

Swiss Nutrition Policy 2013–2016

Based on the Main Findings of the
6th Swiss Nutrition Report



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
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Swiss Confederation

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

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Notes

This publication is also available in German, French and Italian.

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The significance of nutrition

A balanced diet meets our requirements in terms of energy (calories) and nutrients while avoiding unnecessary energy intake; it positively influences our mental and physical well-being and contributes to maintaining our health and preventing nutrition-related illnesses. In addition to a balanced diet, regular physical activity, foregoing tobacco and excessive alcohol use are also part of a healthy lifestyle.

Nutritional challenges

The strong prevalence of overweight and obesity (= severe overweight), which indicates an imbalance between energy intake (via one's diet) and energy expenditure (through physical activity, among other things), is one of our greatest challenges. Cardiovascular disease, diabetes mellitus, cancer, osteoporosis and malnutrition (a lack of certain nutrients) are also important.

Goal and target groups of the brochure

The brochure provides an overview of the main findings of the 6th Swiss Nutrition Report and delineates the problem areas and fields of action derived from it, which form the basis for the Swiss Nutrition Policy. The brochure is aimed at members of the media, stakeholders in the nutrition and health sectors and everybody interested in getting a quick overview of the nutritional situation and connected strategic measures in Switzerland.

Additional information

- Keller U, Battaglia Richi E, Beer M, Darioli R, Meyer K, Renggli A, Römer-Lüthi C, Stoffel-Kurt N. Sechster Schweizerischer Ernährungsbericht. Bern: Bundesamt für Gesundheit, 2012. www.nutritionreport.ch
- Keller U, Battaglia Richi E, Beer M, Darioli R, Meyer K, Renggli A, Römer-Lüthi C, Stoffel-Kurt N. Sixth Swiss Nutrition Report (Summary). Bern: Federal Office of Public Health, 2012. www.nutritionreport.ch
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Part I: Main Findings of the 6th Swiss Nutrition Report

In the face of societal changes and the increasing frequency of non-communicable diseases, a balanced diet is of paramount importance; it has a significant influence on the development and progression of various illnesses and risk factors, such as overweight/obesity, cardiovascular disease, Type 2 diabetes mellitus as well as certain types of cancer and osteoporosis.

A particular need for action exists in terms of the implementation of the dietary recommendations and the imbalance between energy intake and expenditure. The latter manifests in a high prevalence of overweight and obese adults and children, and a surge in the frequency of nutrition-related illnesses. Some population groups also run the risk of an undersupply of iodine, iron, folic acid and vitamin D.

Measures creating an environment that facilitates a balanced diet and sufficient physical activity are important and promising. This includes improved consumer information and an optimised food composition.

Improving the Swiss nutritional parameters in terms of quality as well as quantity is of crucial importance in determining success factors and good practices, among other things.

Part II: Swiss Nutrition Policy 2013–2016

The six fields of action of the Swiss Nutrition Policy determine the priorities and goals in the area of nutrition and allow stakeholders to develop strategies, plans of action and measures in the area of nutrition. The fields of action are based on problem areas derived from the 6th Swiss Nutrition Report. Implementation of the Swiss Nutrition Policy requires the participation of stakeholders within and outside the health sector and has to take place on a voluntary or statutory basis by means of appropriate measures.

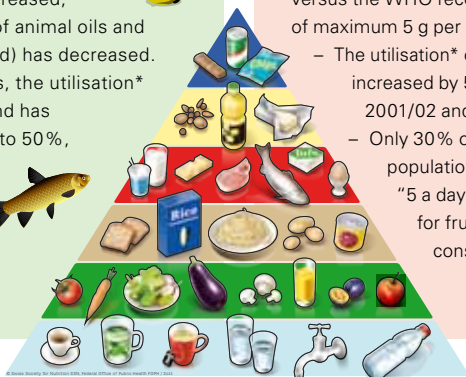
Conclusion

- Food utilisation of the Swiss population (in kg per capita) has not markedly changed in the past 30 years. The high rate of overweight and obese persons is one of our greatest challenges.
- Coverage of nutrition-related issues is a prerequisite for developing a Swiss Nutrition Policy aimed at improving the nutritional and health situation in Switzerland. But its implementation will be successful only if the various stakeholders at the municipal, cantonal and national levels participate in it.



What have we accomplished? (Examples)

- + A majority of the Swiss population is familiar with the main dietary recommendations.
- + In the past 20 years, the utilisation* of vegetable oils and fats (e.g. rapeseed and olive oil) in Switzerland has increased, and the utilisation of animal oils and fats (e.g. butter, lard) has decreased.
- + In the past 30 years, the utilisation* of fish in Switzerland has increased by close to 50%, contributing to a greater supply of healthy fatty acids.

**Where do we see a continued need for action? (Examples)**

- The strong prevalence of overweight and obesity (= severe overweight) is one of our greatest challenges (page 9).
- The average daily salt intake in Switzerland is 11 g for men and 8 g for women, versus the WHO recommendations of maximum 5 g per day.
- The utilisation* of sugar and honey increased by 5% between 2001/02 and 2007/08.
- Only 30% of the Swiss population adhere to the “5 a day” recommendation for fruit and vegetable consumption.



Figure 1: Swiss Food Pyramid

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Why do the Swiss not adhere to dietary recommendations?

- By their own admission, close to 30% of the Swiss population do not pay attention to anything in particular when it comes to their diet and thus show no interest in dietary recommendations.
- Too little importance is attributed to nutrition in connection with the prevention of illnesses or maintaining health and well-being.
- A lack of nutritional knowledge and insufficient information, pricing, taste preferences and everyday habits and constraints are further reasons.

* Food utilisation data are drawn from the agricultural statistics and correspond to the food quantities available on the Swiss market (page 7).

Food utilisation of the Swiss population (in kg per capita) has not markedly changed in the past 30 years. The main changes concern:

- **Vegetables:** After decades of continuous increase, vegetable utilisation has decreased for the first time in 2007/08 (decrease of 6% compared to 2001/02).
- **Fruit:** The downward trend in fruit utilisation has increased in recent years; traditional fruit types are particularly affected.
- **Milk and dairy:** After a continuous decline between 1979/80 and 2001/02, the milk and dairy utilisation has stabilised for the first time in 2007/08.
- **Meat and meat products:** Meat utilisation declined by 20% between 1987 and 2001/02. In 2007/08 utilisation stagnated at the 2001/02 level.

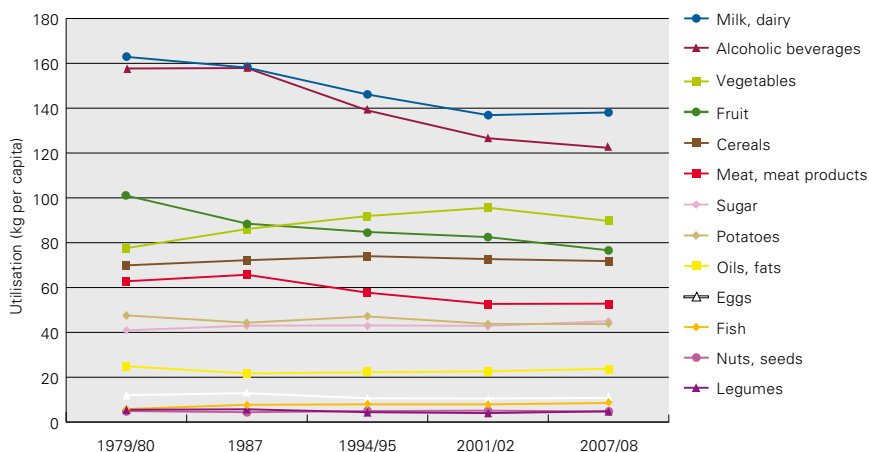


Figure 2: Food utilisation in Switzerland between 1979/80 and 2007/08

Food utilisation vs. food consumption

- Food utilisation data are drawn from the agricultural statistics and correspond to the food available on the Swiss market.
- Individual consumption data take into account various losses: *inter alia*, preparation losses (e.g. vegetable peelings), non-consumable food parts (e.g. bones), spoiled foods, discarded leftovers or food fed to pets. There are no individual consumption data for Switzerland (textbox page 8).

- Based on the available data, the supply of vitamin D, folic acid and iodine in the population or parts of the population in Switzerland is insufficient.
- Certain population groups may exhibit a lack of additional nutrients, e.g. iron. Based on the poor data availability, only limited assertions are possible in this respect.
- Today, one fifth to one fourth of patients entering hospital suffer from nutritional deficiencies or exhibit a risk of malnutrition. The growing ratio of older people in Switzerland is likely to lead to an increase in malnutrition.

Data gaps

- Switzerland does not dispose of any nationally representative high-quality data on individual food consumption or eating behaviour.
- Therefore, no confirmed assertions are possible regarding the rate of energy (calorie) or nutrient supply within the population or individual population groups in Switzerland.



In addition to other factors, nutrition has a significant influence on the development and progression of various illnesses and risk factors, such as overweight, cardiovascular disease, Type 2 diabetes mellitus as well as certain types of cancer and osteoporosis.

Body weight

Roughly 46% of adult men and 29% of adult women in Switzerland are overweight or obese*. Fortunately, there is now, for the first time, evidence that the prevalence of overweight and obesity* among children as well as among adults is not increasing at the same rate as in the past.



Figure 3: Prevalence of underweight, overweight and obesity* among adults (15 years or older) in Switzerland between 1992 and 2007 (self-reported)

*Obesity = severe overweight (body mass index ≥ 30.0)

**BMI = body mass index

Cardiovascular disease

- Cardiovascular disease is the most common cause of death in Switzerland. Most deaths occur past the age of retirement.
- Nutrition-related risk factors include obesity*, Type 2 diabetes mellitus, high blood pressure and fat metabolism disorder.
- The risk of an obese* person dying from cardiovascular disease is roughly double that of a person with normal weight. Between 9% and 14% of all cardiovascular deaths are caused by obesity*.
- In 2007, 3.1% of men and 1.2% of women stated that they were being treated or had been treated in the past due to a heart attack. The numbers for stroke were 1.3% for men and 0.8% for women.

Diabetes mellitus

- Between 5% and 6% of men and between 4% and 5% of women in Switzerland are affected by diabetes mellitus.
- Almost 90% of (Type 2) diabetes mellitus cases are attributable to overweight or obesity*.

Cancer

- Cancer is the second most common cause of death (after cardiovascular disease).
- One of the principal risk factors for cancer that can be influenced is tobacco use. Various nutritional factors, such as alcohol or obesity*, are also linked to an increased risk of certain types of cancer.

Osteoporosis

- Approximately 300,000 people with the bone disease osteoporosis are currently living in Switzerland; women are affected more often than men.
- The calcium and protein supply of the Swiss population is sufficient; however, certain population groups often seem to be undersupplied with vitamin D.

Data gaps

Switzerland does not dispose of nationally representative data on measured risk factors or on the prevalence of nutrition-related illnesses. Thus the health effects of the population's eating habits cannot be unambiguously inferred.

*Obesity = severe overweight (body mass index ≥ 30.0)

Promoting a balanced diet requires a combination of measures on the behavioural as well as the environmental levels. Schools, particularly those with lunch and after-school programmes, are especially apt for reaching children and their caregivers on both levels, independent of their social class. The range of food services in school canteens or vending machines, for example, can be influenced. Measures taken in schools are effective particularly if the family is involved.

The involvement of key figures and key institutions in the planning and implementation of measures to promote a balanced diet are another important success factor. For example:

- Projects aimed at the migrant population are promising if they involve community interpreters as key figures and foreigners' associations as key institutions.
- Family counselling centres and day care services are considered key institutions for projects aimed at infants.

Another promising approach is multisectoral, i.e. considering health promotion and prevention in all policy areas. In addition to health policy, agricultural policy (e.g. through its role in controlling the supply side) and educational policy, among others, are called upon to do their share for a balanced diet. To promote a healthy lifestyle, we have to direct our attention to physical activity as well – a challenge for suburban development, land use planning, sports and transportation policy.

Behavioural and environmental factor-related prevention

- Behavioural factor-related prevention measures target the individual and aim at changing eating habits (e.g. via dietary recommendations).
- Environmental factor-related prevention measures focus on environmental factors (e.g. availability, price, advertising, etc., of foods) and aim at changing the context in a way that facilitates a balanced diet (e.g. by changing the availability or the pricing of foods). Environmental factor-related prevention is also called structural prevention.



An ageing population and an increase in non-communicable diseases are a challenge for the health and welfare system as well as for the economy. Nutritional factors are often contributory causes of non-communicable diseases. Important risk factors, which can be influenced by dietary measures, are high blood pressure, high levels of blood cholesterol, overweight/obesity* and insufficient fruit and vegetable consumption.

Health policy approaches

These challenges must be taken into account in the development and implementation of health policy strategies. According to the Federal Council's strategy (legislative goals 2012–2015), prevention and health promotion are to be strengthened in order to ensure effective health care.

Prevention uses a two-pronged approach: reinforcing the public's personal responsibility and health literacy (behavioural factor-related prevention) on the one hand, and creating a context that facilitates a healthy lifestyle (environmental factor-related prevention) on the other. Effective prevention comprises, among other things, a coordinated approach by the various stakeholders such as the federal government, cantons, local municipalities, the business community and non-governmental organisations and also requires a link to measures from other policy sectors such as agricultural and educational policy.

Measures in the areas of nutrition (supply, information, etc.) and food safety – on a voluntary or statutory basis – will succeed in preventing non-communicable diseases while taking into account societal, scientific and economic developments.

Communicable and non-communicable diseases

- Communicable diseases (infectious diseases) used to be the main focus in health policy.
- In recent years the significance of non-communicable diseases has steadily risen. According to the WHO, this includes cardiovascular disease, Type 2 diabetes mellitus, cancer and respiratory disease.

* Obesity = severe overweight (body mass index ≥ 30.0)

The foundation for developing nutrition policies was laid in 1992 in the course of the WHO/FAO's 1992 International Conference on Nutrition, during which WHO Member States committed to creating national nutrition policies to improve their respective nutritional environment.

The evidence-based Swiss Nutrition Policy 2013–2016 is based on the data from the 6th Swiss Nutrition Report, on current scientific knowledge and on national and international basic documents. The new Swiss Nutrition Policy replaces the earlier nutrition policy from 2001, which was based on the 4th Swiss Nutrition Report.

At the national level, the National Programme on Diet and Physical Activity NPDPA (Nationales Programm Ernährung und Bewegung NPEB) is based on the Swiss Nutrition Policy. The NPDPA has five goals, which are implemented by its four partners (the Federal Office of Public Health FOPH, the Federal Office of Sport FOSPO, Health Promotion Switzerland and the cantons).

Implementation of the Swiss Nutrition Policy is achieved with plans of action, programmes and projects through voluntary and statutory measures and in cooperation with various stakeholders at the national, cantonal and regional levels. Good health is not just the job of the FOPH; other policy sectors, such as suburban development, agricultural, educational, land use planning, sports and transportation policy have to do their share for the promotion of a healthy lifestyle. Further stakeholders include non-governmental organisations, the business community and private institutions, also in their role as employers (page 19).

Evaluation of the measures taken serves to identify examples of good practices and their success factors, which should be taken into account in future projects and which facilitate successful implementation.

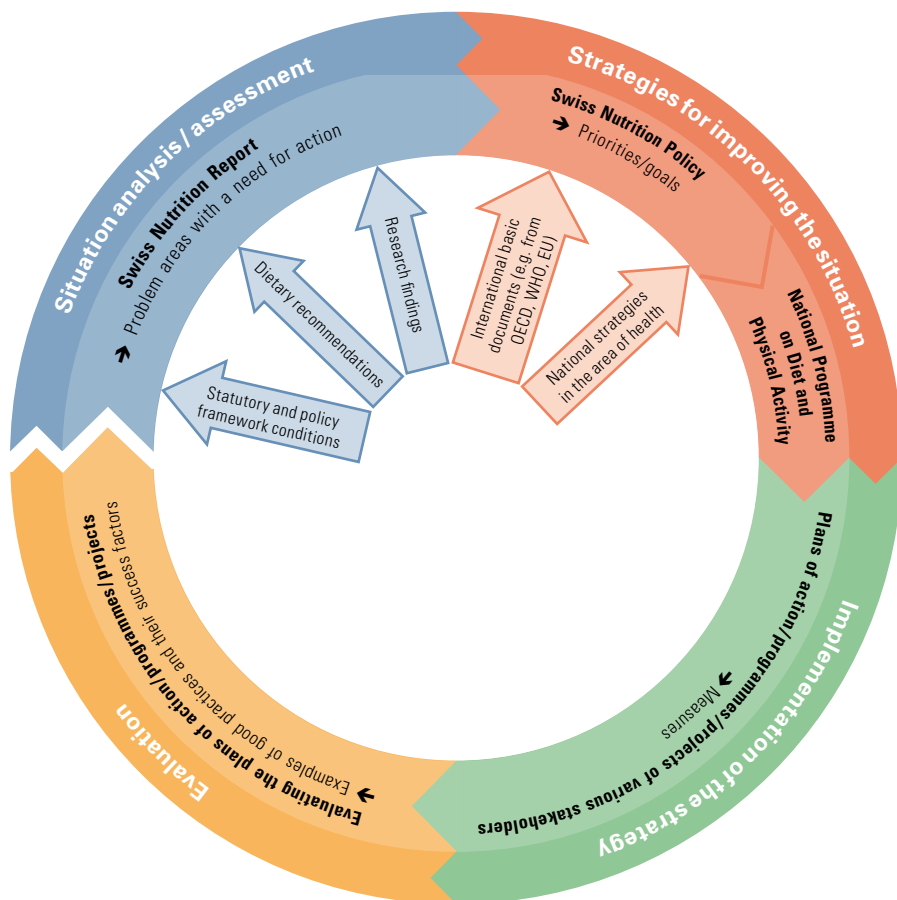


Figure 4: Developing a Swiss Nutrition Policy

Problem areas

In addition to the 6th Swiss Nutrition Report, the specified problem areas are also based on other national and international documents, such as the WHO's "Global Strategy on Diet, Physical Activity and Health" and the EU's "White Paper on a Strategy for Europe on Nutrition, Overweight and Obesity related health issues".

A. Overweight and secondary illnesses: The ratio of overweight and obese persons in Switzerland is high (page 9). Many of those affected suffer from such secondary illnesses as cardiovascular disease and diabetes mellitus (page 10).

B. Nutritional situation: The Swiss population consumes too little of some food groups (e.g. vegetables and fruit) and too much of others (e.g. sweets; page 6). Parts of the population exhibit an insufficient nutrient status (page 8).

C. Dietary recommendations and nutrition literacy: While the current dietary recommendations are well known, not everybody implements them to their full extent (page 6). Men, young people and socioeconomically disadvantaged people pay least attention to dietary recommendations and have little nutrition knowledge.

D. A health-promoting environment: There is a lack, among other things, of choices featuring an optimised nutrient composition in out-of-home catering as well as in the area of convenience food and instant meals. Advertising messages generally do an inadequate job of raising awareness for high fat, sugar and salt content.

E. Consumer information: Today's food labelling systems in Switzerland (nutritional value and front-of-pack labelling) are difficult to understand and are little used in purchasing decisions.

F. Evidence and efficacy: In Switzerland, not enough weight is put on research in the area of nutrition. There is a lack of nationally representative data on food consumption or eating behaviour, of Swiss data on the effect of diet on illness and its risk factors, and of data on the efficacy and profitability of health-promoting interventions (pages 8 and 10).

**Vision and fields of action of the Swiss Nutrition Policy 2013–2016:
an overview**

The six fields of action of the Swiss Nutrition Policy determine the priorities and goals in the area of nutrition and allow various stakeholders to develop their strategies, plans of action and measures in the area of nutrition (page 18). First and foremost are the preservation, promotion and improvement of the health of the Swiss population.

Vision

Based on their living conditions and their own skills, all people living in Switzerland have the ability to eat in a sustainable and healthy manner and to lead a health-promoting lifestyle, independent of their origin, their socioeconomic status or their age.

Field of action	Problem area					
	A	B	C	D	E	F
1 Safe, sustainably produced foods and adequate food supply						
2 Protecting health and preventing disease						
3 Information and communication						
4 Target groups and equal opportunity						
5 Cooperation, coordination and multisectoral approach						
6 Research and data availability						

Problem area

A Overweight and secondary illnesses

B Nutritional situation

C Dietary recommendations and nutrition literacy

D A health-promoting environment

E Consumer information

F Evidence and efficacy

Figure 5: Swiss Nutrition Policy 2013–2016: Vision, problem areas and derived fields of action

Fields of action in detail

1. Safe, sustainably produced foods and adequate food supply: The Swiss population's supply of safe, high-quality and sustainably produced food is ensured at all times. This is the foundation for a nutritional situation that optimally protects public health.

2. Protecting health and preventing disease: The Swiss population's available food and its eating habits contribute to the preservation and promotion of their health in every stage of life and minimise the emergence of nutrition-related illnesses and their risk factors. To ensure an even energy balance, physical activity (especially the everyday kind) must also be taken heed of.

3. Information and communication: The Swiss population is informed about the dietary recommendations as well as (in a general way) the features of a health-promoting and sustainable lifestyle; people understand this information and implement it in their lives. Food labelling supports the population in making conscious and healthy choices.

4. Target groups and equal opportunity: All target groups, in particular the socioeconomically disadvantaged population groups as well as infants, children and young adults, are taken into account and addressed via their schools and places of employment. Equal opportunity is accounted for.

5. Cooperation, coordination and a multisectoral approach: All concerned parties recognise the importance of national and international as well as multisectoral and interdisciplinary cooperation and the necessity of coordinating activities. They take into account national and international guidelines, recommendations and standards.

6. Research and data availability: Research and data acquisition for monitoring and evaluation in the areas of nutrition, health and nutrition-related illnesses have a key role and form the foundation for evidence-based measures.

The federal government with its sectoral policies is just one stakeholder in the process of implementing the Swiss Nutrition Policy. The participation and collaboration of additional stakeholders following a common, consistent approach that considers the respective regional conditions wherever possible is necessary and promising. At the same time those stakeholders dispose of different skills and scopes of influence, given the fact that they don't all come from the nutrition or health sectors but also from such areas as education and agriculture.

The following list shows a number of options for the stakeholders mentioned below to contribute to the implementation of the Swiss Nutrition Policy: state institutions can, for example, adopt measures on a voluntary or statutory basis at the structural level, the former preferably in cooperation with the business community. Non-governmental organisations are more involved at the behavioural level, where they address certain target groups. Acting as mediators, health professionals can target the specific needs of individuals.

Stakeholders in implementing the Swiss Nutrition Policy

Government and policymakers

- Federal government, cantons, local municipalities and their policies
- Federal Commission for Nutrition
- Research institutions
- Educational institutions

Non-governmental organisations

- Health Promotion Switzerland
- Professional organisations in the health sector
(e.g. Swiss Society for Nutrition, Public Health Switzerland)
- Associations, federations, foundations
- Consumer organisations
- Supplementary day care services (e.g. crèches)

Business community

- Food sector (food industry & retailers, suppliers, food service industry)
- Employers
- Health insurance providers

Health professions

- Health professionals (e.g. dietitians)
- Medical professionals (e.g. general practitioners, paediatricians)



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