



**World Health  
Organization**

REGIONAL OFFICE FOR **Europe**



## **Participatory approaches to reaching the Sustainable Development Goals: ANDORRA**

National strategy on nutrition, sport and health: engaging the general public



## Key messages

Andorra's experience in implementing the National strategy on nutrition, sport and health, resulted in the following observations.

- **The promotion of healthy lifestyles requires high-level political commitment to convince policymakers to commit public resources in the short-term in order to achieve long-term results.**

Promoting healthy lifestyles also needs high-level political leadership to engage and involve different stakeholders in non-health sectors, such as those for education, agriculture, urbanization and trade, as well as in the private sector and civil society, which are closest to the individual level.

- **The cooperation of, and coordination between, public health organizations and health-care providers, particularly those working in primary-health-care (PHC) facilities, are also crucial in promoting healthy lifestyles.**

People working in primary health care should be allotted time to incorporate health-promotion activities and thus ensure that all segments of the population are reached.

- **Effective communication promotes the involvement of civil society in seeking to reduce overweight and obesity and increase physical activity in the population.**

Strengthening communication skills and strategies and making use of new communication technologies, such as social media, are important measures towards reaching the younger generation.

- **Surveys can reveal vulnerable groups and demographic changes.**

Data collected through Andorra's second national nutrition survey provided an insight into the focus of future action needed to reach the country's most vulnerable population groups.



## Summary

In 2016, Andorra carried out its second national nutrition survey to evaluate the impact of a decade of action to promote healthy eating habits and regular physical activity in the population. This action was linked to implementation of the *National strategy on nutrition, sport and health* (1). The survey assessed food consumption, physical activity and other health-related habits, as well as anthropometric trends in the adult population. Comparing the results of the second national nutrition survey<sup>1</sup> with those of the first survey (2) has provided information that will be useful in reviewing and updating health-promotion policies and programmes related to healthy lifestyles in Andorra, as well as in decision-making in this area.

Andorra's efforts in the area of nutrition span across several United Nations Sustainable Development Goals (SDGs): SDG 2 (zero hunger), specifically targets 2.1, 2.2, and 2.4 to ensure access for all people to sufficient food, end all forms of malnutrition, and implement resilient agriculture practices that help to maintain ecosystems, respectively; SDG 3 (good health and well-being), specifically targets 3.4 and 3.5 related to premature mortality from noncommunicable diseases and the prevention and treatment of harmful use of alcohol; SDG 4 (quality education), specifically target 4.7 on education for sustainable lifestyles; and SDG 10 (reduced inequalities). They also address several of the interdependent strategic directions of the *WHO Roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020, the European policy for health and well-being*, namely, preventing disease and addressing health determinants by promoting multi- and intersectoral policies throughout the life-course, and establishing healthy places, settings and resilient communities (3, 4).

## National nutrition surveys in Andorra shape information for the general public

In 2004, the Ministry of Health of Andorra conducted the first national nutrition survey (2) to evaluate dietary habits and the consumption of food products in the adult population (12–75 years). It included an evaluation of physical activity and other key health-risk factors, such as tobacco and alcohol consumption, as well as the anthropometric status of the adult population.

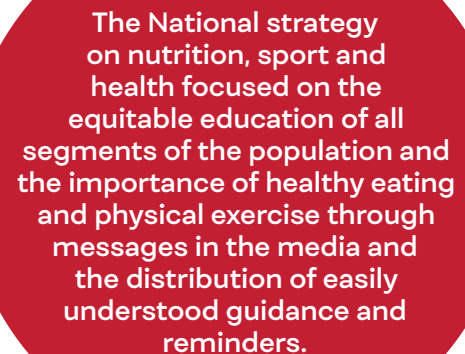
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<sup>1</sup> Report under preparation.

The results of this survey were published in 2005 (2), as a result of which the Government launched the first *National strategy on nutrition, sport and health* in June 2007 (1). The strategy aimed at involving health stakeholders, particularly those working in primary-health-care (PHC) facilities, and other relevant actors across society, such as the education sector, local administrations and sports federations and clubs, in developing measures to promote healthy lifestyle (1). Awareness-raising activities were conducted to spread the word among the population about the importance of healthy eating and regular physical activity, with a focus on what people can do to improve their own health.

Activities developed to implement the *National strategy on nutrition, sport and health* (1) also involved the general public to ensure equal access to information.

The results of the first national survey on nutrition (2) informed awareness-raising efforts carried out through the media about the increasing problem of overweight and obesity in the country. Public campaigns, such as annual “sports-for-all days”, and events to promote and raise awareness about the physical-activity and food-consumption pyramids were held, as well as talks in various settings on topics related to nutrition and physical activity. The media was also involved: advertising messages were sent out during holiday periods when people often overeat; Andorra TV broadcast a television series for children; and a children’s magazine included an information page, called “Take care of yourself”. Information materials and gadgets were produced and distributed, including tens of thousands of booklets on nutrition and physical activity for children (in schools), pedometers for tracking physical activity (in senior-citizen centres), and information for the general public (in health centres, hospitals, government offices, banks and other places that people frequent regularly).



**The National strategy on nutrition, sport and health focused on the equitable education of all segments of the population and the importance of healthy eating and physical exercise through messages in the media and the distribution of easily understood guidance and reminders.**

More than 10 years after the implementation of the national strategy started, the Ministry of Health decided to carry out a second national survey on nutrition to examine its impact. The second survey evaluated the same items as the first one, including lifestyle trends and anthropometrics, in order to be able to measure changes in population behaviour that may have occurred as a result of the strategy (1,2).

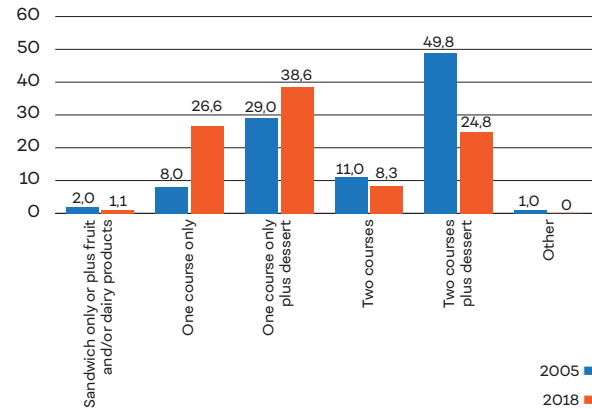
## Impact

Andorra has seen changes in diet and physical activity since the adoption of the national strategy in 2004 (2). Those pertinent to eating habits have included an increase in the proportion of population choosing to eat an optimal breakfast (including milk or milk products, cereals and fruits) from 18% in 2005 to 27% in 2018. Overall, people have reduced their food intake mainly due to greater awareness and lifestyle changes. The traditional composition of two courses and a dessert for lunch on weekdays has been replaced by a single-course meal and dessert, or only by a single-course meal (37% in 2005 vs 65.2% in 2018) (Fig. 1) (Ministry of Health, Promotion, Prevention and Health Surveillance Department, unpublished data, 2018).

Dinner patterns show similar results with people opting for only a single course, or a single course and dessert (53% in 2005 vs 73.6% in 2018) (Fig. 2) (Ministry of Health, Promotion, Prevention and Health Surveillance Department, unpublished data, 2018).

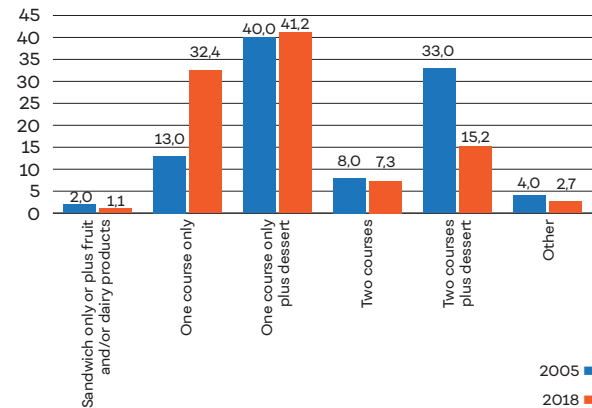
While the consumption of red meat and sausages has decreased, the same can be said of the daily consumption of fruit and vegetables with moderate differences between men and women, and significant differences by age. Young people have the lowest intake of fruit and vegetables overall, their consumption of these food items increasing as they get older.

**Fig 1.** Trends in composition of lunch on working days, Andorra, 2005–2018.



Source: Second national nutrition survey (Ministry of Health, Promotion, Prevention and Health Surveillance Department, unpublished data, 2018).

**Fig 2.** Trends in composition of dinner on working days, Andorra, 2005–2018.



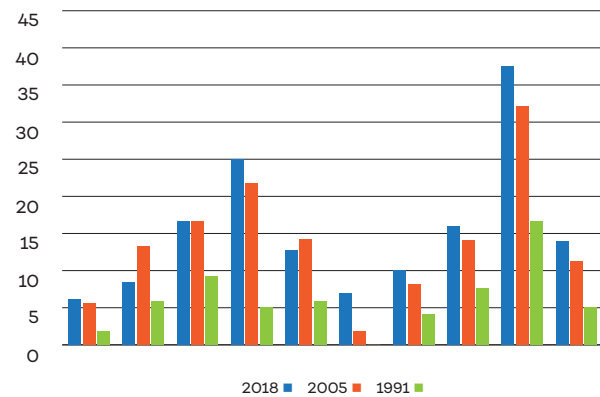
Source: Second national nutrition survey (Ministry of Health, Promotion, Prevention and Health Surveillance Department, unpublished data, 2018).

The trends in physical activity during leisure time are rising, but there are still significant differences related to sex and age, with a high proportion of young women reporting sedentary lifestyles.

The prevalence of overweight and obesity in Andorra has decreased slightly. In 2005, 37.6% of the population were overweight versus 34.5% in 2018; obesity among the population was at 13.2% in 2005 and decreased to 12.8% in 2018. (Ministry of Health, Promotion, Prevention and Health Surveillance Department, unpublished data, 2018).

Overall, there were moderate decreases in overweight and obesity in men whereas, in women, their prevalence had increased.

**Fig 3.** Prevalence of obesity in Andorran men and women, by age group, 1991, 2005, 2018.



Source: Second national nutrition survey (Ministry of Health, Promotion, Prevention and Health Surveillance Department, unpublished data, 2018).

## Lessons learnt

There are several lessons to share from Andorra's experience in promoting healthy eating habits and physical activity. These relate to the importance of political commitment, the need for cooperation within the health sector, and the significance of reaching out to stakeholders in the non-health sectors.

Andorra's experience shows that remarkable reductions in rates of overweight and obesity cannot be expected in the short-term. The challenge of addressing these issues can be compared to running a long-distance race. Politicians need to understand the time element involved in bringing about changes in eating habits. In this connection, it is crucial that the younger generation be given the possibility of being able to choose the right nutrition to stay on the path to becoming healthy adults and older persons. It is also important to stress that to maintain progress already achieved through programmes on reducing overweight and obesity, these programmes should not be interrupted. The final goal should be zero overweight and obesity.



The second national nutrition survey has proven to be very useful in generating evidence on changes in the eating habits and lifestyles of the population. Its results have highlighted the most population groups in which there has been no substantial improvement in health behaviour since the first national nutrition survey (2). Therefore, in developing future action, there will need to be a focus on these vulnerable groups. Demographic changes in Andorra are leading to an ageing population and this should be taken into account in developing education programmes to promote healthy lifestyles. The second national nutrition survey will also serve to define the priorities of future national policy frameworks for health promotion and health education.

## References<sup>2</sup>

1. Estratègia nacional per a la nutrició, l'esport i la salut [National strategy on nutrition, sport and health]. Andorra la Vella: Ministry of Health; 2007 (<https://www.salut.ad/departament-de-salut/estrategia-nacional-per-a-la-nutricio-esport-i-la-salut>).
2. Evaluación del estado nutricional de la población de Andorra. Evolución de los hábitos alimentarios y del consumo de Alimentos en Andorra (1991–2005). 2004–2005 [Assessment of nutritional status of the Andorran population. Evolution of dietary habits and food consumption in Andorra (1991–2005). 2004–2005]. Andorra la Vella: Ministry of Health; 2005 ([https://www.salut.ad/images/microsites/AvaluacioNutricional\\_04-05/](https://www.salut.ad/images/microsites/AvaluacioNutricional_04-05/)).
3. Sustainable Development Goals. In: Sustainable Development Goals Knowledge Platform [website]. New York: United Nations; 2015 (<https://sustainabledevelopment.un.org/?menu=1300>).
4. Roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020, the European policy for health and well-being. Copenhagen: WHO Regional Office for Europe; 2017 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0008/345599/67wd09e\\_SDGroadmap\\_170638.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0008/345599/67wd09e_SDGroadmap_170638.pdf?ua=1)).

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<sup>2</sup> Unless otherwise stated, all URLs accessed 10 March 2019.

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