

# Nutrition, Physical Activity and Obesity Switzerland



© Swiss Federal Office of Public Health

This is one of the 53 country profiles covering developments in nutrition, physical activity and obesity in the WHO European Region. The full set of individual profiles and an overview report including methodology and summary can be downloaded from the WHO Regional Office for Europe website: <http://www.euro.who.int/en/nutrition-country-profiles>.

© World Health Organization 2013  
All rights reserved.

DEMOGRAPHIC DATA	
Total population	7 664 000
Median age (years)	41.4
Life expectancy at birth (years) female   male	84.7   80.2
GDP per capita (US\$)	68 880.2
GDP spent on health (%)	11.5

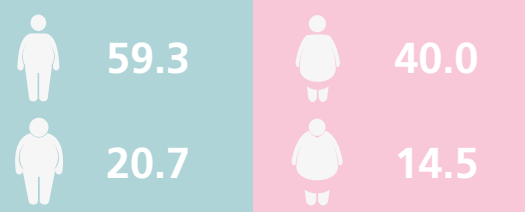
## Monitoring and surveillance Overweight and obesity in three age groups

### Adults (15/20 years and over)

Intercountry comparable overweight and obesity estimates from 2008 (1) show that 49.2% of the adult population ( $\geq 20$  years old) in Switzerland were overweight and 17.5% were obese. The prevalence of overweight was higher among men (59.3%) than women (40.0%). The proportion of men and women that were obese was 20.7% and 14.5%, respectively.

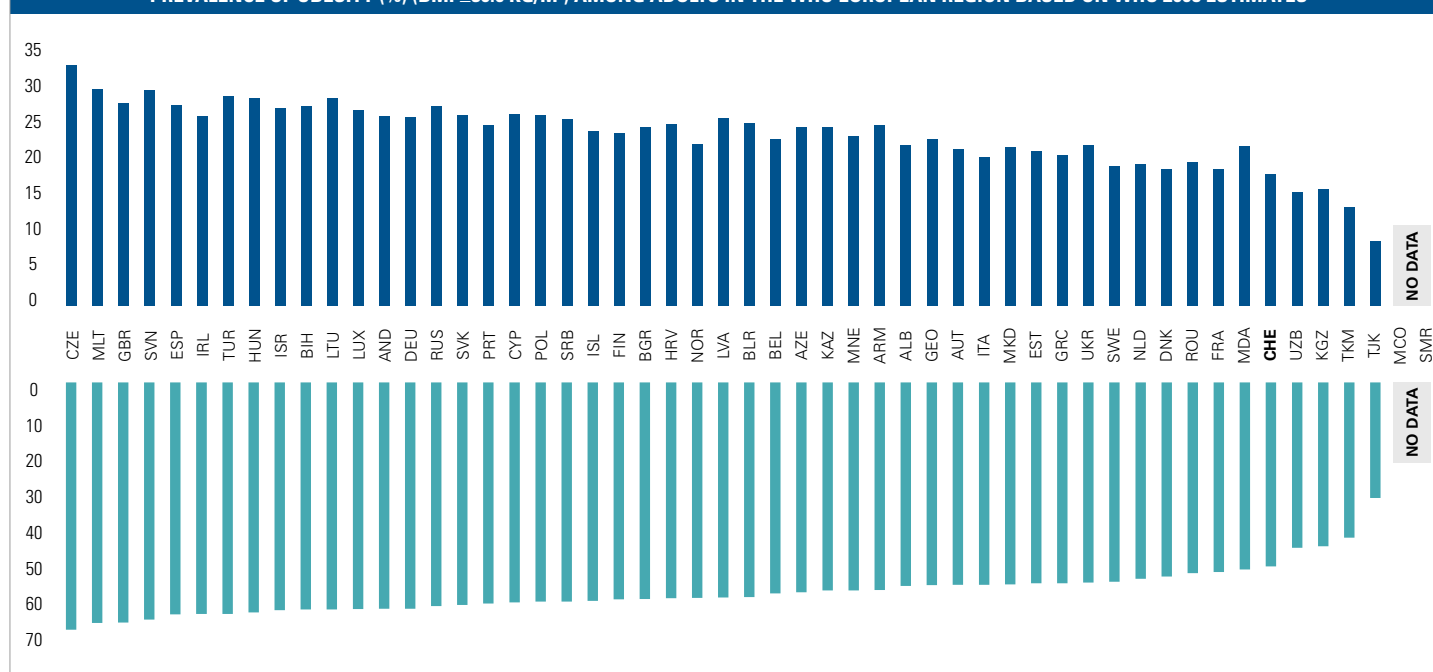
Nationally representative data collected in 2007 show that 49% of men and 30% of women aged 15 years and over were overweight (based on self-reported height and weight). The proportion of men and women that were obese was 9% and 8%, respectively (2). It should be taken into account that these data do not allow for comparability across countries due to sampling and methodological differences.

### PREVALENCE OF OVERWEIGHT AND OBESITY (%) AMONG SWISS ADULTS BASED ON WHO 2008 ESTIMATES



Source: WHO Global Health Observatory Data Repository (1).

### PREVALENCE OF OBESITY (%) (BMI $\geq 30.0$ KG/M<sup>2</sup>) AMONG ADULTS IN THE WHO EUROPEAN REGION BASED ON WHO 2008 ESTIMATES



### PREVALENCE OF OVERWEIGHT (%) (BMI $\geq 25.0$ KG/M<sup>2</sup>) AMONG ADULTS IN THE WHO EUROPEAN REGION BASED ON WHO 2008 ESTIMATES

Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Data ranking for obesity is intentionally the same as for the overweight data. BMI: body mass index.  
Source: WHO Global Health Observatory Data Repository (1).

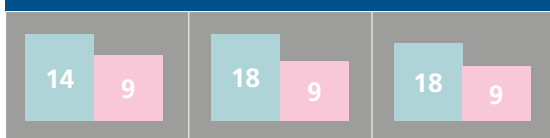
The Regional Office is grateful to the European Commission (EC) for its financial support for the development of the nutrition, obesity and physical activity database that provided data for this country profile.

Adulthood obesity prevalence forecasts (2010–2030) predict that in 2020, 13% of men and 12% of women will be obese. By 2030, the model predicts that 16% of both men and women will be obese.<sup>1</sup>

### Adolescents (10–19 years)

In terms of prevalence of overweight and obesity in adolescents, up to 14% of boys and 9% of girls among 11-year-olds were overweight, according to data from the Health Behaviour in School-aged Children (HBSC) survey (2009/2010).<sup>2</sup> Among 13-year-olds and among 15-year-olds, the corresponding figures were 18% for boys and 9% for girls (3).

### PREVALENCE OF OVERWEIGHT (%) IN SWISS ADOLESCENTS (BASED ON SELF-REPORTED DATA ON HEIGHT AND WEIGHT)



Source: Currie et al. (3).

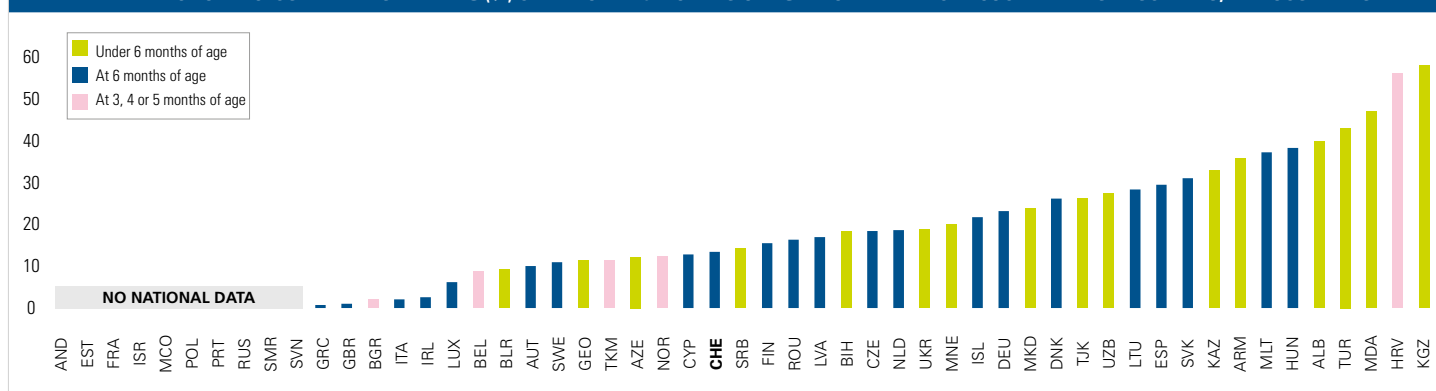
### Children (0–9 years)

No prevalence figures are available for overweight and obesity in schoolchildren based on measured intercountry comparable data. Switzerland is not yet participating in the WHO European Childhood Obesity Surveillance Initiative (COSI).

### Exclusive breastfeeding until 6 months of age

Nationally representative data from 2003 show that the prevalence of exclusive breastfeeding at 6 months of age was 13.0% in Switzerland.<sup>3</sup>

### PREVALENCE OF EXCLUSIVE BREASTFEEDING (%) UNDER OR AT 6 MONTHS OF AGE FROM INDIVIDUAL COUNTRY-BASED SURVEYS, VARIOUS YEARS



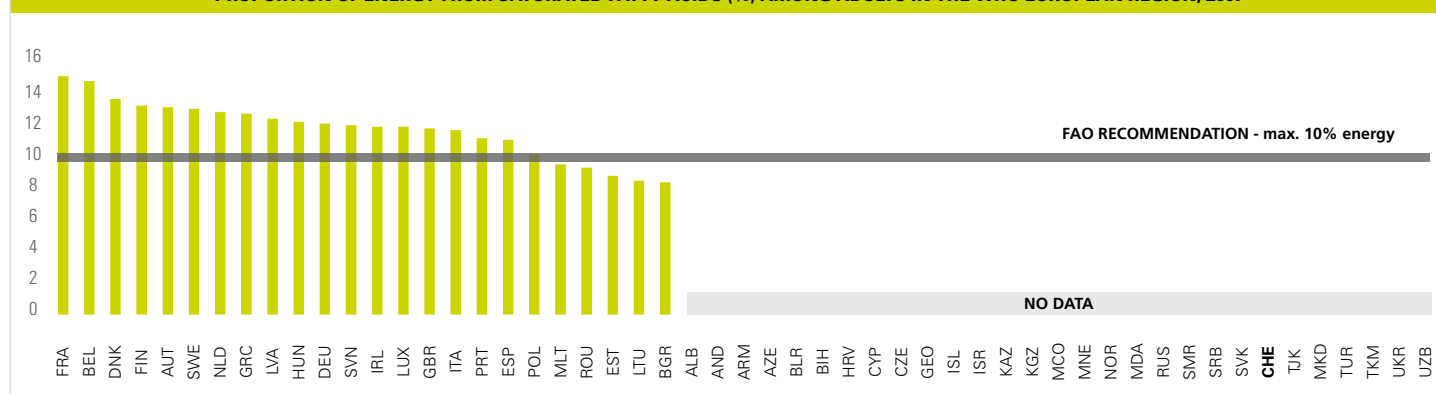
Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Data were derived from country-specific publications on surveys carried out in this field, not as part of a European-wide survey. Due to different data collection methods of the country-specific surveys, any comparisons between countries must be made with caution.

Source: WHO Regional Office for Europe grey literature from 2012 on breastfeeding.

### Saturated fat intake

No data are available.

### PROPORTION OF ENERGY FROM SATURATED FATTY ACIDS (%) AMONG ADULTS IN THE WHO EUROPEAN REGION, 2007



Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Ranking of data was carried out so that country data at the right-hand side of the graph – with values below the FAO recommendation – fall within the positive frame of the indicator. FAO: Food and Agriculture Organization of the United Nations.

Source: FAOSTAT (4).

### Fruit and vegetable supply

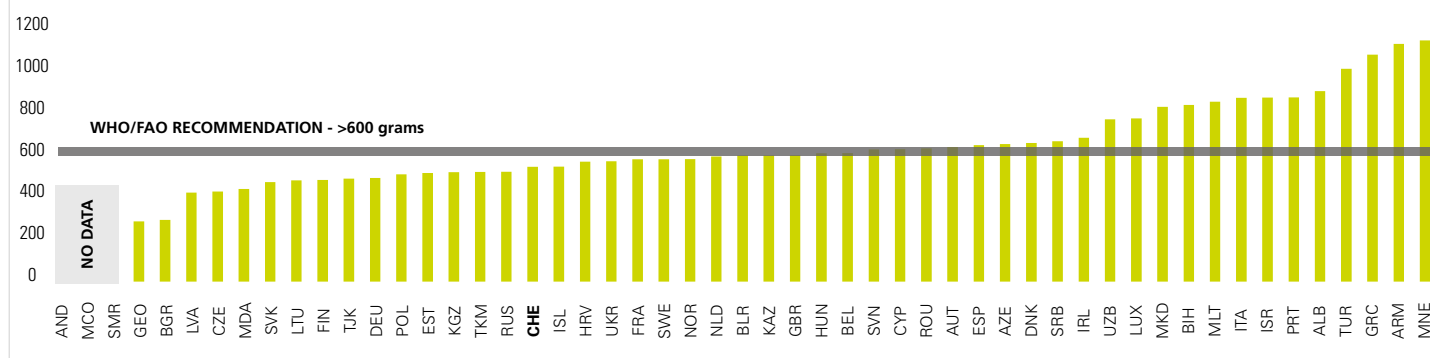
Switzerland had a fruit and vegetable supply of 534 grams per capita per day, according to 2009 FAO estimates (4). National data from 2007–2008 indicated an average fruit supply of 210 grams per capita per day and an average vegetable supply of 246 grams per capita per day (5).

<sup>1</sup> Report on modelling adulthood obesity across the WHO European Region, prepared by consultants (led by T. Marsh and colleagues) for the WHO Regional Office for Europe in 2013.

<sup>2</sup> Based on 2007 WHO growth reference.

<sup>3</sup> WHO Regional Office for Europe grey literature from 2012 on breastfeeding.

## FRUIT AND VEGETABLE SUPPLY (GRAMS) PER PERSON PER DAY IN THE WHO EUROPEAN REGION, 2009



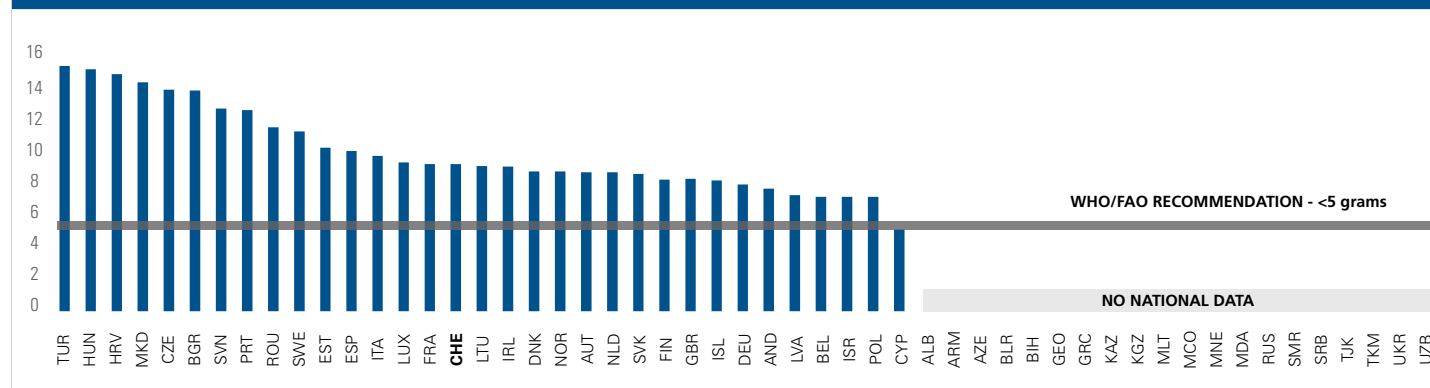
Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Ranking of data was carried out so that country data at the right-hand side of the graph – with values above the WHO/FAO recommendation – fall within the positive frame of the indicator.

Source: FAOSTAT (4).

## Salt intake

Subnational data from 1993–2004 show that salt intake in the adult population in Geneva was 10.6 grams per day for men and 8.1 grams per day for women. Subnational data from 2007 show that salt intake in Lausanne was 8.3 grams per day for men and 7.4 grams per day for women (5, 6). A nationwide survey was conducted in 2010–2011 to estimate the mean dietary salt intake using a 24-hour urinary collection test, with urine obtained from a random sample of 1448 people amongst the population aged 15 years and over. This study showed that salt intake was 10.6 grams per day for men and 7.8 grams per day for women (7).

## SALT INTAKE (GRAMS) PER PERSON PER DAY FOR ADULTS IN THE WHO EUROPEAN REGION FROM INDIVIDUAL COUNTRY-BASED SURVEYS, VARIOUS YEARS



Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Data were derived from country-specific publications on surveys carried out in this field, not as part of a European-wide survey. Due to different data collection methods of the country-specific surveys, any comparisons between countries must be made with caution. Ranking of data was carried out so that country data at the right-hand side of the graph – with values below the WHO/FAO recommendation – fall within the positive frame of the indicator.

Source: WHO Regional Office for Europe (6).

## Iodine status

According to the most recent estimates on iodine status, published in 2012, the proportion of the population with an iodine level lower than 100 µg/L was 36.0% (8, 9).

## Physical inactivity

No WHO Global Health Observatory Data Repository estimates are available from 2008. However, national data from 2007 show that 59% of the population aged 15 years and over were insufficiently active (24% irregularly active; 19% partially active; 16% entirely inactive) (2). It should be taken into account that these figures do not allow for comparability across countries.

## Policies and actions

The table below displays (a) monitoring and evaluation methods of salt intake in Switzerland; (b) the stakeholder approach toward salt reduction; and (c) the population approach in terms of labelling and consumer awareness initiatives (6).

### Salt reduction initiatives

Monitoring & evaluation		Stakeholder approach			Population approach						
					Labelling	Consumer awareness initiatives					
						Brochure Print	TV Radio	Website Software	Schools	Conference	Reporting
Industry self-reporting	XX	Industry involvement	Food reformulation	Specific food category					Health care facilities		
Salt content in food	XX										
Salt intake	XX										
Consumer awareness	XXX	XX	XX								
Behavioural change	XX										
Urinary salt excretion (24 hrs)	XX					XX	XX	XX	XX		

Notes. XX partially implemented; XXX fully implemented.

Source: WHO Regional Office for Europe (6).

## Trans fatty acids (TFA) policies

Legislation	Type of legislation	Measure
✓ 2008	Mandatory restriction	Maximum 2 grams of TFA in 100 grams of vegetable oil or fat

Source: WHO Regional Office for Europe grey literature from 2012 on TFA and health, TFA policy and food industry approaches.

## Price policies (food taxation and subsidies)

Taxes	School fruit schemes

Source: WHO Regional Office for Europe grey literature from 2012 on diet and the use of fiscal policy in the control and prevention of noncommunicable diseases.

## Marketing of food and non-alcoholic beverages to children (10)

No action has been taken regarding a reduction in the marketing of food and beverages to children. In 2012, however, the new Swiss Nutrition Policy 2013–2016 was published, based on the main findings from the 6th Swiss Nutrition Report (11). This report presents the current nutritional situation and provides practical guidance for improving nutrition and health at the population level. The Nutrition Policy defines the country's objectives and priorities on nutritional issues. By implementing it, Switzerland is taking essential steps towards the prevention of noncommunicable diseases, and recognizing that advertising messages generally do an inadequate job of raising awareness of the high content of fat, sugar or salt in food and beverages. The Policy also stipulates that 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.

## Physical activity (PA), national policy documents and action plans

Sport	Target groups	Health	Education	Transportation		
Existence of national "sport for all" policy and/or national "sport for all" implementation programme	Existence of specific scheme or programme for community interventions to promote PA in the elderly	Counselling on PA as part of primary health care activities	Mandatory physical education in primary and secondary schools	Inclusion of PA in general teaching training	National or subnational schemes promoting active travel to school	Existence of an incentive scheme for companies or employees to promote active travel to work
✓		✓ <sup>a</sup>	✓ <sup>b</sup>	✓ <sup>b</sup>		

<sup>a</sup> Clearly stated in a policy document, partially implemented or enforced. <sup>b</sup> Clearly stated in a policy document, entirely implemented and enforced.

Source: country reporting template on Switzerland from 2009 developed in the context of a WHO/EC project on monitoring progress on improving nutrition and PA and preventing obesity in the European Union (EU).

## Leadership, partnerships and professional networks on health-enhancing physical activity (HEPA)

Existence of national coordination mechanism on HEPA promotion	Leading institution	Participating bodies
✓	Ministry of Sport	Federal Office of Public Health; Health Promotion Switzerland; Swiss National Accident Insurance Fund; Swiss Council for Accident Prevention

Source: country reporting template on Switzerland from 2009 developed in the context of a WHO/EC project on monitoring progress on improving nutrition and PA and preventing obesity in the EU.

## PA recommendations, goals and surveillance

Existence of national recommendation on HEPA	Target groups addressed by national HEPA policy	PA included in the national health monitoring system
✓	General population	✓

Source: country reporting template on Switzerland from 2009 developed in the context of a WHO/EC project on monitoring progress on improving nutrition and PA and preventing obesity in the EU.

## References

- WHO Global Health Observatory Data Repository [online database]. Geneva, World Health Organization, 2013 (<http://apps.who.int/gho/data/view.main>, accessed 21 May 2013).
- Swiss Centre of Expertise in the Social Sciences et al. *Swiss Health Survey 2007*. Lausanne, University of Lausanne, 2012 (<http://compass-data.unil.ch/SGB-Dokumentation/SGB-ESS%202007%20COMPASS%20Codebook%20E.pdf>, accessed 30 June 2013).
- Currie C et al., eds. *Social determinants of health and well-being among young people: Health Behaviour in School-aged Children (HBSC) study: international report from the 2009/2010 survey*. Copenhagen, WHO Regional Office for Europe, 2012 (Health Policy for Children and Adolescents, No. 6) ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0003/163857/Social-determinants-of-health-and-well-being-among-young-people.pdf](http://www.euro.who.int/__data/assets/pdf_file/0003/163857/Social-determinants-of-health-and-well-being-among-young-people.pdf), accessed 21 May 2013).
- FAO/STAT [online database]. Rome, Statistics Division of the Food and Agriculture Organization of the United Nations, 2013 (<http://faostat.fao.org/>, accessed 21 May 2013).
- Keller U et al. *Sechster Schweizerischer Ernährungsbericht 2012*. Bern, Ministry of Health, 2012 ([http://www.bag.admin.ch/themen/ernaehrung\\_bewegung/13259/13359/13433/index.html?lang=en](http://www.bag.admin.ch/themen/ernaehrung_bewegung/13259/13359/13433/index.html?lang=en), accessed 30 June 2013).
- Mapping salt reduction initiatives in the WHO European Region*. Copenhagen, WHO Regional Office for Europe, 2013 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0009/186462/Mapping-salt-reduction-initiatives-in-the-WHO-European-Region-final.pdf](http://www.euro.who.int/__data/assets/pdf_file/0009/186462/Mapping-salt-reduction-initiatives-in-the-WHO-European-Region-final.pdf), accessed 29 May 2013).
- Chappuis A et al. *Swiss survey on salt intake: main results*. Lausanne, Centre Hospitalier Universitaire Vaudois, 2011.
- Andersson M, Karumbunathan V, Zimmermann MB. Global iodine status in 2011 and trends over the past decade. *Journal of Nutrition*, 2012, 142(4):744–750.
- Zimmerman MB, Andersson M. Update on iodine status worldwide. *Current Opinion in Endocrinology, Diabetes and Obesity*, 2012, 19(5):382–387.
- Marketing of foods high in fat, salt and sugar to children: update 2012–2013*. Copenhagen, WHO Regional Office for Europe, 2013 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0019/191125/e96859.pdf](http://www.euro.who.int/__data/assets/pdf_file/0019/191125/e96859.pdf), accessed 10 October 2013).
- Mühlemann P, Renggli A. *Swiss Nutrition Policy 2013–2016. Based on the main findings of the 6th Swiss Nutrition Report*. Bern, Federal Office of Public Health, 2012 ([http://www.bag.admin.ch/themen/ernaehrung\\_bewegung/13258/index.html?lang=en&download=NHZLpZeg7t,lnp6I0NTU042I2Z6In1ad1Izn4Z2qZpn02YUq2Z6gpJCKfXx6e2ym162epYbg2c-JkbnokSn6A--](http://www.bag.admin.ch/themen/ernaehrung_bewegung/13258/index.html?lang=en&download=NHZLpZeg7t,lnp6I0NTU042I2Z6In1ad1Izn4Z2qZpn02YUq2Z6gpJCKfXx6e2ym162epYbg2c-JkbnokSn6A--), accessed 1 July 2013).