

The challenge of non-communicable diseases

National Strategy on the Prevention of Non-Communicable Diseases
2017–2024 (NCD Strategy), short version



Respiratory
diseases

Cardiovascular
diseases

Diabetes

Musculoskeletal
disorders

Cancer



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Swiss Confederation

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

Within the strategy of the Federal Council



GDK Schweizerische Konferenz der kantonalen Gesundheitsdirektorinnen und -direktoren
CDS Conférence suisse des directrices et directeurs cantonaux de la santé
CDS Conferenza svizzera delle direttrici e dei direttori cantionali della sanità

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2020

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We live in a country that boasts a very high quality of life. This has a lot to do with our well-functioning healthcare system.

Yet 2.2 million people in Switzerland suffer from chronic conditions. These diseases already account for 80 percent of healthcare costs. The ageing population means that non-communicable diseases, such as cancer, diabetes, cardiovascular diseases and dementia will continue to increase in the next years and decades. This poses major challenges for our health system and its financial feasibility. We need to find answers to the questions of how we can maintain quality of life in old age while effectively curbing the increase in costs in the health sector.

Health promotion and prevention can play a significant role here. Around half of non-communicable diseases are influenced by individual lifestyles. People who exercise regularly, eat a balanced diet, don't smoke and don't drink too much alcohol have a good chance of staying healthy.

This is precisely where the National Strategy on the Prevention of Non-Communicable Diseases comes in. It aims to ensure people in Switzerland are well informed to reinforce personal responsibility, but also to foster working and living conditions that facilitate a healthy lifestyle. It refines the approved approaches from previous prevention programmes in the areas of alcohol, smoking, diet and physical activity, and forms a new and comprehensive guiding framework for all activities in this area – also within the scope of the Federal Council's overall health policy strategy, Health2020. It is supplemented by the National Strategy on Addiction and the activities in the area of mental health. The aim is to prevent non-communicable diseases, or at least to detect them early and alleviate their impact. This prevents suffering, improves quality of life and reduces healthcare costs.

The saying «prevention is better than cure» is still as relevant as ever.

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As the population ages, more and more people are suffering from non-communicable diseases

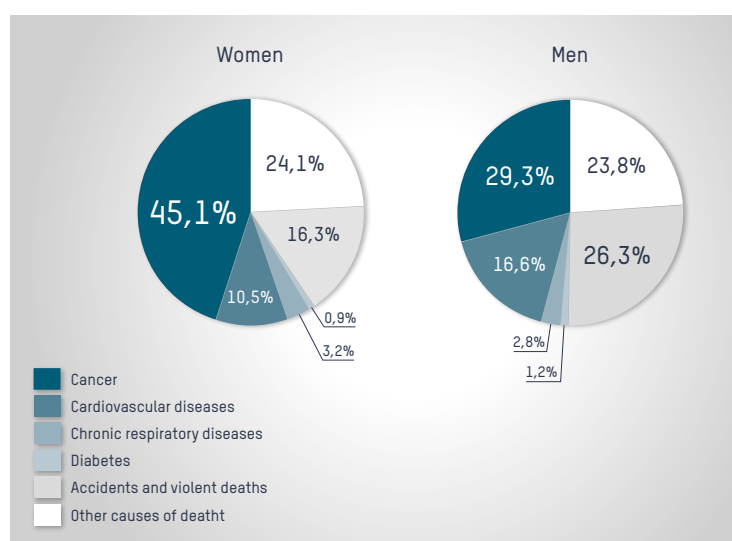
For centuries people mostly suffered and died from communicable diseases, such as the plague, cholera, tuberculosis and influenza. In recent decades, thanks to increasing prosperity and medical advances, life expectancy has significantly increased. This has meant the proportion of non-communicable diseases, such as cancer, diabetes, cardiovascular diseases, chronic respiratory diseases and musculoskeletal disorders has seen a considerable rise. This particularly applies to countries with a high percentage of older people. High life expectancy has a flip side: the rise in non-communicable diseases. In Switzerland, too, non-communicable diseases are set to further increase as the population continues to age.

Non-communicable diseases cause a great deal of suffering to those affected and their relatives, and account for 80% of total healthcare costs. They are also responsible for most premature deaths, in other words, potential years of life lost.

The four diseases cancer, cardiovascular diseases, chronic respiratory diseases and diabetes account for two-thirds of all deaths in Switzerland.

Premature mortality

Potential years of life lost or premature mortality refer to deaths before the age of 70. This indicator provides insight into medical advances and the success of health promotion and prevention measures. In 2013, 49.9% of the 109,223 years of life lost by men, and 59.6% of the 60,570 years of life lost by women could be attributed to non-communicable diseases. This affects some 5,400 men and 3,500 women, which equates to an average of more than ten years of life lost per person.



Causes of premature mortality, 2013

Large number of people affected

According to the 2015 National Health Report, some 2.2 million people in Switzerland suffer from a non-communicable disease (NCD). Below is an overview of the five most common NCDs:

- Four in ten people get **cancer** in their lifetime. Some 20,000 men and 17,000 women are diagnosed every year. Cancer is also the second most common cause of death in Switzerland, killing some 9,200 men and 7,500 women a year.
- Cardiovascular diseases include diseases such as **heart attacks and strokes**, as well as unspecified general weaknesses of the cardiovascular system in elderly people. While the cardiovascular mortality rate has halved in the last 16 years, the number of heart attacks and strokes treated in hospital has trebled, from 5,706 heart attacks in 1998 to 18,179 in 2014, and from 6,049 strokes to 15,525 in the same period.



More than one in four people already suffer from a non-communicable disease. On account of the ageing society, this situation is set to get worse.

The abbreviation NCD

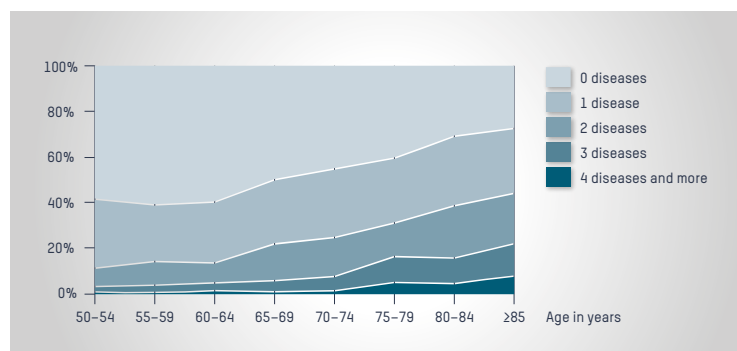
stands for non-communicable diseases

The much higher survival rate should therefore be seen alongside the longer disease duration and therefore high costs for the healthcare system.

- More than a million people suffer from **chronic respiratory diseases**. The two main ones are asthma, which affects 6.7% of adults and 7.4% of minors in Switzerland. In 2011, it affected a total of 543,000 people. In addition, between 5.1% and 7.0% of the Swiss population suffers from chronic obstructive lung disease COPD. Some 90% of all COPD sufferers are smokers or former smokers.
- **Diabetes** is both a disease and a risk factor for other non-communicable diseases. In 2012, 4.4% of men and 2.7% of women aged 15 or over said they had been treated for diabetes in the last 12 months. The share of people affected significantly increases for men from the age of 45 and for women from 55. Trends also indicate that younger, mainly overweight people are increasingly being diagnosed with diabetes.
- In addition, according to estimates, some two million people in Switzerland suffer from **disorders of the musculoskeletal system**, which manifest themselves in over 200 different syndromes, such as osteoarthritis, arthritis, osteoporosis, back complaints and soft tissue rheumatism. Many of these conditions last years or decades. The risk factors for many musculoskeletal disorders are also influenced by lifestyle: overweight, a lack of physical activity, poor posture and inadequate ergonomic behaviour, as well as poor diet, excessive alcohol consumption, smoking and stress.

Multimorbidity is on the rise

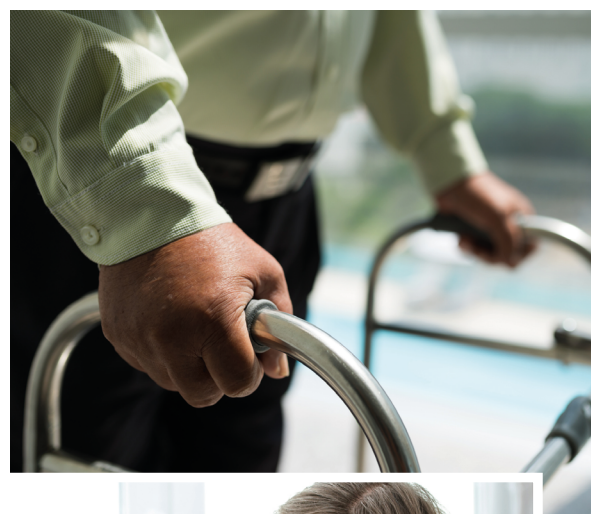
The older people are, the more likely they are to suffer from not just one but several conditions. Among 50-year-olds this applies to 10% of people, whereas among 80-year-olds it is over 30%.



Multimorbidity



The number of heart attacks and strokes has trebled in the last 25 years.



Non-communicable diseases account for 80 percent of healthcare costs

Healthcare costs in Switzerland continue to rise; in 2013 they amounted to CHF 70 billion and they are likely to rise to CHF 79 billion a year by 2017. 80% of these costs are caused by all non-communicable diseases together, with the five most common (cardiovascular diseases, cancer, diabetes, musculoskeletal disorders and respiratory disorders) alone making up 40%. Health promotion and prevention efforts can counter this trend. There is untapped savings potential in this area as prevention is effective and pays off. Every Swiss franc invested brings cost savings many times greater.

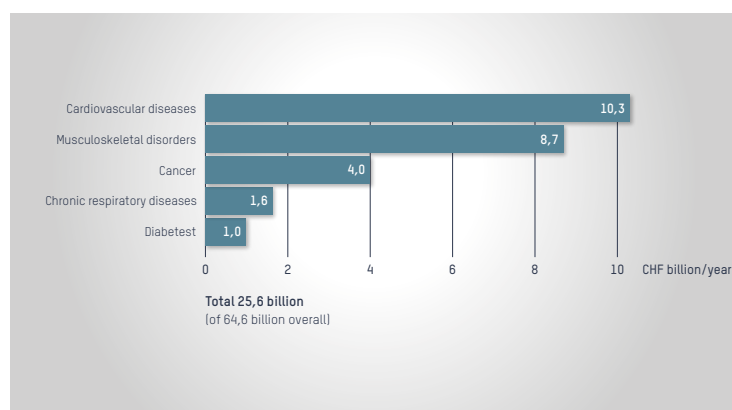
Four-fifths of total healthcare costs are spent on non-communicable diseases. The treatment of the five most common NCDs (cardiovascular diseases, diabetes, cancer, respiratory diseases and musculoskeletal disorders) costs CHF 25.6bn a year (2011), which is around 40% of **direct healthcare costs**. If we add mental illness and dementia, this figure rises to around 51% of all healthcare costs. The remaining costs are spread across numerous, less common non-communicable diseases.

Besides these direct treatment costs, society also bears massive **indirect costs**: in 2011 they amounted to between CHF 15.4 billion and CHF 29.5 billion annually for the five most common non-communicable diseases, depending on the calculation method used. This mainly concerns productivity losses as a result of sickness or premature death. In the workplace, absences due to sickness, reduced performance and prolonged absences mount up. The time spent by relatives and loved ones acting as unpaid carers for sick people should also be taken into consideration.

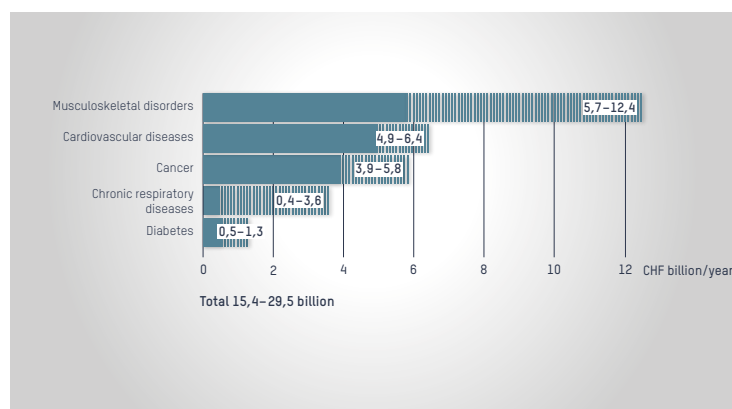
Prevention pays off

Various risk and protective factors have an impact on the emergence/prevention of non-communicable diseases. Prevention measures, which influence both individual lifestyle and the societal framework, not only improve the health and quality of life of the population and alleviate the suffering of patients and their relatives. They can also be measured in economic cost savings.

The World Health Organization (WHO) estimates that 80% of all cardiovascular diseases could be prevented if the associated risk factors were reduced. Needless to say, this would also significantly reduce the resulting costs. A joint study conducted by the WHO and the World Economic Forum shows that health promotion measures in the workplace could result in a reduction of more than 25% in direct and indirect costs. This means savings of over USD 5 for every dollar invested.



Direct costs, 2011



Indirect costs, 2011

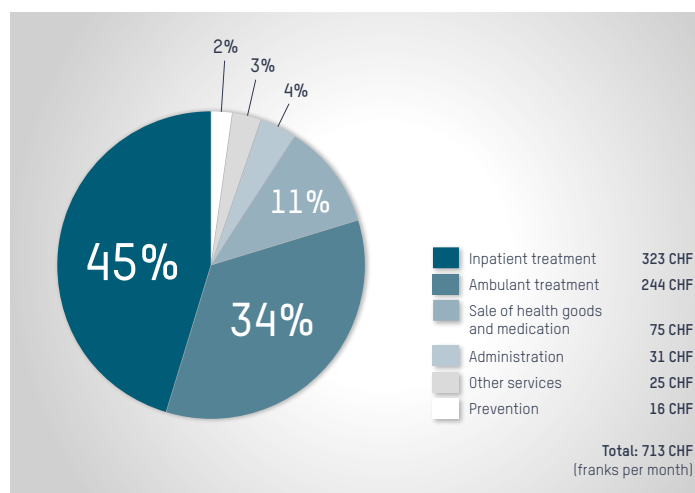
How much good does 1 Swiss franc invested in prevention do?

The return on investment (ROI) was also examined for Switzerland. Detailed **cost-benefit analyses**, based on 2010 figures, described the ROI of prevention efforts in the fields of alcohol and tobacco. The study revealed that every Swiss franc invested brings a verifiable benefit: CHF 23 for alcohol programmes and CHF 41 for tobacco control. The study concludes that the decline in alcohol problems is correlated with the amount spent by cantons on preventive measures and that preventive measures have played a significant role in the recent fall in smoking and tobacco consumption in Switzerland: in just ten years, from 1997 to 2007, spending on tobacco campaigns and other measures has quadrupled – with success. This additional expenditure should be considered alongside the 5.3% fall in smokers in the Swiss population (from 33.2% to 27.9%). This equates to 343,000 fewer smokers. Admittedly, a large part of this success can be attributed to tax hikes on tobacco products, but around a third (143,000) is due to prevention measures through information and education. In Switzerland smoking causes 11.2% of all years of life lost to sickness or premature death among people in normal health. The economic benefits of tobacco control are correspondingly high: approximately CHF 540 million to CHF 900 million a year.

Prevention pays off: every Swiss franc invested in tobacco control brings about a cost saving of CHF 41.

Switzerland spends little on prevention

The funds allocated to prevention and health promotion in Switzerland are low by international comparison. In 2013, some 2.2% of total healthcare costs were spent on prevention. The OECD average is 3.1%. Of the 1.54bn spent on prevention, 37% was financed by the private sector, 23% by social insurance and 39% by the public funds.



Healthcare spending per capita, 2013



Our lifestyles have an impact on our health

How long we live and stay healthy is heavily dependent on our diet and exercise habits, and whether and how often we smoke and drink alcohol. These four risk factors/protective factors therefore play a very important role in the NCD strategy.









Various factors influence whether people develop non-communicable diseases:

- On the one hand, **lifestyle factors**, such as poor diet, a lack of physical activity, smoking and excessive alcohol consumption, have a major impact.
- On the other, **physiological factors**, such as weight, blood pressure, blood lipids and cholesterol, play a role. These factors are influenced both by our genes and our lifestyles.
- **Social and economic factors**, such as level of education, also influence the occurrence of non-communicable diseases. People with a low level of education get sick more often than those who are better educated.

Optimisation potential in terms of lifestyles

Many non-communicable diseases can be influenced by individual lifestyle. The most important influencing factors are tobacco and alcohol consumption, as well as diet and physical activity. What is the state of Switzerland in this respect?

- In 2013, a fifth of over-15's engaged in risky **alcohol** consumption. Overall alcohol consumption has fallen in the past 20 years, but the proportion of people with risky consumption patterns remains high.
- Around a quarter of over-15's smoke **tobacco**, although the percentage of smokers is highest in the 25–34 age category, at 34.4%. Prevention during adolescence is crucial as those who start smoking before 15 find it difficult to break their nicotine addiction later on.
- 72% of the Swiss population takes sufficient exercise. A major challenge is that we – whether at work, at home, in our free time and when on the move – sit down more and more often and for increasingly longer periods, some people for up to 15 hours a day. Even regular **physical activity** cannot offset all the negative effects of long periods of sitting. Too much sitting is a risk factor for diabetes, heart disease, cancer, inflammation, psychiatric disorders and adult mortality. Those who stand up and take regular exercise not only increase their muscle mass, they also reinforce their bones, joints and organs. This benefits the immune system, memory and learning ability.
- A **balanced diet** is a key foundation of a healthy life. People in Switzerland still eat too much sugar, fat and salt, and not enough fruit, salad and vegetables.

Influencing factors		Diseases				
		Cardiovascular diseases	Diabetes	Cancer	Chronic respiratory diseases	Musculoskeletal diseases
	Tobacco	●	●	●	●	●
	Alcohol	●		●		●
	Nutrition	●	●	●		●
	Physical activity	●	●	●		●
	Blood pressure	●				
	Blood lipid level	●				
	Weight	●	●	●	●	●
	Socioeconomic status	●	●	●	●	●

Diseases and influencing factors



Does poverty make people sick?
There are clear links between income, education and health.



Recent developments

A comparison over time reveals the following picture: the share of nutrition-conscious people has barely changed since 1992, but the percentage of children and adolescents who eat fruit on several occasions a day has increased slightly. The proportion of people who take sufficient exercise has slightly increased since 2002. In terms of tobacco consumption, prevention efforts in recent decades have started to bear fruit, with the share of smokers in the population decreasing from a third to a quarter. The figures have remained static since 2008. Risky alcohol consumption has remained about constant compared with 2012. It is encouraging to note that alcohol consumption among 15-year-olds fell from 15% to 10% between 2002 and 2014. By international comparison both tobacco and alcohol consumption is relatively high.

Living environment also affects health

Besides alcohol and tobacco consumption and diet and physical activity, other factors influence an individual's health. For example, living and working conditions, type of employment, income and access to health facilities and counselling services are also paramount. The determinants of health model (see chart) shows which factors have an impact on our health.

The NCD strategy focuses on personal responsibility and individual behaviour on the one hand, and creating a health-promoting environment on the other.



Determinants of health model

A national strategy to ensure people stay healthy for as long as possible

The NCD strategy for the years 2017 – 2024 identifies ways of preventing and delaying non-communicable diseases and minimising their effects. It is incorporated in the Federal Council's Health2020 agenda, which prioritises health promotion and disease prevention. The NCD strategy focuses on the five most common NCDs: cancer, diabetes, cardiovascular diseases, chronic respiratory diseases and musculoskeletal disorders.

Through its Health2020 agenda, the Federal Council aims to promote public health in Switzerland and prevent disease. The prevention of non-communicable diseases is one of its five priorities. The Federal Office of Public Health was therefore commissioned to draw up a strategy on the prevention of non-communicable diseases together with the Swiss Conference of the Cantonal Ministers of Public Health (CMPH) and Health Promotion Switzerland. This strategy is closely linked to other programmes and strategies, such as protection from solar radiation, screening programmes for early disease detection and drug therapies to prevent disease.

Develop proven approaches and close gaps

The NCD strategy builds on the approved approaches such as experience from national prevention programmes, ensures continuity and tackles new challenges. In order to make optimal use of existing resources and to exploit synergies, the various activities must be well connected. Programmes and access for people in vulnerable situations are also to be optimised. Furthermore, prevention in healthcare and cooperation between the individual professions need to be strengthened – beyond the healthcare system.

Fewer sick people thanks to behavioural change

The strategy has four overarching long-term goals concerning non-communicable disease:

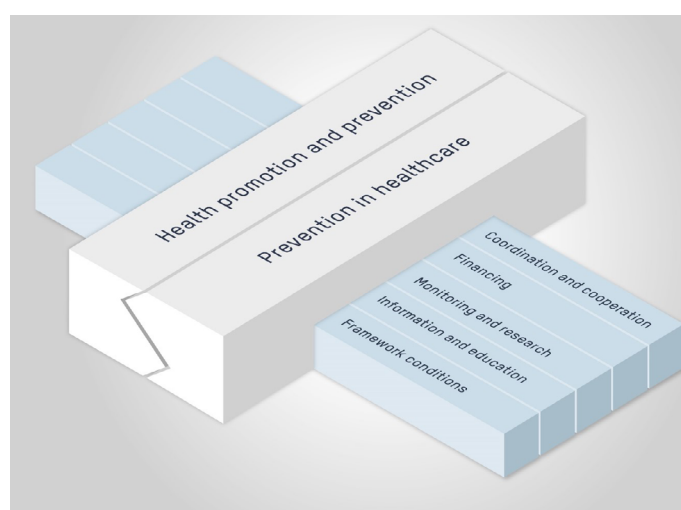
1. Reduce the disease burden.
2. Control rising costs.
3. Reduce premature mortality.
4. Maintain and enhance the social participation and productivity of the entire population.

Through the NCD strategy, the federal government and cantons aim ensuring that people stay healthy for as long as possible.

In order to achieve these goals, six additional specific goals were set out. Through the strategy we aim to:

- Reduce behavioural risk factors.
- Improve health literacy.
- Develop a health-promoting environment.
- Improve equity in access to health promotion and prevention.
- Reduce the proportion of the population at increased risk of disease.
- Improve quality of life and reduce need for care.

Two central and five supporting action fields serve to achieve all this.



The 7 action fields of the NCD strategy

Retaining approved measures, fostering new approaches

If you know about what keeps you healthy and what makes you sick, you can decide to lead a healthy lifestyle. This is why everyone should develop sufficient health literacy to be aware of and be able to avoid the risk factors for non-communicable diseases. Living, working and environmental conditions that promote health form the basis of this. The approved models of health promotion and disease prevention are to be continued. There will be a special focus on approaches that incorporate life courses and settings, and those that address several risk factors simultaneously. The needs of particularly vulnerable people will be taken into account at all times.

The majority of people are healthy. To ensure this remains the case, it is vital that everyone has a good level of **health literacy** and therefore the ability to make decisions that will have a positive effect on their health. Equally important are health-promoting **living, working and environmental conditions** that help people make these decisions and for example make it possible to take sufficient physical activity and eat a balanced diet.

Health promotion and prevention have a long tradition in Switzerland. Many approaches are well established and have proven successful. However, at present, most prevention efforts focus on individual risk factors. But it is precisely the co-occurrence of different risk factors that can make people more likely to get certain diseases. In order to prevent non-communicable diseases and to gear prevention efforts more effectively to the needs of those affected, it is important to combine the various aspects and to take account of the settings of the target groups.

Risk factors still key

Alcohol abuse, tobacco consumption, poor diet and lack of physical activity significantly influence the occurrence of non-communicable diseases. The reduction of **risk factors** and the strengthening of **protective factors** will therefore continue to be a central starting point in the strategy to prevent NCDs. The influence of hereditary factors is considerably smaller by comparison.

Because the occurrence of non-communicable diseases is often caused by various risk factors, more cross-thematic approaches need to be considered. The previous risk factor-specific approaches will be reviewed, and those that have proven successful will be continued and – where appropriate – consolidated. This will allow both **continuity and development**.



Prevention is better than cure.

Targeting people in their own environments

Prevention activities should be designed and carried out to take better account of people's needs, their settings, such as school, workplace, local community; their living conditions and their knowledge, values and behaviour. They should focus on improving health status at **every stage of life**:

- **Children and adolescents** learn the basics about health and therefore the basis for a healthy lifestyle.

- For **adults** the focus is on health literacy and taking responsibility for their own health.
- Programmes targeted at **seniors** prioritise retaining independence and preventing the need for care.

Special emphasis on the particularly vulnerable

Special attention is to be paid to targeted support for people in vulnerable situations. Increased health vulnerability can have many different causes. For example, it may affect people from sectors of the population with low levels of education, no or low income or who are disadvantaged for linguistic or cultural reasons. People may be vulnerable due to a crisis (short-term) or due to their living conditions (long-term). They all have specific needs and concerns.

Accessible and tailored programmes are to be specifically developed for **people in vulnerable situations**. Access is to be facilitated for migrants, for example, through offerings in different languages with intercultural interpretation and taking into account their settings. Programmes that involve **reference persons**, such as midwives, employers or associations, can reach people in vulnerable situations more effectively. The target groups concerned should be involved in developing and carrying out such programmes.

« Prevention is most effective when it targets people taking account of their life course and settings.



Taking a holistic view of at-risk individuals and those suffering from chronic diseases

Prevention helps lower risks of disease and increase quality of life and social participation among those who are sick. It is therefore to be incorporated in healthcare and further developed. Existing gaps will be closed. Interfaces and collaboration within and outside the healthcare system need to be improved in order to guarantee coordinated care. Prevention should also be firmly established in healthcare guidelines and standards.

It is important that prevention is firmly established across the entire healthcare structure as this is the only way of lowering the risk of disease, avoiding complications and reducing the need for care. The focus of these efforts is on early detection and intervention among those with an increased risk of disease, and improving quality of life and disease progression among those who are already sick.

« Prevention improves the quality of life of those who are already sick and delays the need for care.

A holistic view of people's situations

In particularly vulnerable situations – such as when physical symptoms appear or when diagnosed with a non-communicable disease – people are usually prepared to rethink their behaviour and to make changes if necessary. The individuals concerned need support as long-term lifestyle changes are usually not easy to make. This requires taking a holistic view of patients' situations, and at present this is not happening systematically.

In general, curative care in Switzerland is already well established and of a very high standard. However, there is room for improvement at the interface between preventi-

on and cure. Also, coordination and the division of tasks between healthcare professionals, counselling organisations and the relevant health charities can be further optimised.

As people come into contact with the health system in very different locations and in differing situations, it is important to establish prevention throughout the entire healthcare and health counselling system. For chronic diseases in particular, which can mostly be attributed to lifestyle-related risk factors, systematic integration of prevention in healthcare is essential. For example, after a heart attack, a patient should alter his/her lifestyle to avoid a relapse.





Promoting prevention in healthcare

Various initiatives and projects have been launched in recent years to strengthen prevention in healthcare and to improve the interfaces between prevention and healthcare. Building on previous efforts, projects that have proven effective will be enhanced and continued. In order to reach people in vulnerable situations more effectively, projects are to be tailored to the needs of the respective target groups and made easily accessible.

Improving interfaces, expanding networks

Preventive aspects are to be integrated in healthcare. To this end, the actors involved should develop networks to promote cooperation between healthcare providers, health counselling organisations and health charities, and to bolster prevention as a central element of comprehensive and coordinated care. Interfaces also need to be improved. This requires interprofessional collaboration to be optimised, and the respective roles and responsibilities of the institutions involved, as well as healthcare and social professions, to be clarified and recognised.

Developing guidelines

To optimise the systematic inclusion of early detection and prevention measures in healthcare (e.g. giving up smoking, weight loss, promoting physical activity guidelines and standards are to be drawn up for prevention efforts, or existing approaches will be pursued in areas where there are gaps. In addition to the existing treatment pathways, practical prevention tools will be developed and integrated for the risk factors associated with common non-communicable diseases (lack of physical activity, poor diet, tobacco use and excessive alcohol consumption).

These guidelines and standards are based on scientific evidence, take account of the needs of the people affected and serve as a quality benchmark to ensure good practice. They also guarantee the link between prevention and healthcare.

In addition, selected prevention activities, guidelines and standards are to be developed for specific patient groups, namely older people, those suffering from chronic diseases and people in vulnerable situations.

Improving coordination and cooperation

Proven platforms will continue to be used and will be geared towards the new goals. To ensure collaboration is optimally coordinated, an NCD stakeholder conference and an advisory committee for prevention in healthcare will be set up.

On account of the high level of autonomy and the broad range of actors – federal agencies, cantons, NGOs and regional and national associations – Switzerland currently has wide-ranging structures and offerings in place in the field of health and prevention. However, this wide variety of approaches also makes it difficult to coordinate the various activities, set priorities and close gaps.

In order to implement the measures in a coordinated and targeted way at national and cantonal level, various partner platforms have been set up in recent years. These have proven successful and will continue to be used. It is essential they are better coordinated and geared to the new strategy.

This is all about ensuring **joined-up collaboration**. Mutual coordination of goals and activities, and setting common strategic foundations and priorities aims to achieve synergies and ensure optimum effectiveness of prevention efforts.

Sharing experience and transferring knowledge

To promote collaboration, the exchange of experience and knowledge transfer, an **NCD stakeholder conference** is to be set up under the auspices of the National Health Policy Dialogue.

A newly-formed **committee of independent experts** will discuss specific questions related to prevention in healthcare and propose possible approaches.

« Pooling strengths to achieve goals more quickly and more effectively.





Financing innovative prevention programmes is a sound investment in the future.

Safeguarding financing

To ensure the goals of the NCD strategy can be achieved, financial resources need to be deployed efficiently and in line with the strategic objectives. The public sector funding pots will be geared to the strategy. Additional resources will be needed for prevention in healthcare and prevention in old age.

The involvement of government bodies and public and private sector actors must be well coordinated.

It is important to develop solutions that allow pooled deployment of funds in line with the strategic priorities. The existing funds are to be restructured to ensure innovative measures that address several risk factors can also be financed. Application and contracting processes will be simplified for this purpose.

Prevention in healthcare and prevention for seniors are the two areas with the greatest need for action. In order to close the existing financing gaps, additional funding will be guaranteed.

Clarifying financing of prevention activities

For some prevention activities in healthcare, compensation is not currently clear, for example for counselling services offered by health charities. Actors such as the public sector, insurers and employers need to work together to find solutions to this issue. This also applies to appropriate compensation for key counselling and coordination functions within the scope of integrated prevention activities, particularly in the non-medical field.

Boosting monitoring and research

A national NCD monitoring programme is to be set up to close knowledge gaps and to collect missing data systematically. Research priorities will be reviewed and if necessary adapted. Innovation will also receive special support.

An effective prevention policy for non-communicable diseases requires a sound scientific basis.

Developing NCD monitoring

On the basis of the goals and priorities of the NCD strategy, a monitoring programme will be set up to gather information on the disease burden, risk factors, social determinants and at-risk population groups. In this way, current health trends can be better observed. The monitoring will provide a basis on which to set priorities in research and innovation promotion. The NCD monitoring builds on and replaces the approved nutrition and physical activity monitoring (MOSEB).

Promoting research, knowledge transfer and innovation

Particularly in the field of prevention in healthcare, there are major knowledge gaps. These will be closed and efforts will be made to promote the transfer of scientific knowledge and theory into practice.

The promotion, financing and scientific monitoring of applied innovation and pilot projects is also a major challenge. Such projects should deliver extensive usable results and it should be made possible to successfully convert them at a later stage into regular, long-term programmes.

Promoting information and education

Only those who are well informed can effectively look after their own and others' health. Education programmes and awareness-raising measures actively improve the health literacy of the population as a whole, teach people with chronic conditions self-management skills and provide health professionals with the knowledge they need about prevention in healthcare.

People can only take **personal responsibility** for their lifestyles and behaviour if they are provided with reliable age-appropriate and needs-based information about health and how to stay well, and about health-promoting and health-damaging behaviours.

The goal of the strategy is therefore to actively inform the public about the issue of NCDs, their causes and the importance of a health-promoting environment. **People in vulnerable situations** also need to have access to appropriate and targeted information. Children and adolescents deserve special attention here. Awareness-raising measures and educational programmes for teachers and people in charge of sports and youth clubs are therefore key.

Support for chronically sick people and specialists

As life expectancy increases, so too does the number of people living with chronic conditions. Helping patients live as long as possible, stay independent and take responsibility for their own health is therefore crucial. This also contributes to reducing or delaying the need for care. This is why educational programmes for people with chronic diseases and their relatives are to be promoted, to allow those affected to become experts on their own conditions.

At the same time, **healthcare professionals** will acquire knowledge and skills on prevention in healthcare during their education and training, which they can apply effectively based on patients' needs.



Knowledge is the key to healthy behaviour.



Optimising the framework conditions

Our societal environment influences our health and should be organised to help ensure health equity and quality of life for the population, and to promote a healthy lifestyle. To achieve this, the responsibility for prevention and health concerns needs to be embedded in various policy areas. Switzerland also fosters international exchange of experience and is actively involved in international efforts to promote health.

People's living, working and environmental conditions should enable them to lead a healthy lifestyle and be active and mobile.

There are many ways of promoting this: first, by **creating health-promoting environments**, e.g. through safe and well-kept cycle paths, sports and leisure facilities; preserving open spaces and recreational areas; and through healthy meals in school and workplace canteens. Industry also plays an important role, whether through a code of conduct or voluntary commitment to healthy food composition (with less sugar, fat and salt), or by promoting physical activity among employees. Statutory regulations, such as on pricing, availability and advertising, and taxation of products and services that are damaging to health, such as alcohol, cigarettes and gambling, have proven particularly successful.

Promoting multisectoral collaboration

Health is influenced by many different factors. Measures to tackle NCDs therefore relate to many policy areas and spheres of life – e.g. the economy, the environment, education, transport and spatial planning. Efforts need to be made to raise awareness among decision-makers at all levels so they can take account of health aspects and accept their share of responsibility.

Maintaining international commitment

Switzerland actively supports the efforts of the WHO and the WHO Regional Office for Europe to prevent and tackle non-communicable diseases, and engages in international information exchange, particularly with the EU. It aligns itself with the international strategies and action plans of the WHO and EU, and remains committed to ratifying the WHO Framework Convention on Tobacco Control (FCTC).k Convention on Tobacco Control, FCTC) zu ratifizieren.

« Making the healthy choice the easy choice.





More people stay **healthy** or have a **high quality of life** despite chronic illness.

Fewer people suffer from avoidable non-communicable diseases or die prematurely.

Regardless of their socioeconomic status, people are empowered in their efforts to cultivate a healthy lifestyle in a **health-promoting environment**.