will lead to a more homogeneous position among all the partners. After this, we prepared the second version of the NCCP. The last step was a 2 days workshop, where all participants in the process were invited, specialists, NGOs

and federal and cantonal governments. There were also patients groups and clinical oncologists, nobody was excluded. There we discussed implementation, i.e. the way to go. Knowing the Swiss health care system we foresaw, that this might be difficult, so we discussed quite a bit about priorities. At the end we had a list of things that could and should be prioritized.

This produced a final version which was then proofread and translated into German, French and English. All versions are accessible on our internet site at www.oncosuisse.ch. Finally we printed a nice volume and organized press conferences with all the media in January 2005. We had press conference in French, German and Italian at the same time in each of the three major language parts of Switzerland, with a very good coverage by the print media, radio and TV.

11. Would you say that the plan is well disseminated?

Yes. I think it is very well disseminated. We were quite successful to put cancer on the political agenda. In fact we had many motions and interpellations in parliament on the NCCP. There were so many interventions from members of parliament that the minister in charge and the FOPH had to do something. So from that point of view it was success. But of course the unsolved problem remains the implementation of such a plan in a federalist country.

12. Before we go to the implementation, can you point out some problems or barriers encountered?

One is language. We have the three major languages. We spent about 200,000 Swiss Francs for translations only.

A second is the particular interests. Every one fights for his own territory. Those from Berne would want the money to go to Berne and those from Zurich to Zurich and those from Geneva to Geneva. This is of course rather banal, but might be an obstacle. But over all I think that resistance was minimal because we spent a lot of time to obtain a common vision. We were very basic in the beginning. We said we want to diminish the number of cancer cases: that's prevention. We want to cure a maximum number of patients who get cancer: that's early detection and treatment. And we want those that cannot be cured to have good palliative care, a minimum of sufferance . Of course, everybody agreed on those points. Once you have that, you can focus attention on the practical issues at hand in a more efficient way. One has to spend a lot of time in developing the common attitude, the rest is time consuming, but relatively easy.

13. So you would recommend focusing on common vision? You eliminate or reduce the priorities?

Yes, I think the time is well spent if you discuss the vision in depth. You will gain time later. It is easier to get people to subscribe to a vision if there are no concrete things they can hook on. Nobody is against a diminution of cancer cases. If the partners buy into such a vision, they will work into the agreed upon direction, even if strong governmental guidance or finances are not available.

If you go on the homepage of any health care system in the world they will have a vision of the health care system. So even though it is not always in the heads of the people but at least it is

written down somewhere. In Switzerland, however, this was not the case, so we had to create a common vision at least for the cancer field.

14. I think the vision has to do with the well being of the population. And that is so in the many other plans I have seen. They are more focussed on the strategic issues or process issue or resource issues but not really in the final and ultimate outcome that you want to reach in a population?

I think one has to be very cautious not to abuse a cancer plan to further particular interests. For example the pharmaceutical industry wants to sell a lot of cancer drugs and that's okay but it has to be in a context where the population profits most of it. You have to find a way to define an optimum for the population, i.e. put the patient's perspective on centre stage.

15. Was it Oncosuisse that initiated the whole process or someone else at the government level that asked the Oncosuisse to initiate the planning process?

The Cancer League, one of the members of Oncosuisse, played a major role. They had since many years 6 or 7 disease specific prevention programmes. Unfortunately those were not a big success, with the exception of Melanoma prevention. They reassembled specialists, e.g. for melanoma (skin cancer) dermatologists sat around the table and developed something. Then they involved other people who knew how to implement that. They started media campaigns about sun exposure and trainings the dermatologists and the general practitioners about black spots.

16. Was this the national prevention plan as well?

Yes, it was national in the sense that the task force worked on a national level. But it was not national in the sense that it was not officially endorsed by the federal or cantonal government. I think the issue is how well you communicate what you are doing on a very basic level. This means close to the ordinary citizen, so they understand what is going on and can/will influence their political representatives, who in turn will act in parliament. Of course this is only true in system where political forces work bottom up.

17. So you think that cancer prevention plan was not really targeting the people?.

I think it was mostly targeting the specialists and not so much the people. We also learnt from this experience that's important.

18. So in terms of reducing the smoking rates for sure they were not successful.

Yes. Raising the prices is now much more successful.

19. We already heard that they are low by 10% since last year. What about the smuggling, do you have that problem?

We have that problem potentially. But at least the recent results show that these are efficient measures. We have to continue in a multifaceted approach and we will work for the FPTC to be adopted and implemented in Switzerland. For this we will have to convince the parliament to do

the legal changes necessary to adopt the WHO framework programme. This will take approximately 8 years!.

20. This cancer plan was the prevention plan which now has been integrated to this overall plan?

No. These are completely different processes, the prevention programmes had nothing to do with the actual NCCP. These are separate activities of the Swiss Cancer League in some of the prevention fields, which were started many years ago. Now they are trying to squeeze that into the framework of the new NCCP. I think this is positive, it will streamline what they do into a nationally accepted programme.

21. Then it will be one plan?

The Cancer League is an NGO, they can decide to do whatever they want. But they have formally adopted the NCCP as a framework for their further activities.

22. So that is something to wait and see in the future. You are not especially promoting that, you want it to happen spontaneously?

What we would like to happen is that whoever wants to be active can be active. But if you are active please have a look at the NCCP and do it within the given framework of the cancer plan.

23. So this plan that is already published is the official one you have not changed anything it is not being modified at all because it is the official version?

We have not changed anything but the federal office of public health and the conference of the cantonal health directors asked us to fix priorities. In every chapter we gave priorities or a list of things to do. They would like to reduce them to 2 or 3 items. So we did that to make it politically feasible.

24. This is because of the resources implied?

Yes, and the political feasibility as well. If you are in a (semi-)direct democracy and you come with 5 cancer subjects at once people will listen to the 1st and they will half listen to the second and not listen to the 3rd. So one had to cut it down to 2 or 3 feasible points which are politically attractive and can be easily communicated and implemented.

25. This is a very important thing that you are pointing out. This should not be more ambitious than the reality can afford?

Actually prioritizing for action was a much less sophisticated process. It took us about 3 sessions with people from the FOPH, the conference of the cantonal health directors and 2 or 3 specialists from the Cancer League. We already have acceptance of the NCCP, now lets look at prevention, health promotion, treatment and set one priority each. Among prevention there were smoking, overweight, physical activities, alcohol to discuss, which one is the most important? And everybody said smoking. Then we did the same for screening and that was much more difficult. Because the French speaking cantons are decidedly for mammographic breast cancer

screening, whereas the German speaking cantons did not want any organized breast cancer screening, and even preferred colon cancer screening. So we proposed to establish a technology assessment process for screening procedures. This should serve as standardized quality assessment process of the available methods, i.e. what are the criteria a screening procedure has to fulfil in order to be acceptable in the public health system.

26. We have it in our publication but it is interesting that you are doing it?

We proposed that and the partners accepted it as a priority. The discussion now centers on how to proceed. Should we do this first for breast and then for colon and cervical cancer or for the three simultaneously? This is also a function of the resources available. We are actually in the process for breast cancer, there is committee working on it. Within a year or so we will have an evaluation, which will then help to decide, whether the organized breast cancer screening programmes in the French speaking cantons will still be paid for by the compulsory health insurance. And this has to be re-approved by 2007 by a federal committee. We would like that process to evaluate also new screening procedure in the future, e.g. MRI for lung cancer.

27. Is that a more research aspect or are you planning to do as an intervention?

The process is not really research, but evaluation of methods which are actually subject to clinical studies. Lung MRI as a screening procedure is actually just research, but its feasibility for lung cancer screening is being evaluated. We would like to know what the potential repercussions of that (or any other) method are on a public health level.

28. And they are going to spend a lot of money. Which is happening in many areas?

Yes of course. For treatment everybody agrees that we need surveillance of the quality, in the public and private sector. The same holds true for screening, perhaps even more so, as the target populations are healthy individuals. As long as it is paid for by the compulsory insurance there should be quality surveillance.

29. This information is very good. Have you posted this to your website?

It was published in German and French by the Swiss FOPH in their newsletter "Politique nationale de la santé". The last one dating from February says what the priorities are and where the confederation fits in. For instance the confederation says that the clinical quality control is a job for the cantons, because the cantons are responsible for the hospitals. Since some of the cantons are very small and in most cases do not have the technical know-how, there were interventions in parliament to push the confederation to do something on quality control, i.e. to shift control from the cantons to the federal government. Data from the cancer control programme show where some of the deficiencies are, which gave arguments for those interventions. The confederation has still not answered to those motions in parliament.

30. Do you have an official document that you could share with us regarding the priorities for the cancer control plan that you are negotiating?

The February issue of the newsletter published by the Swiss federal office of public health is available on the internet, it contains the priorities. The fourth point is epidemiology, especially

cancer registries. We are currently in the process of trying to secure the financial basis of the registries, to perhaps have a Swiss national institute of cancer epidemiology and registration (“NICER”) in the future.

31. This means that you have allocated funds already for these priorities?

I can only talk for Oncosuisse. We have allocated about one million Swiss francs every year to support processes in the NCCP.

32. And from the government perspective?

The government has a high priority in smoking prevention - and a legal basis to do so - and they support these activities. For the screening they wait until we supply them with the information for the re-approval of the mammography screening. For the time being this is still being paid by the insurance companies.

33. Everything that is being privatized is paid by the insurance?

Mammograms are paid if there is a medical indication. Screening mammograms are paid, if they take place within an organized quality controlled screening programme, as in the French speaking cantons. Of course private radiologists would like to be reimbursed just for anything they do with the breast.

34. So that means they need an accreditation as well?

There are discussions about accreditation of radiologists for mammography.

35. Because I have some leaflets of the breast cancer group of league here in Geneva and they point out which are the mammography centres they are recommending. That means they have done some quality control?

Yes, as I pointed out, in Geneva, Vaud and Valais, where we have organized screening programmes, they have data about the quality. This is accumulating. With time we might be able to point out which is a good centre and which is not.

36. So far the implementation of the NCCP has not yet officially started?

We have started in segments where there is a responsibility of the confederation as in prevention. Tobacco is on the agenda. In Ticino there was a poll to interdict smoking in restaurants and bars and it has been accepted 2:1. 80% said yes. It will have implications for the rest of Switzerland. If only 2 or 3 cantons adopt this, the rest of Switzerland will say this is crazy. But if you have 10 or 15 of the 26 cantons, they will start to think about it. If there are even more, they will say we will have to homogenize, we need a federal law. But it will take at least another 5 years to have a federal law which will be implemented everywhere. And once we have reached that point realization will be close to 100%.

37. From the planning to the implementation what is the most important lesson for you?

This iterative negotiation process is probably the most important aspect, at least in a country like Switzerland.

38. What I realize especially in developing countries that they take a lot of effort to develop a plan, but the plan is on a desk or in a shelf and nobody is really implementing?

I think in Switzerland, it is very important to have a legal basis to initiate and maintain the process. As an example: we have some very good cancer registries, but their basis is cantonal laws, and no federal law clearly permits financial support by the confederation. So we have difficulties with funding by the national government. Of course, they do get some funding via research money, but this is clearly insufficient.

39. You do not have financing; you do not have any political support?

That's right. We don't have the power to put the funds needed high enough on the budget, so you need the legal basis, which forces the government to do something. And if you have a legal basis at least there is a fair chance that finances will follow. There are certainly countries where you can have the legal basis and nothing happens anyway. I have similar experiences in Switzerland and this might be the same in other countries.

40. Apart from Tobacco which is a major priority, what are the other priorities that are going to be implemented on the prevention, early detection, treatment and palliative care level?

On the prevention level, obesity and physical activity, but this is not cancer specific. We have the same problems as the other first world countries have. People are getting too fat and do not move enough. Actually there is now a political intention to develop a law on "General health promotion and prevention". A project for such a law is currently prepared. This might serve a common basis to coordinate activities on a federal level. But this will take about 5-10 years.

41. Then it will include cancer risk factors?

It will include cancer risk factors of course. But they will say they cannot pay for everything. So they will set priorities.

42. In the case of cancer detection breast cancer is not yet approved?

It is approved in the French speaking cantons where it is being implemented as an organized screening programme.

43. Prostate cancer and colorectal cancer?

No, there is nothing for prostate. There is nothing for colorectal cancer, which is a shame because we have sufficiently good data. Colorectal cancer is an important issue in Switzerland and we actually should do something about it. At the time being there are quite simple logistic

issues and we do not know how to solve them. We do not have enough gastroenterologists to do all the needed colonoscopies. In the United States there are specialized nurse specialists to do sigmoidoscopies and if they find something suspicious they send the patient to the doctor. In Switzerland a nurse specialist not allowed to do a colonoscopy or sigmoidoscopy.

44. What about occult blood test?

Yes that's allowed. But this test is just a pre-selection procedure to do a colonoscopy afterwards. Occult blood tests do not solve that problem, if you cannot take care adequately of the patients tested positive.

45. The evidence is not so strong about the colonoscopy. I remember the UK doing it in a pilot project but could not implement nationwide?

Of course we do not have randomized trials for colonoscopic screening, only expert opinion based on the available evidence. We have done a colonoscopy pilot study in Switzerland which was financed by us and the cancer league, where we looked at feasibility from a technical point of view. This is the case. The gastroenterologists had very little complications, but one has to be a little bit cautious, because if the specialists say it is okay in a pilot trial, this does not forcedly reflect on the screening situation at a population level.

46. What about treatment itself or palliative care?

I think palliative care could be better in many places in Switzerland. Our palliative care society is quite active and they have political support. They are successfully mobilizing politics, because palliative care is moving up on the agenda. But it is not perfect yet.

47. When you say it is not perfect which are the gaps?

I can give you an examples. For instance in the Valais, where I am chief of oncology, we have very good in-house people who take care of patients in the pre-terminal phase of their cancer. For home based care, we have very good out-patient services by NGOs and by the public system, who will send nurses at home to take care of those patients. But we have an insufficient interface between the two systems. So this needs to be re-done entirely. But as they are paid by different sources and therefore living in different worlds, this does not happen or it happens only very-very slowly. It needs to get better but for the time being we are not there yet.

48. But the insurance is covering the palliative care. All of it?

Insurance is covering the medical costs associated with palliative care, yes. However, some of the nursing costs may not be covered, especially if the duration is long. Then the patient or his/her relatives have to pay.

49. Psychosocial?

Psychosocial needs to be vastly improved.

50. And who is covering the spiritual support?

The Cancer League mostly, and depending on the canton, the church is also doing quite a lot.

51. Do you have leaders supporting the work you are doing in different areas of palliative care, prevention and the early detection area?

Actually it is the other way round. We try to support the leaders. We have the national palliative care society which is collaborating with the Swiss academy of the medical sciences, the Swiss society of internal medicine and the primary care societies, last but not least the medical oncology society. They are trying to implement those things.

52. Do you have focal points for each of the main areas? Are they governmental entity?

Yes. As mentioned, these are tobacco control for prevention, technology assessment for screening methods, quality improvement in treatment and palliative care and finally cancer epidemiology as general infrastructure. They are in part federal or cantonal government, in part NGO activities. We have focal points but they are not necessarily in the government's responsibility.

53. This is what is very different from other governments. Because you don't have a government involvement, you don't do anything or you do little?

Yes that is different here. But we do not necessarily do little, quite to the contrary. Many institutions take the initiative all over the country, on local, regional and national levels. This leads to many activities with great heterogeneity, which will be improved by the NCCP, because this will serve as a useful framework for all. In other words: we would like to have more (coordinating) government involvement, but without losing the initiatives and activities that are already going on in the country. This situation is not negative, I think that is positive and demonstrates the many resources available in our society.

The disadvantage is a very heterogeneous landscape. People do what they do, because they think it is important, that is why they take the initiative. But they often act without any coordination with their neighbours, which can also be inefficient. The coordination is more challenging. You have to respect political boundaries and autonomy. That's why I think that our role as coordinators was important. There is not a lack of initiative, there is a lack of coordination in Switzerland.

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