

spectra



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National strategies and prevention programmes

2 New strategies for NCDs and addiction

NCDs (non-communicable diseases) such as cancer, diabetes or cardiovascular diseases are the most common causes of death in Switzerland. They result in a great deal of personal suffering and reduced quality of life and pose major challenges to our healthcare system, accounting for 80 percent of Switzerland's direct healthcare costs. The Swiss government and the cantons are currently developing a new strategy for combating NCDs. Also in the development phase is a new national strategy for meeting the challenges posed by the problem of addiction. The National Strategy on Addiction will be designed to ensure continuity while also laying down a framework for action that covers all forms of addiction.

3+8 Alcohol and tobacco

Over the last few years, the Federal Office of Public Health, together with the cantons and numerous front-line organisations, has done major pioneering work through its national prevention programmes. In 2012 the programmes were extended by a further four years to 2016. This issue of "spectra" includes a review of the progress made in a wide range of activities at the half-way point. In the National Alcohol Programme, the focus is currently on strengthening alliances. The National Tobacco Programme will continue its activities in the four action areas of "Information and opinion formation", "Health protection and market regulation", "Behaviour-oriented prevention" and "Coordination and cooperation" and, together with its partners, is currently preparing a campaign.

6 Nutrition & physical activity

The Swiss government, the cantons and Health Promotion Switzerland are cooperating in a broadly based national programme to create a society in which a balanced diet and sufficient physical activity are taken for granted. The long-term aim is to prevent chronic conditions such as cancer, cardiovascular diseases and diabetes. In addition to an interim report on the National Programme on Nutrition & Physical Activity, this issue of "spectra" contains in its middle section a poster on "Nutrition and physical activity in Switzerland".



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The Swiss government is drawing up two forward-looking strategies for the prevention of addiction and non-communicable diseases

Strategies. Non-communicable diseases are currently the most common cause of deaths worldwide. According to the Swiss Federal Statistical Office, 74.6 percent of deaths among men and 75.9 percent among women in Switzerland in 2011 were due to four groups of non-communicable diseases: cardiovascular diseases, cancer, respiratory diseases and dementia. The Swiss government and the cantons are currently working together to draw up a national strategy for the prevention of non-communicable diseases.

Tackling the phenomenon of addiction on a more comprehensive basis is the primary objective of the National Strategy on Addiction that is being drawn up in response to a mandate of the Swiss government, to be completed by spring 2015. The overriding goal is to secure a comprehensive and integrated package of addiction management services that includes medical care, harm reduction, counselling and treatment and promotes the social (re-)integration and health rehabilitation of addicts. The National Strategy on Addiction will guarantee continuity and also define a framework for action across all kinds of addiction. The two new strategies will replace the national programmes on alcohol, tobacco, drugs and diet & physical activity, which finish at the end of 2016.

On account of the impact on society and the economy, the increase in non-communicable diseases (NCDs) such as cancer, diabetes or cardiovascular, chronic respiratory and musculoskeletal diseases has become a major political issue. These – often prolonged – illnesses that cannot be transmitted from one person to another are now the most common causes of death in our society. They not only result in a great deal of personal suffering and reduced quality of life; they also pose major challenges to the healthcare system – at the financial, structural and human-resources level. A new study puts the consequential costs of NCDs for Switzerland at 52 billion francs a year, which means that they account for 80 percent of the country's direct healthcare costs. The World Health Organization (WHO) assumes that the number of non-communicable diseases will continue to grow in the next few years.

Healthy lifestyle and general conditions conducive to health

We are, however, not completely powerless to address this increase in non-communicable diseases. Around half of them could be prevented, or at least delayed, by a healthy lifestyle. They are promoted by the following risk factors: an unbalanced diet, lack of physical activity, alcohol abuse and smoking. We

Vision of the national NCD strategy

More people stay healthy or, despite chronic illness, are able to live independently. Fewer people suffer from avoidable disabilities or die prematurely from avoidable non-communicable diseases. Regardless of socio-economic status, the population is supported in its efforts to create health-promoting environments and cultivate a healthy lifestyle.

could, therefore, do something about them. Measures that improve individual lifestyle and general social conditions can significantly reduce the burden of disease and therefore the associated economic costs as well.

Since 2008 there have been three national prevention programmes in Switzerland that target the main risk factors of non-communicable diseases: the tobacco, alcohol and diet & physical activity programmes. They each provide frameworks for the different nationwide, cantonal and municipal prevention activities in these fields. This issue of spectra contains accounts of the progress achieved in various projects in the respective programmes.

Drawing up a national NCD strategy

In November 2013, the "Dialogue on National Healthcare Policy" – a permanent platform of the Swiss government and the cantons – decided that work should start on drawing up a national strategy for the prevention of non-communicable diseases, to be completed by 2016. The aim of the strategy is to improve the health literacy of the population and create general conditions that make it easier for people to live in a healthier manner.

At the end of March 2014, around 200 players attended the first stakeholder meeting on non-communicable diseases in Berne. Since then, two working groups comprising representatives of the different stakeholder sectors have been drafting the main thrusts of the national strategy. The first group is focusing on risk factors and nationwide and cantonal prevention activities, while also exploring possible synergies with existing disease-specific strategies (such as the Swiss Cancer Strategy). The second group is concentrating on strengthening prevention in healthcare provi-

sion. The reports of the working groups on the problem analysis and the possible options for action will be available by the end of February 2015. With these reports as a basis, the extended steering committee, in which the Swiss government, the cantons, Health Promotion Switzerland, NGOs and research experts are represented, will formulate a draft strategy by the end of May 2015 and then submit it to the partners for consultation over the summer months.

National strategy for a comprehensive and coherent policy on addiction

Addiction disorders are by-products of their times. While "intemperance" was a particular cause of problems in the 19th century, heroin addiction occupied the minds of the media, society and healthcare professionals in the 1980s and 1990s. Substances such as alcohol, illegal drugs or tobacco still cause a great deal of suffering for those affected and high consequential costs for society, as well as restricting quality of life for individuals. The focus of public attention today is directed not only at "classic" forms of dependence, but also at new addictions, e.g. to prescription drugs, gambling or the Internet.

Through its "Health 2020" Agenda, the Swiss government wants in future to intensify efforts to promote health and prevent disease; addiction or problematic behaviour and forms of consumption are an important aspect of these goals. The National Strategy on Addiction will entail a realignment of the present fragmented policy on addiction. It will make it possible to bundle goals and priorities in the field of addiction on the basis of the experience gained to date and to tackle current challenges. Like the NCD strategy described above, the National Strategy on Addiction is being developed on a par-

ticipatory basis, i.e. with the active involvement of the key prevention players.

Participatory process

The National Strategy on Addiction will provide a clear strategic direction for the cantons, municipalities, professional bodies and other partners. The strategy will ensure support for the efforts of all players to strengthen addiction prevention, secure a broadly structured treatment system and improve early identification and early intervention in cases of addiction or problematic consumption behaviour. Working together with the partners, the aim is to put in place and secure a comprehensive and integrated provision of addiction management services that includes measures for medical care, harm reduction, counselling and treatment, helps prevent the social disintegration processes associated with addiction and promotes the social reintegration and health rehabilitation of addicts. In line with its broad ambitions, the National Strategy on Addiction will formulate its goals across all forms of addiction, thereby enabling both substance-based and behavioural forms of addiction to be handled.

The Swiss government wants its National Strategy on Addiction to prevent or reduce the harm that addiction does to public health and society in general, and to mitigate the individual suffering associated with addiction.

Links: www.bag.admin.ch/ncd
www.bag.admin.ch/sucht

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The contributions of the main stakeholders at all levels are incorporated into the new national strategies in a participatory process.

Working together to create a society in which fewer people fall ill or die from the effects of smoking

National Tobacco Programme. On 9 May 2012, the Swiss Federal Council extended the National Tobacco Programme by a further four years to the end of 2016. This measure ensures that prevention activities already launched have a long-term effect.

The second phase of the National Tobacco Programme (NTP) got under way in 2013. Close to its half-way point, the time is now opportune to take stock of the progress to date. To achieve the three main goals of the NTP (see box), efforts have continued in the following four priority areas: "Information and opinion formation"; "Health protection and market regulation"; "Behaviour-oriented prevention" and "Coordination and cooperation". In an action plan drawn up last year for the NTP, the strategic leadership of the NTP defined 14 priority measures to be implemented in the second phase. The following provides an overview of the most important ongoing activities in the four priority areas.

Information and opinion formation

The focus in this area is on the new NTP partner campaign, which is to be launched in early 2015 under the already familiar "SmokeFree" umbrella brand and will run for three years. A particular feature of this campaign is its partnership-based development and implementation – the campaign is underpinned by a steering group made up in equal parts of representatives of NGOs, the cantons and the Federal Office of Public Health (FOPH). The deployment of the steering group has proved to be an effective and productive measure that enables the ideas, wishes and experience of capable partners to be integrated into the campaign. In addition, all the stakeholders of tobacco control have an opportunity to play an active part in the campaign through a variety of partner-based projects and subprojects. As an awareness campaign, it will target the population as a whole and aims to strengthen "not smoking" as the social norm. It will use its prominent public presence to support the wide range of tobacco-control activities being undertaken in Switzerland.

With its additional emphasis on motivation, the new campaign will focus par-



ticularly on the "smokers" target group. The aim is to motivate this group to give up smoking and to support their efforts to do so. The most recent figures from Addiction Monitoring in Switzerland show that about one third of all smokers want to give up smoking within the next six months. Over half of those who smoke every day express a general wish to give up the habit.

The creation of the Knowledge & Research Working Group was a further measure undertaken under the aegis of the Platform for Tobacco Control Partners. The ambitious goal of this working group, which comprises representatives of the federal government, cantons and NGOs, is to institutionalise a knowledge management system among tobacco-control players. The working group was set up in response to the partners' need to bundle the immense, but scattered, knowledge accumulated by the players.

Health protection and market regulation

On 21 May 2014, the Swiss government referred the preliminary draft of the Tobacco Products Act to the consultation procedure. This process was completed by 12 September 2014. The centrepiece of the draft law is improved protection of minors. This is to be guaranteed by means of far-reaching restrictions on advertising and a uniform, nationwide ban on the sale and distribution of tobacco products to minors. In addition, the preliminary draft envisages authorisation of the sale of nicotine-containing e-cigarettes and the liquids they contain.

Behaviour-oriented prevention

The lead in measures focusing on behavioural prevention is taken by the

cantons, municipalities and prevention bodies. The FOPH only has a subsidiary role to play in this priority area. Behavioural prevention focuses on activities designed to stop people starting to smoke, motivate smokers into giving up the habit and protect the public against passive smoking. Such projects are financed largely by the Tobacco Control Fund (TCF), but stakeholders also provide funding from their own resources.

The Knowledge & Research Working Group referred to above pursues a secondary goal of establishing a shared understanding of what constitutes "best practices" and of where to deploy them. Because of the time-consuming work on the knowledge management system, this activity is still in its infancy.

Coordination and cooperation

There was a general improvement in cooperation and coordination among the partners active in tobacco control. This was thanks in part to the regular meetings of the Platform for Tobacco Control Partners and to bilateral contacts with the implementation partners. But tobacco control issues are also being taken into account in the drafts of the future strategies on non-communicable diseases and on addiction, which are being prepared in collaboration with partners. The Platform for Tobacco Control Partners, which has been meeting every year since the end of 2012, ensures that the NTP is being implemented on a coordinated, targeted basis, with the participation of motivated implementation partners. The evaluation of the first meeting of the Platform showed that the partners needed working groups to flesh out the details of NTP implementation. An implementation plan was accordingly drawn up at the second meeting of the Platform in 2013 and dedicated working groups were set up. Over 90 implementation partners participated in the third meeting of the Platform, which was held this year.

Furthermore, the Working Group "Cantonal Tobacco Control Programmes" was set up under the aegis of the Platform for Tobacco Control Partners. It is made up of one permanent member each from the FOPH, TCF and the Association of Cantonal Health Promotion Officers (VBGF), and it can call on additional specialists in an advisory capacity from the cantons, NGOs or the Federal Administration. This working group pursues the following goals derived from the NTP: dialogue and coordination among the tobacco control partners and with players that can influence tobacco control efforts. It helps the cantons draw up and implement their own tobacco control programmes.

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At first hand

Even just a few decades ago, communicable diseases were the main threat to the lives of our parents and grandparents. They have now been contained or eliminated, thanks to advances in research and medicine and to socio-political measures. Nowadays, most deaths are the result of non-communicable conditions – cancer, cardiovascular diseases and diabetes are the major threats to our health. We are living longer, but in our final years we are increasingly likely to develop these diseases.

Though we have access to an ever greater range of healthy food, we do not eat a balanced diet. We enjoy a high degree of mobility, yet we do not take enough exercise. We can choose from an infinite number of leisure activities, yet we suffer increasingly from stress. A significant section of the population makes itself susceptible to chronic illnesses by smoking, drinking to excess, indulging in an unbalanced diet, avoiding physical activity or using illegal drugs. Thus our lifestyle often unnecessarily undoes the advances made in food safety and medicine.

Over the last few years, the FOPH, together with the cantons and numerous front-line organisations, has done major pioneering work through its national prevention programmes for tobacco, alcohol, nutrition & physical activity and drugs. Building on this experience and taking new facts, insights and challenges into account, a National Strategy for Non-communicable Diseases is to be drawn up and implemented. The stakeholders of the healthcare system are already working flat out on it. Without resorting to bans or compulsion, the strategy will seek to empower people to make the best possible decisions regarding their health. To promote health and prevent disease, increasing use is to be made of knowledge transfer, provision of advice and awareness-raising measures. The aim is not to provide a substitute for the personal responsibility of the individual, but – on the contrary – to strengthen it. The fact is that personal responsibility can be exercised only by those who know how not to put their health at risk and what they can do to improve it. Knowledge is power – and that applies to our own health too. Anyone who perceives this form of prevention as a threat to personal responsibility probably does so – for whatever reason – against their better judgement.



Pascal Strupler
Director
Federal Office of Public Health

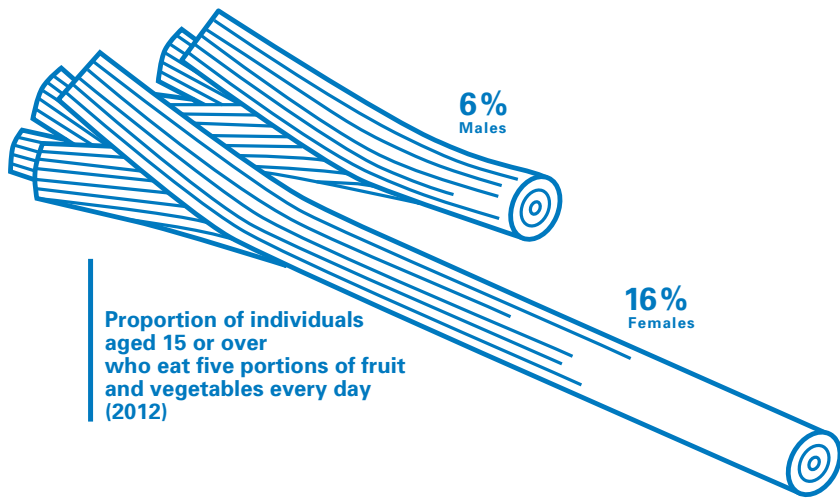
National Tobacco Programme 2008–2016: the main facts in brief

Mission: Smoking-related cases of death and disease in Switzerland have been reduced.

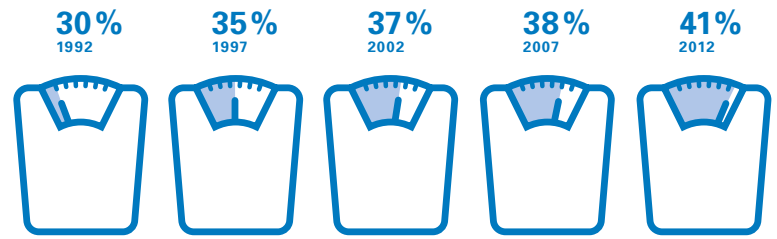
Main goal 1: A 20% drop in the proportion of smokers in the resident population of Switzerland, i.e. from 29% (2007) to about 23%.

Main goal 2: A 20% drop in the proportion of smokers in the age group 15 to 19, i.e. from 24% (2007) to less than 20%.

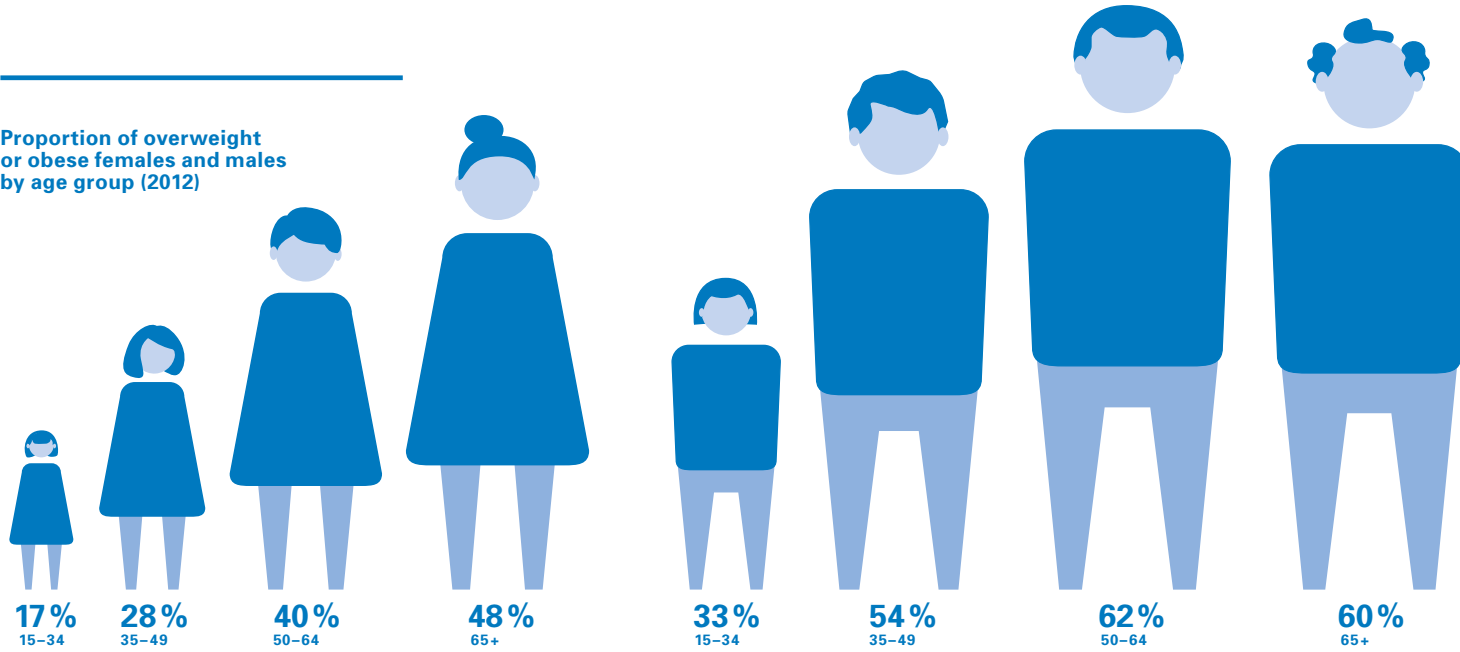
Main goal 3: An 80% drop in the proportion of people who are exposed for seven hours or more per week to other people's smoke (passive smoking), i.e. from 27% (2006) to about 5%.



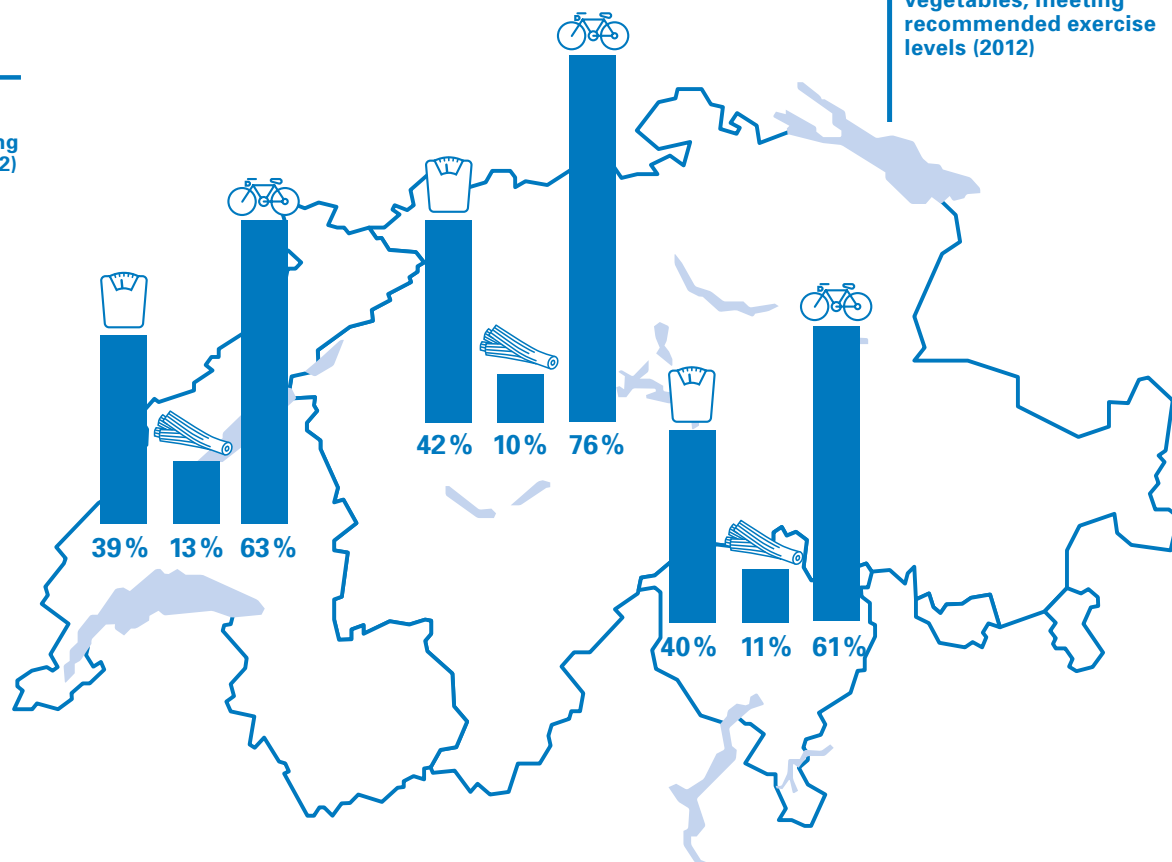
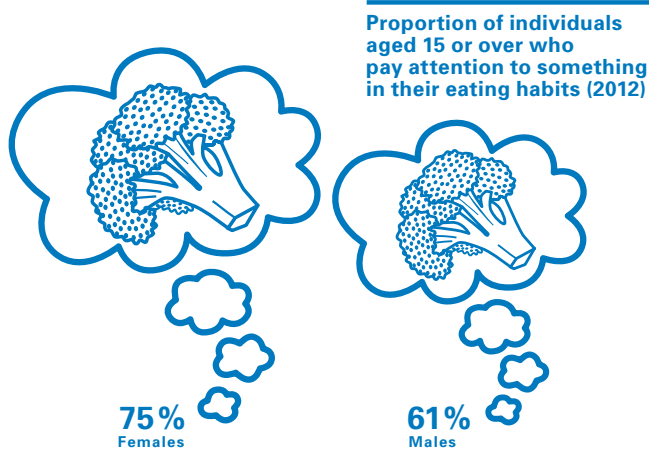
Proportion of individuals aged 15 or over who are overweight or obese over time




Proportion of overweight or obese females and males by age group (2012)



Proportion of individuals aged 15 or over, by language region: overweight or obese, eating recommended amounts of fruit and vegetables, meeting recommended exercise levels (2012)



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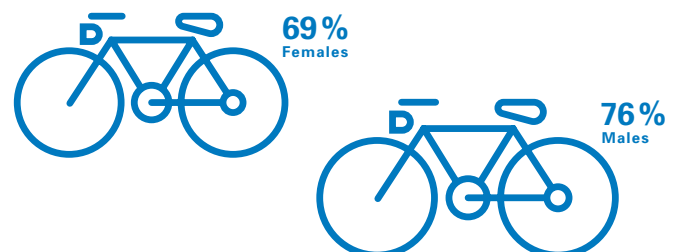
Swiss Confederation

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

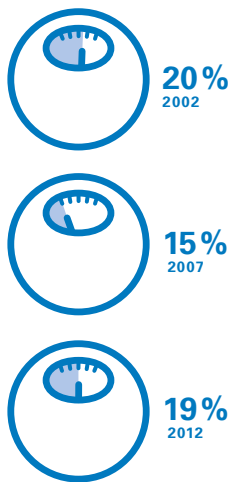
Sources
The content of the poster has been derived from the following MOSEB indicators and sources:

Indicator 1.1 Alignment of nutrition with nutrition messages	Indicator 2.2 Nutritional behaviour of children and adolescents	Indicator 4.2 BMI of children and adolescents (direct measurement)
Indicator 1.4 Barriers to healthy eating	Indicator 3.1 Physical activity behaviour of adult population	Indicator 5.2 Overweight- and obesity-related costs
Indicator 2.1 Nutritional behaviour of adult population (consumption of fruit and vegetables)	Indicator 4.1 BMI of adult population (survey data)	

Proportion of individuals aged 15 or over who meet the recommended exercise levels (2012)



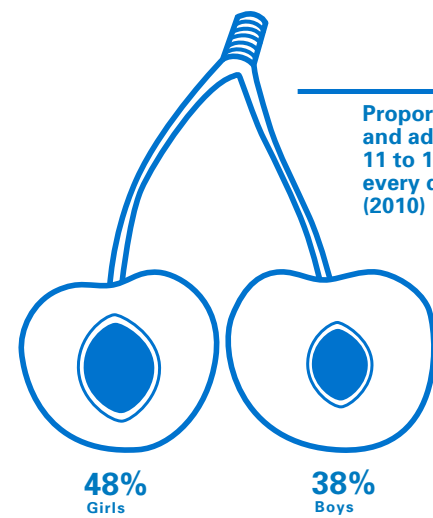
Proportion of children aged 6 to 12 who are overweight or obese over time



Overweight- and obesity-related costs overtime



Proportion of children and adolescents aged 11 to 15 who eat fruit every day (2010)



MOSEB Nutrition and Physical Activity in Switzerland

www.moseb.ch

The MOSEB Nutrition and Physical Activity Monitoring System is a comprehensive collection of statistical data derived from observations of dietary and physical-activity patterns in Switzerland. Its 53 indicators provide answers to the question: how healthily do people in Switzerland live? This poster presents the most important indicators in eleven graphic illustrations in a clear, understandable form.

Partners

Where possible, the monitoring system uses already established data sources. The Federal Office of Public Health (FOPH) therefore works closely with eight key partners in the management of MOSEB. The indicator collection is linked to the existing systems of the following three organisations:

Additional partners:

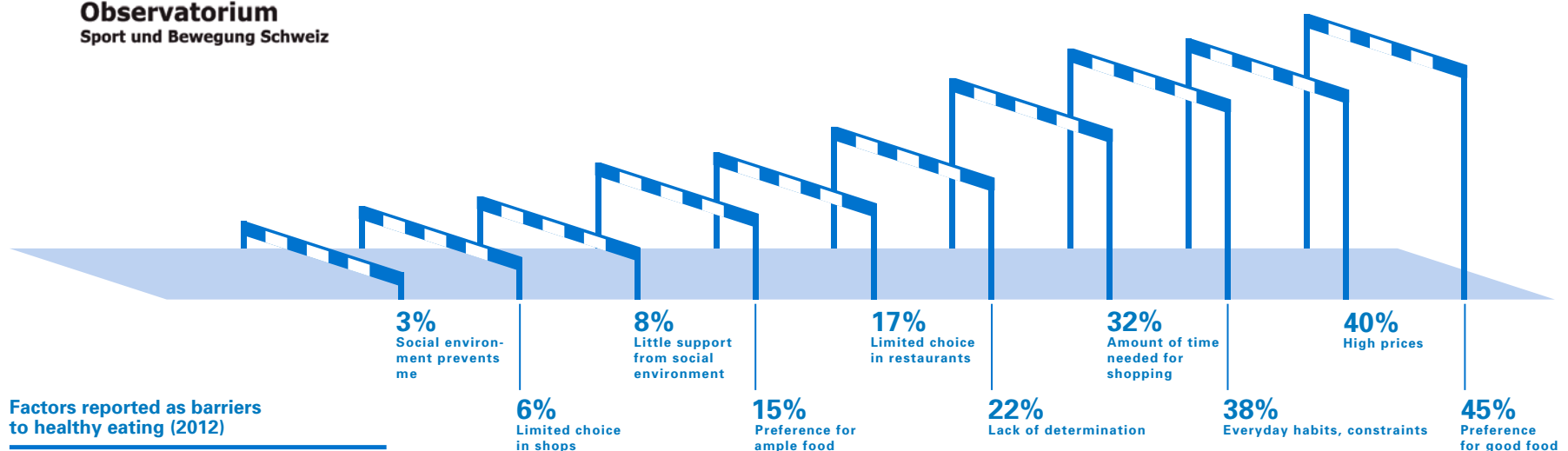
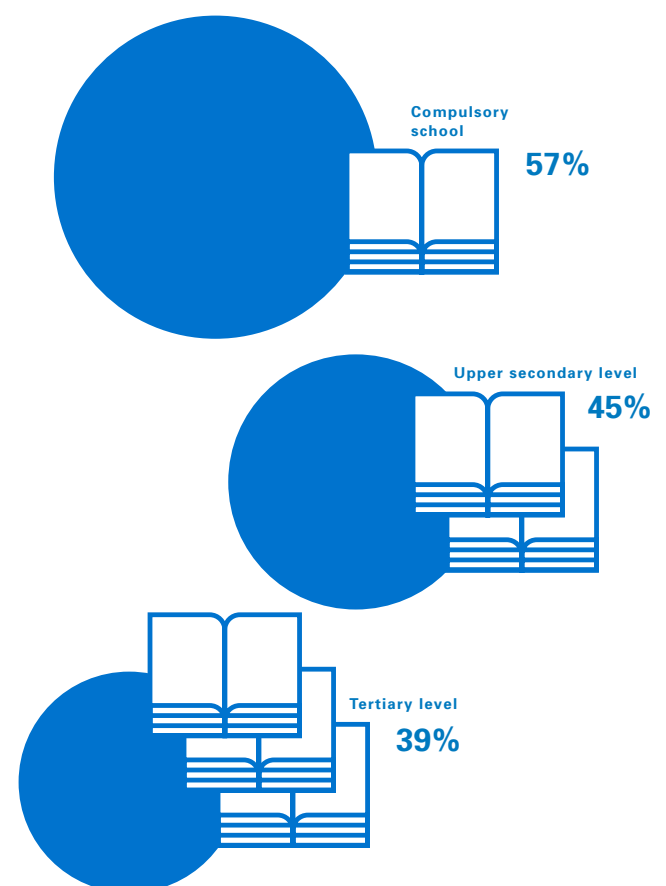
Federal Office for Sport (BASPO)
Swiss Federal Statistical Office (SFSO)
Federal Roads Office (FEDRO)
Federal Food Safety and Veterinary Office (FSVO)
Suva (Swiss Accident Insurance Fund)

Gesundheitsförderung
Schweiz

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

Observatorium
Sport und Bewegung Schweiz

Proportion of overweight or obese individuals aged 25 or over by level of education (2012)



Factors reported as barriers to healthy eating (2012)

For a society in which a balanced diet and sufficient physical activity are

National Nutrition and Physical Activity Programme. The Swiss government, the cantons and Health Promotion Switzerland are cooperating in a broadly based national programme to promote a balanced diet and sufficient level of physical activity. The long-term aim is to prevent chronic illnesses such as cancer, cardiovascular diseases and diabetes. Interim report on progress at the half-way point.

In May 2012, the Swiss government extended the National Programme on Nutrition and Physical Activity (NPEB) by a further four years to the end of 2016. This measure ensures that prevention activities already launched have a long-term effect. Since January 2014, the implementation of the NPEB goal "Promotion of a balanced diet" has been the responsibility of the Federal Food Safety and Veterinary Office FSVO. This new federal office brings together the responsibilities of the former Federal Veterinary Office (FVO) and the Food Safety Division of the Federal Office of Public Health (FOPH) under one roof. The NPEB's strategic management team consists of representatives of the four previous partners – FOPH, Federal Office for Sport (FOSPO), Swiss Conference of Cantonal Health Directors and Health Promotion Switzerland – and the new FSVO. It has evolved into an important strategic body that contributes to implementation of the NPEB's goals, particularly main goal no. 1, "Securing nationwide coordination". It raises the visibility of the programme through joint activities organised under the aegis of the NPEB; in this it is a major success and a good example of cooperation at the national level.

Environment conducive to physical activity

In January 2013 the Swiss government approved the global "Health 2020" strategy, which emphasises that people's health is determined by up to 60 percent by factors not related to health policy. In its NPEB-related work, the FOPH employs a multisectoral approach, focusing for instance on specific cooperative projects with other federal agencies in order to create general conditions that are conducive to the promotion of physical activity. Some examples:

Federal Coordination of Non-motorised Traffic: This working group is based on a mandate awarded by the Swiss government to increase the proportion of traffic that is non-motorised, i.e. walking and cycling. Under the leadership of the Federal Roads Office, the group discusses relevant projects and changes to the law that might promote non-motorised traffic.

Development of Guidelines on Suburban Open Spaces: An attractive network of small and large urban spaces is particularly important for the public's quality of life, particularly in densely



populated urban agglomerations. These spaces are used for recreation, exercise, leisure activities, sport or the enjoyment of nature. In order to raise awareness of this topic among the different players at the municipal, urban agglomeration, cantonal and federal levels and to broker practical approaches to action, seven federal offices (including the NPEB partner FOSPO) cooperated in drawing up a set of guidelines which can be accessed on the FOPH website.

DZM Service Centre for Innovative and Sustainable Mobility: In the framework of the DZM the FOPH cooperates with the Federal Offices for Spatial Development (lead manager), Roads, Traffic, Environment and Energy in supporting sustainable and innovative mobility projects. The FOPH is thus promoting innovative non-motorised traffic projects.

Model Project – Sustainable Spatial Development 2014–2018: Thanks to the involvement of eight federal offices (including the NPEB partner FOSPO) and with a focus on the development of open spaces in agglomerations, the Model Project – Sustainable Spatial Development promotes, for instance, pilot projects that encourage physical activity in Switzerland's largest built-up areas. Nine open-space projects are currently being supported.

Promoting Physical Activity at the Workplace

At the end of 2012 Suva (Swiss Accident Insurance Fund), Health Promotion Switzerland and the FOPH undertook to work more closely together and develop innovative approaches in the field of workplace health promotion. This involves bundling the skills and resources of these organisations so as to be able to coordinate activities and offer standardised tools, support and methods to companies that wish to make a comprehen-



sive commitment to improving the health of their workforces. The proposed procedure is to develop an innovative, modern and reliable intervention model that is based on an integrated approach. Specialists in ergonomics, physical activity, nutrition and mental health will offer their services to employees at the workplace. A first pilot project, "Nestmove", which focused exclusively on physical activity, was launched in collaboration with Nestlé in 2013. A second pilot project drawn up in cooperation with Migros-Vaud has been in development since 2014; it includes mental health and nutrition as well as physical activity.

actionsanté

Since 2009, the FOPH's "actionsanté" initiative has provided support for companies that actively encourage employees to adopt a healthy lifestyle. Private-sector partners can get involved in this initiative by voluntarily pledging to take action. The aim is to provide attractive and readily accessible products and offerings that make it as easy as possible for the public to choose the healthy option as regards diet and physical activity. A total of 19 private-sector partners are now participating with 32 different activities in the four action areas: 1) information for consumers, 2) marketing and advertising, 3) food formulations and provision, and 4) promotion of an environment that encourages physical activity. Extending the initiative to 2016 gives the partners of actionsanté time to plan the pledged activities more comprehensively and integrate them more effectively into the companies' everyday processes, thereby making them more effective. In compliance with the new thematic responsibilities, the FOPH and the FSVO have been implementing actionsanté jointly since January 2014. Both offices are represented on the

management board of actionsanté. The actionsanté office continues to be the point of contact for companies and to coordinate the activities.

This initiative has also been attracting the interest of specialists in other countries. A wide-ranging study by the Bertelsmann Foundation has called actionsanté a model initiative for interaction between the private and public sectors.

MOSEB Monitoring System

The MOSEB Nutrition and Physical Activity Monitoring System refers to the continuous, systematic collection of comparable, representative data on specific indicators that reflect the nutritional and physical activity situation in Switzerland. Wherever possible, MOSEB draws on established data sources. Its purpose is to describe developments and identify changes. MOSEB therefore provides an important basis for initiating or reviewing and, if necessary, modifying preventive measures and also for ensuring food safety.

In April 2014 the poster "Nutrition and physical activity in Switzerland", including eleven selected indicators that convey the current situation, was published for the first time (see also p. 4–5). The second edition of the brochure "Nutrition and physical activity in Switzerland" followed in October 2014. It explains 21 selected MOSEB indicators in a clear, understandable fashion. In addition, the 5th, 6th and 7th updates of the MOSEB indicator collection were concluded in 2013 and 2014. The latest findings show that the proportion of obese persons in the population has grown in the last five years. At the same time, more people are engaging in sufficient physical activity than previously. However, the vast majority of people have not been achieving the nutritional recommendations on the consumption of fruit and vegetables. The costs generated by lack of physical activity are now also illustrated.

Treatment and counselling

With the aim of reducing the frequency of non-communicable diseases caused by lack of physical activity, the FOPH wants to upgrade the role, skills and presence of family doctors who wish to support a change in their patients' behaviour by offering information, awareness-raising and counselling. Among people with whom they are in regular contact, family doctors tick all the boxes necessary for acting as catalysts of the process of assuming more responsibility. The FOPH is cooperating with the Canton of Ticino in developing a pilot project designed to achieve these goals. The underlying objective is to create a prevention and health promotion network that is based on the dynamic relationship between doctor and patient and to introduce new channels of communication between them. The network will consist, on the one hand, of the patient and his or her environment (as owner of the personal resources) and, on the other, of the family doctor who is helping

National Nutrition and Physical Activity Programme – five main goals:

1. Securing national coordination
2. Promotion of a balanced diet
3. Promotion of physical activity and sport
4. Integrated approaches to promoting a healthy bodyweight
5. Improvement of counselling and treatment provision

e taken for granted

the patient achieve his or her behavioural change. It will enable the route taken by the patient to be defined and it can be expanded to include other professionals from the fields of healthcare or physical activity.

Since the end of 2013 – based on the findings of an FOPH-backed investigation of the pilot project "Kidsstep" over a period of six years – the new Federal Ordinance governing statutory health insurance benefits has enabled overweight or obese children (who suffer from a disease arising from this condition) to be given all-round care, both in group and individual treatment settings. In 2014, the FOPH mandated the Forum Obesity Switzerland (FOS) to perform a situation analysis of the care and treatment of overweight or obese adults. The aim of this study is to identify existing gaps and thereby improve coordination at the national level. When this report becomes available, a meeting will be organised in 2015 to define the action that needs to be taken.

International action in the physical activity field

At the international level, there has been a growing focus on the promotion of physical activity. In 2011, the United Nations approved a global goal of a 10-percent reduction in the prevalence of physical inactivity within ten years. At the European level the EU Member States approved the Council's first recommendation on cross-sector support for health-enhancing physical activity in December 2013.

European strategy on the promotion of physical activity: The European Member States of the World Health Organization (WHO) have also focused increasingly on the topic: in connection with the Vienna Declaration on Nutrition and Noncommunicable Diseases in the Context of Health 2020 in July 2013, the WHO was mandated with the task of drawing up a European strategy for the promotion of physical activity, to be presented at the 65th Session of the Regional Committee for Europe in September 2015. The FOPH has declared its willingness to play an active part in drawing

up this strategy, for instance by organising the meeting of the WHO European Member States to streamline the European strategy on the promotion of physical activity, which is scheduled to take place in Zurich in late January 2015.

THE PEP (Transport, Health and Environment Pan-European Programme): The pan-European exchange platform "THE PEP" was launched by the UN Economic Commission for Europe and the WHO in 2002. It aims to increase networking between the transport, health and environment sectors and to promote the exchange of experience at the international level. A total of 56 countries from Europe, the Caucasus, Central Asia and North America are currently participating in the programme. When the THE PEP exchange platform was being set up, the FOPH played an active role in steering the activities and priorities and invested both human and financial resources in the project. The lead role for Switzerland is taken by the Federal Department of the Environment, Transport, Energy and Communications. **Physical activity promotion in the health care setting and the 10th Annual Meeting and 5th Conference of HEPA Europe:** The FOPH supported and took part in the WHO Meeting of Experts to discuss "Physical activity promotion in the health care setting" and in the 10th Annual Meeting and 5th Conference of HEPA Europe, organised by the University of Zurich's Epidemiology, Biostatistics and Prevention Institute.

The partners' contributions

The **Federal Food Safety and Veterinary Office (FSVO)** established early in 2014 is tasked with implementing and further developing the **Swiss Nutrition Strategy** and, in the context of the NPEB, is therefore responsible for promoting a balanced diet. The Swiss Nutrition Strategy is derived from data generated by the 6th Swiss Nutrition Report from 2012. These data will be supplemented by the findings of the first **National Nutrition Survey "menuCH"**. The survey will, for the first time, supply data on the dietary and physical activity habits of the Swiss population. The study began

in January 2014, and 2000 people are to be interviewed by the spring of 2015. The FSVO is involved in the following NPEB-related projects:

Salt Strategy: People in Switzerland eat too much fat, too much sugar and too much salt. A high-salt diet can, however, cause hypertension and hence increase the risk of cardiovascular disease. The Swiss population's average daily salt intake of about 9 grams per person exceeds the 5 grams per person per day recommended by the WHO. In 2008, the Swiss government and other stakeholders therefore developed a strategy designed to lower salt intake in Switzerland and reduce the risk of cardiovascular disease. Processed foodstuffs account for the bulk, i.e. 70 to 80 percent, of daily salt intake. Various producers have voluntarily undertaken to reduce salt levels in bread, meat, cheese, finished products, etc. (see actionsanté).

Community catering: As the federal office responsible for promoting a balanced diet, the FSVO supports the "Quality Standards in Community Catering" project. With more than a million people taking meals every day in nurseries, schools, canteens, hospitals and retirement homes, community catering plays an important role in feeding the population.

The activities of the **Federal Office for Sport** are an important contribution towards achieving goal no. 3 of the NPEB, "Promotion of sport and physical activity". The principal tool used is the **Youth+Sport (Y+S)** programme, which provides courses and camps for children and adolescents in more than 70 sports and disciplines. Every year, around 700,000 live to twenty year olds take part in over 55,000 sports courses or camps. The Y+S School Sports programme, currently in the development phase, will supplement compulsory sports teaching and build a bridge to voluntary club-based sports.

With the establishment of the Swiss adult sport programme (esa) in 2009 the federal authorities created a sports promotion programme geared to grass-root and recreational sports. Working in collaboration with partner organisations

(cantons, associations and commercial suppliers), esa aims to establish a uniform quality standard in the basic and advanced training of sports leaders. The focus is on thorough training of sports leaders, enabling them to cope skilfully with adults' diverse expectations of sport.

The Health and Physical Activity Network Switzerland hepa.ch is a merger of organisations, institutions and enterprises that support health-enhancing physical activities (HEPA) at the national, cantonal or local levels. The focus of the hepa.ch network's activities in 2013 was the publication of a new set of recommendations on physical activity, which was the product of intensive dialogue with various partner organisations.

The Health Promotion Switzerland foundation is active in the following three domains in the framework of the NPEB: 1. As part of its public relations activities, Health Promotion Switzerland raises awareness of the importance of a healthy bodyweight among the general population. 2. Soft drinks are a major cause of overweight and obesity. 3. The current public campaign therefore advocates water as a healthy, calorie-free alternative.

The Outcome Management – Healthy Bodyweight system summarises the different evaluation and monitoring activities in this field, places them in a logical context and thus provides the foundation and its partners with an important basis for measuring and steering their actions in this thematic domain.

The long-term collaboration with 20 cantons in the framework of the **cantonal action plans** for a healthy bodyweight, targeting primary prevention in children and adolescents, was continued in 2013. Health Promotion Switzerland supports the cantons by providing funding, coordination, advice, exchange of information, and evaluations.

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"spectra" goes online – sign up now for the newsletter!

Online magazine. In time to mark its 20th anniversary, "spectra" is to have its own online magazine. The best way to make sure you keep receiving articles about health promotion and prevention is to subscribe straight away for the electronic newsletter.

"Spectra" has been reporting on the projects, programmes and strategies of the Federal Office of Public Health and its partners in the fields of health promotion and disease prevention since 1995. From 2015 on, the printed version will still be published in German, French

and English, but four times a year instead of six – in February, May, September and December.

New: online magazine and newsletter

Starting in February 2015, "spectra" will also be available as an online magazine. It will shed light on background developments (going beyond the contents of the printed version) and report on current affairs. The new online magazine means that "spectra" can publish additional content and achieve better-targeted and more extensive networking of topics and players in the different fields.

An electronic newsletter will draw your attention to the newly published contributions eight to ten times a year. You can already sign up now for this new and free information service by providing your e-mail address. The website (provisional until the end of January) of "spectra online" can be found at **www.spectra-online.ch**.

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Reducing the negative effects of alcohol consumption for the individual and society as a whole

National Alcohol Programme. The second phase of the National Alcohol Programme (NPA) got under way in 2013 and will run until 2016. This year the focus has been on continuing and strengthening the alliance-based approach.

As a result of the evaluation of the first phase (2008-2012) of the NPA an impact model was drawn up in collaboration with the key partners in 2013. It defines the goals of the individual projects and develops indicators for reviewing their achievement. The key partners are the cantons, the Swiss Alcohol Board, Sucht Schweiz (Swiss anti-addiction institute), Infodrog (Swiss Office for the Coordination of Addiction Facilities) and the Swiss Conference of Cantonal Health Directors (GDK).

The project, "Success Factors of Cantonal Alcohol Policy", which was initiated in 2013 and continued in 2014, is a focus and highlight of efforts to strengthen the alliance-based approach. This tool is used to assess the efficacy of cantonal measures in controlling alcohol use and is designed to support the cantons in their policies on alcohol.

The NPA comprises five action areas. The following is an overview of projects already completed or still ongoing in 2013 and 2014.

Action area 1: Health protection & promotion and early detection

As 15 to 24 year olds are a particularly vulnerable group, this action area focuses on early detection among young adults undergoing vocational training. The "Alcohol prevention in young adults undergoing vocational training" project is aimed at developing and implementing needs-oriented prevention programmes for companies that train apprentices. For this purpose, Sucht Schweiz carried out a survey of such companies and SMEs early in 2014. The survey was designed to furnish information on existing approaches to prevention and show which projects were the most promising.

Various online self-tests for alcohol use make a valuable contribution to early detection, thanks to their ease of access. Numerous organisations offer such tests, though they may vary to some extent in form and content. Infodrog therefore drew up a "Feasibility study for the standardisation of online alcohol self-tests", which shows ways in which such services can be standardised.

Action area 2: Treatment and social integration

This action area focuses on alcohol-dependent individuals and their families. The "Brief interventions by doctors" project devises professional development services for family doctors. These services help doctors to raise the subject of problematic alcohol use to their patients and, if necessary, to intervene.



Infodrog lead-manages the "Strengthening of self-help" project, which aims to improve awareness of self-help organisations and step up collaboration between them and professional addiction management services. A conference on this topic was held in March 2014. Strengthening self-help is a valuable contribution towards achieving a diversified range of services.

Action area 3: Reduction of harm to individuals and society

The aim in this action area is to reduce alcohol-related harm to society, e.g. violence and accidents, and help children and adolescents in families with alcohol problems.

The "Raising awareness of professionals to alcohol-related harm in pregnancy" project is aimed at standardising messages that target pregnant women and their partners. The fact is that despite numerous studies on the topic, the scientific community and medical professionals are not in agreement. A report available since the end of 2013 summarises the grey areas and the contradictions that exist in some areas. The second phase of the project aims to create

consensus on the messages to be communicated. To this end a survey of experts based on the Delphi Method has been running since 2014.

Approaches to youth protection at public events requiring authorisation are the responsibility of the cantons, but few of them have conceptual frameworks for this purpose. In 2013, an intercantonal working group therefore drew up a set of basic principles and recommendations on behalf of the Swiss Conference of Cantonal Health Directors (GDK). A range of material and ideas is to be made available to the cantonal prevention agencies. The focus in 2014 and 2015 is on presentation and communication of these recommendations.

Children suffer greatly when they have an alcohol-addicted parent. In this area the Sucht Schweiz "Risk assessment and intervention planning in families with an alcohol problem" project offers a wide array of measures such as training programmes, guidelines and networking meetings.

Project for "Development of a structured approach to the hospitalisation of young people suffering from alcohol intoxication": If a young person is hospitalised

on account of alcohol intoxication, the procedures to be followed and follow-up care vary considerably in the hospitals. Sucht Schweiz investigated the different methods followed and drew up promising recommendations based on "best practice".

Action area 4: Market regulation and protection of minors

The Federal Alcohol Board (EAV) conducted test purchases to determine the extent to which laws governing the sale of alcohol to minors were being respected. The previous year's data were evaluated in July 2014.

Together with Gastrosuisse (hotels and restaurants federation), the EAV is vigorously promoting the "Training of sales staff" in this context. New posters have been produced which draw attention to the age restriction, as have age group tables. With their help, sales staff can rapidly determine the age of young purchasers of alcoholic beverages.

Action area 5: Information and awareness raising

The "Dialogue Week" organised as part of the "Talking about alcohol" alcohol prevention campaign took place in May 2013. Some 230 stakeholders in alcohol prevention drew attention to the topic of alcohol by organising a range of activities and seeking to engage in a dialogue with the general public. The 2015 Dialogue Week is currently in the planning stage. Future Dialogue Weeks will be supported by an umbrella campaign that is currently being drawn up.

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National Alcohol Programme 2008–2016: the goals

Vision: Those who consume alcoholic beverages do so without harming themselves or others.

Main goal 1: Awareness-raising in the population: The population is familiar with the negative effects of alcohol use and supports appropriate measures for their reduction.

Main goal 2: Active protection of minors: Society, policy makers and the business community are aware of the special vulnerability of children and adolescents to alcoholic beverages and support appropriate measures to protect minors.

Main goal 3: Reduction of problem consumption: There is a reduction in binge drinking, chronic drinking and consumption that is inappropriate for the situation.

Main goal 4: Fight against alcohol dependence: The number of people dependent on alcohol has decreased.

Main goal 5: Reduction of negative social consequences: The negative effects of alcohol abuse on public life and the economy have been reduced.

Main goal 6: Protection of the immediate environment: The negative effects of alcohol on consumers' families and immediate social environment have been noticeably alleviated.

Main goal 7: Networking of stakeholders: Public and private sector stakeholders in the area of alcohol coordinate their activities and contribute together to the successful implementation of the NPA 2013–2016.

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