

Health for everyone?

Facts and figures on health inequities in Switzerland



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Swiss Confederation

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

Obsan

Schweizerisches Gesundheitsobservatorium
Observatoire suisse de la santé
Osservatorio svizzero della salute
Swiss Health Observatory

Source

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This report is only available in German and French.

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Health equity

A life healthily lived

Switzerland has a well-functioning healthcare system. But the prospects of leading a healthy life are still unequally distributed, and not everyone has the same opportunities to maintain, improve or restore their personal health. People who are socially disadvantaged tend to live less long, are more likely to suffer illness, and have inferior access to medical care.

The differences here are not random, and cannot be explained by genetic or individual factors alone. A person's social situation – based on factors such as their education, income, social origin, (possible) migrant background and gender modality – has a far greater influence on what health risks they are exposed to, how well they can counter these and how readily they can access any healthcare required.

This booklet highlights some of the key findings from the publication “Health for everyone? A report on health inequities in Switzerland” (Burla, 2025), and illustrates how complex such inequities can be. It is designed to sensitise healthcare professionals and decision-makers to such inequities, and to help bring greater fairness to future disease prevention, health promotion and healthcare provision.

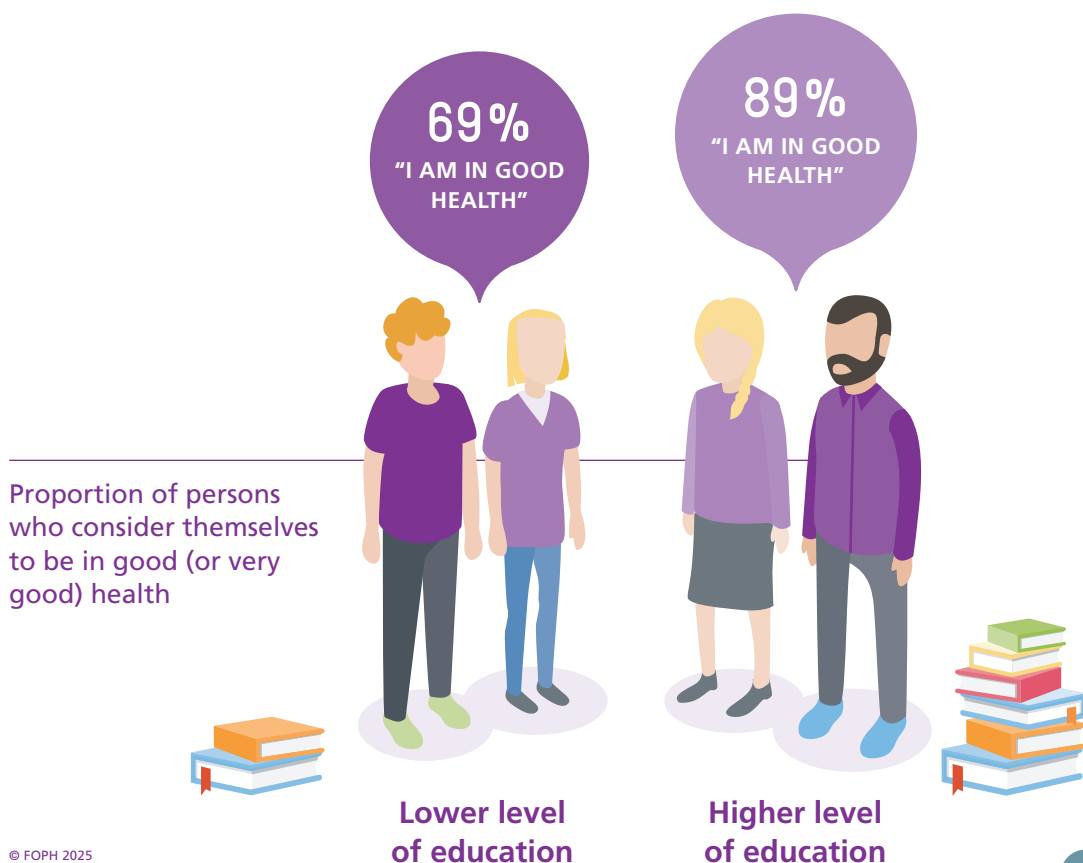


Self-perceived health

There is a clear connection between level of education and self-perceived health

Persons with a higher level of education are more likely than those with a lower level of education to describe their health as good or very good. Persons in a good financial situation also more frequently regard themselves as being in good or very good health.

Trans and non-binary persons are less likely than cis persons ([see Terminology section](#)) to describe themselves as being in good or very good health.

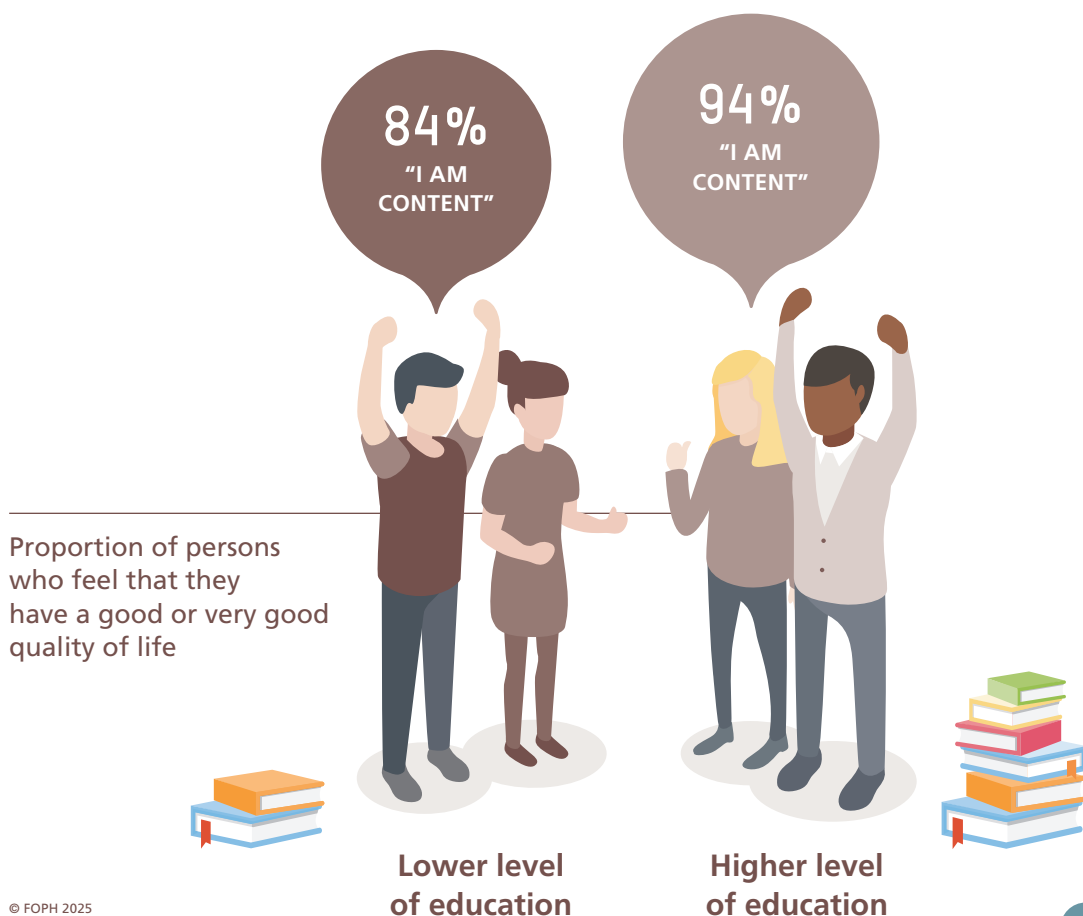




Quality of life

People with a higher level of education are more content with their quality of life

Quality of life is influenced by various factors – health, work, money, social contacts, environmental factors and more. Persons with a higher level of education are more likely to describe their quality of life as high than persons with a lower level of education. Trans and non-binary persons tend to rate their quality of life lower than cis persons do. Girls between 11 and 15 also tend to regard their quality of life as much lower than boys of the same age do.



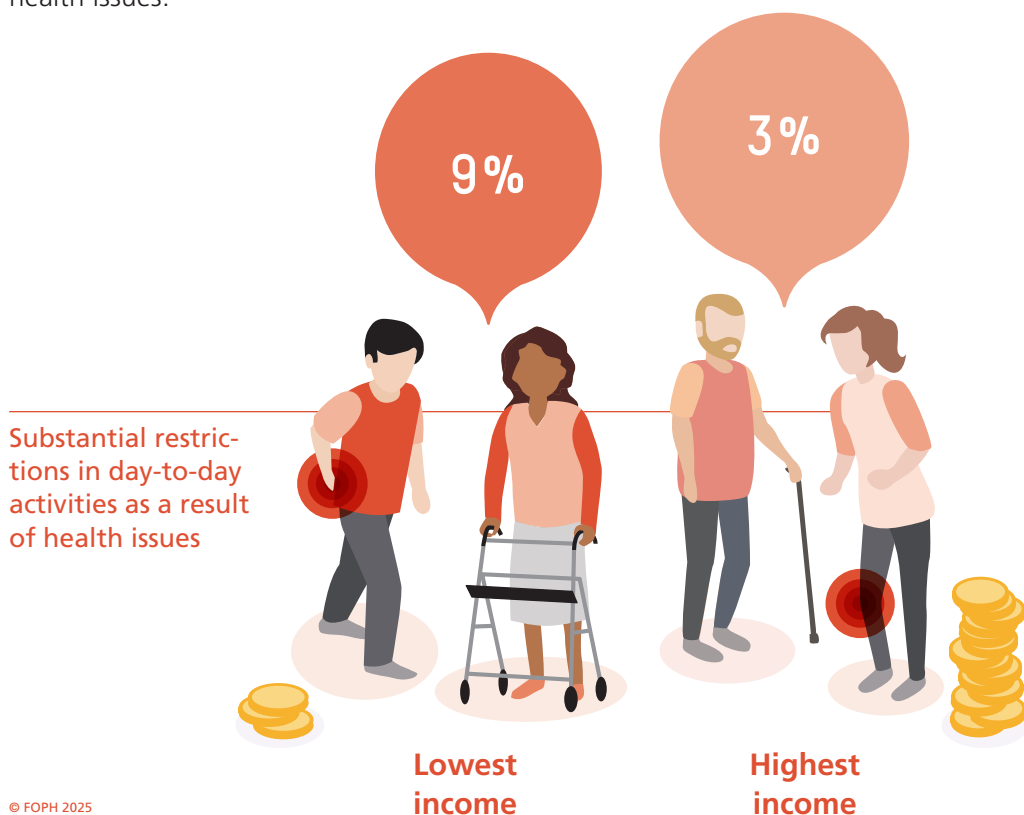


Health-related restrictions

People with low incomes are more often subject to health-related restrictions in their daily lives

Some 6% of the Swiss population are substantially restricted in their day-to-day activities – such as going shopping or using public transport – as a result of health issues.

Major differences are seen here in relation to income: persons with low incomes are up to three times more likely than persons with high incomes to report such restrictions. Persons with a lower level of education are also much more likely to describe themselves as being limited in their day-to-day activities as a result of health issues.

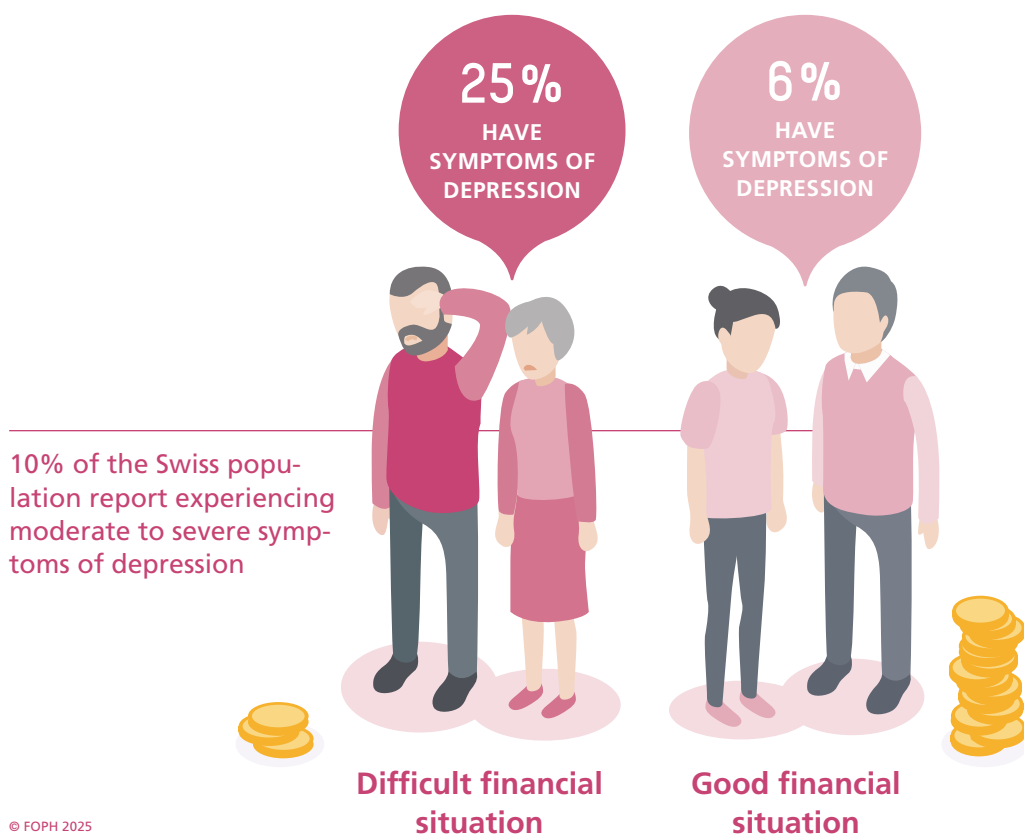




Symptoms of depression

People without financial worries are less likely to experience symptoms of depression

The following data relates to symptoms of depression. It may offer some indications of the prevalence of depressiveness among the population, but it should not be equated with cases of clinically diagnosed depression. Persons without financial worries are four times less likely to experience moderate to severe symptoms of depression than those who have financial difficulties. Women are more likely than men to experience such symptoms.

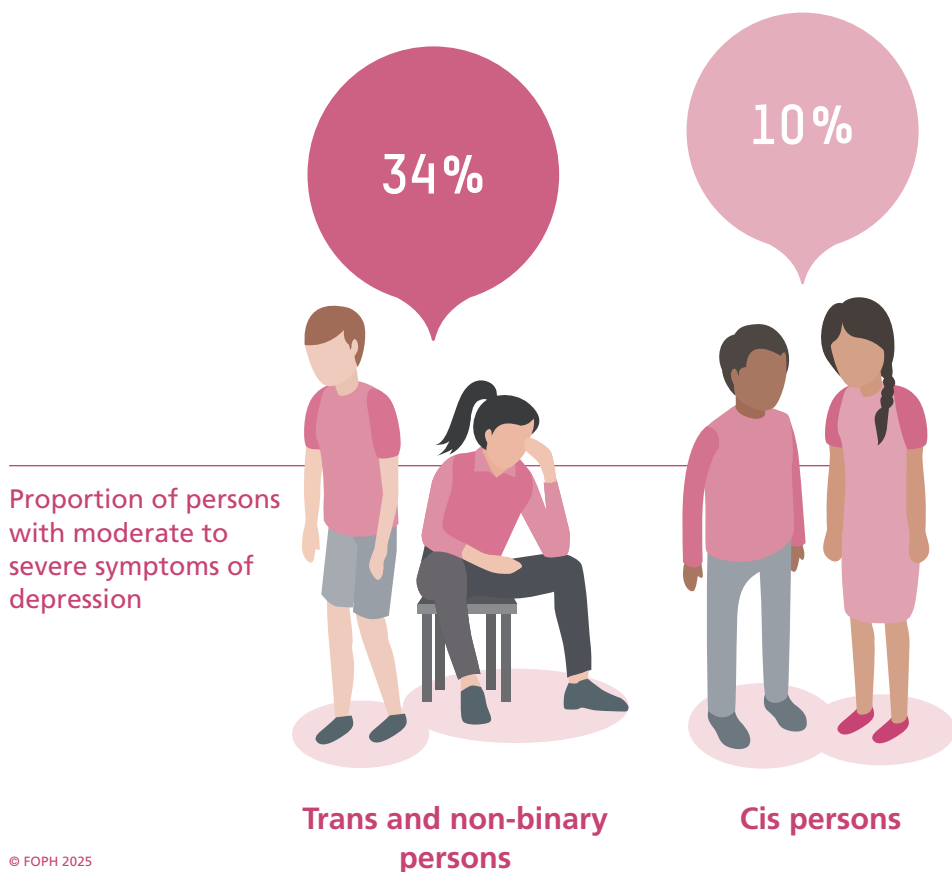




Symptoms of depression

Trans and non-binary persons are more likely to experience symptoms of depression

More than one third of trans and non-binary persons suffer (moderate to severe) symptoms of depression, compared to only one person in ten among the cis population. Major differences can also be seen here in terms of sexual orientation: homosexual or bisexual persons are almost twice as likely as heterosexuals to suffer symptoms of depression. And among children and adolescents, girls report experiencing mental health issues almost twice as often as boys.





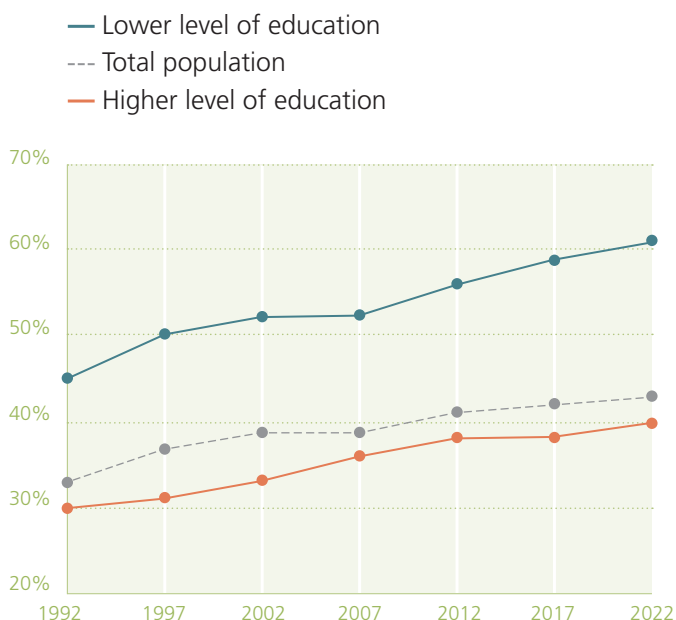
Overweight

Overweight has increased, especially among people with a lower level of education

More than 40% of the Swiss population are overweight. This includes persons who are severely overweight and are classified as obese. Men and those with a lower level of education are more frequently affected.

Overweight (including obesity) has increased throughout the population in the last 30 years. But the rise has been significantly higher among persons with a lower level of education than among those with a higher educational level.

Percentage of people who are overweight (including obesity) from 1992 to 2022

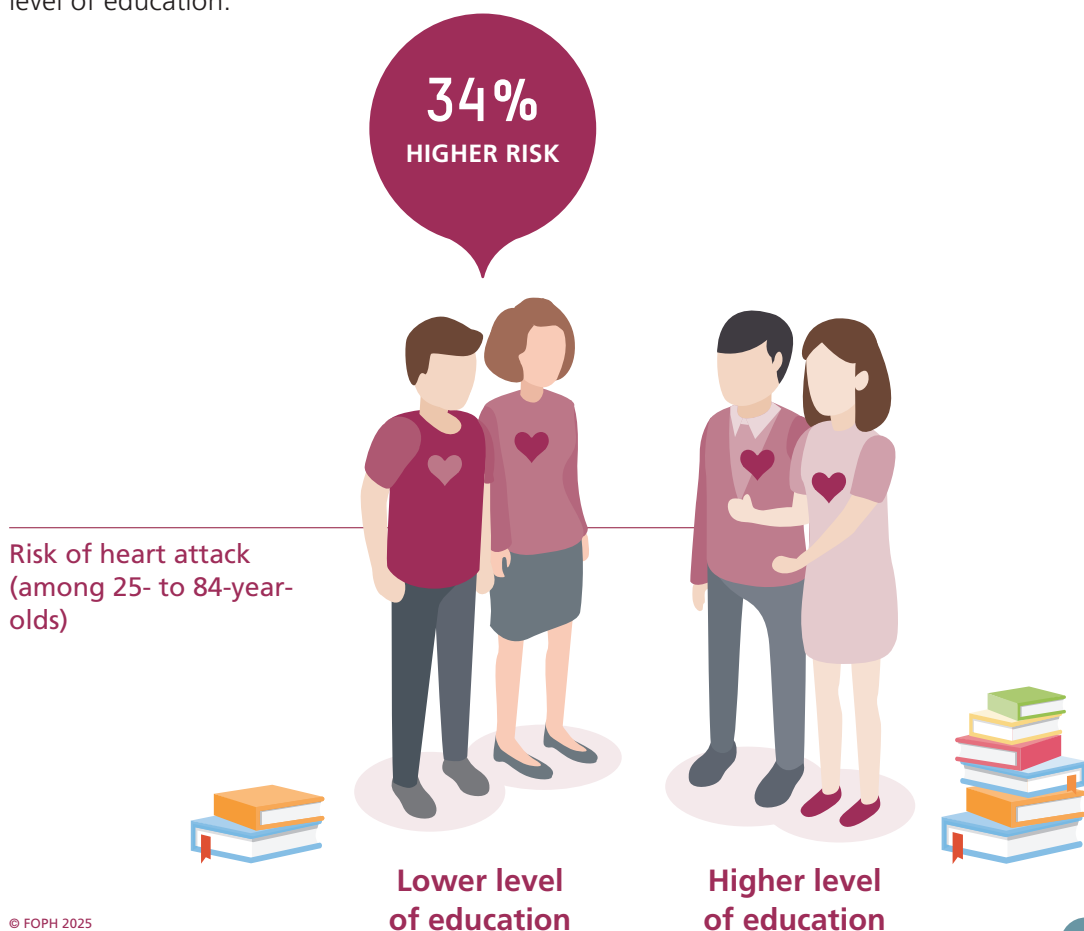




Risk of heart attack or stroke

Heart attacks and strokes are more likely to occur in persons with a lower level of education

Cardiovascular disease is the commonest cause of death in Switzerland. The risk of suffering a heart attack is one third higher among persons with a lower level of education than among those with a higher educational level. The risk of suffering a stroke is also one third higher among persons with a lower level of education.

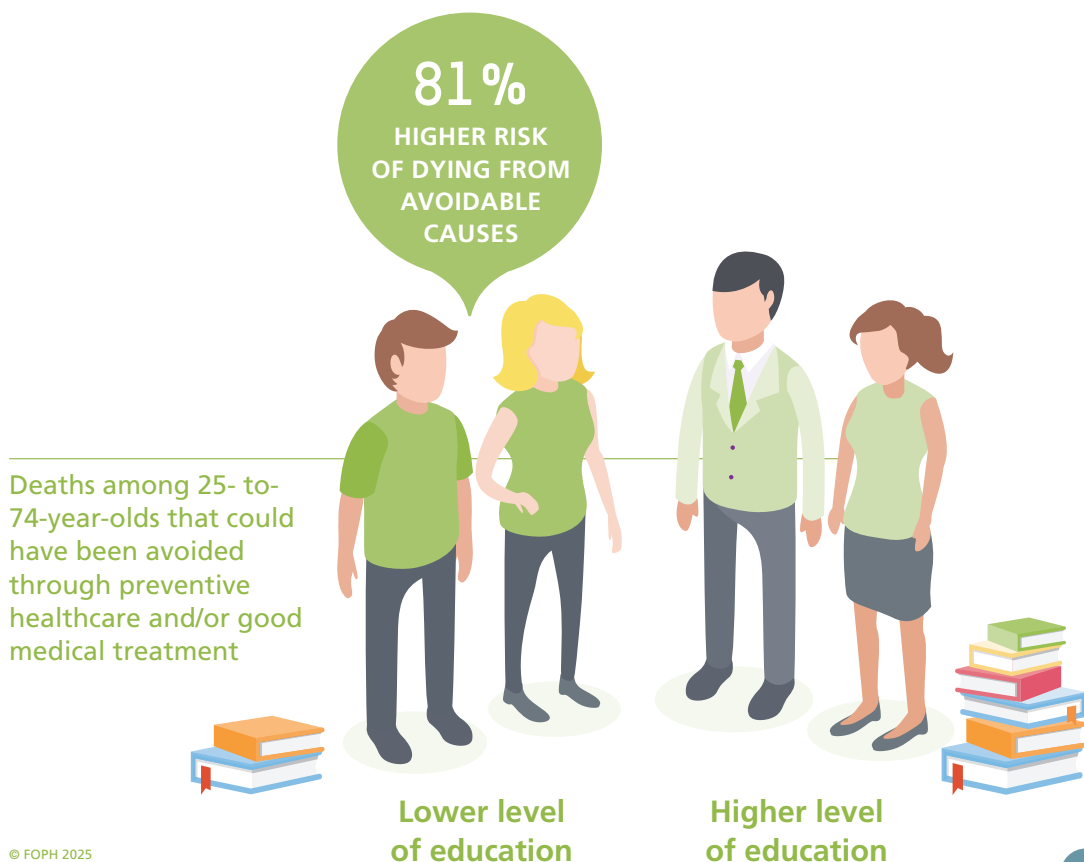




Avoidable deaths

There is a clear connection between levels of education and rates of avoidable deaths

“Avoidable deaths” are deaths that occur before the age of 75 which could have been avoided through preventive healthcare and/or good medical treatment. Men die twice as often as women from avoidable causes of death. Persons with a lower level of education are also at a substantially higher risk of dying from avoidable causes than those with a higher educational level.

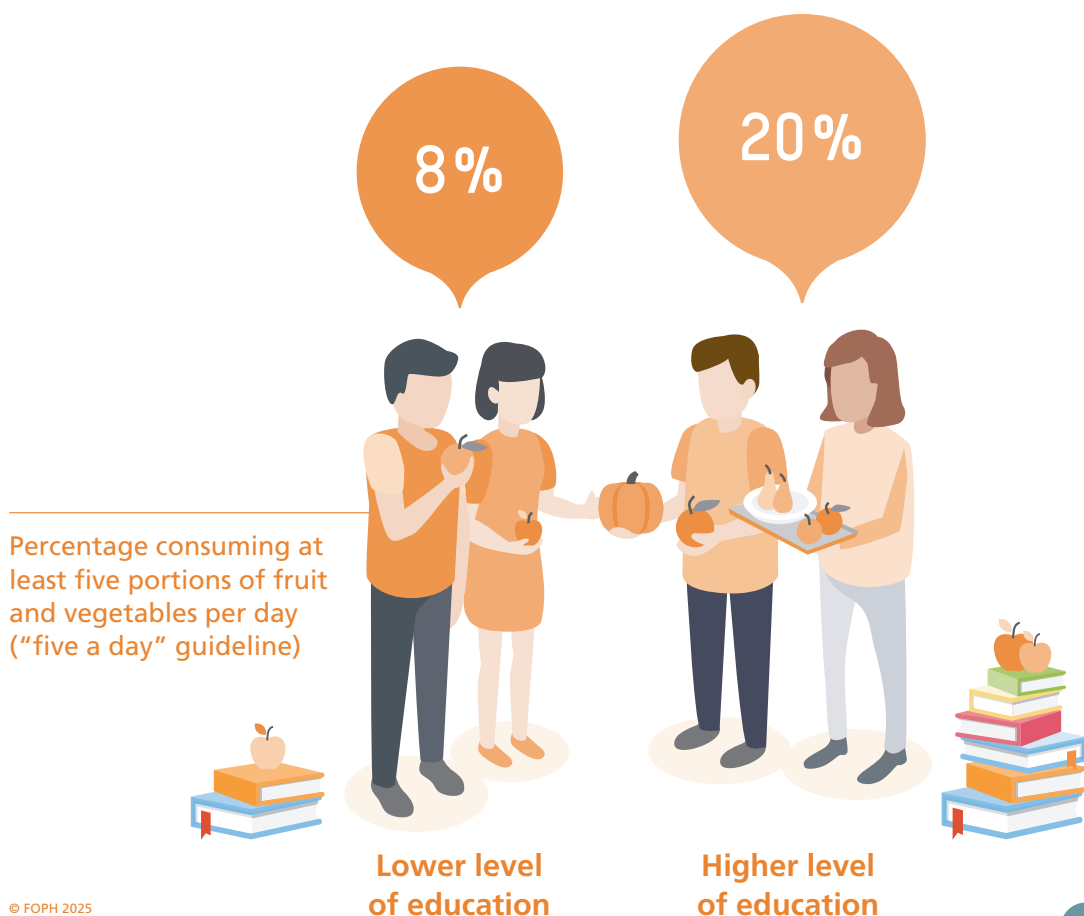




Diet

People with a lower level of education eat less fruit and vegetables

The regular consumption of fruit and vegetables plays a key role in maintaining good health and well-being. Persons with a higher level of education are significantly more likely to follow the “five a day” guideline. Women are also twice as likely to do so as men.

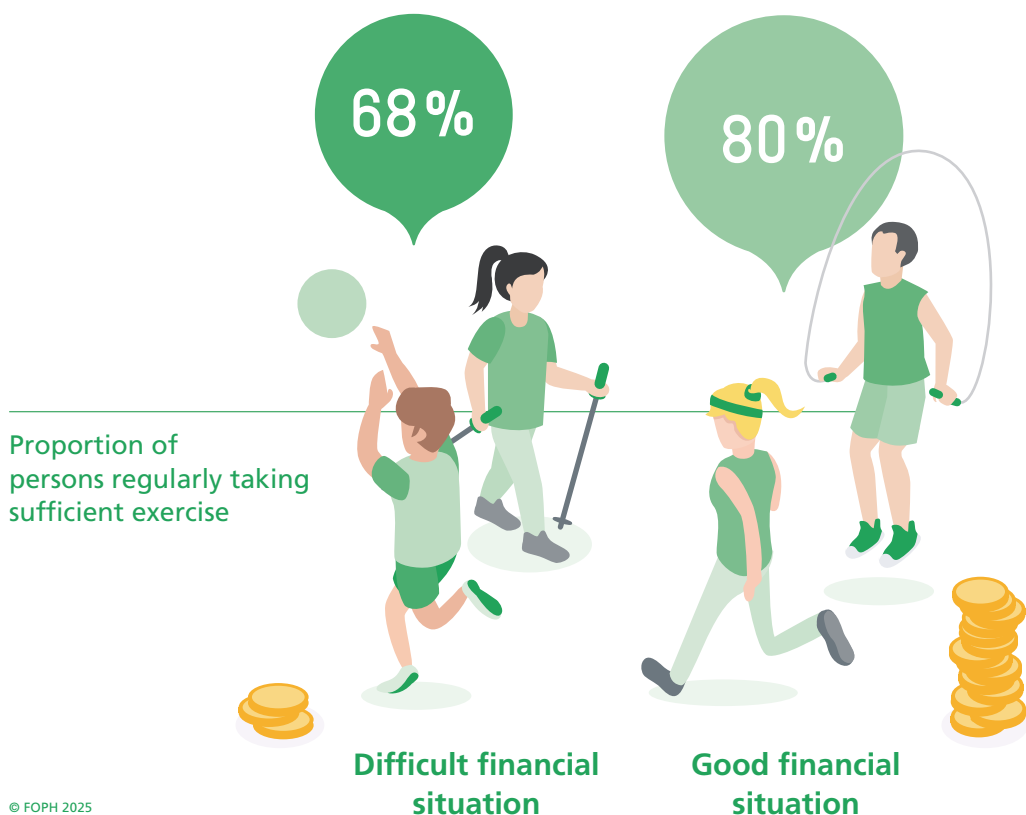




Physical activity

People in a good financial situation tend to take more exercise

Three quarters of the Swiss population take exercise of some sort. Regular exercise can prevent numerous health problems, and helps maintain good physical and mental health. Persons in a good financial situation tend to exercise more frequently than those in a difficult financial situation. Trans and non-binary persons are also less likely to exercise than cis persons are.



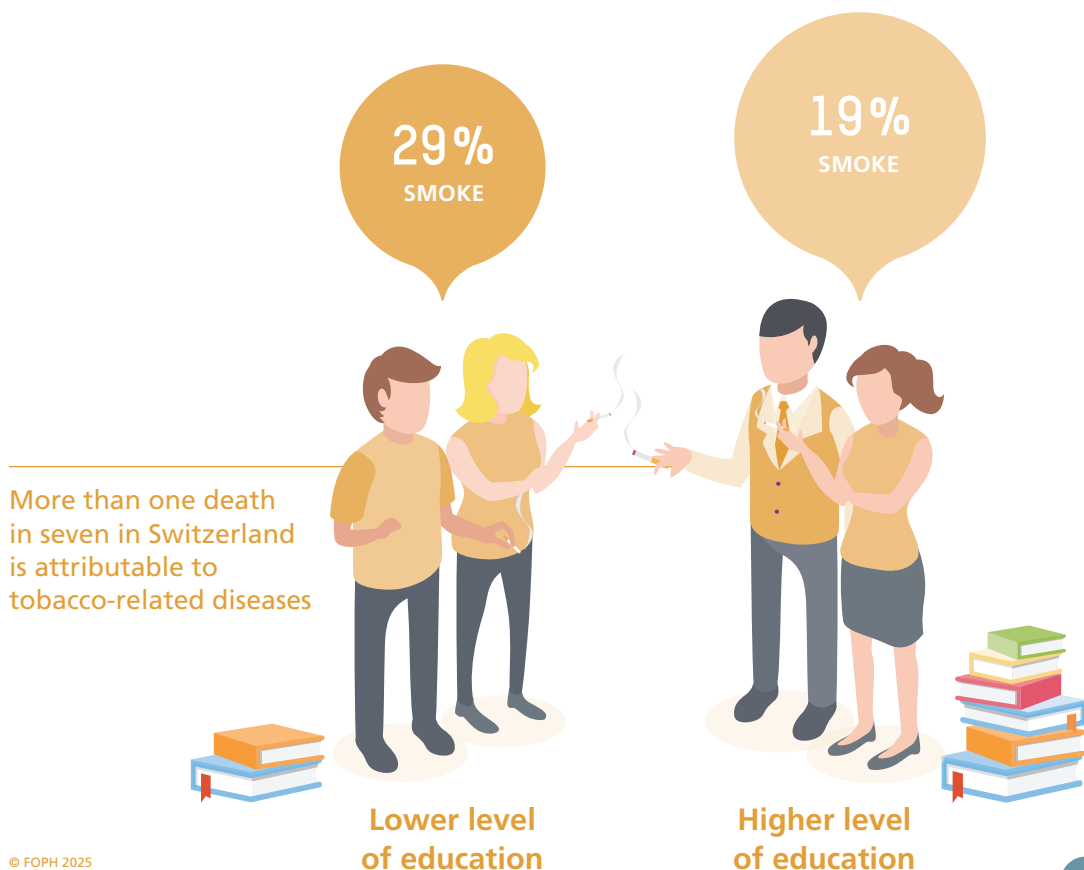


Tobacco use

People with a lower level of education are more likely to smoke

About one person in four in Switzerland smokes. Men are slightly more likely to be smokers than women. Persons with a lower level of education are also more likely to smoke.

The tobacco use in Switzerland has been declining for the past 20 years, especially among people with a higher level of education. This has increased the education gap in smoking rates.



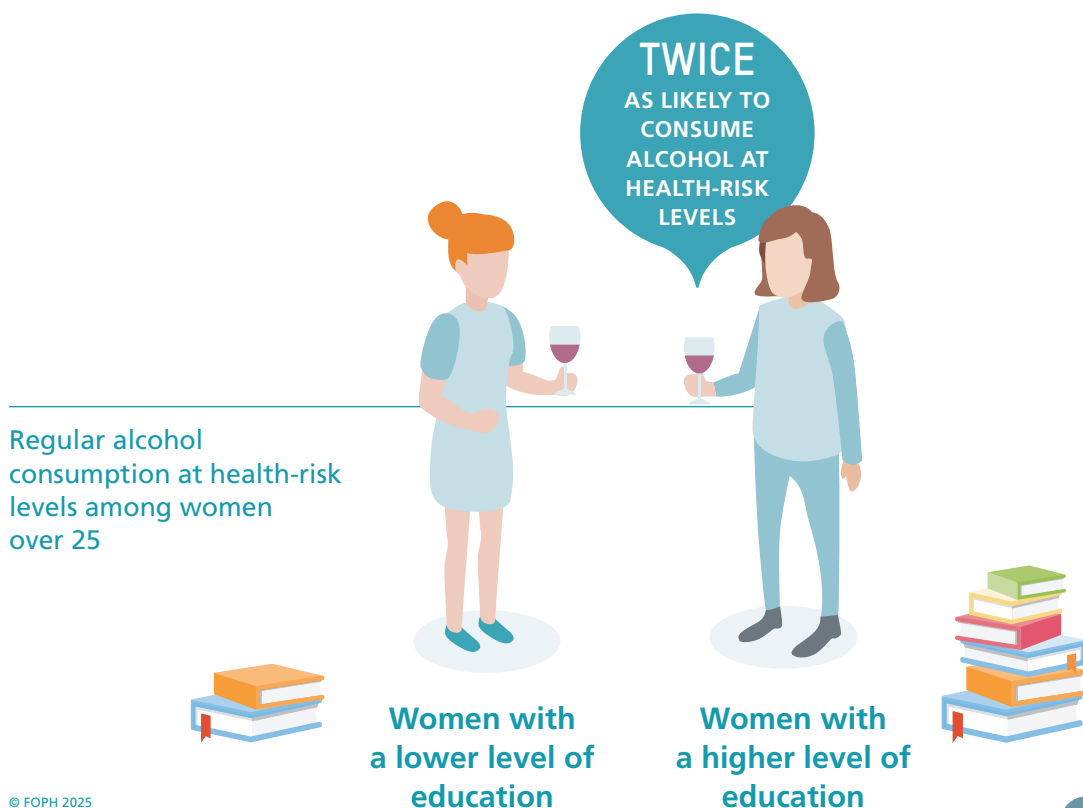


Alcohol consumption

The connection between health equity and alcohol consumption is a complex one

Some 4% of the Swiss population have a daily average alcohol consumption that puts their health at risk. For women this is two or more glasses a day; for men it is four or more.

Neither gender nor level of education alone seems to have a clear bearing on alcohol consumption. In combination, though, women with a higher level of education appear to be twice as likely (3.7%) as those with a lower educational level (1.8%) to consume alcohol regularly at a level posing a risk to their health. Adolescents from affluent families also tend to consume alcohol more often than those from less well-off families.





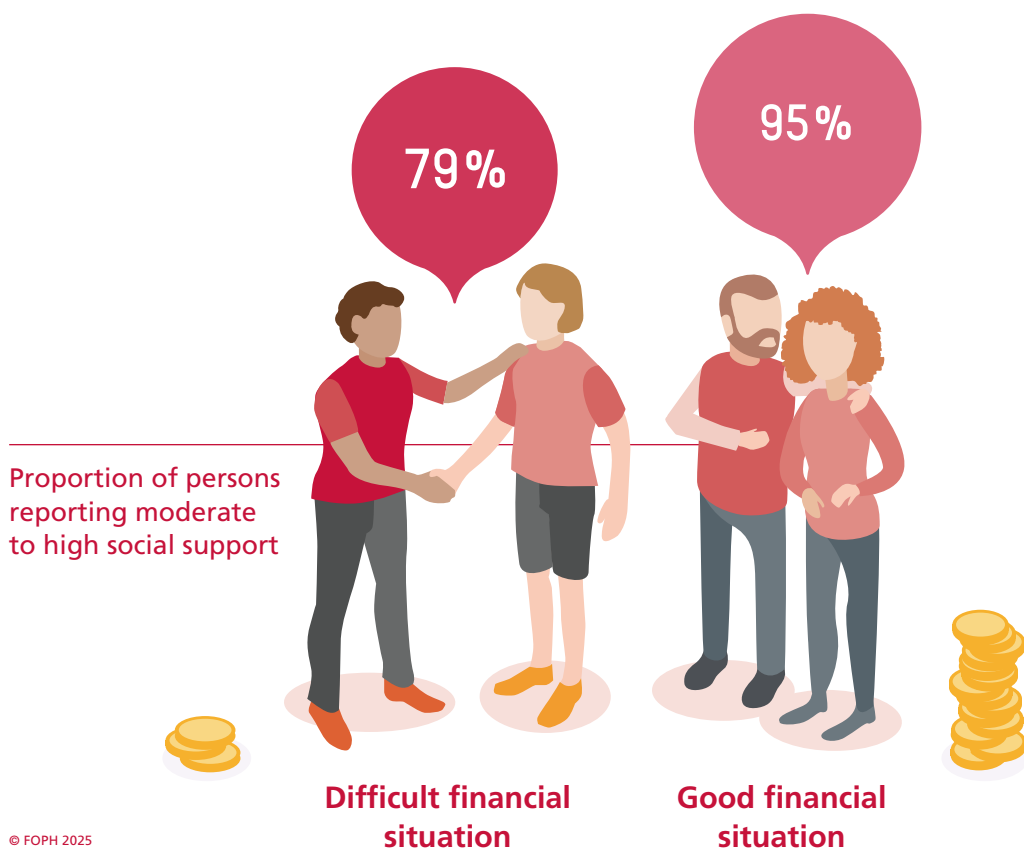
Social support

People in a good financial situation tend to have better social support

Social resources such as social support are crucial to physical and mental health and well-being.

Some 95% of persons with no financial worries feel that they have good social support. Among those in a difficult or very difficult financial situation, under 80% report having such support.

Trans and non-binary persons are also far less likely than cis persons to describe themselves as having good social support.

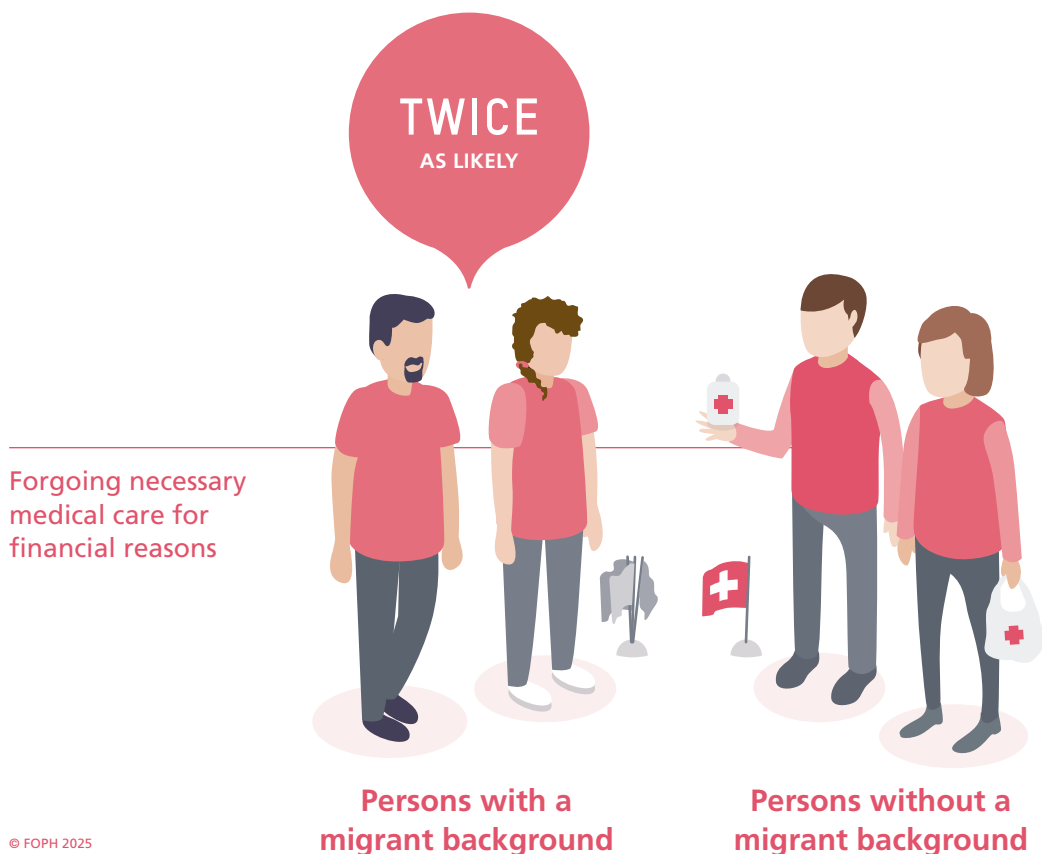




Forgoing medical care

People with a migrant background are less likely to seek necessary medical care

Persons with a lower level of education and those with lower incomes are less likely – for cost reasons – to seek necessary medical examinations or treatments. Persons with a migrant background are also more than twice as likely (1.9%) not to seek such care as those without a migrant background (0.7%), irrespective of their income or level of education. This applies to dental treatments, too.

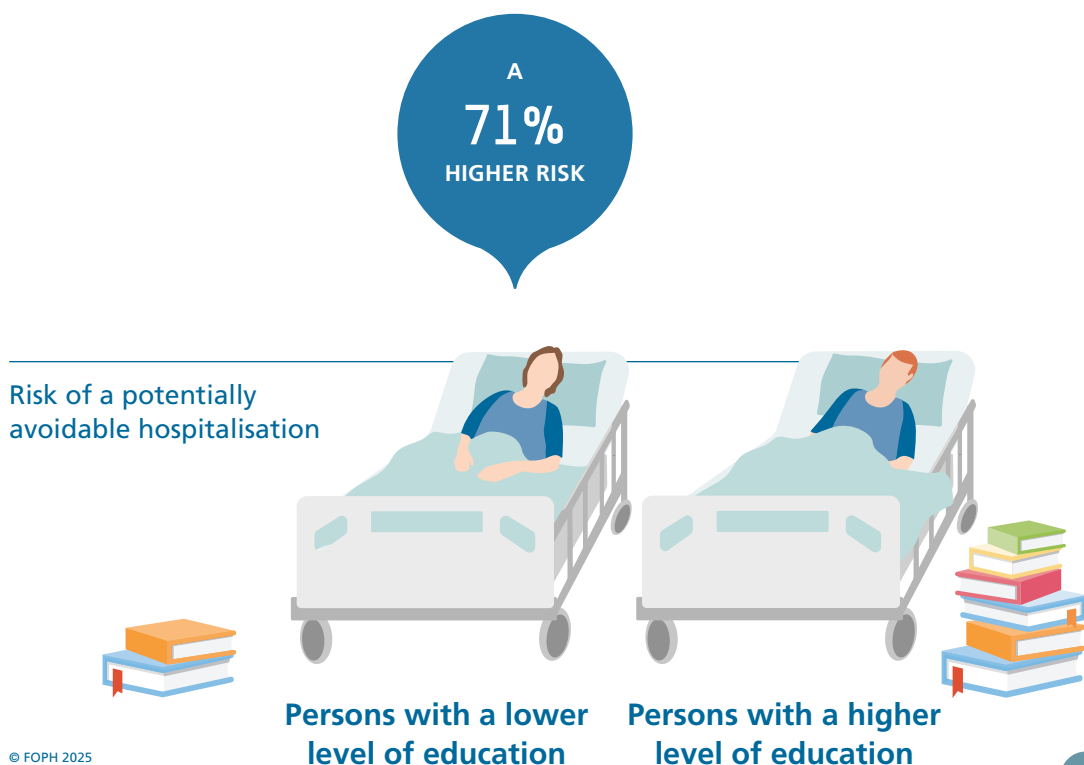




Potentially avoidable hospitalisations

People with a lower level of education are more likely to undergo a potentially avoidable hospitalisation

A hospitalisation is considered potentially avoidable if it could have been prevented through prompt and effective outpatient care. Men are 32% more likely than women to undergo a hospitalisation that could have been avoided. Persons with a lower level of education are more than 71% more likely to experience an avoidable hospitalisation than those with a higher educational level. This education gap is much greater among men than among women.



Terminology

The data was evaluated according to various social factors. The factors considered in this booklet are defined as follows:

Level of education

Persons with a “lower level of education” are those whose education does not extend beyond the completion of compulsory schooling. Persons with a “higher level of education” are those who have completed tertiary education.

People with a secondary level II qualification (e.g. basic vocational training) are not included in this evaluation. More detailed results broken down by educational level can be found in the comprehensive report (Burla, 2025).

Income

“Income” is based on equivalised disposable income, i.e. the net household income adjusted for household size and structure. This allows the incomes of households of different sizes and compositions to be compared.

The lowest income category comprises the 20% of the population with the lowest annual income (under CHF 33,748), while the highest income category comprises the 20% of the population with the highest annual income (over CHF 76,988).

Financial situation

The determination of a person’s financial situation is based on the question: “In terms of your total income, how well does your household cope with its financial demands?” The persons considered to be in a “difficult financial situation” will have answered “With difficulty” or “With great difficulty” to this, while those considered to be in a “good financial situation” will have answered “Easily” or “Very easily”.

Gender modality

The “trans/non-binary” category comprises those persons whose gender identity does not correspond to the sex they were assigned at birth. This includes non-binary persons, who decline to categorise themselves within the male/female gender binary. The “cis” category comprises persons whose gender identity corresponds to the sex they were assigned at birth.

Migrant background

A person’s migration status is determined on the basis of various factors: country of birth, nationality (current and at birth) and parents’ country of birth. People from a migrant background include both foreign nationals and naturalised Swiss citizens, with the exception of those who were born in Switzerland and whose parents were also born in Switzerland (third generation). Also included are native Swiss citizens whose parents were both born abroad. Switzerland’s migrant-background population is highly heterogeneous in terms of origin, educational level and socioeconomic status.

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The full report on health inequities in Switzerland is available (in German or French) at:

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