

spectra

78



The Thomas Zeltner years

2 Interview with Thomas Zeltner

Physician and lawyer Thomas Zeltner took charge of the Federal Office of Public Health (FOPH) 19 years ago. A lot has changed in Switzerland since then: the open drug scenes are gone, the brakes have been applied to the HIV/AIDS epidemic, not smoking has become the norm and the inhabitants of Switzerland are healthier than ever before. Just before stepping down as FOPH Director, the public health specialist – often vilified as the «health Taliban» – talked to «spectra» about his 20 eventful years in the field of health and prevention policy.

4 Eat better, move more

A healthy lifestyle is not just a question of self-discipline, it's also one of environment and opportunities. actionsanté, an initiative developed as part of the National Programme on Nutrition and Physical Activity, translates this insight into action and seeks to persuade companies and institutions to undertake measures that promote good health. With considerable success, as was shown at actionsanté's annual conference held on 9 November 2009. «spectra» was there.

4 Evaluation of Swiss policy on HIV/AIDS

What can we do to further reduce new HIV infections? In what ways can testing and HIV treatments be optimised? And where is there still unused potential in Swiss HIV/AIDS prevention efforts? The evaluation report produced by an international panel of experts chaired by Prof. Rolf Rosenbrock provides answers to these questions – and the groundwork for the National HIV/STI Prevention Programme 2011–2015 as well.



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Swiss Confederation

Federal Department of Home Affairs FDHA
Federal Office of Public Health FOPH

«Today prevention is a highly professional and evaluated activity with a

Interview with Thomas Zeltner. In recent years and decades, he has been instrumental in shaping Switzerland's health and especially prevention policies. Now, after 19 years at the helm of the Federal Office of Public Health, Professor Thomas Zeltner, physician and lawyer, is stepping down. The retiring Director of the Federal Office of Public Health (FOPH) speaks about stumbling blocks and successes, challenges and visions.

spectra: Prof. Zeltner, healthcare costs have exploded in the last few years. Has Switzerland become sicker?

Thomas Zeltner: No, just the opposite in fact. The Swiss are healthier than ever. The health of the Swiss population in all age brackets is improving, and that's good news. One reason is certainly the big investments that have been made in healthcare. But yes, certainly, costs are rising, though I don't think we can talk about an actual cost explosion. Many comparable European countries have

«The Swiss are healthier than ever.»

higher cost growth rates than Switzerland. Of course, relatively speaking, the level of healthcare costs is high in Switzerland, but countries such as Norway have overtaken us in per capita healthcare spending. In fact, the big cost increases took place in this country in the 1970s and 1980s. That's when a lot of new hospitals were built and infrastructure investments made. But not much was said about that in Switzerland. Since then, healthcare costs have been growing at an average rate of four percent per annum, which is below the European average.

Prevention is, as we all know, an effective means of cutting costs. What has changed in the Swiss prevention landscape in the past two decades? What have been the major developments?

Prevention used not to receive much attention, it was sometimes almost belittled. Today, prevention is an essential part of a good healthcare system. This integration process is impressive, even though it is not yet completed. The site is still «under construction» ... but we'll talk about the prevention legislation later.

Why is there such opposition to prevention issues – and the opposition can be felt in the current debate on the prevention law – if prevention actually promotes health and ultimately results in cost savings?

Probably no one opposes prevention as a method and an instrument. Ask almost anyone about prevention and health promotion and they'll say «Yes, but please not at my expense or against

my interests.» Resistance comes mainly from those groups that stand to lose something from prevention, first and foremost, of course, all those who earn money from tobacco and alcohol. But other product groups are also affected. In some countries, even certain sections of the medical community are resisting. After all, if prevention of disease really means that you need less treatment, some areas of the medical business will also be lost, and some people don't like that.

However, prevention also occasionally collides with important rights, for instance the freedom to advertise. In principle, I don't like advertising bans any more than anyone else. We could almost wish that they didn't work – but we have found that in fact they do. So we have to ask ourselves whether we want more freedom of information or better health. This is where the conflicting views meet head on. Which assets does a society hold dear and how are they defined?

The fiercest debate right now is over tobacco. The Federal Act on Protection against Passive Smoking was approved by the Federal Council in October. Opponents constantly trot out the argument that such laws restrict freedom. How has the public perception of smoking evolved in recent decades?

When I started at the FOPH, we were still debating whether tobacco smoke is carcinogenic or not. Today, no one denies that it is. Back then, there was also no agreement about whether tobacco smoke in a closed room is dangerous enough to harm non-smokers. This view was challenged for a long time, and research results were even falsified. The tobacco industry realised that society would react very strongly if innocent third parties were harmed by passive smoking. Those are two sea changes. It is indisputable that tobacco smoke is carcinogenic and that passive smokers can also fall ill from this smoke and die as a result.

This development was also a learning process by society, as a result of which people have changed their views. How are such learning processes best promoted? Are people swayed by hard scientific facts or by the influence of the media and stakeholders?

Societal learning is a very slow and complex process. I think that such learning can be influenced by the cogency of scientific facts. However, people also learn from campaigns, whether it's an advertising campaign or a government information campaign. The tobacco industry has also realised this and has linked its cigarette brands to very positive life imagery. In our anti-tobacco campaign, we did just the opposite. Without demonising smokers, we succeeded in anchoring the perception of



tobacco as a problem product and no longer as a mainstream product.

20 years ago it wasn't legal drugs such as tobacco that everyone was talking – and worried – about, but illegal drugs. Have we now solved the drug problem?

No, we can't say that. In fact, the trend to addictive behaviour in Switzerland and the rest of Europe is strong. And some addictions not only constrain the addict but also third parties. The phenomenon of addiction takes many forms, so illegal drugs have disappeared from the radar a bit. In my view, the main reason for this is that we have succeeded in changing the public's perception. Drug consumption is now seen less as criminal conduct than as a medical and health problem. That is much to the credit of Swiss drug policy and has greatly eased the tension surrounding the issue. Of course, this doesn't mean that the drug problem has been solved. But we have succeeded in providing far greater assistance, plus – and this is one of our major concerns – we have practically stopped the HIV/AIDS epidemic in this risk group and substantially lowered the number of deaths.

A propos HIV and AIDS prevention: this is an excellent example of societal learning and the effectiveness of prevention. What has been your experience?

I regret that 30 years after the outbreak

of the epidemic we still don't have a vaccine. We wished and we imagined that vaccination would make HIV/AIDS a preventable disease. That would have enabled us to reduce HIV/AIDS over a wide area, as has happened with smallpox and other diseases. Nevertheless, significant progress has been made in treatment. People in our country who are HIV-positive now have a similar life expectancy to the rest of the population, though not a similar quality of life. HIV infection therefore still represents an impairment to health. Every infection that can be prevented means a significant gain in quality of life and of course considerable cost savings. But to come back to your question about societal learning in this area: Learning here is

«Without demonising smokers, we succeeded in anchoring the perception of tobacco as a problem product and no longer as a mainstream product.»

very important because infection can only be prevented by people adopting certain types of behaviour. There are two major challenges in HIV/AIDS prevention. One is to involve a new generation every year in this learning process, which has a great deal to do with sexuality. That is something we're doing relatively successfully. The other difficulty is that this learning always has to take

strong scientific grounding.»

place in a very specific cultural context. Learning in a Moslem context is very different from learning in a middle-class Swiss family, in the gay scene or in a working-class context. We have realised that there are many different contexts, that learning failure occurs time and again and that learning or the conveying of knowledge always has to be adapted to the context.

HIV/AIDS is a good example of how scientific findings can be translated into daily life and practical responses.

Yes, the HIV/AIDS epidemic was the acid test for the «science-to-policy» approach. This has now become the gold standard everywhere, including Switzerland. We were able to motivate practitioners from the front line to participate in research projects and evaluations. We thus killed two birds with one stone. For one thing, we got very good research data and for another we involved practitioners in scientific training and thinking right from the word go. That was an ideal outcome. In the area of illegal drugs, we have been relatively successful, and now we're trying to do the same in the field of nutrition and physical activity. As I see it, the gap separating the academic world and practitioners who are trying to put across healthy exercise behaviour to the population at large is still very wide. We must lose no time in demonstrating best practices and the evidence base to the man, woman and child in the street. We want to achieve this goal with the Institute for Prevention and Health Promotion that is planned in the draft prevention legislation. Specialists should no longer be spread thinly. Instead a centre of excellence will be created for the seven and a half million people in Switzerland.

You've mentioned the National Institute for Prevention. What is your vision for this Institute?

First of all, I simply don't understand the opposition to this institute in many circles. I see the opposition in certain business circles as fear of an institution that will take a very professional approach to prevention. Professionalism also means efficiency, and efficiency means effectiveness. And of course there are segments which have no interest in effective prevention. What's more, prevention is no longer associated in people's minds with charity, as it used to be. Today prevention is a highly professional and evaluated activity with a strong scientific grounding. This move to greater professionalism also means that an institution has to be able to bring together a sufficiently large number of specialists who are true professionals in this area. The main purpose of the Institute is to develop best practices and an evidence base and make these available to policy-makers and above all to practitioners on the front line so that they can put prevention on a modern and professional footing. We expect the

highest level of professionalism in curative medicine. The same should also apply to preventive medicine and health promotion.

But that will involve reorganising the currently highly fragmented prevention landscape to some extent. There are dozens, even hundreds of NGOs and para-governmental organisations that are in some way involved in prevention. Is there also opposition from these quarters because these institutions want to defend their turf?

As regards the NGOs, they are affected in two ways. NGOs need donations, and donations depend on attention. You get attention by engaging in activities. So it is certainly a problem for the NGOs if their activities are less in the public eye. We have to come up with a networking strategy so that the NGOs, which do outstanding work and play a crucial role, can be professionalised. Right now, there is a lot of talk about «case numbers» in curative medicine. In other words, without a minimum number of cases, nothing outstanding can be

«Drug consumption is now seen less as criminal conduct than as a medical and health problem.»

achieved. This is ultimately also true of prevention. You have to have a minimum amount of experience to achieve a really professional level. Either you have enough people – a merger of institutions is also conceivable – or you achieve this through networking. Our experience shows that a team of four or five people and a budget of three to five million are needed for a national project to be successful. Anything less than that and you fail to reach critical mass. The NGO managers will have to give some thought to their future strategy and to the desirability of merging with other organisations.

You've been with the FOPH for 19 years. Which successes have given you most pleasure and which setbacks have annoyed you most?

My greatest pleasure is that health in Switzerland is steadily improving. We note with satisfaction that we still succeed in increasing the asset of «health». That doesn't just go without saying. I am also very pleased that we have been relatively successful in spreading this asset fairly evenly across all sections of society. In Switzerland the gaps here are less wide than in other countries. But the equilibrium is not stable; it's something we have to work at continually. Our success is due in some measure to the fact that in the past ten or fifteen years we have taken a holistic approach to the topic of health and addressed it

systemically. We have realised that we in Switzerland have to invest more in prevention and give some thought to how we can achieve good quality. And we also have to reflect more on controlling and directing the healthcare system. As for the negative experiences: Of course, we have not – or not yet – succeeded in many areas. For instance, we have not yet been able to sensitise various sectors to their responsibility for health. The advocacy for health approach has not yet really taken root. The key healthcare variable that currently has to be addressed is no doubt the workplace. Fortunately, employers are increasingly aware of the great responsibility they bear for the health of their employees and, ultimately, for the health of the entire workforce too.

You have had four Heads of Department during your tenure. How did these very different personalities shape healthcare and how was it to work together with them?

First of all, I'd like to say that our electoral system, under which capable people are elected to the Federal Council, works. All the Heads of Department I worked under were exceptional, outstanding and far above-average personalities. It was always a great privilege for me to work with them. What struck me is that the biography and background of each individual had a big influence on their values and conduct. Ruth Dreifuss, for instance, comes from a feminist and trade union background, and that certainly influenced her ideas on and attitudes to vulnerable groups. From my point of view, Parliament always made a good choice.

What legacy and what message would you like to leave for your successor?

My message is: «Perseverance pays off.» You have to have long-term goals and you must not be discouraged by defeats or impediments. In the face of setbacks, you have to develop a stoic calm, perhaps even a masochistic pleasure. Opposition will lurk everywhere. But as I said: Perseverance pays off.

Both friends and political opponents will attest to your perseverance. Your opponents even called you the «health Taliban» How does it feel to have to make yourself unpopular in the service of health?

I can only quote my previous boss, Federal Councillor Pascal Couchepin: «I'm not here to be popular.» If your goal is to be popular, you're in the wrong place as Director of the FOPH. You have to look elsewhere for affection and love. That is why family and friends play such an important role in maintaining a balance.

At first hand

Thomas Zeltner has been Head of the Federal Office of Public Health (FOPH) for 19 years. This issue of spectra pays tribute to his efforts on behalf of health promotion and disease prevention. I have had the opportunity to work with him on different topics and with varying degrees of closeness over the last 17 years and I have never failed to be astonished by his knowledge and eloquence. He addresses new challenges with enormous commitment and enthusiasm. A number of his goals have now been reached (policy on drugs, tobacco, etc.), and he has shown us the way forward on other issues such as the fair distribution of the commodity «health» in the population, or the goal of sustainable development. He once, for instance, compared the idea of sustainability to the ideals of the French Revolution, declaring that every great idea needs a long time to gain acceptance in the world, and he was concerned whether there was still enough time left for people to achieve sustainable development.

Thomas Zeltner understood how to give the steadily growing FOPH a modern form of management. At continuing education courses I have often astonished colleagues from other federal offices when I have told them about the range of tools we use. What was normal for us was terra incognita for them.

Despite his professional and political activities, Thomas Zeltner never lost sight of the people who worked with him and for the FOPH. He took an interest in his fellow workers, most of them he knew by name, as well as where they worked and what they did. Despite the great demands on his time, he has always found a moment to attend to their concerns.

For this, and not only for his outstanding professional qualities, he has enjoyed wide respect among us.

Ten years ago, he just missed being appointed Regional Director of WHO Europe. Later, when looking back on this at the FOPH Forum in the presence of the entire Federal Office, he described it as his biggest flop of the previous year. In the subsequent question & answer session, a colleague took the floor and said: «Prof. Zeltner, failing to get elected may have been a flop for you, but for us it was the best thing that could have happened because it kept you with us.» The applause confirmed the truth of this statement, testifying to the respect and affection in which Prof. Zeltner's colleagues hold him. We shall miss him for his kind and sympathetic manner!



Ursula Ulrich
Head of Multisectoral Projects Division
Federal Office of Public Health

actionsanté: launch of first actions

actionsanté. The Federal Office of Public Health (FOPH) is breaking new ground in the field of health promotion. actionsanté, an initiative of the National Nutrition and Physical Activity Programme 2008–2012, calls on industry to assume a major role by taking actions to make it easier for people to adopt a physically active lifestyle and choose a balanced nutrition.

At a conference held in Berne on 9 November, around 100 representatives of companies and institutions working in the field of nutrition and physical activity were introduced to how actionsanté operates. The event offered everyone present an ideal opportunity to make new contacts, share their experiences and identify potential synergies with other participants at various economic, political and institutional levels. The presence of Robert Madelin, Director General of the EC's Directorate General for Public Health and Consumer Protection (DG SANCO), helped create a link with the activities of the EU Platform for Diet, Physical Activity and Health. *economiesuisse*, the Federation of Swiss Food Industries (FIAL), the Swiss Conference of Cantonal Health Ministers (GDK), *santésuisse* and the Consumer Organisation for French-speaking Switzerland explained their positions on health pro-

motion in the areas of nutrition and physical activity, and underlined their support for actionsanté.

Two major retailers as principal partners

The two major retailers Coop and Migros – first partners of actionsanté – described the kinds of action they have each promised. Coop has undertaken to reduce the salt content in its bread and potato products. The company also wants to optimise the quality of the fats used in its ready meals, pre-prepared salads and salad dressings, while cutting the amount of sugar in some of its fruit-flavoured dairy desserts. Migros intends to reduce the salt content of several types of bread by the end of the year.

The co-chair of the youth session also participated in the panel discussion, which covered how to push on with voluntary measures aimed at promoting a healthy lifestyle. There was unanimous agreement that consumers are aware of the importance of eating well. However, what is on offer clearly fails to match up to this awareness, and there is a lack of self-discipline. It is therefore important to support individuals in their daily lives and through education. All the participants agreed that actionsanté has a legitimate part to play in the overall goal of promoting a healthy lifestyle, and that the initial lessons



Robert Madelin, Director General of DG SANCO and attentive listeners at actionsanté's first annual conference in Berne.

learned will no doubt be highlighted at the second annual conference, which is to be held on 9 November 2010.

Contact: Valérie Bourdin,
Nutrition and Physical Activity Section,
valerie.bourdin@bag.admin.ch

Switzerland's HIV/AIDS policy under the microscope

Expert evaluation. In order to establish the underlying principles for the National HIV/STI Prevention Programme 2011–2015, the Federal Office of Public Health (FOPH) has appointed an independent international committee of experts to evaluate Switzerland's policy on HIV/AIDS and make recommendations.

According to the evaluation report, Switzerland's policy on HIV has produced impressive results in recent years. However, the committee of experts chaired by Prof. Rolf Rosenbrock of the Social Science Research Center Berlin also says that the policy now needs to be adapted to take account of new circumstances. The latter include changed conditions and opportunities as regards dealing with HIV, and social trends such as how people obtain information (Internet) and new patterns of migration. On the basis of the evaluation, the committee of experts has formulated recommendations for minimising HIV infections, optimising testing and treatment, and managing Switzerland's HIV policy.

Primary prevention: focussing on the main risk groups

Avoiding new infections continues to be the top priority of HIV policy. The motto is «Put the effort where the virus is»: in

other words, apply resources aimed at prevention wherever the biggest number of infections could be avoided. At present, this means focussing on gay men and other men who have sex with men (MSM), as well as immigrants from high-prevalence countries. In addition, the measures taken to reduce harm to intravenous drug users should be continued. Furthermore, the group of experts welcomed the FOPH's efforts to integrate HIV prevention activities into a comprehensive strategy on sexual health. This is necessary because there is a strong link between HIV/AIDS and other sexually transmitted diseases.

Medical care: free access to testing and treatment

How can Switzerland ensure that people infected with HIV are tested promptly and receive – and continue to receive – treatment? With regard to this question, the panel highlighted the importance of free access to testing and medical treatment – regardless of the person's legal and insurance status. Moreover, a coherent HIV testing strategy needs to be developed and implemented. Current provision for voluntary counselling and testing (VCT) is a key plank of any such overall strategy and should continue to be promoted. The panel also recommends strengthening provider-initiated counselling and testing (PICT). HIV in-

fection could thus be diagnosed earlier, improving opportunities for prevention and treatment. In order to avoid treatment being broken off, a larger number of individual treatment schedules should be drawn up and relevant incentives for patients and doctors introduced.

Organisation: the FOPH must take the leading role

As regards the management of HIV policy, the expert committee recommends that the FOPH strengthen its leadership role by implementing all the available management tools such as performance mandates, incentive schemes and working groups. Collaboration with partners should also be reorganised, and the creativity and mobilisation potential of the target groups exploited more effectively. Above all, a Swiss health organisation for gay men must be set up to ensure that prevention is geared to the needs and knowledge of the gay community.

The report can be downloaded at:
www.health-evaluation.admin.ch
> Reports and ongoing studies
> HIV/AIDS > International panel of experts on HIV/AIDS

Contact: Herbert Brunold,
Evaluation and Research,
Herbert.Brunold@bag.admin.ch

Credits • No. 78, December 2009

«spectra – Prevention and Health Promotion» is a newsletter of the Federal Office of Public Health published six times a year in German, French and English. Some of the views expressed in it may diverge from the official stance of the Federal Office of Public Health.

Published by: Federal Office of Public Health,
CH-3003 Berne, tel. +41 31 323 87 79,
fax +41 31 324 90 33

Produced by: Pressebüro Christoph Hoigné
Allmendstrasse 24, CH-3014 Berne
Head of Editorial Board: Adrian Kammer,
adrian.kammer@bag.admin.ch
Contributors: FOPH staff, Ch. Hoigné and others
Translation: BMP Translations AG, Basel
Photos: FOPH, Christoph Hoigné
Layout: Lebrecht typ-o-grafik, 3006 Bern
Printed by: Bütiger AG, 4562 Biberist
Print-run: German: 6400, French: 3400,
English: 1050

Individual issues and free subscriptions to «spectra» can be ordered from: GEWA, Alpenstrasse 58,
Postfach, 3052 Zollikofen, tel. +41 31 919 13 13,
fax +41 31 919 13 14, service@gewa.ch

Next issue: February 2010

www.spectra.bag.admin.ch