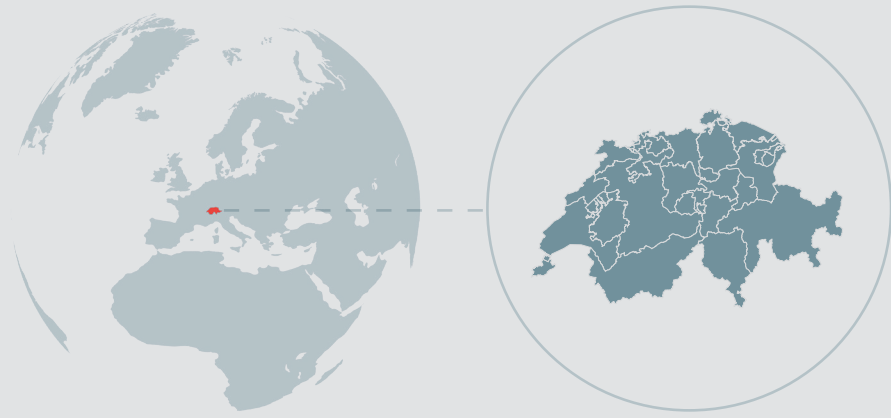




EVOLUTION OF UHC IN
SWITZERLAND

Countries learning from each other to achieve and maintain Universal Health Coverage (UHC)



Capital
Official languages
Government

Bern 46°57'N 7°27'E
German, French, Italian, Romansh
The Federal Council is the highest executive authority of the Swiss Confederation. Its members represent Switzerland's main political parties.

GENERAL INFORMATION

Swiss health system is generated through different sources:

- 17% General taxes
- 36% MHI schemes
- 29% Health care directly through out of pocket contribution
- 10% Other social insurance
- 7% Private insurance



NATIONAL UHC
DYNAMICS CARD
www.p4h.world
towards
SDG 3.8.2

2ND HALF OF
19TH CENTURY

The social protection scheme of Switzerland evolved.

1890 - 1974

1890

Federal government was given a constitutional mandat to legislate on sickness and accident insurance

BEFORE MANDATORY
HEALTH INSURANCE

1900

Second attempt to introduce a system of mandatory health insurance failed.

1914

Some cantons (e.g. Basel-stadt) implemented an Mandatory health insurance (MHI), but no compulsory adherence to a federal health insurance law.

Only after 100 years later and 3 failed attempts a national regulation was accepted.

1956 & 1974

National referendum regarding the MHI failed.

1956

HEALTH INSURANCE COMPANIES

Around the 50s ~1200mostly non-profit making health insurance companies.



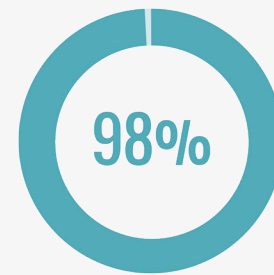
1880

1085 different insurance funds with a total 209.920 enrolees (~ 7.5% of Swiss population).



1945

50% of the population were enrolled in a health insurance.



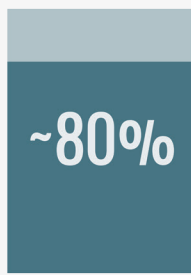
1985

98% of the total population were enrolled in a health insurance.



1996

100% of the total population has been included in health insurance.



2019

~80% of the Swiss population is being insured by ten companies.



“The Swiss health system guarantees comprehensive service packages and large benefits. However, not all services are covered by the insurance so must be co-financed by the patient. This leads to comparatively high out-of-pocket expenses.”

Hansjörg Aeglers
Bicycle mechanic

1989 - 2014

Since 1900

Governmental financial contributions to the health system are principally raised and spent at cantonal level with a limited role of the Confederation (national level).

MHI MANDATORY
HEALTH INSURANCE

1989

The parliament initiated the revision of the law of health insurance (“Bundesgesetz über die Krankenversicherung”)

1994

The MHI and the law on health insurance became modified and accepted by a national vote.

1996

The new Law of health insurance become into force.

2014

Around a quarter (26.9%) of the population benefitted from subsidizes to the health insurance premiums with a decreasing share in most recent years.

2017

58

non-profit making health insurance companies continued to exist.

RESSOURCEN OF TAX BASED CONTRIBUTION AND MHI

In the time period 1995 to 2016 the relative share of the Government tax based contribution to health financing has been decreasing while the resources generated through MHI have been increasing.

