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Essay

Policy coherence for improved nutrition in Switzerland

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ABSTRACT

In Switzerland, the direct and indirect medical costs from non-communicable diseases are estimated at 51.7 billion Swiss francs per year. This essay describes the challenges faced by the Confederation in its efforts to control diet-related chronic diseases, and discusses the various factors affecting the nutrition of the population. It highlights the need to, not only, build stronger political support for prevention and health promotion, but also to ensure coherence across policies in the health, the agricultural and the trade sectors.

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Globally, non-communicable diseases (NCDs) - such as cardiovascular diseases, cancer, chronic respiratory disease, and diabetes - caused an estimated 36 million deaths in 2008 alone.[1]
In recognition of this global burden of disease, heads of state and government endorsed in 2011 the United Nations Political Declaration on NCDs, and committed to establishing national policies and plans for multisectoral action against NCDs.[2] To follow through on this commitment, in May 2013, the World Health Assembly endorsed the WHO Global Action Plan for the Prevention and Control of NCDs 2013–2020.[3] The Global Action Plan supplies a guide and a set of policy options, which would contribute to progress on NCD targets to be reached by 2025.

This paper takes the case of Switzerland, and describes the challenges faced by a developed country in its efforts to control NCDs and limit healthcare costs. It focuses particularly on nutrition, and discusses the main factors affecting the adoption of a healthy diet.

In Switzerland, the direct and indirect medical costs from NCDs were calculated for the first time in 2011; they amounted to 51.7 billion Swiss francs representing 80.1% of the total medical costs.[4] Moreover, the 2012 Swiss Health Surveys (SHS)[5] revealed that overweight (including obesity) was prevalent in 41% of the population; hypertension in 17%, diabetes in 5%, and high cholesterol in 17% of the population. Furthermore, overweight has been increasing steadily in the past five years, and the gradient in inequality has been widening across socioeconomic groups.[6]

Today, the Confederation and the cantons are developing, together with several non-governmental organizations, a national strategy for the prevention of NCDs.[4] At its meeting in November 2013, the Swiss National Policy Dialogue for Health, which is the permanent platform of the Confederation and the cantons, decided to develop, by the end of 2016, a national strategy to prevent NCDs. This strategy aims to improve the health skills of the population and establish conditions that are conducive to healthier behaviors. The working groups are currently preparing two sub-projects to clarify the orientation of the national strategy. The first sub-project covers risk factors, national and cantonal prevention activities, and the search for possible synergies with strategies that already exist for certain diseases such as cancer. The second focuses on strengthening prevention in health care.

Along with tobacco use, physical inactivity and excessive consumption of alcohol, dietary intake has been directly linked to NCDs. For example, foods high in calories, saturated fats, and trans-fat are associated with increased risk of weight gain and cardio-metabolic diseases, including type 2 diabetes.[7]

Switzerland aims to give all its people an opportunity to enjoy good nutrition and health regardless of their sociodemographic background, as reflected in the *Swiss Nutrition Policy 2013–2016* [8 (p17)] which states the following: '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'.

Unfortunately, despite many prevention programs, the consecutive SHSs reveal that the nutritional habits of the population have hardly improved in the last fifteen years.[9] These surveys identify men, young people and participants with lower educational level as more prone to problematic eating habits. The main barrier to healthy eating identified in the SHSs is the elevated cost of healthy food. Other barriers are the people's preference for 'good' food, the constraints of daily life, and the lack of appropriate choices in restaurants.

A comprehensive picture of the nutritional status of the population is expected from the first national nutrition survey (known as menuCH) initiated in January 2014. The yearlong national study on food consumption will help determine more accurately the individual intake of energy and nutrients, and the exposure to undesirable substances such as pesticides and toxic metals. The information will also support the development of evidence-based decisions.

The share of spending on food and non-alcoholic beverages has fallen significantly from over 35% in the 1940s to 7.2% in 2008.[10] In 2012, it only constituted 6.3% of mean household income.[11] Although food is not the most burdensome expense, it may be an item on which a household may save if necessary, especially when it is impossible to cut down on such costs as housing, taxes, contributions to social insurance, transportation, and health insurance.[12]

Knowing that the regulatory framework within which producers and distributors operate influences the choices on the market, advocates may suggest the adoption of policies to reduce the price of nutrient-dense food, and increase the price of more energy-dense food such sugar-sweetened beverages and fatty snacks. However, aggressive policy action is politically unrealistic in Switzerland. In fact, a survey revealed that two thirds of the Swiss population believe that it is the individual's

responsibility to stay in shape, whereas a fourth deem the state responsible for creating an enticing environment for a healthy lifestyle.[13] Swiss people favor measures that do not impose on them any additional cost or a possible change in attitude, rejecting by a large majority any measure that affects them directly such as the taxation of fat or sugar in food or the increase in the costs related to road traffic.

In any case, food taxes, as a single measure, are unlikely to lead to desired changes in consumption because:[14] most food items have small price elasticity; the bulk of final food expenditure comes from processing and marketing which masks any taxes on primary produce; food taxes are regressive in that they impose a greater burden on the lower, than on higher, socioeconomic groups; and taxes on specific 'undesirable' foods do not necessarily improve diet quality since consumers could raise the intake of other foods in ways that are unhealthy.

Swiss consumers entrust the state with control of the quality and safety of their food supply. The Federal law on foodstuffs and commodities[a] provides the legal framework for federal civil servants to lead the protection against communicable diseases and contamination of radiological or chemical nature. The responsibilities at the federal and the cantonal levels are clearly defined as well as inter-cantonal collaboration. The cantons monitor the quality of commercialized foodstuff, inspect restaurants and canteens, and control the quality of information on food labels to fight fraud. In terms of food composition, the service follows the requirements specified in the ordinance. For instance, the content of trans-fatty acids is not to exceed a total of 2 grams per 100 grams of edible fat in vegetable oil or in vegetable fats of finished products. It also specifies the type of fats allowed in food products and the amount of salt permitted. Apart from these specific measures, the authorities do not control the nutritional quality of the food supply.

The agricultural policy is, to a great extent, responsible for what gets produced or imported into the country. It may be acting in line with health promotion interventions to achieve dietary improvements or may, on the other hand, be preventing the population from meeting the nutritional recommendations. The gross food self-sufficiency index has remained more or less constant over the years at an estimated 60.4%.[15] In 2013, Switzerland spent close to 3.7 billion Swiss francs on agriculture and food.[16] However, the effects of the agricultural policy on food consumption and public health is not being investigated, particularly the degree of border protection, the intensification of competition and the development of tourism for the purpose of shopping across the border.

In 2008, the market offered an average of 3,300 kilocalories per day for each citizen.[10] Yet the abundance of food is not necessarily translated into availability of food in all households, and the quality of the food supply is not automatically an indication of its nutritional value. In a study commissioned by the Federal Office of Public Health (FOPH) to investigate the impact of the Swiss agricultural trade policy on consumer behavior,[17] several inconsistencies were reported. When the trade of products such as sugar and wine had been liberalized with the European Union, the fruit and vegetable sector still depended on border protection through tariff rate quotas. The report argued that the food industry was given cheap ingredients as a result of the subsidies to oil and sugar. In contrast, the price of fruits and vegetables rose due to tight sanitary and phytosanitary regulations.[17]

Since 2009, Switzerland has been successful in negotiating with sectors of the food industry. The initiative *Actionsanté*[b] *eat better, move more* appears to be tailored to the local context in that it aims 'to make the healthy choice the easy choice' for the population. The *Actionsanté* directorate of the FOPH has been counting on the recommendations of a consultative group of experts to evaluate the promises for action by the food industry in return for the use of the *Actionsanté* logo. In 2011 alone, fifteen partners from the food manufacturing sector made twenty three pledges to reformulate their product lines and to review the content of fat, salt, and sugar of products, the portion sizes, the diversity of their supply and their marketing strategy.[18]

However, the involvement of the food industry in public health policy remains a politically sensitive subject. The Swiss consumer associations are requesting visible and understandable labels on food packaging with the nutritional content reported per 100 grams of product and not per company portion size. They are also asking for control of advertising to children. They report that every child in

[a]Loi fédérale sur les denrées alimentaires et les objets usuels [Federal law on foodstuffs and commodities]. Link to page on the Federal Authority of the Swiss Confederation website http://www.admin.ch/opc/fr/federal-gazette/2011/5271.pdf
[b]*Actionsanté*. Link to page on the Federal Office of Public Health website http://www.actionsante.ch

Switzerland views an average of 2,100 food commercials each year. With very little change since 2006, food advertisement focuses on fast-food, sweets and sweetened cereals.[19]

The federal structure of the country adds another layer of complexity, and creates a challenge to the implementation of public health programs. Indeed, the Confederation has topic-specific programs to tackle alcohol, unhealthy diet, excess weight, physical inactivity and tobacco at the cantonal level[20] but, due to its organizational structure, it relies on the willingness of the various stakeholders to cooperate on important public health issues. The principle of subsidiarity (an organizing principle that matters ought to be handled by the smallest, lowest, or least centralized competent authority) confers a high degree of autonomy to the cantons and the municipalities on issues of nutrition and physical activity.

In terms of disease prevention and health promotion, there is no mandate for federal leadership. The closest to a centralized policy decision is *Suisse Balance*, a national program which was created in 2002 to manage weight-related prevention activities on a national scale.[21] Currently, 22 out of the 26 cantons have their own action programs for the promotion of a healthy weight in collaboration with Health Promotion Switzerland.[22] Another example, in the recent past, is the national smoke-free law,[c] which provided minimum standards for cantons.

A Swiss law for disease prevention and health promotion was transmitted to the Federal Chambers in September 2009, and debated in parliament. That law had been proposed by the Organization for Economic Co-operation and Development and the World Health Organization (OECD/WHO) in its evaluation of Switzerland's healthcare system in 2006 so as to give a legal basis for primary prevention strategies and to achieve better governance.[23] The need for an overarching national framework to delineate responsibilities across government levels for the coordination of population-wide activities was stressed. However, the case for primary prevention and disease monitoring on a national scale was not met with enough support from the various stakeholders, and the law was rejected in September 2012[d].

The role of public policy in integrating health and nutrition goals with other goals needs to be addressed. Efforts should concentrate on finding synergies and coherence between policies, mainly the health, the agricultural, and the trade policies. The most appropriate strategy would be to eliminate the barriers to healthy food choices. Price subsidies that target healthy food options such as fruits and vegetables, or certain beneficiaries such as families with children, could lead to the desired changes in consumption.

While the public sectors in Switzerland have so far worked in silos, a few initiatives are emerging to create a common vision among stakeholders. For example, *Fourchette verte*- the label which guarantees nutritionally balanced meals and proper waste management in restaurants and school cafeterias- is now partnering with regional labels and associations, and paying closer attention to the origin of produce, and the modes of production.

Moreover, the consumer can push for changes in the food environment given the avenues for citizen action and participation that are created by the Swiss system of direct democracy and consensus building. After all, the moratorium on genetically modified organisms, which was extended by parliament till 2017, is the result of intense debates and two referenda in 1992 and 1998.[24] That decision reflects, not only the power of the consumer in the participatory political system, but also the result of raising public awareness of important social causes. The consumers, and the choices they make through regular or alternative food networks, can improve access to locally-produced, nutritious, diverse, and affordable food produced in a sustainable way.

Switzerland has taken several steps towards fighting diet-related chronic diseases; however, efforts have remained fragmented. The rejection of the law on disease prevention and health promotion also revealed a dire need for political support. Policymakers need to integrate health and nutrition goals into their agendas, and aspire to gains in population health through improved policy coherence.

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[c] Loi sur la protection contre le tabagisme passif. [Law for the protection against passive smoking]. 2008. 811.51 904/5 ROB 09–26. Link to the page of the Federal Office of Public Health http://www.bag.admin.ch/index.html?lang=en

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