

# spectra

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## Non-communicable diseases

### 2 Number-one cause of death

Cancer, cardiovascular diseases or diabetes: non-communicable diseases are now the number-one cause of death worldwide. They are responsible for most cases of premature death, i.e. before the age of 70. The fight against non-communicable diseases is predicated on vigorous prevention work, particularly activities that target the main risk factors such as smoking, an unhealthy diet, lack of exercise and alcohol abuse. And the fight is not confined to the healthcare system – it requires participation at all political levels and in all political sectors.

### 3 WHO Action Plan

In 2008, 36 million people all over the world died as a result of non-communicable diseases, accounting for 63 per cent of mortality in that year. The WHO estimates that the annual number of deaths due to non-communicable diseases could rise to 55 million by 2030. But the WHO is determined to stop this from happening: by 2025, deaths due to non-communicable diseases worldwide are to be reduced by 25 per cent. The next steps towards achieving this target will be laid down in the Action Plan 2013–2020, which is currently being drawn up.

### 4 6<sup>th</sup> Swiss Nutrition Report

What, and how much, do people living in Switzerland eat? How well informed are they about healthy eating? What is being done in Switzerland to promote a healthy diet? Every seven years, the Swiss Nutrition Report provides answers to these and other questions. Government minister Alain Berset presented the latest Swiss Nutrition Report to the public in January. This issue of spectra summarises the most important findings of the 300-page publication.



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# Non-communicable diseases – a "slow motion disaster"

**Non-communicable diseases.** Cancer, cardiovascular diseases or diabetes mellitus: non-communicable diseases are now the number-one cause of death all over the world. WHO Director-General Margaret Chan described the spread of these diseases as a "slow motion disaster" and one of the biggest health challenges of the future.

While improving public health as a whole, medical progress in the last hundred years has also changed the spectrum of diseases that occur and the causes of death. In the early 20<sup>th</sup> century, infections such as tuberculosis were the primary causes of illness and premature death; now their place has been taken by chronic, non-communicable diseases. According to estimates of the World Health Organization (WHO), they account for 77 per cent of the burden of disease in the WHO European Region. In Switzerland, they were responsible for 90 per cent of the burden of disease in 2004. "Burden of disease" is understood as the years of life lost as a result of premature death (before the age of 70) and the years of life lived in a state of illness or disability.

## Preventing diseases of civilisation

The WHO believes that non-communicable diseases will continue to rise in the next few years. The increase is due primarily to lifestyle changes: in modern societies, lack of exercise, an unbalanced diet, alcohol abuse and smoking are widespread risk factors that significantly promote non-communicable diseases. These diseases not only cause a great deal of suffering and impairment of life quality, they also pose major challenges to the healthcare system at the financial, structural and human-resources level. Healthcare policy therefore needs to focus on strengthening integrated, cross-sector prevention activities and thereby enable people to age healthily.

In Switzerland, social differences with regard to risk factors are very wide, with population groups characterised by a low level of education, a low income and a migration background being at a particular disadvantage. In 2011, the WHO's Regional Office for Europe approved an action plan to implement the strategy for preventing and combating non-communicable diseases. The measures it involves are aimed above all at creating health-promoting structures, general conditions and environments that enable the population as a whole and risk groups in particular to engage in healthier behaviour. Switzerland's national prevention programmes are geared to the WHO's action plan.

## Prevention: multilevel and cross-sector

Prevention comprises three different approaches: primary prevention or

health promotion (aimed at the healthy), secondary prevention or early identification & early intervention (at the first signs of a disease) and tertiary prevention or disease management (on occurrence of a disease). A distinction is also drawn between behavioural and structural prevention. Tobacco-control campaigns aimed at motivating people to quit smoking are examples of behavioural prevention. Structural prevention involves measures that promote or facilitate a healthy lifestyle. These include structural measures such as the expansion of bicycle paths and local recreation areas, financial incentives such as tobacco tax hikes or legislative measures such as a ban on the sale of alcohol to under-18 year olds.

Above all, efforts to combat non-communicable diseases require greater institutionalisation of prevention in the basic healthcare system (including interdisciplinary cooperation) (see article on page 4). However, there is also a need to push new technologies such as e-health (see spectra no. 94), promote integrated healthcare models and strengthen the health skills of the population as a whole and patients in particular. But as with any cross-sector approach, action needs to be taken not only in the area of healthcare but also at the political, business, education and even environmental and social policy levels.

## Prevention programmes to combat risk factors

Since 2008, there have been three national prevention programmes in Switzerland that target the main risk factors of non-communicable diseases: the to-

bacco, alcohol and diet & physical activity programmes. They each provide frameworks for the different nationwide, cantonal and municipal prevention activities in these areas. They are implemented in collaboration with the cantons, NGOs and – following the cross-sector approach – other players from various fields (spatial development, business, education, etc.). The National Programme on Migration & Health and the Mental Health Switzerland Network supplement the programmes by focusing on sectors of the population particularly at risk. Migration & Health is a programme of the Federal Office of Public Health, while the Mental Health Switzerland Network is sponsored by the Swiss Confederation, Health Promotion Switzerland and the State Secretariat for Economic Affairs (SECO). In 2012, the Swiss Government extended the national prevention programmes by a further four years. Running them until 2016 will safeguard the continuity of the prevention work performed in years past. The importance of such continuity is all the greater given that prevention measures only start impacting in the medium to long term.

## Greater focus on research

Measures to combat non-communicable diseases require a bedrock of scientific data and regular monitoring. These diseases will therefore constitute the research focus of the 2015 Swiss Health Survey. There are also plans to carry out a study of the consequential costs of such diseases. In addition, the FOPH is concentrating on research relating to healthcare provision (see article on page 4) in order to generate solid data for developing integrated healthcare

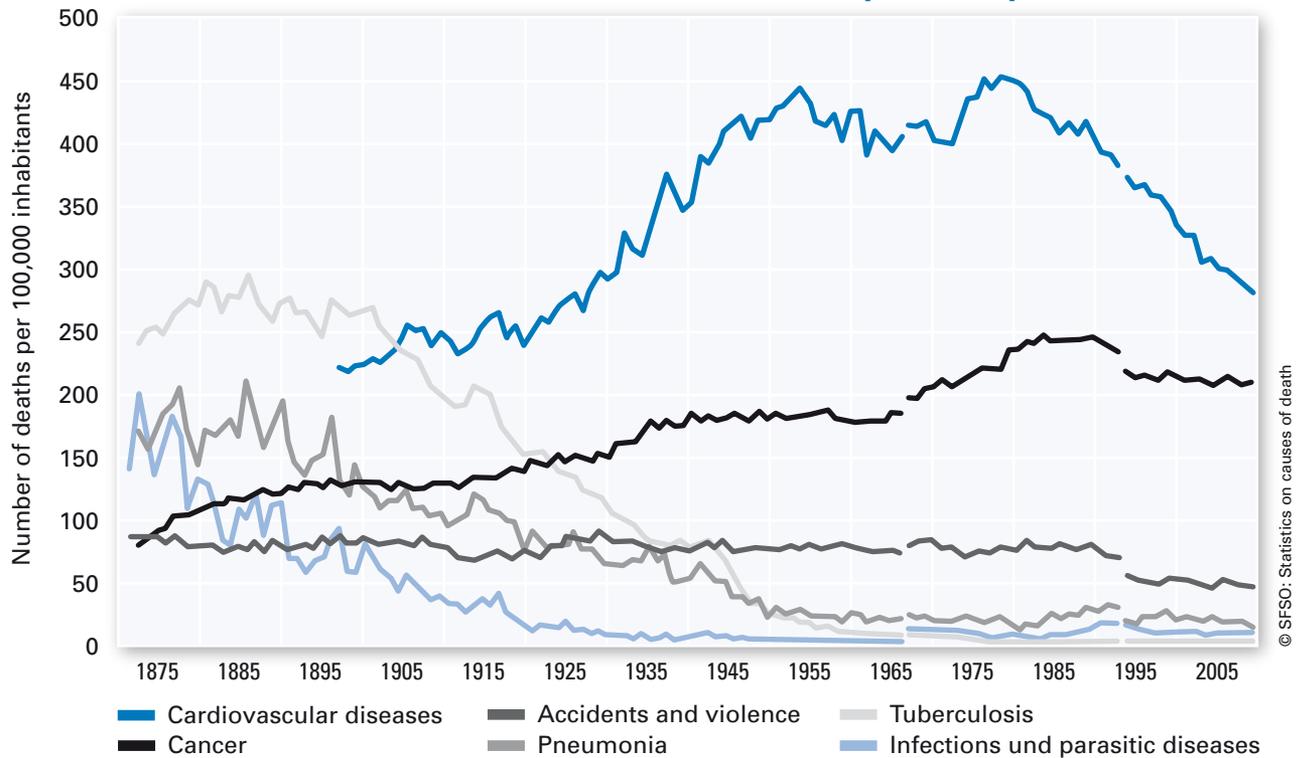
models that treat prevention as an intrinsic component of healthcare. A number of cantons have already launched programmes which, in accordance with international recommendations, target chronic diseases on a comprehensive basis. They include the cancer programme initiated by the Canton of Zug and the diabetes programme of the Canton of Vaud.

By international standards, the health of the Swiss population is better than average. This status is likely to be maintained in the long term only if prevention is treated at all levels and in all sectors as an integrated, positively perceived concept. After all, containing the epidemic of non-communicable diseases will mean harnessing the commitment and cooperation of all players within and beyond the healthcare system and the active involvement of the public.

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## Infograph

### The main causes of death in Switzerland in the past 135 years



# International activities in the field of non-communicable diseases

An overview and selection of relevant documents

Year	Event
2000	The World Health Assembly (WHA) approves the Global Strategy for the Prevention and Control of Noncommunicable Diseases.
2006	The WHO Regional Committee for Europe approves the European Strategy for the Prevention and Control of Noncommunicable Diseases .
2008	The WHA approves the 2008–2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases.
2010	The General Assembly of the United Nations decides to convene a UN high level meeting on NCDs in September 2011 .
2011	The WHO publishes the first Global Status Report and Country Profiles on NCDs. WHO Europe approves the Action plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2016. The Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of NCDs is approved at the UN High Level Meeting on the Prevention and Control of NCDs. Among other tasks, the WHO is called upon, before the end of 2012, 1. to establish a global monitoring framework (including a set of indicators) for monitoring trends and assessing progress made in implementing national strategies for the prevention and control of NCDs. 2. to prepare recommendations for a set of voluntary global targets for the prevention and control of NCDs.
2012	The WHA approves the global target of reducing premature mortality due to NCDs by 25% by 2025 (in comparison with 2010). Formal meeting of the WHO Member States to conclude the work of the global monitoring framework and the voluntary global targets. Consultations of the WHO with Member States, relevant NGOs and selected private sector entities on the "Zero Draft" Action Plan for the Prevention and Control of NCDs for 2013–2020.
2013	Decision of the WHO Executive Board and the WHA regarding approval of: – the global monitoring framework, indicators and targets for NCDs. – the Action Plan for the Prevention and Control of NCDs for 2013–2020. The UN Secretary-General presents the UN General Assembly with an intermediary report on the commitments of the Political Declaration on NCDs.
2014	Publication of the WHO Global Status Report on NCDs 2013. A comprehensive intermediary report on the progress made with the commitments of the Political Declaration is issued to the UN General Assembly.

The approved strategies and action plans together with other documentation can be found at:  
WHO Europe: [www.euro.who.int](http://www.euro.who.int)  
(German, French and English)

WHO globally: [www.who.int](http://www.who.int)  
(French and English)  
United Nations: [www.un.org](http://www.un.org)  
(French and English)

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## At first hand

People now live twice as long as they did a hundred years ago. We owe this huge increase in life expectancy to medical progress, advances in the economic and social spheres, better hygiene and education, the development of the social insurance systems, etc. The improvement in our quality of life has also come with changes to our lifestyle and working conditions.

But there is a downside to this great achievement: the rise in chronic illnesses such as cancer, diabetes and cardiovascular diseases and in chronic respiratory-tract conditions. These long-term illnesses that cannot be transmitted from one person to another are now the most common causes of death in our society.

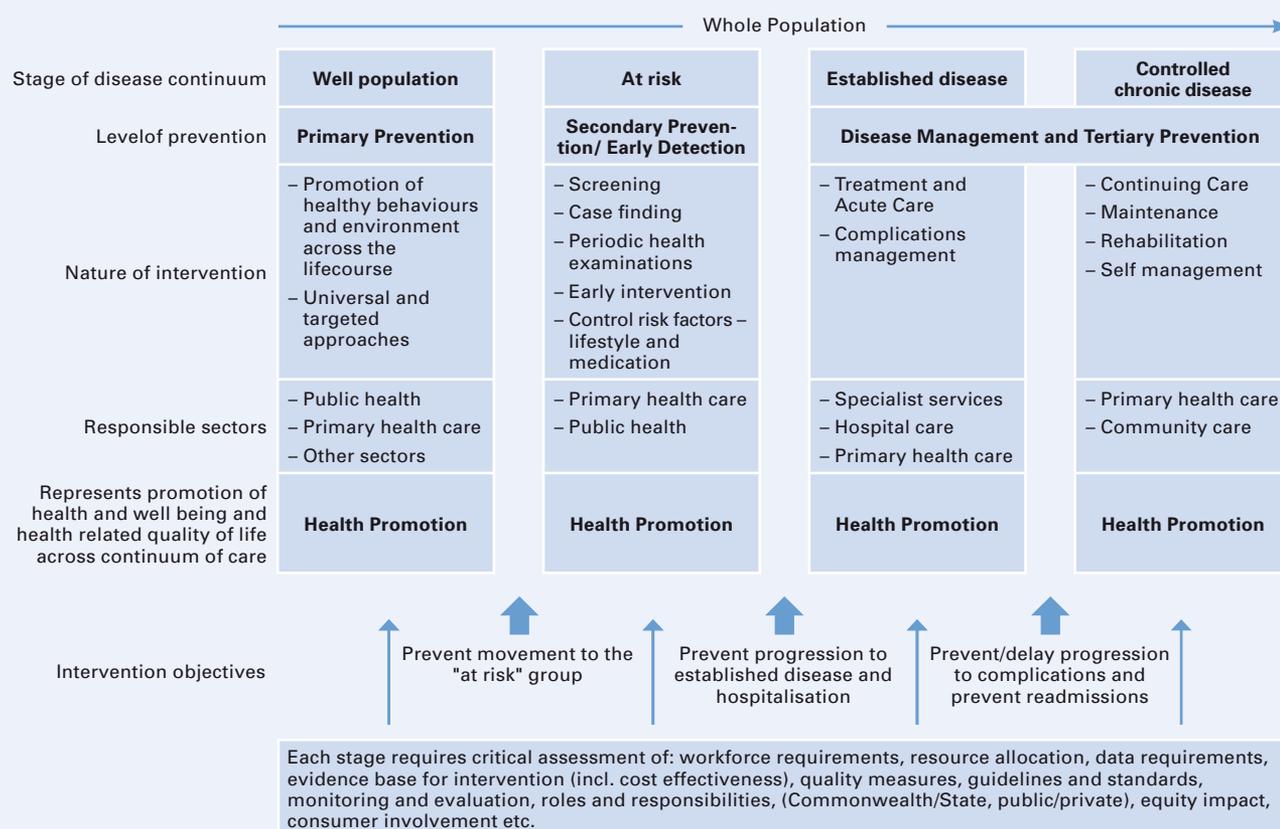
However, we are not entirely powerless to deal with this increase in chronic diseases. In fact, more than half of them could be prevented. They are, indeed, promoted by the same risk factors: an unbalanced diet, lack of exercise and the harmful effects of alcohol consumption and smoking. In order to combat this threat to our health, each and every one of us must take personal responsibility. And health policy must focus on investing in the prevention of non-communicable diseases and in health promotion. At the same time, we must not forget that factors such as income, education, the environment, etc., have a direct impact on the health of the population.

The Swiss Government wants to create resources for combating chronic diseases, making this one of the aims of the global "Health 2020" strategy. Strengthening and developing measures to promote health and prevent disease are key to the success of this endeavour. The saying that "Prevention is better than cure" has lost none of its validity!



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## Comprehensive model of chronic disease prevention and control



# Little change on Switzerland's nutrition front

6<sup>th</sup> Swiss Nutrition Report. The typical inhabitant of Switzerland continues to eat too much sweet and salty food and too little fruit and vegetables, despite being aware of the most important recommendations on a healthy diet. Excessive bodyweight is still one of the country's most serious health problems. The availability of data on the nutritional status of the Swiss continues to be unsatisfactory. These are some of the findings of the 6<sup>th</sup> Swiss Nutrition Report, which, along with the Swiss Nutrition Policy 2013–2016, was unveiled by government minister Alain Berset, Head of the Federal Department of Home Affairs, on 22 January 2013.

The Swiss Nutrition Reports of the Federal Office of Public Health (FOPH) are published every seven years and present the current situation regarding nutrition in Switzerland. The latest report contains chapters on "Current dietary recommendations", "Nutritional situation in Switzerland", "Nutrition and health" and "Nutritional measures for health promotion". While the last such report (from 2005) was 1000 pages long, the current one has only 300. The main findings and conclusions are presented below:

## 1. Overweight: stabilisation at a high level?

There are, for the first time, indications that the incidence of overweight and obesity is not increasing as much as in the past, a finding that applies to children as well as adults. However, obesity and overweight are still widespread and cause substantial direct and indirect health-related costs of about 5.8 billion francs a year (2006 figure).

## 2. Cardiovascular disease: obese particularly affected

Cardiovascular disease is the most common cause of death in Switzerland. Nine to fourteen per cent of all fatalities from cardiovascular disease are attributable to obesity. The obese are at about twice as much risk of dying from cardiovascular disease as normal-weighted people.

## 3. A healthy diet reduces the risk of cancer

Cancer is the second most common cause of death in Switzerland. Tobacco use is one of the main cancer-associated risk factors that it is possible to influence. A number of dietary factors also have an effect on the risk of developing cancer. A diet with a high proportion of plant-based products, but little red meat and alcohol, can reduce the risk of contracting certain types of cancer.

## 4. Dietary recommendations: quantity and quality are important

Besides recommendations on quantities (e.g. 5 portions of fruit and vegetables a day), quality recommendations are also important. With regard to fats and oils,

people nowadays are advised to watch not only how much they consume, but also the particular type of fat or oil: for instance, increased use of rapeseed or olive oils is recommended.

## 5. Positive trend in fat consumption

Quality recommendations regarding fat consumption have been much better heeded in Switzerland in recent years. Consumption of plant-based fats (rapeseed or olive oils, for instance) has grown in the last 20 years, while that of animal fats (for instance, butter or lard) has declined. Fish consumption – and thus the intake of beneficial fatty acids – has grown by just under 50% over the last 30 years.

## 6. Not enough vegetables, fruit or dairy products

Less attention is paid to recommendations on vegetables, fruit, milk and other dairy products: 91 per cent of men and 83 per cent of women eat fewer than three portions of vegetables a day. The recommendation to eat "5 portions of fruit and vegetables a day" is followed by only 21 per cent of men and 38 per cent of women. 90 per cent of people living in Switzerland eat fewer than three portions of milk or dairy products a day.

## 7. Too much salt

Average daily salt intake per person is still 11 grams (for men) and 8 grams (for women). The Swiss Salt Strategy is aimed at reducing intake by 16 per cent to less than 8 grams and, in the long term, to the 5 grams recommended by the WHO.

## 8. Low level of dietary awareness

By their own admission, just under 30 per cent of people living in Switzerland do not follow any particular guidelines when deciding what to eat. Now as in the past, little importance is attached to diet as a means of preventing disease or protecting health.

## 9. Various nutrient deficiencies

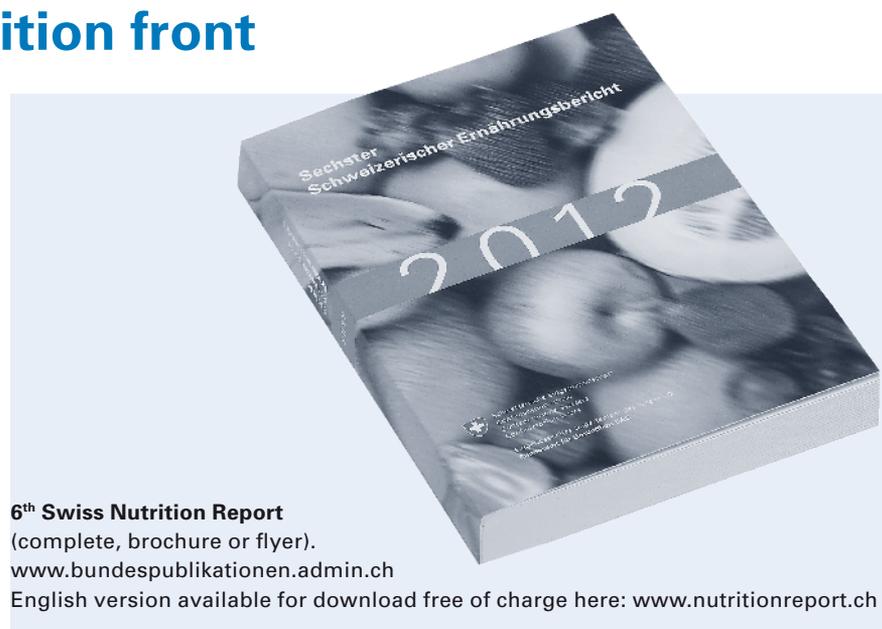
A number of studies show that provision of the following nutrients is not always adequate in certain sectors of the population: iodine, iron, folic acid (women of childbearing age) and vitamin D (older people and infants).

## 10. Interventions targeting specific groups

Men, young people and socio-economically disadvantaged sectors of the population have lower-than-average awareness and knowledge of dietary issues and are thus most at risk of contracting a diet-related disease. They should be specifically targeted in future dietary interventions, bearing in mind that the most important prerequisite for successful targeted interventions is a good understanding of the target group, its lifestyle and dietary habits.

## 11. Food labelling in need of improvement

For many consumers, current food



### 6<sup>th</sup> Swiss Nutrition Report

(complete, brochure or flyer).

[www.bundespublikationen.admin.ch](http://www.bundespublikationen.admin.ch)

English version available for download free of charge here: [www.nutritionreport.ch](http://www.nutritionreport.ch)

labelling practices are too complicated and hard to understand. This is partly because a number of parallel labelling systems are used in Switzerland. A standardised and comprehensible system of labelling nutritional values would make it easier for consumers to find their way around the food offer and help them make healthy choices. People with low-level nutritional skills could benefit particularly from such a solution.

## 12. Data situation: insufficient and with gaps

The data situation as regards nutrition and health in Switzerland continues to be inadequate. It does not permit any conclusions to be drawn regarding either individual food intake or specific nutrient provision within different sectors of the population. In addition, Switzerland does not have any representative figures on the incidence of diet-related diseases or of overweight in children.

### Basis for national strategies

The 6<sup>th</sup> Swiss Nutrition Report forms the cornerstone of the Swiss Nutrition Policy 2013–2016 (formerly "Nutrition Policy") that was published concurrently with it. The six fields of action of the Swiss Nutrition Policy lay down priorities and goals in the field of nutrition and provide the different institutions involved with a basis for drawing up the corresponding action plans and measures. The 6<sup>th</sup> Swiss Nutrition Report and

the Swiss Nutrition Policy also influence the priorities set in the FOPH's National Programme on Diet and Physical Activity (NPDPA). Within the framework of this National Programme, the FOPH will above all plan and implement measures at the structural level. The "actionsanté" initiative, which is aimed at persuading industry to play a greater role in this area, the improvement of food content and the expansion of the data available will continue. The FOPH's measures will, wherever possible, be implemented on a voluntary basis and in cooperation with the corresponding interest groups from the business, education and other fields.

### Where is there a need for action?

According to the authors of the 6<sup>th</sup> Swiss Nutrition Report, the priority goals for improving the nutrition situation in Switzerland are to expand the available data, review food recipes, optimise the quality of out-of-home catering, improve food labelling and strengthen people's skills in the areas of health and diet. This calls for cooperation among a range of institutions active in the nutrition, health, business, education and agriculture fields. At the political level, there is a need for more multisectoral cooperation to ensure that health promotion and prevention become a factor in all areas of politics.

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