

spectra



89

International

2 WHO and EU set their sights on the overweight

According to the World Health Organization (WHO), there has been a global increase in diabetes, cardiovascular diseases, cancer and chronic respiratory diseases, accounting for 63% of deaths in the world in 2008. One of the main causes of these diseases is overweight and obesity. spectra outlines the strategies pursued by the WHO and the EU in the struggle to combat the obesity epidemic – strategies that also point the way forward for Switzerland.

2 50 years of international drug prohibition

The first UN Convention on Narcotic Drugs was signed in 1961. It represents an ideologically driven and, in parts, radical policy on drugs that leaves little scope for pragmatic solutions or differentiated viewpoints. spectra talked to Jean-Félix Savary, secretary general of «Groupement Romand d'Etudes des addictions» (GREA), on the Convention's weaknesses and opportunities and on Switzerland's contribution to an effective and humane international policy on drugs.

3 Health promotion: the story of a successful concept

The Ottawa Charter, now regarded as the blueprint for health promotion and preventive medicine, was approved 25 years ago. The Charter enshrined a completely new understanding of health. No longer an exclusively medical domain, health was now seen as also being dependent on social factors. The roots of this paradigm shift reach back over a hundred years. A book by Brigitte Ruckstuhl recounts the development of «health promotion».



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Swiss Confederation

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

Global strategies for dealing with global problems require national imp

Diet and physical activity. According to the World Health Organization (WHO), non-communicable diseases (diabetes, cardiovascular diseases, cancer and chronic respiratory diseases) accounted for 63% of deaths in the world in 2008. The increase in such conditions and the associated impact on the healthcare and social welfare systems and on the economy constitute a major challenge for many countries.

The increase is due primarily to our present-day lifestyle. Five of the seven main risk factors for non-communicable diseases have to do with diet and physical activity: high blood pressure, high blood cholesterol levels, overweight, low consumption of fruit and vegetables, and physical inactivity. The other two risk

factors are smoking and excessive alcohol consumption.

To counter this trend, the UN General Assembly convened a high-level meeting on 19–20 September 2011 on the topic of «Non-communicable Diseases» with the aim of developing effective global solutions to deal with the steady increase in such conditions.

Overweight and obesity are risk factors

The promotion of a healthy lifestyle to prevent non-communicable diseases has been a key goal of both the European Union (EU) and the WHO for many years. More and more people in Europe are overweight or obese. Most of us nowadays consume too many calories and do not take enough exercise. The WHO and the EU have therefore made a balanced diet and regular physical ac-

tivity key priorities of their respective health policies.

World Health Organization

As far back as May 2004, the WHO approved the «Global Strategy on Diet, Physical Activity and Health» and called on governments to adapt it to their respective national requirements. Two years later (November 2006), the European health ministers meeting in Istanbul approved the «European Charter on Counteracting Obesity». In May 2010, the WHO recommendations on the sale of high-energy food products and non-alcoholic drinks to children were approved by the governments. The aim of this measure is to diminish the impact of advertising that targets children for food and drinks containing high levels of saturated fats, trans-fatty acids, sugar or salt.

European Union

In May 2007, the European Commission approved the White Paper «A Strategy for Europe on Nutrition, Overweight and Obesity Related Health Issues», which calls for a greater focus to be put on action-based partnerships in this field. The most important goals include strengthening personal responsibility, improving consumer information, checking the contents of food products (less salt, less sugar and a better quality of fat), improving the body of data available and promoting research. The launch of the EU Action Platform on Diet, Physical Activity and Health provided a forum for key representatives of, among other players, the food industry, retailing, advertising and organisations active in the health sector. A High Level Group composed of government representatives from all member states was

«Geneva could become a new centre of acknowledged excellence in all aspects of drug policy.»

Five questions for Jean-Félix Savary. The association of addiction management professionals, Groupement Romand d'Etudes des addictions (GREA), hosted a conference on «50 years of drug prohibition» on 19 October. We talked to Jean-Félix Savary, secretary general of GREA, on the background situation.



The first UN Convention on Narcotic Drugs is 50 years old. Why has GREA organised a conference to mark this anniversary?

The current system prohibiting drugs is relatively recent. The First UN Convention dates back to 1961. The Third Convention of 1988 still called on the United States to make drug use a punishable offence. In Switzerland in the following year, the Subcommittee on Drug-related Issues set up by the Federal Narcotics Commission published a report in favour of decriminalising drug use. So the system's controversial and – from a long-term perspective – something of an anomaly. After 50 years of practice, it's now time to assess its efficacy. Many geopolitical phenomena are indeed linked directly to the present system: wars, corruption, migration, environmental protection, rights of indigenous peoples, etc. So if all the problems are to be grasped, it's all the more important to consider the whole issue from a certain distance.

What vision underlies the three conventions? What explains the «spirit of Vienna»?

The system laid down by the UN Conventions reflects the position taken by the member states. It clings predominantly to the traditional idea of the «drugs» phenomenon, and the problem lies with the product. If we eliminate the drug trade, we eliminate the problems associated with it at the same cost. This simple consideration can result in illusory thinking. The reality, on the other hand, has since moved on – and numerous countries have begun to look at the issue in a more differentiated manner by taking the variables of environment (context) and the individual (life history) as well as the product into account. These changes, many of which are driven by front-line players, are often difficult to enshrine in laws. The international system is only a reflection of this reality.

Which features of the Conventions do you consider to be still effective in the current situation?

The international drug trade has to be strictly regulated – that's obvious. Therefore we absolutely have to maintain international institutions with extensive powers that enable us to regulate trading and distribution of the different psychotropic products. This task must be clearly distinguished from the ideological components that have been pegged on to it, from the «war on drugs». The international community can promote «good practice» in order to support effective responses to the different problems. The example of Switzerland shows that it's local experience that has enabled substantial progress to be made. Countries must therefore be given more room for manoeuvre.

In the light of ongoing developments, do you believe that changes are possible? And if so, in what time frame?

The loudest criticism today is directed at the lack of determination to address the topic in the first place. Calling something into question is already perceived as a making a «concession» on drugs. When the UN's Political Declaration and Plan of Action on drugs was revised in 2009, the contrast between pragmatism and ideology was startling. The hard-liners won the day and the texts weren't changed. However, the debates sparked off showed that positions had undergone marked changes. The European Union had spoken forcefully and with a «relatively uniform» voice. Numerous contributions from Southern countries denounced the havoc caused by the «war on drugs» among their populations. Building on the experience of the Latin-American commission «Drugs and Democracy», the «Global Commission on Drug Policy» founded this year also clearly demonstrates that changes are in progress. This commission is an impressive platform for international leaders across the entire political spectrum who call for a complete overhaul of the UN Convention system.

What role do you think Switzerland can play in this process?

Switzerland is a member of the UN

Commission on Narcotic Drugs (CND) and can contribute a great deal to the ongoing discussions in the international community. Swiss diplomacy has demonstrated a strong commitment to human rights. This is another, very important aspect of drug policy. Let's not forget that drug use is punishable by death in some 50 countries. At present, the INCB (International Narcotics Control Board) is more concerned with condemning the limited experience of decriminalisation than public executions of drug users in Asia or the spread of HIV. With Switzerland's long experience of a drug policy based on a well documented public health approach, and with its commitment to human rights, the country enjoys the necessary credibility to move discussions forward in this field.

We're pleased that Switzerland has become more active in the last few years. Drug policy includes conflict management, good governance and development of rural areas – all fields in which Switzerland has already been highly active at the international level. Geneva, home to so many international organisations, could become a new centre of acknowledged excellence in all aspects of drug policy. It is our wish that the Confederation should support its representatives in this field, because they share the same goals as our diplomats.

Credits • No. 89, November 2011

«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
christoph.hoigne@la-cappella.ch
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

Implementation!

also set up for the purpose of facilitating the rapid exchange of knowledge and experience for the solution of obesity-related problems. In 2009 and 2010, the High Level Group asked the Commission to convene a group of experts in order to prepare the foundations for the following initiatives: the salt strategy (2008/2009) and the framework strategy on the reduction of fat and sugar levels in food, which will include communal catering (2010/2011). The European Food Safety Authority (EFSA) is concerned – in addition to traditional food safety issues – with questions arising in the field of nutrition such as approval of health claims for food and recommended dietary allowances.

Implementation in Switzerland

Switzerland has played an active part in the international strategy development

work of the WHO and WHO Europe. The WHO Europe Charter, the WHO Strategy and the EU White Paper provided essential foundations on which to draw up the National Programme on Diet and Physical Activity 2008–2012 (NPDP) and are seminal for FOPH activities in the implementation phase. The insights generated by the EFSA and the High Level Group (in which Switzerland participates) are taken into account in the Swiss projects, strategies and recommendations of the NPDP. Switzerland's salt strategy is a good example of how WHO recommendations and the EU's global salt strategy led to the creation of a national strategy. A high level of salt intake increases the risk of cardiovascular disease. In the report «Diet, Nutrition and the Prevention of Chronic Diseases» the WHO therefore recommends a daily salt allowance of less than five grams a day. Daily salt intake in

Switzerland is much higher, being estimated at approximately ten grams per person. This is due primarily to processed food such as bread, cheese, sausages and other meat products, soups and ready-made meals, which contain a lot of «hidden» salt. The aim is to reduce daily salt intake to eight grams per person by 2012, i.e. by up to 16% (or 4% a year). The long-term aim is to achieve the recommended maximum intake of five grams a day. The implementation of the Swiss salt strategy is intended to significantly reduce the risk factor of high blood pressure, enhance quality of life and improve public health. The salt strategy is being implemented in the framework of the actionsanté initiative.

Contact: Liliane Bruggmann,
Head of the Nutrition
and Physical Activity Section,
liliane.bruggmann@bag.admin.ch

Health promotion: the story of a successful concept

25 Years of the Ottawa Charter. The approval in 1986 of the Ottawa Charter, the blueprint for health promotion efforts the world over, represented a paradigm shift in perceptions of health. A book by Brigitte Ruckstuhl describes the origins and development of the concept of health promotion.

Nowadays health promotion is an accepted and key pillar of health policy. The concept stands for both a field of action in health policy and for an understanding of health that extends well beyond the purely biomedical aspects. It maintains that health and illness are not simply the responsibility of doctors or of Fate; they can be influenced by, and are the responsibility of, the individual and society as a whole. Each and every one of us can promote or maintain our health by pursuing a healthy lifestyle. But the task of society and politicians is to create the prerequisites for health. With the approval of the Ottawa Charter at the «First International Conference on Health Promotion» by 210 delegates from 35 industrialised countries, this understanding of health was for the first time given tangible expression in the form of action strategies and fields. But its roots reach back over a hundred years.

From social hygiene to criticism of medicine

The basic idea of health promotion can

be clearly discerned in the ideas of «social hygiene» advocated as far back as the early 20th century. With this theory German scientists for the first time focused attention on social conditions as being responsible for the development of disease. But the speed with which social hygiene established itself as a scientific discipline was matched by the rapidity with which it fell from grace with the accession of the Nazis to power in Germany. For a long time afterwards, this approach was absent from debates on health policy. During the economic boom after the Second World War, the focus shifted markedly to medicine, with its emphasis on cure, and to the medical profession. Efforts were concentrated on securing primary medical care and progress in medical technology. The outcome was a deterioration in public health and an emphatically personalised understanding of disease prevention.

This changed in the 1960s and 1970s. The increase in chronic diseases and spiralling healthcare costs exposed the limitations of the system. The social changes that began in the late 1960s also affected people's understanding of health: instead of «provision of care», which was perceived as being disempowering, greater emphasis was put on self-determination with regard to their own bodies, and people began to demand more of a say in matters relating to health and disease. This new way of thinking prepared the ground for the institutionalisation of health promotion and prevention. In the early 1980s, under the leadership of WHO Europe, a systematic process was initiated that culminated in these trends being enshrined in the Ottawa Charter.

Clarification required

Today the Ottawa Charter is regarded worldwide as a blueprint for health pro-

motion and preventive medicine as set out in the WHO's «Health for All» strategy. According to Brigitte Ruckstuhl, however, the concept has become somewhat blurred by the many different ways in which it has been interpreted over the last 25 years. She calls for clarification of the functions and tasks that health promotion seeks to fulfil today and of where it perceives its role in health policy or public health. The book: Gesundheitsförderung. Entwicklungsgeschichte einer neuen Public Health-Perspektive. [Health promotion. History of a new public health perspective]. Brigitte Ruckstuhl. Publisher: Juventa, 2011. With interviews from Rosmarie Erben, Alf Trojan, Bernhard Badura, Rolf Rosenbrock, Eberhard Göpel, Peter Franzkowiak, Helmut Milz, Werner Schmidt, François van der Linde, Bertino Somaini, Horst Noack, Ralph Grossmann, Jürgen Pelikan and Ilona Kickbusch.

Contact: Regula Rička,
Health Policy Directorate,
regula.ricka@bag.admin.ch

The strategy of the Ottawa Charter

The following three action strategies constitute the core of the Ottawa Charter:

1. Advocacy for health by exerting influence on political, biological and social factors.
2. Promotion of health skills in order to reduce inequities in health status and enable people to achieve their fullest health potential.
3. Cooperation with all players within and beyond the health sector.

At first hand

Whether it's flu epidemics, food crises, trade in medicines or development aid, many health issues require global responses. The WHO – the United Nations' authority for coordinating public health at the international level – has been providing them for over sixty years. As the sole global regulatory body in the health field, it lays down internationally valid rules and standards that serve the individual member states as guidelines for their national health policies. Switzerland is no exception: our national prevention programmes on tobacco, alcohol and diet & physical activity were shaped in part by the corresponding international strategies, agreements and resolutions of the WHO. Likewise, the draft of our Prevention Act was also influenced by the WHO Action Plan for the Prevention and Control of Non-communicable Diseases.

Alongside the WHO, the EU has also developed into a major player in international health policy in the last few years. The rise in the free movement of people and goods has increased the importance of our collaboration with the EU on health issues. Since 2008, Switzerland has therefore been negotiating a health agreement with the EU with the aim of standing up for an effective health policy at the European level.

Clearly, then, when formulating its health policy Switzerland looks at what the rest of the world is doing – but, conversely, the world often directs its gaze at us as well. For instance, Switzerland's policy on drugs is widely regarded as being particularly innovative, and many countries have copied it. And in 2006 Switzerland became the first country to create an official framework for a targeted health-related foreign policy. The framework is a target agreement concluded between the Federal Office of Public Health and the Federal Department of Foreign Affairs. This approach, i.e. inter-ministerial coordination, is currently being updated, but has already aroused interest in many other countries, and Switzerland is now consulted as an expert in the field.

Effective health policy needs this kind of reciprocal openness between international bodies and individual countries. After all, both sides are mutually dependent, and in the struggle to create a healthier world they can claim to be both pioneers and allies.



Ambassador Gaudenz Silberschmidt
Vice-Director,
Federal Office of Public Health
Head of the International Affairs Division

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: January 2012

www.spectra.bag.admin.ch

Eating healthily and enjoying a more active lifestyle

State of affairs of the National Programme on Diet and Physical Activity. The National Programme on Diet and Physical Activity 2008–2012 (NPDPA) was initiated a good three years ago. Its aims are to create conditions conducive to a healthy lifestyle and to motivate the population to maintain a balanced diet, take enough exercise and thus prevent diseases from occurring.

Five of the seven most important risk factors (high blood pressure, cholesterol, overweight/obesity, unbalanced diet and lack of exercise) of non-communicable diseases have to do with diet and physical activity. Thirty-seven percent of the Swiss population are overweight. The NPDPA is designed to counter this trend. The Swiss Government mandated the Federal Office of Public Health (FOPH), together with the Federal Office of Sport (FOSPO) and in cooperation with Health Promotion Switzerland and the cantons, to implement the NPDPA. The goals and tasks are distributed as follows:

1. Securing nationwide coordination: FOPH
2. Promoting a balanced diet: FOPH
3. Promoting physical activity and sport: FOSPO (except everyday physical activity: FOPH)
4. Integrated approaches to promoting a healthy bodyweight: Health Promotion Switzerland and the cantons
5. Improving counselling and treatment provision: FOPH

Since the Federal Council Decision of 18 June 2008, the FOPH has been involved in a range of projects in its assigned areas, the most important of which are outlined below.

Progress with MOSEB

With a view to securing nationwide coordination (goal 1), the FOPH's focus has been on the MOSEB nutrition and physical activity monitoring system. MOSEB is a collection of data and indicators in the fields of nutrition and physical activity. It enables relevant and as yet unavailable data and indicators to be identified and surveyed for the first time. These indicators are partly taken over from existing monitoring projects and partly processed from scratch. They are divided up into six sets of topics: health literacy, eating habits, physical activity, bodyweight, state of health, general conditions and service provision. Three of them were drawn up from scratch in 2010: «Cooking habits», «Physical activity spaces and surfaces» and «Adult BMI». MOSEB also involved the creation of a list of standard questions on the topics of nutrition, physical activity and bodyweight. This list is made available to individuals and organisations that envisage undertaking a survey or gathering data. Additional activities designed to secure nationwide

coordination include preparing the 2012 National Nutrition Survey and the 6th Swiss Nutrition Report (chapter structure and three chapters).

Balanced diet and everyday physical activity

The FOPH had already implemented or initiated a large number of important measures to promote a balanced diet and everyday physical activity (goals 2 and 3) in the first half of the National Programme:

Salt strategy

A high salt intake aggravates the risk of cardiovascular disease. The WHO therefore recommends a daily salt allowance of less than five grams per person a day. At approximately ten grams a day, salt intake in Switzerland is much higher. Together with the food industry and research organisations, efforts are underway in the framework of the salt strategy to investigate ways and means of lowering the salt content of food products and restaurant meals without loss of flavour. The aim is to reduce salt intake to eight grams a day by 2012. The long-term aim is to achieve the recommended maximum intake of five grams a day. The salt strategy comprises five pillars:

1. Data and research
2. Public Relations
3. National and international cooperation
4. Modification of product formulations
5. Monitoring and evaluation

The salt strategy is being implemented in the framework of the actionsanté initiative.

actionsanté

In the actionsanté initiative, the FOPH seeks, supports and networks companies and institutions that voluntarily promise to make it easier for people in Switzerland to choose a balanced diet and regular physical activity in everyday life. The partners' actions focus on information for consumers, marketing and advertising, food composition and selection, and promoting an environment conducive to physical activity. To date, 15 partners have promised to undertake 21 actions relating to food composition/selection and marketing/advertising. A large proportion of these promises of action concern the goal of lowering salt intake.

Quality standards for communal catering

Communal catering in Switzerland provides meals for a million people a day and is therefore one of the NPDPA's main action areas. Measures taken in this field include the establishment of «Swiss quality standards for health-promoting communal catering», which have been available to all interested parties in the fields of communal catering and corporate health-promotion



since the end of 2009. In addition, communal catering in Switzerland was subjected to an international analysis in 2010 in which players were surveyed, questioned and integrated into efforts to implement health-promoting practices in this field.

Multisectoral approach to boosting everyday physical activity

Infrastructure is a major factor in shaping the population's physical activity habits. For this reason the FOPH, in cooperation with the Federal Offices for Spatial Development (ARE), Roads (FEDRO) and Energy (SFOE) and other partners, supports efforts to create attractively designed neighbourhoods, safe footpaths and bicycle routes and promotes non-motorised traffic. In the field of everyday physical activity, the FOPH has supported projects initiated by the Federal Department of the Environment, Transport, Energy and Communications (DETEC) service centre for innovative and sustainable mobility and has participated in the working groups for «Development of suburban open spaces», «Recreational traffic» and «Federal coordination of non-motorised traffic». The FOPH website provides an overview of its entire involvement in the field of everyday physical activity.

Optimising treatment services

With a view to improving treatment provision (goal 5), the first phase involves appropriate information material being provided for GPs who have patients presenting with a possible obesity problem. In addition, an Internet platform with information on treatment provision in the individual cantons is to be set up. The documentation will be reviewed in the context of a pilot project at the beginning of 2012. In the second phase, the expert group will address topics such as eating disorders and malnutrition.

Further FOPH activities

Further FOPH activities on behalf of the NPDPA included:

- launching a video competition for schoolchildren on the topic of «Enjoyment and health» (in cooperation with the «Semaine du Goût» action week)
- preparing the 2012 National Nutrition Survey
- drawing up the 6th Swiss Nutrition Report (chapter structure and three chapters)

Evaluation in 2011

The NPDPA is being evaluated by an external agency in 2011. The results will constitute an important basis for the prolongation of the Programme.

Contact: Liliane Bruggmann,
Head of the Nutrition
and physical activity section,
liliane.bruggmann@bag.admin.ch

Mini-series The National Prevention Programmes

What's happening in tobacco, alcohol, drug and HIV/STI prevention, what's new in nutrition and physical activity? spectra will be highlighting the achievements in the major national prevention programmes organised by the Federal Office of Public Health:

spectra 88 – September 2011
National Tobacco Programme, 2008–2012

spectra 89 – November 2011
National Programme on Diet and Physical Activity, 2008–2012

spectra 90 – January 2012
National Alcohol Programme, 2008–2012

spectra 91 – March 2012
Third package of drug-related measures, 2007–2011

spectra 92 – May 2012
National HIV and STI Programme, 2011–2017