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National prevention programmes

2 Prevention programmes to be continued

The Swiss government uses the national prevention programmes on alcohol, tobacco and diet & physical activity to defy the main causes of non-communicable diseases such as cardiovascular disorders, cancer and diabetes. These programmes are important, effective and as necessary as ever, as external evaluations confirm. The evaluations recommend continuing the programmes, along with a number of improvements. The government has prolonged the programmes until 2016.

4 "Talking about alcohol" campaign

When it comes to tobacco the prevention message is clear-cut: it's better not to smoke at all. But in alcohol prevention the message is not so simple – not every glass of wine or beer is harmful to health. Yet problems with alcohol are all too often misjudged. Neither demonising alcohol nor playing down its risks is helpful. What is needed is a frank discussion that frees the topic of taboos and raises public awareness of the risks associated with problematic consumption of alcohol. In 2011, the Federal Office of Public Health launched the dialogue-based campaign "Talking about alcohol", creating a platform that society can use to discuss the topic.

4 Fight against measles

Contrary to general opinion, measles is not a harmless childhood disease. More than 160,000 people throughout the world died of this highly contagious viral infection in 2008. Measles mainly affects children under the age of five, but adults can also catch it. WHO Europe aims to eliminate the measles virus from the region by 2015. Switzerland has also committed to achieving this goal. In December 2011, the Swiss government therefore approved a measles elimination strategy that has already been successfully implemented throughout America and Australia. The focus of the strategy is to achieve an immunisation rate of 95% among young children.



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Swiss government to continue focus on health promotion and prevention

National prevention programmes.

The Swiss government has prolonged the national prevention programmes on tobacco, alcohol and diet & physical activity by four years until 2016.

Non-communicable diseases such as chronic respiratory diseases, cardiovascular disorders, cancer or diabetes are currently the most frequent cause of premature death. Up to 50 per cent of all chronic non-communicable diseases in middle age can be avoided by pursuing a healthy lifestyle. In addition, they generate high healthcare costs and thus impact on society as a whole. The principal risk factors of such conditions are con-

sumption of tobacco, an unbalanced diet, alcohol abuse and lack of exercise. The three national prevention programmes running since 2008, i.e. on tobacco, alcohol and diet & physical activity, are aimed at reducing these risk factors and promoting a healthy lifestyle. They are being implemented in cooperation with other government agencies, the cantons and NGOs and have already brought about progress at a number of levels in the prevention of non-communicable diseases and their negative consequences for society, for instance:

- Improving youth protection against alcohol
- Reducing exposure to second-hand

- smoke and the number of smokers
- Improving data provision on diet & physical activity by implementing the MOSEB system for monitoring diet & physical activity
- Promoting the availability of healthy food by improving the composition of foodstuffs (less salt, less sugar and healthier fats), in some cases in cooperation with the food industry (e.g. through the "actionsanté" drive for better food and more exercise)
- Improving coordination with the cantons

In spring 2012, the Swiss government decided to extend these three national prevention programmes to the end of 2016. This prolongation was also recommended in the external evaluations of the programmes.

A worthwhile investment for society as whole

By prolonging the national prevention programmes, the Swiss government is safeguarding the continuity of its efforts to promote a healthy lifestyle. The Fed-

eral Office of Public Health has been mandated to implement the programmes in close cooperation with other federal agencies, the cantons and various partners in the fields of health, business, education and research. The mandate includes creating scientific bases, providing information and communication with the public, targeted coordination of all players involved and promoting conditions that make it easier for people to lead a healthy lifestyle. The Swiss government will thus be showing the way forward for a future-oriented health policy that focuses on health promotion.

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National prevention programmes: many evaluation recommendations already implemented

Position of the Federal Office of Public Health. The Federal Office of Public Health commissioned evaluations of the 2008–2012 national prevention programmes on alcohol, tobacco, diet & physical activity and of the Swiss government's Package of Measures to Reduce Drug Problems 2006–2011 (MaPaDro III). The evaluators argued strongly in favour of prolonging the programmes and proposed a number of improvements. The recommendations have been incorporated into the programmes and some have already been implemented.

of Public Health (FOPH) has taken the evaluation recommendations on board in all areas, reaching decisions on implementing them or even already implementing them entirely or in part. In May 2012, the Swiss government gave its approval to extending the programmes by a further four years until 2016 (see article above). This means that the preparatory work completed to date can be secured and the continuity and sustainability of the prevention activities guaranteed.

No merging of programmes

An important interim finding of the evaluation was the recognition that merging the prevention programmes with a view to creating synergies would not be constructive, at least not at the present time. But efforts will be made to achieve better cooperation and coordination between the programmes with regard to the different measures. In fact, the potential for improving coordination between the programmes and among the players at the national, cantonal and municipal level has not yet been fully exploited. The Prevention Act promises to bring about a substantial improvement in this respect.

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Package of drug-related measures extended until 2016

MaPaDro III. The Swiss government's 2006–2011 package of measures to reduce drug problems (MaPaDro III) has been extended for a further five years until 2016.

MaPaDro implements the "fourfold", or "four-pillar", policy (prevention, harm reduction, treatment and law enforcement/repression) that is the Swiss government's response to the drugs problems of the 1980s. The third package of measures has been effective with regard to its three overriding goals: "Reduce drug use", "Reduce the negative consequences for drug users" and "Reduce the negative consequences for society". But despite these successes, consumption of psychoactive substances continues to be a burden on public health. It is therefore important to guarantee the continuity of drug policy.

On the basis of evaluation recommendations, the Federal Office of Public Health (FOPH), together with the Federal Office of Police (fedpol) and the Federal Office of Justice (FOJ), have prolonged MaPaDro III until the end of 2016. In the light of this decision, the action plan for implementing MaPaDro has been revised and brought into line with changes in the underlying problem. The focus will be on strengthening measures for early identification and early intervention, on prevention and harm reduction in connection with "designer" and "party" drugs and on increasingly drawing on law enforcement by integrating the Federal Office of Police's measures.

Fight against HIV and other STIs

NPHS 2011–2017. The National Programme on HIV and Other Sexually Transmitted Infections 2011–2017 (NPHS) is continuing the successful prevention work of the last 25 years in the field of HIV/AIDS while also taking the latest findings into account.

For the first time, the programme includes other sexually transmitted infections (STIs) in addition to HIV. The main goal is to significantly reduce the number of new infections with HIV and other STIs and to avoid long-term effects that are harmful to health. Efforts will be made to bring about a cultural change in the next few years, so that voluntarily informing previous sexual partners of a positive diagnosis will be a matter of course.

"Prevention measures always require careful weighing up of the demands of health protection and economic freedom."

Ursula Koch answers five questions. The Swiss government has prolonged the national prevention programmes on diet & physical activity, alcohol and tobacco until 2016. What does Ursula Koch, joint head of the National Prevention Programmes Division of the Federal Office of Public Health, think of this decision and of the role of prevention in our society?



The Swiss government has decided to prolong the national prevention programmes on alcohol, tobacco and diet & physical activity. Do you see this as a clear signal of the importance our government attaches to prevention?

Prevention is of great importance to health policy and the economy. The occurrence of cancer, diabetes, chronic respiratory diseases and cardiovascular diseases is on the rise. Combined with the growing ageing of the population, these diseases are huge challenges to the healthcare system. Non-communicable diseases are to a large extent due to lifestyle choices, i.e. they can be avoided if we take more exercise, follow a balanced diet, refrain from smoking and enjoy alcohol in moderation. This is precisely where the national prevention programmes come in: by reducing these risk factors, they help promote public health. They are therefore of great importance when it comes to ageing healthily. They meet international standards and have established themselves throughout Switzerland as an umbrella for a wide range of different prevention activities and players. The Swiss government has acknowledged

the importance of prevention and, by prolonging the programmes, has opted for a sustainable prevention policy.

What are the most important goals to be reached in the next four years?

Prevention is always a long-term process. In order to ensure the necessary continuity, the structures and activities developed over the last few years will be continued. Our federalist system and its multiplicity of players mean that coordinating prevention activities is a major challenge. Prevention affects all areas of public life and requires a multi- and cross-sectoral approach (spatial development, business, education, sport, transport, safety, etc.). The particular focus of the next few years will therefore be on coordinating the different activities and players, implementing youth protection regulations and promoting projects in the different settings involved (schools, businesses, etc.). And informing and raising the awareness of the general public and the quality of counselling and treatment services will continue to be important focuses.

Proposals for various improvements have resulted from the evaluations of the national prevention programmes. What are the main improvements from your point of view?

Several months have passed since the programmes were evaluated, and many of the recommendations have already been implemented. For instance, the Tobacco Prevention Fund has been put under the strategic control of the tobacco programme, operational targets have been brought into line with the measures undertaken by the programmes on alcohol and diet & physical activity, and cooperation with the partners of the programmes has been stepped up. This means that in the last few years, all activities, campaigns and studies have been implemented on a basis of much broader support and in cooperation with our partners. We'll continue to work on steadily improving cooperation and promoting innovative approaches.

Prevention activities are often at odds with very real business interests – the tobacco and alcohol industries, for instance, but also food producers and retailers. How do the national prevention programmes handle this problem?

The FOPH's mandate is to promote, and where necessary protect, public health. Obviously, conflicts between the interests of health and commerce can arise. Prevention measures therefore always require careful weighing up of the demands of health protection and economic freedom. But we have to draw a distinction between the interests of the tobacco, alcohol and food industries and those of the economy as a whole. Because good health is absolutely essential for growth and productivity, the economy as a whole ultimately has an interest in a healthy population. This is why, in the field of addiction disorders for instance, we work very closely with businesses. Via the "actionsanté" platform in the framework of the diet & and physical activity programme, food producers and retailers voluntarily undertake measures to reduce salt, sugar and fat levels in foodstuffs. Moreover, we engage in regular discussions with industry federations.

A criticism we often hear is that of the "nanny state" issuing too many health warnings to the general public. How can prevention targets be reached without citizens feeling excessively controlled and hemmed in by commands and prohibitions?

Prevention aims to strengthen the health skills of the general public and to influence general conditions in such a way that healthy behaviour is possible. Genuine choice is an option only for those who are well informed. And I can genuinely engage in my choice of behaviour only if the conditions around me are right. Suppose you want to lose weight but you can't find healthy food in the supermarket or your canteen and you don't have access to parks or bicycle routes? Preventive measures are therefore multisectoral, i.e. they come into play at various levels such as spatial development, food product ranges (community catering) and road safety, and in various settings such as schools or businesses. They also promote early identification and early intervention services in the field of addictive disorders. Restrictions on the availability of harmful products or bans exist only in the area of youth protection or for the protection of other people, for instance the law on protection against passive smoking. All other measures aim to empower informed behaviour, enabling people to decide for themselves which products they want to consume or how they want to treat their own health.

At first hand

The Prevention Act still has a rough ride ahead of it before it becomes law. Parliament has been mulling over the Swiss government's accompanying report on the bill since 30 September 2009 – first the National Council (lower chamber), then the Council of States (upper chamber). On 1 June, the deciding vote of the Council of States president at long last enabled the bill to be introduced – and after article-by-article consideration the upper chamber approved it by a majority of 20 to 16. The matter is not over yet, however. But more of that later.

The bill gets people hot under the collar. While nobody has anything against prevention as such, lots of objections are voiced to the forms it might take. There is talk of the nanny state, of overzealous powers-that-be. The alliance of opponents from the SME sector wants a moderate measure of prevention, but their measure seems to fill up pretty fast. No punches are pulled when arguments are exchanged, and half-truths are not uncommon.

The Swiss Conference of the Cantonal Ministers of Public Health (GDK) has been resolute in its support of the bill. This particular voice is, and will remain, of great importance. Why? It became obvious, especially during the debates in the Council of States, that the representatives of the cantons feared one thing above all: loss of cantonal autonomy in the shaping of prevention programmes. This fear is unfounded. Because the Swiss government has deliberately refrained from prescribing specific individual measures, the cantons will retain full freedom of action in drawing up their prevention programmes, and they can decide for themselves how much they want to spend on prevention, health promotion and early identification.

Unlike now, the goals of prevention will in future be defined at the federal level – though not, for instance, by the Federal Office of Public Health (FOPH). Instead, the goals will be set by the Swiss government for periods of eight years, but with input from the cantons. In addition, the Swiss government will be obliged to involve the cantons when defining the strategies to be applied. The same applies to the FOPH's national prevention programmes.

However, let's prevent any premature rejoicing: the bill is to be submitted in autumn for resolution of differences between the two chambers, and the Council of States still has to ease the brakes on spending. This requires the agreement of a majority of deputies. The matter won't be over until the final vote is over. And the SGV (Swiss union of crafts and small to medium-sized enterprises) is threatening to try to force a referendum ... so the fight goes on!



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Director of the Federal Office of Public Health

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Alcohol campaign: the dialogue goes on

Alcohol prevention. In 2011, the Federal Office of Public Health used the "Alcohol Dialogue Week" to launch the alcohol prevention campaign "Talking about alcohol" – a platform that society can use to discuss the topic of alcohol. The second "Dialogue Week" will take place in 2013.

How do we reconcile enjoyment of alcohol as a cultural asset with credibly combating the excesses associated with it? This question is at the heart of the "Talking about alcohol" campaign. This new kind of nationwide alcohol prevention campaign is being implemented by the Federal Office of Public Health, together with 14 backing organisations

Taking part and having a say

The organisers are looking for proposals on activities relating to alcohol prevention for the "Alcohol Dialogue Week" that will be taking place from 18 to 26 May 2013. Examples include roundtable discussions, information evenings, distribution of flyers, and simulated impairment exercises with Drunk Busters Goggles. Anyone can take part – from private individuals to NGOs and large enterprises. Information, inspiration and campaign material can be found at www.ich-spreche-ueber-alkohol.ch

and numerous implementation partners, as part of the National Prevention Programme on Alcohol. The debate on how to deal with alcohol is important because alcohol problems are still a taboo topic. The "Talking about alcohol" campaign is based on the idea of giving the public a forum in which to discuss the subject. Everyone will have an opportunity to express their views on alcohol and obtain answers to their questions from professionals.

600 events all about alcohol

There are many ways in which the public, professionals, young people and other interested groups can exchange views on the topic of alcohol. The first "Alcohol Dialogue Week" in Switzerland was staged as part of the alcohol prevention campaign in 2011. Approximately 230 partners from all over the country took part in more than 600 alcohol-themed events staged in the course of the week. Pictures and comments on these ten days can be accessed in the "Eindrücke" (Impressions) section of the website at www.ich-spreche-ueber-alkohol.ch. This was followed on 10 May 2012 by the "Action Day on Alcohol-related Problems", at which specialist alcohol units talked with the general public and presented their services at regional events.

Online dialogue

Regularly updated information on the

topic of alcohol and the dialogue campaign is published on the campaign website. All those interested can share the information with their friends and families or with their social network friends. Besides a calendar of events, they can download campaign material (posters, flyers, films) that they can use in their own activities. Those who wish to receive regular information on the milestones of the alcohol prevention campaign can subscribe to the newsletter via the website or by sending an e-mail to alkohol-kampagne@bag.admin.ch.

"Alcohol Dialogue Week" to be repeated

The second "Alcohol Dialogue Week" is scheduled to take place in May 2013. The preparations are already in full swing. But success will ultimately depend on the activities of the implementation partners and the public. Municipalities, schools, clubs and private individuals are called on to make their views known and to take part. All the necessary information and inspiration can be found on the website: ideas for activities and events, impressions of the 2011 "Dialogue Week", campaign material that can be ordered, and contact details of project heads. The project



heads will provide help on any questions related to planning or implementing activities.

Link: www.ich-spreche-ueber-alkohol.ch

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Switzerland tackles measles

Measles Elimination Strategy. World Health Organization Europe aims to eliminate measles from the region by 2015. Switzerland has also committed to achieving this goal. The Swiss government therefore approved the Measles Elimination Strategy in December 2011. Measles is not a harmless childhood disease but a highly contagious viral infection.

According to World Health Organization (WHO) estimates, more than 160,000 people throughout the world, Europe included, died of measles in 2008. A particularly large proportion of the deaths occurred in children under the age of five. Before a vaccine became available, children tended to catch the disease before



the age of ten, which is why measles is described as a childhood disease. This term is misleading, however, as adults can also contract measles if they have not already had it and have not been vaccinated against it. Measles vaccination provides reliable protection against infection and is much less likely to cause complications than the disease does.

National information campaign to encourage catch-up vaccination

To ensure that Switzerland can achieve and maintain measles elimination, at

least 95 per cent of children in each successive birth cohort must be immunised against the disease before their second birthday by means of two doses of vaccine. The large majority of people currently aged over 50 are assumed to have been exposed to the measles virus as children and are therefore immune. But many under the age of 50 are not protected. Between 2013 and 2015, the Swiss government and the cantons will therefore carry out a nationwide information campaign targeting these adults in particular and encouraging them to have themselves immunised. In addi-

tion, access to vaccination is to be made as simple as possible.

The goal is herd immunity

Proclaiming a disease as eliminated does not mean that it no longer occurs. It just means that it occurs only in isolated cases. Most such cases are "imported" from countries in which the virus has not yet been eliminated. For measles to be proclaimed as eliminated, at least 95 per cent of the population needs to be immune to it. If this is achieved, so called "herd immunity" has been accomplished. The disease cannot spread further, or can do so only slowly. This means that even individuals who cannot be immunised are subject to only a slight risk of infection. They are therefore also considered as protected. But herd immunity is effective only if the few cases that occur are identified at an early stage and further transmission can be prevented without delay. The whole of America, Australia and several European countries have already eliminated measles.

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The Federal Office of Public Health (FOPH) and the cantons, professional medical bodies and concerned organisations have developed a Measles Elimination Strategy. The Swiss government approved the strategy on 16 December 2011 and commissioned the FOPH to implement it. The Swiss Conference of Cantonal Ministers of Public Health (GDK) has also approved the strategy.