



FOOD SYSTEMS AND NUTRITION:

THE BRAZILIAN EXPERIENCE OF ADDRESSING

ALL FORMS OF MALNUTRITION



Pan American  
Health  
Organization



World Health  
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REGIONAL OFFICE FOR THE Americas



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# FOREWORD

This is a key moment for highlighting the panorama of the world's food systems. We still face multiple forms of malnutrition. Micronutrient deficiencies and malnutrition exist side by side with overweight and obesity. This problem, in addition to affecting people's health and quality of life, has a heavy impact on the disease burden that brings social and economic consequences for families and communities.

With the aim of ending poverty and promoting the well-being of the global population, in September 2015 the 193 United Nations' Member States adopted the 2030 Agenda. This initiative, comprising 17 Sustainable Development Goals (SDG), inaugurated a new era of international cooperation and national efforts. Food and nutrition are present in all these Goals, especially SDG 02, which aims to end hunger, achieve food security and improve nutrition, as well as to promote sustainable agriculture.

In 2016, reaffirming the Agenda 2030 commitments and placing nutrition as a priority, the United Nations General Assembly proclaimed the Decade of Action on Nutrition (2016-2025).

**Its purpose is to coordinate efforts on the global level, with effective country participation, to address all forms of malnutrition from an ample perspective, considering that the food system's role is key to defining the kind and quality of food that people will consume.**

The Pan American Health Organization/World Health Organization (PAHO/WHO) stresses the importance of ensuring the human right of all people to adequate and healthy food. It is within this context that PAHO/



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WHO is undertaking technical cooperation with Brazilian authorities and civil society through the development of capacity, production and systematization of evidence and good practices with regard to food and nutrition.

As a product of technical cooperation, the purpose of this publication is to document

a range of policies, programmes and actions developed in Brazil in recent years which have contributed positively to the relationships between food systems and nutrition.

**Joaquín Molina**  
PAHO/WHO Country Representative in Brazil

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# LIST OF ABBREVIATIONS



<b>CAISAN</b>	Interministerial Food and Nutrition Security Chamber / Câmara Interministerial de Segurança Alimentar e Nutricional
<b>CDDPH</b>	Human Rights Defence Council / Conselho de Defesa dos Direitos da Pessoa Humana
<b>CIAN-CNS</b>	National Health Council Intersectoral Commission on Food and Nutrition / Comissão Intersectorial de Alimentação e Nutrição do Conselho Nacional de Saúde
<b>CNAPO</b>	National Commission on Agroecology and Organic Production / Comissão Nacional de Agroecologia e Produção Orgânica
<b>CNSAN</b>	National Food and Nutrition Security Conference / Conferência Nacional de Segurança Alimentar e Nutricional
<b>CONSADs</b>	Rural Development Councils / Conselhos de Desenvolvimento Rural
<b>CONSEA</b>	National Food and Nutrition Security Council / Conselho Nacional de Segurança Alimentar e Nutricional
<b>CTPAT</b>	Workers Food Programme Tripartite Commission / Comissão Tripartite do Programa de Alimentação do Trabalhador
<b>DAP</b>	PRONAF Aptitude Declaration / Declaração de Aptidão ao Pronaf
<b>EAN</b>	Health and Nutrition Education / Educação Alimentar e Nutricional
<b>FAO</b>	United Nations Food and Agriculture Organization
<b>FNDE</b>	National Fund for Educational Development / Fundo Nacional de Desenvolvimento da Educação
<b>FNS</b>	Food and Nutrition Security
<b>HRAF</b>	Human Right to Adequate Food
<b>ICN2</b>	II International Conference on Nutrition
<b>INPC</b>	National Consumer Price Index / Índice Nacional de Preços ao Consumidor
<b>IPCA</b>	National Broad Consumer Price Index / Índice Nacional de Preços ao Consumidor Amplo
<b>LOSAN</b>	Food and Nutrition Security Organic Law / Lei Orgânica de Segurança Alimentar e Nutricional
<b>MapaSAN</b>	Mapping of FNS actions in Brazilian municipalities / Mapeamento de ações de SAN em municípios brasileiros
<b>MDS</b>	Social Development Ministry / Ministério do Desenvolvimento Social
<b>NutriSUS</b>	Strategy to fortify children's food with powdered micronutrients / Estratégia de fortificação da alimentação infantil com micronutrientes em pó
<b>SDG</b>	Sustainable Development Goals

<b>WHO</b>	World Health Organization
<b>PAHO/WHO</b>	Pan American Health Organization/World Health Organization
<b>PAA</b>	Food Purchasing Programme / Programa de Aquisição de Alimentos
<b>PAAS</b>	Promoting Adequate and Healthy Food / Promoção da Alimentação Adequada e Saudável
<b>PAIF</b>	Comprehensive Family Care Programme / Programa de Atenção Integral às Famílias
<b>PAT</b>	Workers Food Programme / Programa de Alimentação dos Trabalhadores
<b>PBF</b>	Bolsa Família Programme / Programa Bolsa Família
<b>PIDESC</b>	International Covenant on Economic, Social and Cultural Rights / Pacto Internacional de Direitos Econômicos, Sociais e Culturais
<b>PlanSAN</b>	National Food and Nutrition Security Plan / Plano Nacional de Segurança Alimentar e Nutricional
<b>PNAB</b>	National Primary Health Care Policy / Política Nacional de Atenção Básica
<b>PNAE</b>	National School Feeding Programme / Programa Nacional de Alimentação Escolar
<b>PNAN</b>	National Food and Nutrition Policy / Política Nacional de Alimentação e Nutrição
<b>PNPS</b>	National Health Promotion Policy / Política Nacional de Promoção da Saúde
<b>PNS</b>	National Health Survey / Pesquisa Nacional de Saúde
<b>PNSAN</b>	National Food and Nutrition Security Policy / Política Nacional de Segurança Alimentar e Nutricional
<b>PRONAF</b>	National Family Farming Strengthening Programme / Programa Nacional de Fortalecimento da Agricultura Familiar
<b>PSE</b>	Health in Schools Programme / Programa Saúde na Escola
<b>SEAD</b>	Special Secretariat for Family Farming and Agrarian Development / Secretaria Especial de Agricultura Familiar e do Desenvolvimento Agrário
<b>SISAN</b>	National Food and Nutrition Security System / Sistema Nacional de Segurança Alimentar e Nutricional
<b>SISPLANSAN</b>	National Food and Nutrition Security Plan Monitoring System / Sistema de Monitoramento do Plano Nacional de Segurança Alimentar e Nutricional
<b>SISVAN</b>	Food and Nutrition Surveillance System / Sistema de Vigilância Alimentar e Nutricional
<b>SUS</b>	Unified Health System / Sistema Único de Saúde
<b>VAN</b>	Food and Nutrition Surveillance

Photo by Pixabay

# EXECUTIVE SUMMARY

A food system comprises all elements (environment, people, commodities, processes, infrastructure, institutions, etc.) and activities relating to food production, transformation, distribution, preparation and consumption that will have both results on people's nutritional and health status and also socio-economic environmental impacts on society as a whole (HLPE, 2014). Food systems therefore encompass the various activities, individuals and processes that not only have direct repercussion on food and nutrition security, but also, in a broader manner, affect the environmental, economic development and social well-being characteristics of the countries (ERICKSEN, 2008).

A range of Brazilian public policies has been devised and implemented in order to address this complex epidemiological setting, taking as their guiding principle a concept of food and nutrition security based on the interrelationship between food systems and health, nutrition and environmental, economic and social sustainability.

## **A governance design for fulfilling the Human Right to Adequate Food in Brazil**

Governance of Food and Nutrition Security (FNS) and of the Human Right to Adequate Food (HRAF) in Brazil is an example of success. Brazil has become an international benchmark for having considerably reduced hunger, malnutrition and undernourishment in recent years, to the extent that the country no longer appears on the Hunger Map. The implementation and consolidation of a participatory, intersectoral and federative public system of Food and Nutrition Security, along with the strategic decision to put hunger squarely on the government agenda with effect from 2003, followed by the eradication of extreme poverty with effect from 2011, have been decisive for the progress achieved.

A range of programmes has been set up in recent years. The *Bolsa Familia* Programme; the National School Feeding Programme; family farming support and strengthening programmes; the Ministry of Health's National Food and Nutrition Policy; the productive inclusion of Traditional Peoples and Communities, among others. In parallel to the structuring of these programmes, FNS governance has been formally constituted by law, decree and regulations, adopting three main concepts that have supported the construction of agenda in Brazil: the Human Right to Adequate Food; Food and Nutrition Security; and Food Sovereignty.

The National Food and Nutrition Security System (SISAN) management bodies have been designed to address the challenges faced by the agenda. On the national level, these bodies are fully operational: the Interministerial Food and Nutrition Security Chamber (CAISAN); the National Food and Nutrition Security Council (CONSEA); and the National Food and Nutrition Security Conference which is held every four years. The II FNS Plan (2016-2019) is in operation and its budget is estimated to be R\$ 99 billion. All the Brazilian states have adhered to the System, although only 13 states are currently executing FNS plans; and, on the municipal level, only 212 municipalities have formally adhered to the System.

## **The National Food and Nutrition Security Policy and the National Food and Nutrition Security Plans**

The Concept of Food and Nutrition Security was devised in Brazil through a participatory and democratic process created by Law. The National FNS Policy (PNSAN) and the National FNS Plan were established by Decree and have four years' duration. Their purpose is to establish the government strategy for ensuring the Brazilian population's Human Right to Adequate Food (HRAF).

Brazil has achieved important progress with FNS through the 1<sup>st</sup> National FNS Plan (2012-2015), principally with regard to the Brazilian population having improved access to food and achieving the main global

goals for overcoming poverty and hunger. The 2<sup>nd</sup> FNS Plan (2016-2019) includes structuring policies for indigenous peoples and traditional peoples and communities regarding access to food and Food and Nutrition Insecurity. Furthermore, it has also made progress with issues relating to diseases arising from unhealthy eating; increased prevalence of overweight and obesity among the Brazilian population, as well as the production, access and availability of healthy food. The Plan contains 9 challenges, 121 targets and 109 related actions that require the commitment of 14 ministries involved with the FNS agenda in Brazil.

## **National Food and Nutrition Policy – Health and food and nutrition security**

The principles of the National Food and Nutrition Policy (PNAN) are (i) food as an element of the humanization of health care practices, (ii) respect for food diversity and culture, (iii) strengthening the autonomy of individuals, (iv) social determination and the interdisciplinary and intersectoral nature of food and nutrition, (v) sovereignty of food and nutrition security.

The Policy has nine guidelines: Nutrition Care organization; Adequate and Healthy Food promotion; Food and Nutrition surveillance; food and nutrition action management; social participation and monitoring; intersectorality; food control and regulation; Food and Nutrition research, innovation and knowledge; FNS cooperation and articulation.

The guidelines are put into practice through a set of programmes and actions.

### **The Bolsa Família Programme and its effects on the FNS of Brazilian families**

The *Bolsa Família* Programme (PBF) is one of the most important agendas for addressing hunger and poverty in Brazil and promoting food and nutrition security. It benefits some 14 million families in situations of poverty and extreme poverty in Brazil and operates in three basic areas: it seeks the immediate relief of poverty through direct income transfer; promotion of family development through a series of complementary programmes, such as professional training; and the addressing of generational poverty through access to health and education services.

The Programme's monitoring and evaluation data indicate its effects on reducing poverty, increasing family purchasing power and greater access to food, reducing low birth weight and infant mortality, as well as its effects on the nutritional status of monitored children and the improvement of the overall health and living conditions of most vulnerable families. An IBASE study found that food is the main item bought by families using Programme resources. The poorer the family, the greater the proportion of income spent on food, with positive trends of cereal consumption (rice and beans), while other trends are a cause for concern owing to the choice of foods with higher calorie density and lower nutritional value prevailing in family decision on food consumption.

### **The trajectory of family farming policies as a development pillar in combating hunger and poverty**

Food production and supply are strategic dimensions of the FNS agenda in Brazil. Family farming stands out in terms of domestic consumption. There are 4.36 million family farming establishments, corresponding to 84.4% of the country's agricultural establishments and 12.3 million people who account for 75% of rural labour. Implementing a range of policies in support of the consolidation of family farming in Brazil has been strategic for achieving progress in combating poverty and inequality in rural areas, diversifying food production, strengthening food supply in remote locations and consequent boosting of local economies, as well as promoting healthy eating and food diversity.

Standing out among these policies are increased credit for rural expenditure and investment; promotion of greater income stability for farmers facing challenging weather conditions; insurance and minimum price guarantee programmes for foodstuffs produced; technical assistance and rural extension; instruments for adding value to food production; guaranteeing markets for family farming produce; promotion of women's autonomy in rural areas; incentives for agroecological and sustainable production models; scaling up access to territorial rights and public services.

### **The National School Feeding Programme**

The National School Feeding Programme is governed by Law N° 11947/2009 (BRASIL, 2009a). Its principles are to ensure the Human Right to Adequate Food and to guarantee Food and Nutrition Security. Its objective is to contribute to biological and psychosocial growth and development, learning, school performance and acquisition of healthy eating habits among students throughout the entire public elementary education system, by means of food and nutrition education and the supply of meals that meet their nutritional needs while they are at school. The Programme's actions are guaranteed throughout the entire public elementary education system based on the guidelines of the supply of healthy and adequate food; the inclusion of food and nutrition education in the teaching and learning process; decentralization of Programme actions and articulation between the different levels of government including support for sustainable development. According to the law, 30% of federal financial resources must be earmarked for purchasing food produced by family farming.

### **Addressing obesity and noncommunicable chronic diseases**

Overweight and obesity have increased in an alarming manner in Brazil in all age groups. 1/3 of children (aged 5 to 9) are overweight; 20% of adolescents are overweight; 57% of adults are overweight; and 20% are

obese. Obesity is a multifactorial disease, the determination of which is associated with biological, historical, ecological, economic, social, cultural and political factors. Its determination is associated to a great extent with way the food system is formed, with regard to food supply and people's access to healthy food, and also by consumption habits favouring processed and ultra-processed foods.

The "Intersectoral Strategy on Obesity Prevention and Control" was published in 2015, with the overall objective of preventing and controlling obesity among the Brazilian population, through intersectoral actions, promoting adequate and healthy eating habits and physical exercise in specific environments, based on 6 action pillars: Pillar 1 – Availability of and access to adequate and healthy foodstuffs with the aim of facilitating community and family access to traditional foods and ways of preparing them. Pillar 2 – Information, education and communication actions to dialogue with the population as a whole, including publicizing information, social mobilization and educational processes. Pillar 3 – Promoting health lifestyles in specific environments (at work, at school, at health care and social services facilities). Pillar 4 – Food and Nutrition Surveillance relates to monitoring the population's food and nutrition status. Pillar 5 – Comprehensive health care for overweight and obese individuals relates to health system organization. Pillar 6: Food quality and harmlessness regulation and control



relates to the nutritional quality of food sold in Brazil, in particular processed and ultra-processed food.

### **Food and Nutrition Education**

Public Health and Nutrition Education (EAN) actions are guided by the Food and Nutrition Education Reference Framework. The framework provides both the concept of EAN and also principles for action. It is intended to ensure that food and nutrition education actions go beyond traditional limits, which

are generally focused on biological aspects and a consumption perspective, and that these actions address the complexity of food determinants in order to achieve greater effectiveness in forming and protecting health eating habits.

The principles guide the actions and the comprehensive approach, considering that food and eating are social practices which result from the integration of biological, sociocultural, environmental and economic dimensions.

**The complexity of the challenges to achieving goals that are essential in the present-day world, such as equality, sustainability, eradication of hunger and poverty and fighting all forms of malnutrition, has led to the need to articulate agendas that historically were developed in isolation, thus being an unprecedented opportunity for achieving such goals. Examples of this context are the Decade of Action on Nutrition and the Sustainable Development Goals.**





# INTRODUCTION

A food system comprises all the elements (environment, people, commodities, processes, infrastructure, institutions etc.) and activities relating to the production, transformation, distribution, preparation and consumption of food which will influence people's nutrition and health status and will produce socio-economic and environmental impacts on society as a whole (HLPE, 2014). Food systems therefore encompass the various activities, individuals and processes that have direct repercussions on food and nutrition security and, more broadly, on the environmental, economic development and social well-being characteristics of the countries (ERICKSEN, 2008).

The national and global food and nutrition situation is characterized in general by a double disease burden, whereby on the one hand there are situations related to insufficient and/or inadequate consumption which generate a variety of nutritional deficiencies and, on the other hand, there is increasing prevalence of obesity and its comorbidities. This scenario reveals shortcomings in the food system which supplies food, depending on the situation analyzed, in insufficient quantities and/or of inadequate quality.

**A range of Brazilian public policies has been devised to address this complex epidemiological scenario, taking as their guiding**

**principle a concept of food and nutrition security based on the interrelationship between food systems and health, nutrition and environmental, economic and social sustainability.**

According to article 3 of Law Nº 11346, dated September 15<sup>th</sup> 2006 (BRASIL, 2006), Food and Nutrition Security (FNS) consists of fulfilling the right of all people to regular and permanent access to sufficient quantities of quality food, without compromising access to other essential needs, based on eating habits that promote health, respect cultural diversity and are environmentally, culturally, economically and socially sustainable. Article 4 of the same Law establishes that the scope of FNS comprises:

*I – scaling up conditions of access to food through its production, in particular traditional and family farming, processing, industrialization, commercialization, including international agreements, as well as its supply and distribution, including water, in addition to job creation and income redistribution;*

*II – conservation of biodiversity and sustainable use of resources;*

*III – promotion of the population's health, nutrition and nourishment, including specific populations and populations in situations of social vulnerability;*

*IV – ensuring the biological, sanitary, nutritional and technological quality of food, and the use thereof, encouraging health eating habits and lifestyles which respect the population's ethnic, racial and cultural diversity;*

*V – production of knowledge and access to information; and*

*VI – implementation of sustainable and participatory public policies and strategies for food production, commercialization and consumption, whilst respecting the country's multiple cultural characteristics.*

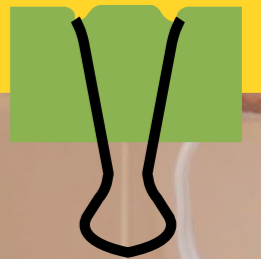
These items thus indicate the relationships between food production and eating, the intermediary processes and their intersections which result in sustainability, equality, health and adequate nutrition.

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# GOVERNANCE TO ENSURE THE HUMAN RIGHT TO ADEQUATE FOOD IN BRAZIL

In Brazil the eradication of hunger was incorporated into the government's strategic agenda with effect from 2003. Since then, Food and Nutrition Security (FNS) has been institutionalized as a State policy through the creation of the National Food and Nutrition Security System (SISAN) and the National Food and Nutrition Security Policy (PNSAN). This process of institutionalization is guided by the principles of social participation and intersectorality. In 2010 food was included in the Federal Constitution as a social right. In 2014, this set of public policies resulted in Brazil being removed from the Hunger Map compiled by the United Nations Food and Agriculture Organization (FAO). Brazil was mentioned as a success story for having considerably reduced hunger, malnutrition and undernourishment in recent years, with emphasis on the form of FNS governance adopted. Notwithstanding, there are still important challenges to be overcome in ensuring access to food, especially by traditional and specific population groups, as well as challenges to maintaining progress already achieved.





## GOVERNANCE TO ENSURE THE HUMAN RIGHT TO ADEQUATE FOOD IN BRAZIL

**In Brazil, governance of Food and Nutrition Security (FNS) and the Human Right to Adequate Food (HRAF) is an internationally recognized success story.**

In 2014, FAO published a Report on the progress achieved by the nations in eradicating poverty and hunger. Brazil was highlighted for having significantly reduced hunger, malnutrition and undernourishment in recent years to such an extent that the country is no longer on the Hunger Map (FAO, 2014).

The implementation and consolidation of a public, participatory and federative Food and Nutrition Security System (SISAN), in keeping with the political decision to put hunger at the heart of the government's political agenda have been decisive in achieving these results. SISAN was created through the militancy and efforts of political, social and intellectual leaders and service managers in the fight against hunger and in defence of human rights over the last 30 years.

It is important to emphasize that the debate on the FNS agenda has solid roots in Brazil and is the result of decades of social mobilization and struggles. It was the work of Josué de Castro, in the 1940s, that recognized hunger and poverty as a social and political issue. Hunger was denounced as a product of underdevelopment and an economic model that perpetuated appalling living conditions, as well as high rates of malnutrition among children and adults owing to poverty and the consequent insufficient access to adequate water and food that affected the majority of the population. Since then, food and hunger have become understood as complex set of biological, economic and social manifestations which require much more than welfarist policies of a compensatory nature implemented at that time in order to be overcome (LEÃO, 2013).

Once Brazil began to be re-democratized in the 1980s, the issue gained importance with the emergence of a large-scale social movement against hunger and in favour of FNS, involving debates of considerable plurality that included social leaders and movements, representations of minority

groups (indigenous peoples, traditional communities and other segments), rural and urban organizations, among other diverse movements from different fields of activities. The Health Sector was a protagonist of discussions and coordinated public policies to combat hunger, from a perspective of the health outcomes of malnutrition and nutritional deficiencies, building an agenda that went beyond Nutrition and its biological component. The 1<sup>st</sup> Food and Nutrition Conference was held during the 8<sup>th</sup> National Health Conference in 1986. Even at that time, the reports of these Conferences recommended that an FNS system be organized and that a national policy on food and nutrition be formulated (LEÃO, 2013).

In 1990, the issue became notorious when it was taken on by the national movement for Ethics in Politics known as "Citizen Action against Hunger and for Life" ("Ação da Cidadania contra a Fome e pela Vida"), led by sociologist Herbert de Souza, also known as Betinho, resulting in concrete contributions to organizing the FNS agenda as a state policy. The National Food and Nutrition Security Council (CONSEA) was created in 1993. At that time, civil society was already demanding the organization of FNS governance in Brazil, based on the following prerequisites: the creation of a comprehensive concept of FNS specific to Brazilian reality; the recognition of food as a human right; the creation of a national FNS system, with a specific budget for its management, as well as public policies (BRASIL, 2011a).

Other agendas also contributed to the debate such as, for example, mobilization

for the World Food Summit in 1996, and the creation of the Brazilian Forum on Food and Nutrition Security in 1998, which is now called the Brazilian Forum on Food and Nutrition Sovereignty and Security. These events resulted in articulations on the part of social movements, people and institutions from the field of sovereignty and FNS. These same movements continue to this day to be involved in the militancy and efforts around the FNS agenda in Brazil.

The encounter between the demands of civil society and the goals of a government plan only took place in 2003 through the Zero Hunger Strategy (2003-2010), which incorporated the elimination of hunger and social inequalities as a priority government agenda. This was the starting point of FNS institutionalization in Brazil, based on the recognition of food as a Human Right. Between 2011 and 2015, through the Brazil Without Poverty Plan, the focus of FNS actions was scaled up as a result of the incorporation of the eradication of extreme poverty in Brazil, considering its multiple dimensions and the diverse ways in which it manifests itself. Both strategies placed priority on access to income and food, as a parameter affecting the living conditions of individuals, families and social groups, in particular those in extreme poverty (BRASIL, 2014a; ARANHA, 2010).

As such, with effect from 2003, some of the main programmes and strategies began to be implemented and/or strengthened, such as the *Bolsa Família* Programme, the National School Feeding Programme, the Food

Purchasing Programme and the National Food and Nutrition Policy, among others. The following charts list the main strategies and programmes implemented over recent years.

**Chart 1: Main programmes implemented and monitored between 2003-2011 (ARANHA, 2010).**



**Chart 2: Macroprocesses and main actions of the Brazil Without Poverty Programme (2011-2016) (COSTA et al., 2014).**



In parallel to strategic programme and action implementation, FNS governance was formally instituted by law, decrees and norms, based on three pillar concepts which underpinned the building of the agenda in the country: Human Right to Adequate Food; Food and Nutrition Security; and Food Sovereignty. HRAF<sup>1</sup> was expressly included in the Brazilian Constitution by means of Constitutional Amendment N° 64/2010. From then on, the obligation to respect, protect and promote human rights, including public budget execution and the implementation of universal public policies that progressively (and primarily) include people vulnerable to hunger and poverty is the responsibility of the Brazilian State (BRASIL, 2010).

<sup>1</sup> HRAF: Adequate food is a fundamental human right, inherent to human dignity and essential for the fulfilment of the rights established in the Federal Constitution, whereby the government shall adopt policies and actions necessary for promoting and ensuring the population's Food and Nutrition Security (FNS). The achievement of HRAF and FNS requires respect for sovereignty, which imparts to the countries the primacy of their decisions about food production and consumption (Law N° 11346/2006).

The concept of FNS<sup>2</sup> was built socially and formalized in the Food and Nutrition Security Organic Law (LOSAN), as follows:

**“Food and Nutrition Security is the fulfilment of everyone’s right to regular and permanent access to sufficient quantities of quality food, without compromising access to other essential needs, based on practices that promote health, respect cultural diversity and are environmentally, culturally, economically and socially sustainable.” (Law 11346/2006)**

This concept reflects a comprehensive approach among the diverse dimensions of a socially and environmentally fair agri-food system, which is in tandem both with the food production, supply and commercialization system, as well as with the determinants of food consumption. Keeping the nutritional aspect integrated with the concept, recognizes that the underlying causes of food insecurity and nutritional insecurity are the same. In practice, it means approaching in an articulated manner issues such as food sovereignty, agrarian reform, agroecology, biodiversity, ethnodevelopment, health, nutrition and education, including gender,

<sup>2</sup> According to the Committee on World Food Security (CFS), Food Security refers to physical, social and economic access to secure food in sufficient quantities to meet nourishment needs. Nutrition Security involves access to water, basic sanitation and health services, as well as eating habits that ensure adequate consumption of macronutrients and micronutrients (FAO, 2014).

ethnic and generational perspectives. This integrated concept was one of the Brazilian innovations which has to be highlighted (CONSEA, 2015; FAO, 2014).

The Food and Nutrition Security Organic Law (LOSAN) instituted the National Food and Nutrition Security System (SISAN) with the aim of promoting the formulation and articulation of FNS policies on national, state and municipal level, bringing together diverse government and civil society sectors with the purpose of promoting HRAF, throughout the entire Brazilian territory, as well as the monitoring and evaluation of changes related to the food and nutrition situation of the Brazilian population. The System has two important guidelines: social participation and intersectorality.

Decree N° 7272/2010 brought progress in terms of System regulation. It defined the guidelines of the National Food and Nutrition Security Policy (PNSAN) and established the parameters for formulating the National Food and Nutrition Security Plan (PlanSAN), this being the main instrument for the planning, management and execution of the Policy. SISAN management structures were designed to address challenges, enabling ample social participation and a government agenda developed in an intersectoral and unison manner. Its management structures are as follows:

**Food and Nutrition Security Conferences, at national, state and municipal (or territorial) level**

The Conferences are the highest bodies of civil society decision-making. They take place every

four years. The 5<sup>th</sup> National FNS Conference (5<sup>th</sup> CNSAN) was the most recent and was held between November 3<sup>rd</sup> and 6<sup>th</sup> 2015, having as its theme “Real Food in the country and the city: more rights and food sovereignty”. 2,107 people took part, namely 1,090 state-level delegates (835 representing civil society and 255 representing governments). The Conference mobilized over 50,000 people who took part in 27 state and Federal District conferences and 1,216 municipal/regional/territorial conferences encompassing more than 3,000 municipalities. The discussion method used at the Conference was based on three thematic lines: Pillar 01 - Real Food: progress and obstacles to achieving adequate and healthy food and food sovereignty; Pillar 02 - Dynamics underway, strategic choices and public policy achievements in the field of food and nutrition sovereignty and security; and Pillar 03 - Strengthening the National Food Security System. The products resulting from the 5<sup>th</sup> CNSAN were:

- Political Statement containing a strong call for society, governments at the three levels of the Federation (Federal, State and Municipal Governments), international bodies and civil society organizations and networks of all countries to make joint efforts to promote real food in the country and in the city, in favour of rights and food sovereignty;
- Manifesto on Real Food urging civil society and government to celebrate the progress made with food and nutrition security and revitalize Brazil’s real food in order to gain food sovereignty and consolidate food and nutrition security; and

- A set of 83 priority proposals for the FNS Plan (2016-2019), organized into nine subthemes.

#### **Food and Nutrition Security Councils (CONSEA), at the federal, state and municipal levels (CONSEA)**

The National Food and Nutrition Security Council (National CONSEA) is a body chaired by Civil Society. It is responsible for holding the National Conferences and for social participation and monitoring of the country’s FNS agenda. It is a consultative body and operates advising the Office of the President of the Republic on the formulation of guidelines and policies aimed at ensuring HRAF, monitoring and accompanying the implementation of actions promoted by the State and mobilizing society in the process of social participation. It is comprised of: government representatives (one third) civil society representatives (two thirds), chosen based on indication criteria approved at the National Food and Nutrition Security Conference. In addition to its full members, it is open to observers, including members of other related federal councils, international bodies and the Federal Public Prosecutor’s Office.

#### **Interministerial FNS Chamber (national level) and Intersectoral FNS Chambers (at state and municipal level) (CAISAN)**

The Interministerial Food and Nutrition Security Chamber (National CAISAN) is comprised of 20 ministries and special secretariats. It is chaired by the Ministry of Social Develop, which also is responsible for

its Executive Secretariat. The National CAISAN plays two roles in the System: articulating, monitoring and coordinating the national FNS policy and plans; and coordinating the National Food and Nutrition Security System’s federative relations. It is also responsible for coordinating, formulating and monitoring the National FNS Plan, as well as promoting and facilitating the discussion of themes that are relevant for strengthening the FNS Policy.

#### **FNS bodies and entities at national, state, Federal District and municipal level**

Decree N<sup>o</sup> 7272, dated August 25<sup>th</sup> 2010, establishes minimum parameters for regulating the admission of non-profit private institutions to SISAN, namely that they must:

- commit to respecting and promoting HRAF;
- have objectives in their byelaws favouring the guarantee of FNS;
- have been legally constituted for more than three years, and
- be open to CONSEA monitoring process at federal, state, district and municipal level.

Private institutions, whether for-profit or non-profit, interested in being part of SISAN and which respect its criteria, principles and guidelines. The process regulating private institution admission to SISAN requires the definition of a set of measures that prevent any situation of conflicts of interest that may put at risk the original objectives of the System and the Policy. This process is one of SISAN’s current challenges.

Progress has been made in recent years in implementing the System. At national level its bodies are operational (CAISAN and National CONSEA) and the 2<sup>nd</sup> FNS Plan (2016-2019) is in force. All the states have joined the System, although in diverse manners. The state-level bodies are in the process of becoming organized and their operations nationwide vary. Only 13 states are currently executing FNS plans; and, at municipal level, only 212 municipalities have formally joined the National Food and Nutrition Security Plan Monitoring System (SISPLANSAN)<sup>3</sup>.

Social participation is an essential element in building SISAN, it has a relevant role in expressing demands and is important in terms of exercising participatory democracy and social representation in the formulation, implementation, evaluation and monitoring of the country’s public policies. It assumes increased proposal capacity by civil society representatives, requiring the government to be more disposed to dialogue regarding such proposals in institutionalized public spaces, such as the councils and conferences, providing responses necessary and adequate to their demands (CONSEA, 2015).

Despite the progress made, consolidating SISAN is still a challenge, as it is a complex system the conception of which includes the materialization of intersectorality. Its implementation requires paradigms of the *modus operandi* of public policies to be broken. Furthermore, the political strengthening of its bodies and progress with regulating them are needed. Political engagement and articulation

<sup>3</sup> Access <https://aplicacoes.mds.gov.br/sagi/plansanp>



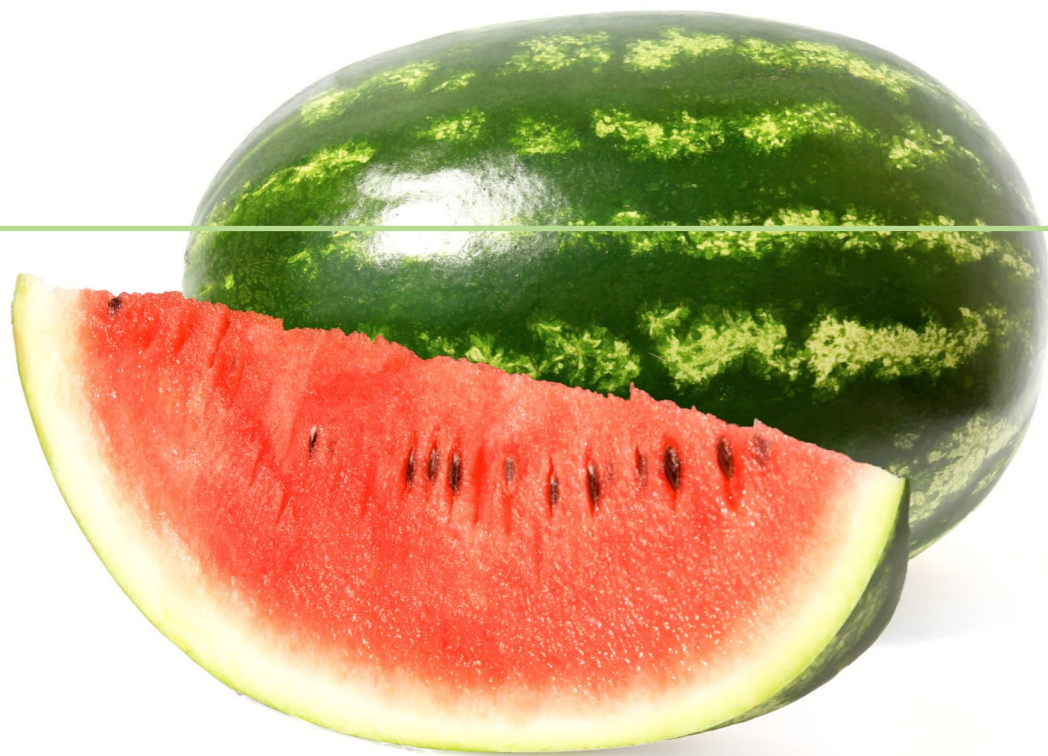


Photo by Pixabay

between the different social actors and service managers are also needed, in a permanent dialogue between society and State, in all stages of its structuring: planning, accompaniment, management, social participation, monitoring and evaluation. Its bodies (CAISANs and CONSEAs) need to be strengthened in order

to materialize intersectoriality, advance with social participation and with System implementation. Funding its management, the federative relationship, the participation of for-profit and non-profit organizations and the mechanisms for the demandability of HRAF are SISAN's main current challenges (CONSEA, 2016).



FNS Timeline in Brazil, including some international landmarks, the institution of FNS governance as a State policy and main policies and programmes.



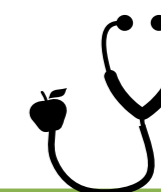
**1<sup>ST</sup> PNSAN PROPOSAL**

Ministry of Agriculture proposal for a National FNS Policy.

1985



1986



**8<sup>TH</sup> NATIONAL HEALTH CONFERENCE**

8<sup>th</sup> National Health Conference. It was at this conference that the first references to the concept of Health Security within the Ministry of Agriculture appeared (Final Report of the 8<sup>th</sup> National Health Conference, 1986).



**"BETINHO"**

Consolidation of the conception of the right to access to food, as being essential to achieving FNS. The issue of Food Security gained decisive visibility when it was incorporated by the Movement for Ethics in Politics involving large-scale national mobilization, known as the Call for Citizen Action against Hunger and for Life, led by sociologist Herbert de Souza (Betinho).

1990



1991



**PNSAN PROPOSAL BY THE PARALLEL GOVERNMENT**

Proposal for a Parallel Government National FNS Policy created by the Workers' Party (*Partido dos Trabalhadores*).



## NUTRITION AND HEALTH

The United Nations Food and Agriculture Organization (FAO) reiterated the importance of the nutritional, sanitary, biological and cultural quality of food for FNS. In Brazil, the fields of Nutrition and Health were one of the protagonists of this theme, since the term Nutrition was beginning to be incorporated into the concept as it is known to day.

1992



1993



1994



1995



1996



1996



## CREATION OF THE FBSAN

Creation of the Brazilian Forum on Food and Nutrition Security (FBSAN) forming a national civil society network, bringing together social organizations, researchers and government technicians, with ramifications in the form of State-level Forums. This was the start of what is known today as the Brazilian Forum on Food and Nutrition Sovereignty and Security (FBSSAN).

1998



1999



1999



2003



2003



2004



## GENERAL COMMENT N° 12

Preparation of General Comment N° 12 (The Human Right to Food), under the auspices of the United Nations High Commissioner for Human Rights.



## REINSTALLATION OF THE CONSEA

Reinstallation of the National Food and Nutrition Security Council (CONSEA), of an interministerial nature and located within the Office of the President of the Republic.



## BOLSA FAMÍLIA AND PAA

Start of the Bolsa Família Programme (Law N° 10836/2004) and creation of the Food Purchasing Programme (Law N° 10696). Launch of the 1<sup>st</sup> Family Farming Harvest Plan.

## 1<sup>ST</sup> CSNAN HELD

1<sup>st</sup> National FNS Conference held.



## CREATION OF THE CONSEA

Creation of the National Food and Nutrition Security Council (CONSEA).



## EXTINCTION OF THE CONSEA

CONSEA extinguished by the government, by means of Decree N° 1366 in January 1995.



## PIDESC SIGNED

Brazil signed and ratified the International Covenant on Economic, Social and Cultural Rights (PIDESC) at the United Nations General Assembly which defines what is necessary to achieve the Human Right to Adequate Food (HRAF).



## CREATION OF THE "MESA"

Creation of the Extraordinary Ministry for Food Security and Combating Hunger and launching of the Zero Hunger Programme which shortly afterwards became the "Zero Hunger Strategy" in 2004, based on a new conception involving the Ministry of Social Development, including the creation of the National Food and Nutrition Security Secretariat (SESAN).



## WORLD FOOD SUMMIT

World Food Summit held in Rome. This was propitious to the preparation of the Brazilian document in partnership between government and civil society which enabled the articulation of social actors and different civil society sectors around the formation of a field specifically identified with the fight for Food and Nutrition Security.



## 2<sup>ND</sup> CNSAN HELD

2<sup>nd</sup> National Food and Nutrition Security Conference (CNSAN) held. The conference approved the Food and Nutrition Security Organic Law (LOSAN), which created the National Food and Nutrition Security System (SISAN). At this conference obesity was also seen as one of the facets of food and nutrition insecurity and considered that its social determination is also related to the food system in force.



## PROMULGATION OF THE LOSAN

Food and Nutrition Security Organic Law (LOSAN) enacted (Law N° 11346/2006), which created the National Food and Nutrition Security System (SISAN) and determined the formulation of the National FNS Policy with the aim of ensuring and protecting HRAF.

## 3<sup>RD</sup> CNSAN HELD

3<sup>rd</sup> National Food and Nutrition Security Conference held. Its theme was "Sustainable Development with Food and Nutrition Sovereignty and Security". This Conference established that the progressive realization of HRAF and food sovereignty would occur through the implantation of PNSAN and SISAN.

2004



2004



2006



2006



2007



2007



2007



2009



2010



2010



2010



## GUIDELINES FOR HRAF

The FAO Council, comprised of 151 countries, approved the Voluntary Guidelines on the Human Right to Food intended to provide practical guidance to the countries on the progressive realization of the Human Right to Adequate Food (HRAF).



## FAMILY FARMING

Institution of the concept of family farming in Brazil and the guidelines on the National Family Farming Policy through the enactment of Law N° 11326/2006.

## REGULATION OF THE CONSEA AND CAISAN

Publication of Decree N° 6272 and Decree N° 6273 which regulated, respectively, the National Food and Nutrition Security Council (CONSEA) and the Interministerial Food and Nutrition Security Chamber (CAISAN).

## FOOD AT SCHOOL RULES

Publication of new rules on Food at School and the obligation to purchase 30% of family farming produce, as per Law N° 11947/2009.

## INSTITUTION OF THE PNSAN

Publication of Decree N° 7272, date August 25<sup>th</sup> 2010, which instituted the National FNS Policy - PNSAN, regulated other aspects of LOSAN and defined criteria and parameters for the formulation of the first National Food and Nutrition Security Plan - Plansan 2012/2015.



## NPS' POLICY

Creation of the National Policy on the Sustainable development of Traditional Peoples and Communities, through Decree N° 6040/2007.



## CONSTITUTIONAL AMENDMENT N°64

Approval of Constitutional Amendment N° 64, considered to be the juridical landmark for the institution of the Human Right to Adequate Food and SISAN. Quote: "Article 6 - Social rights are education, health, food, work, housing, leisure, social security and protection, protection of motherhood and childhood, assistance for the destitute, as laid out in this Constitution."

## INSTITUTION OF THE PNATER AND PRONATER

Creation of the National Policy on Technical Assistance and Rural Extension for Family Farming and Agrarian Reform, together with the National Programme on Technical Assistance and Rural Extension for Family Farming and Agrarian Reform (Law N° 12188/2010).



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## APPROVAL OF THE 1<sup>ST</sup> PLANSAN

Approval of the 1<sup>st</sup> National FNS Plan (Plansan 2012/2015).



## PNAN UPDATED

National Food and Nutrition Policy updated, through Ordinance N° 2715, dated November 17<sup>th</sup> 2011.



## SISAN MEMBERSHIP

Commencement of municipalities joining SISAN, by means of CAISAN Resolution N° 1, dated November 20<sup>th</sup> 2013. 12 municipalities joined at this stage. The most recent CAISAN Resolution was published on February 15<sup>th</sup> 2017, totalling 221 municipalities taking part in the System, including 10 state capitals [Rio Branco (AC), Vitória (ES), São Luís (MA), João Pessoa (PB), Teresina (PI), Curitiba (PR), Porto Alegre (RS), São Paulo (SP) and Belo Horizonte (MG)].

2011



2011



2012



2012



2013



2014



## 4<sup>TH</sup> CNSAN HELD

Holding of the IV National Food and Nutrition Security Conference. A highlight of this Conference was the approval of the 1<sup>st</sup> National Food and Nutrition Security Plan (Plansan 2012/2015), which is recognized as an important PNSAN instrument. Commencement of States adhering to SISAN.

## INSTITUTION OF THE PNAPO

Institution of the National Policy on Agroecology and Organic Produce, by means of Decree N° 7794/2012. Revision of the Ministry of Health's National Food and Nutrition Policy.

## HUNGER MAP

Brazil was taken off the Hunger Map published by FAO. This means that the prevalence of undernourishment in Brazil is under 5%. The proportion of undernourished people fell from 10.7% of the population in 2000-02 to less than 5% in 2013.

## ICN2 HELD

2<sup>nd</sup> International Conference on Nutrition (ICN2), organized by FAO and WHO and held in Rome. A worldview was defined whereby all people should have access to diversified, secure and healthy food which fosters the healthy development of children. Two documents were endorsed by the countries: the Rome Declaration on Nutrition, containing 10 commitments, and the Framework for Action, which offers guidelines for implementing the commitments through 60 political recommendations for voluntary adoption by the Member States.

## 2030 AGENDA

Agreement at the United Nations Summit on the new 2030 Agenda, replacing the Millennium Development Goals (for 2015). Sustainable Development Goals – SDG (17 goals and 169 targets), in particular SDG 2: end hunger, achieve food security, improve nutrition and promote sustainable agriculture.

2014



2014



2015



2015



## OBESITY CONTROL

Publication of the Brazilian Strategy for Obesity Prevention and Control and recommendations for state and municipal governments, formulated by National CAISAN, with participation of governmental bodies, PAHO/WHO Brazil and National CONSEA.



## 5<sup>TH</sup> CNSAN HELD

5<sup>th</sup> National Food and Nutrition Security Conference held. Its theme was "Real food in the country and in the city: more rights and food sovereignty". All the Brazilian states were represented at the Conference, respecting the country's diversity and plurality.



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## NATIONAL AGREEMENT ON HEALTHY FOOD

Decree N° 8553, dated November 3rd, instituting the National Agreement on Healthy Food, aimed at States, the Federal District, Municipalities, organized civil society, international bodies and the private sector increasing the supply, availability and consumption of healthy food and addressing overweight, obesity and diseases arising poor nutrition among the Brazilian population.

2015



2016



## DECADE OF ACTION ON NUTRITION

Decade of Action on Nutrition declared by the United Nations Organization, with the aim of fostering the commitments endorsed by the countries at ICN2 in 2014.

2017



## PUBLICATION OF THE 2<sup>ND</sup> PNSAN

Publication of the 2<sup>nd</sup> National Food and Nutrition Security Plan (2016-2019).



# THE NATIONAL FOOD AND NUTRITION SECURITY POLICY AND THE NATIONAL FOOD AND NUTRITION SECURITY PLANS



The Concept of Food and Nutrition Security was devised in Brazil through a participatory and democratic process created by Law N° 11346/2006. Four years later, the National FNS Policy (PNSAN) was created by means of Decree N° 7272/2010, thus providing the bases for the formulation of the National FNS Plans. The National Plans must include the dimensions covered by the concept of FNS and its multiple interfaces and meet the main demands raised by civil society. Through the Plans the main operational links between government programmes and actions are established. The Plans have four years' duration and establish the government strategy for ensuring the Brazilian population's Human Right to Adequate Food (HRAF). This section will detail the process of the preparation of the 1<sup>st</sup> National Food and Nutrition Security Plan (PlanSAN 2011-2015) and lessons learned, as well as the progress and main results achieved in that period. It also mentions the challenges put forward at the 5<sup>th</sup> National FNS Conference for the 2<sup>nd</sup> FNS Plan FNS (2016-2019), such as issues relating to diseases arising from poor nutrition; the increase in the prevalence rates of overweight and obesity among the Brazilian population, food and nutrition insecurity among traditional peoples and communities; production, access and availability of healthy food. These challenges need to have greater visibility and space within the field of public policies in Brazil.



## THE NATIONAL FOOD AND NUTRITION SECURITY POLICY AND THE NATIONAL FOOD AND NUTRITION SECURITY PLANS

**Brazil has achieved important progress with FNS in recent years, principally with regard to the Brazilian population having improved access to food and achieving the main global goals for overcoming poverty and hunger.**

Brazil achieved, before the deadline stipulated by the United Nations, the target for Millennium Development Goal 1, reducing extreme poverty and hunger to less than 1/7 of the levels existing in 1990 (25.5% in 1990 to 3.5% in 2012). Furthermore, prevalence of acute child malnutrition, the main indicator of this target, was reduced to a quarter of the initial level (from 7.1% to 1.8%), between 1989 and 2006<sup>4</sup>.

A range of structural and social policies has reversed the historical trends of income concentration and increased inequalities in Brazil. Examples of successful measures

include minimum wage revaluation and increase, increased credit, job creation, direct income transfer programmes, the social policies framework (social protection network, availability of public services), in addition to the strengthening of family, peasant and indigenous farming through credit, insurance, technical assistance and rural extension as well as access to the market of public purchases of family farming produce. Apart from all these measures, food is served daily to more than 50 million Brazilian schoolchildren through the National School Feeding Programme (FAO, 2014).

The 1<sup>st</sup> FNS Plan (2012-2015) was comprised of 144 targets and involved 20 ministries. It cost R\$ 302 billion during the four years in which it was executed. When it was formulated, efforts were made to take into account the amplitude of the concept of FNS and to establish operational links between this concept and government programmes and actions, taking into consideration their multiple interfaces and the challenges to implementing them in an intersectoral manner (BRASIL, 2011a).

<sup>4</sup> MDG monitoring report, available at: [www.pnud.org/odm](http://www.pnud.org/odm)

The progress achieved in recent years as a result of the 1<sup>st</sup> FNS Plan were acknowledged at the 5<sup>th</sup> CNSAN in 2015 (CONSEA, 2016).

**It was clear that Brazil had taken on a commitment to the food and nutrition security agenda and that this impacted on nutrition and interfered positively with the food system in force at the time.**

Nevertheless, Brazil having been taken off the Hunger Map does not mean that the

problem has been eradicated. Brazil is still a country with extreme social inequality, expressed in income disparities, inequalities in access to natural resources, to means of production, to land and territory, to health and nutrition and to public policies. It is also expressed in regional, racial and ethnic inequalities, since the Black population, indigenous peoples and traditional peoples and communities continue to have the worst indices of food insecurity. Hunger is no longer a structural problem, but part of the population is still affected by problems relating to access to food. In 2014, 7.2 million people were suffering from severe food and nutrition insecurity (IBGE, 2014a).



### **Chart 3: Selected outcome indicators obtained from I PLANSA (2011-2015) monitoring (Results and FNS agenda challenges for public policies).**

- **85% reduction in the number of undernourished people** (from 22.5 million in 1990 to 3.4% in 2014). Brazil is no longer on the global Hunger Map: the indicator for undernourished people has fallen below 5%, this being the limit below which hunger is no longer considered to be as structural problem for the country.
- Households with **severe food insecurity** have reduced by 50% in the last decade, from 6.9% to 3.2% (2.1 million households) between 2004 and 2013, which is the equivalent of **3.6% of the population** (7.2 million people). Progress has been achieved in reducing food and nutrition insecurity among all groups and in all regions. Notwithstanding, there are still situations of greater inequality, e.g.: **the Northern region has the highest percentage** of households with severe food and nutrition insecurity (**6.7%**), followed by the North East region (5.6%). **In the rural area** prevalence is **5.5%** whilst **in households whose heads have black or brown skin** colour this percentage is **6,5%** (IBGE, 2014; FAO, 2015).

- This same disparity is also found among **indigenous and quilombola peoples**. More than half (55.6%) of adult quilombolas are in a situation of food insecurity in Brazil, whilst this percentage reaches a level of 41.1% when children and adolescents are included. (BRASIL, 2014d).
- Brazilian family per capita income increased from R\$ 676.5 to R\$ 1,048.0 in ten years (2003-2013). **Among the poorest people this increase occurred even more rapidly**, thus also contributing to the reduction in social inequalities (IBGE, 2014a).
- Between 1990 and 2012, **infant mortality** went down by 70%, from 16% in 2010 to 14.5% in 2013. Nevertheless, among indigenous people the infant mortality rate continues to be 2.5 times higher than the average rate for the Brazilian population. **The reduction in the prevalence of child malnutrition (underweight for age) has also been considerable**. Between 1989 and 2006 it was reduced to a quarter of the initial value (from 7.1% to 1.8%). **Chronic malnutrition has also been reduced**. The most recent national survey found 6.8% prevalence. National surveys have also found higher prevalence rates among indigenous (26% in 2008/2009) and quilombola people (18.7% in 2013) (BRASIL, 2007; 2009; ABRASCO, 2009).
- With regard to **micronutrient deficiencies**, there are still significant rates of anaemia and vitamin A deficiency. The National Demographic and Health Survey found that 20.9% of children aged under 5 years old had anaemia, whilst in the literature median prevalence is 50%, reaching 52% among children attending public schools/day nurseries. The survey found vitamin A deficiency of around 17.4% (BRASIL, 2009). Both nutritional deficiencies are important indicators as they are related to food quality (JAIME et al., 2014).
- **In relation to children benefitted by the Bolsa Família Programme**, chronic malnutrition prevalence went down from 15.3% to 10.1% between 2012 and 2014, although with marked inequalities among traditional and specific groups: indigenous (25.5%), riverside dwellers (25.1%), extractivists (20.4%), fishers (12.4%), quilombolas (11,5%) as well as among family farmers (10.3%) (BRASIL, 2016).
- According to a technical study undertaken by National CAISAN, **1.4 million families in 3,183 municipalities have children with child malnutrition above the Brazilian average**, corresponding to 5.1% of the total number of families registered with the Single Registry for Social Programmes. This corroborates the conclusion reached through other indicators that hunger is no longer a structural problem, both rather is focused among specific territories and populations (BRASIL, 2016).
- On the other hand, **overweight and obesity** rates are high: 57% of the adult population is overweight and 21.3% is obese; 1/3 of children aged 5 to 9 are overweight; and 20% of adolescents (aged 13 to 15) are overweight (IBGE, 2010; 2015).



The systemic approach to healthy food systems was highlighted during the debates at the 5<sup>th</sup> CNSAN, as were the key challenges on the global FNS agenda. On that occasion all forms of malnutrition and their relationships with the countries' food systems, i.e. food deficiencies and excesses as outcomes of food systems, were mentioned and made evident. Attention was drawn to the commitments taken on by the countries at the 2<sup>nd</sup> International Conference on Nutrition held in Rome in 2014, the highlight of which was the development of nutrition-sensitive public policies, from production through to consumption, in all sectors (CONSEA, 2016).

The demands stressed by civil society and the conference deliberations that informed the process of the formulation of the 2<sup>nd</sup> FNS Plan 2016-2019 – published through Resolution N° 01 on February 10<sup>th</sup> 2017 – were: a) the creation of enabling environments for healthy food (schools, workplaces, leisure venues), encouraging these and other spaces to enable access to quality food, reinforcing the State's regulatory role, ensuring access to and availability of healthy food; b) fostering family farming and forms of sustainable production, based on agroecology and concerns regarding the issue of water availability.

The 2<sup>nd</sup> FNS Plan contains 09 challenges and 121 targets, involving 14 ministries and a budget estimated at R\$ 99 billion a year. It was designed to be of a more strategic nature, with more robust targets in terms of societal impact. Other items included were regulatory agendas, the need for greater monitoring of food and nutrition insecurity vulnerabilities, as well as cross-sectional agendas relating to women, youth, the indigenous, quilombola people, other traditional peoples and communities and the Black population.

The 2<sup>nd</sup> FNS Plan is just beginning to be implemented and as yet there is no official publication on its first year of execution. Through the FNS agenda monitoring portal available on the National CAISAN website ([www.caisan.gov.br](http://www.caisan.gov.br)), the evolution of the set of indicators can be accompanied, as can the results achieved by the FNS Plans. It is important to mention that Decree N° 7272/2010 regulates PNSAN and FNS Plan monitoring and evaluation, in order to be able to verify the progressive realization of HRAF, and the degree of Policy implementation, through analysis of the following aspects: food production and availability; income and access to and expenditure on food; health and access to health services; education, budget, public policies and human rights. The challenges, the main targets and the monitoring indicators are described in the following chart.

**Chart 4: 2<sup>nd</sup> FNS Plan (2016-2019) challenges, main targets and macro monitoring indicators.**

CHALLENGES	MAIN TARGETS RELATING TO EACH CHALLENGE	FNS CONTEXT INDICATORS TO BE MONITORED	BUDGET AUTHORIZED IN 2016 PER CHALLENGE
1 – To promote universal access to adequate and healthy food, prioritizing families and people in situations of food and nutrition insecurity.	<p>Transfer income to families in situations of poverty (<i>Bolsa Família</i> Programme).</p> <p>Payment of the Continual Instalments Benefit and Lifelong Monthly Income.</p> <p>Supply school meals to 40 million students in the public education system per annum, including 230,000 indigenous students and 230,000 quilombola students.</p>	<p>Evolution of the poverty and extreme poverty rates.</p> <p>Evolution of the GINI Index.</p> <p>Evolution of average household per capita income.</p> <p>Evolution of % of households with food insecurity out of total households, by type of food insecurity.</p> <p>Percentage share of monetary and non-monetary expenditure on food.</p> <p>Cost of the Basic Food Basket (Cesta Básica de Alimentos) in Brazil as a whole and in the state capitals.</p> <p>Weight of the Food and Drink Group (inside and outside households) on the National Broad Consumer Price Index (Índice Nacional de Preços ao Consumidor Amplo - IPCA).</p> <p>Weight of the Food and Drink Group (inside and outside households) on the National Consumer Price Index (Índice Nacional de Preços ao Consumidor - INPC).</p>	R\$ 83.8 billion (US\$ 24.6 billion)

CHALLENGES	MAIN TARGETS RELATING TO EACH CHALLENGE	FNS CONTEXT INDICATORS TO BE MONITORED	BUDGET AUTHORIZED IN 2016 PER CHALLENGE
2 – To combat Food and Nutrition Insecurity and promote productive rural inclusion among specific population groups, with emphasis on Traditional Peoples and Communities and other vulnerable social groups in rural areas.	<p>Reduce by 25% underweight-for-age among indigenous children and by 20% among quilombolas aged under 5 years old accompanied under the health conditions of the <i>Bolsa Familia</i> Programme.</p> <p>Identify the most FNS vulnerable groups and territories, by Mapping Food and Nutrition Insecurity.</p> <p>Meet the needs of 350,000 families in situations of poverty through a strategy of inclusive rural production, by providing technical assistance and rural extension, as well as access to incentive resources and social water technologies for production, including 100,000 families belonging to traditional peoples and communities.</p>	<p>Underweight-for-age of quilombola children aged 0-5 accompanied under the health conditions of the <i>Bolsa Familia</i> Programme.</p> <p>Underweight-for-age of indigenous children aged 0-5 accompanied under the health conditions of the <i>Bolsa Familia</i> Programme.</p>	R\$ 1.9 billion (US\$ 632 million)
3 – To promote the production of healthy and sustainable food, the structuring of family farming and the strengthening of agroecology-based production systems.	<p>Provide targeted and continuous Technical Assistance and qualified Rural Extension to 1 million family farming families.</p> <p>Institution and monitoring of the National Pesticides Use Reduction Programme.</p>	<p>Annual commercialization of pesticides and the like, per planted area.</p> <p>Number of certified organic producers in Brazil.</p> <p>Area occupied by family farming in relation to total production area.</p> <p>Quantity of family farming establishments and food production.</p> <p>People working at agricultural establishments.</p>	R\$ 9.8 billion (US\$ 2.9 billion)

CHALLENGES	MAIN TARGETS RELATING TO EACH CHALLENGE	FNS CONTEXT INDICATORS TO BE MONITORED	BUDGET AUTHORIZED IN 2016 PER CHALLENGE
4 – To promote regular and permanent supply and access by the Brazilian population to adequate and healthy food.	<p>Scale up public purchases of Family Farming produce to R\$ 2.5 billion.</p> <p>Support the structuring of public FNS facilities to receive healthy food.</p>	No indicators have been defined.	R\$ 4.1 billion (US\$ 1.2 billion)
5 – To promote and protect Adequate and Healthy Food for the Brazilian Population, through food and nutrition education strategies and regulatory measures.	<p>Reduce the regular consumption of soft drinks and artificial fruit juice from 20.8% to 14% or less of the population.</p> <p>Increase from 36.5% to 43% at least the percentage of adults consuming fruit and vegetables regularly.</p> <p>Implementation of the recommendations of the Food Guide for the Brazilian Population.</p> <p>Establishment of Federative Agreements to Promote Adequate and Healthy Food.</p> <p>Increase from 18 million to 20.7 million the number of students covered by the Health at Schools Programme (Programa Saúde na Escola - PSE).</p> <p>Support 1,000 schools a year with Food and Nutrition Actions, prioritizing schools taking part in PSE.</p> <p>Make an agreement to reduce sugar in products falling into priority categories, reached based on ample discussion with society.</p> <p>Undertake studies to propose fiscal measures to support increased consumption of adequate and healthy food.</p> <p>Regulate commercialization, advertising, publicity and commercial promotion of processed and ultra-processed food and drink in public and private health and education systems, social services facilities and public bodies.</p>	<p>Percentage of adults (≥ 18 years old) consuming fruit and vegetables five days a week or more;</p> <p>Percentage of adults (≥ 18 years old) consuming five daily portions or more of fruit and vegetables;</p> <p>Percentage of adults (≥ 18 years old) consuming sweetened food five days a week of more.</p> <p>Percentage of adults (≥ 18 years old) consuming soft drinks Five days a week or more.</p> <p>Percentage of adults (≥ 18 years old) who consider their salt consumption to be high or very high.</p> <p>% of macronutrients in the total calories of household food.</p> <p>Availability of food in the household – Quantities of food purchased for household consumption.</p> <p>Analysis of pesticide residue levels in food of vegetable origin.</p> <p>Percentage of students attending the 9<sup>th</sup> year of elementary education, per food consumption in the last week, by food consumed.</p>	R\$ 177 million (US\$ 52 million)

CHALLENGES	MAIN TARGETS RELATING TO EACH CHALLENGE	FNS CONTEXT INDICATORS TO BE MONITORED	BUDGET AUTHORIZED IN 2016 PER CHALLENGE
6 – To control and prevent adverse health conditions arising from poor nourishment.	<p>Halt the growth of obesity in the adult population.</p> <p>Supplement 330,000 children aged 6-48 months with sachets of vitamins and minerals, through the Strategy to fortify children's food with powdered micronutrients (NutriSUS).</p> <p>Reduce by 50% the number of new beriberi cases reported, by means of actions articulated through CAISAN.</p>	<p>Percentage of children aged 0-5 years old with very low or low-weight for age.</p> <p>Percentage of children aged under 5 years old with stunted growth-for-age.</p> <p>Percentage of children aged under 5 years old overweight-for-age.</p> <p>Percentage of overweight and obese adolescents.</p> <p>Percentage of obese adolescents.</p> <p>Percentage of overweight and obese adults.</p> <p>Breastfeeding.</p>	R\$ 73 million (US\$ 21 million)
7 – To scale up water availability and the population's access to water, in particular poor people in rural areas.	<p>Implant plate cisterns and other social technologies for accessing water for human consumption.</p> <p>Implant 8,000 cisterns in schools.</p> <p>Implant 120,000 social technologies for access to water for production, preferably or primarily for households headed by women.</p> <p>Implant 98,000 technologies/ systems for access to water for production.</p>	<p>Percentage of households supplied with mains water out of the total of private permanent households.</p> <p>Percentage of households connected to main drains or septic tanks out of the total of private permanent households.</p> <p>Percentage of Elementary Education Schools, by type of water supply.</p> <p>Percentage of the population supplied by each form of water supply.</p> <p>Percentage of the population receiving treated water.</p>	R\$ 593 million (US\$ 174 million)
8 – To consolidate the implementation of the National Food and Nutrition Security System (SISAN), enhancing federative management, intersectorality and social participation.	<p>Promote SISAN membership of 600 municipalities.</p> <p>Promote the formulation State Food and Nutrition Security Plans in all the states.</p> <p>Establish funding mechanisms for SISAN management.</p>	<p>Number of complaints of food negligence received by the National Human Rights Ombudsman every year.</p>	US\$ 57 million (US\$ 16,7 million)

CHALLENGES	MAIN TARGETS RELATING TO EACH CHALLENGE	FNS CONTEXT INDICATORS TO BE MONITORED	BUDGET AUTHORIZED IN 2016 PER CHALLENGE
9 – To support initiatives promoting food and nutrition sovereignty and security, the human right to adequate food and democratic, healthy and sustainable food systems on the international level, through dialogue and international cooperation.	<p>Work on the 2<sup>nd</sup> International Conference on Nutrition (ICN2) Framework for Action, with emphasis on the formulation and implementation of the International Decade of Action on Nutrition.</p>	No indicators have been defined.	R\$ 5 million (US\$ 1.47 million)

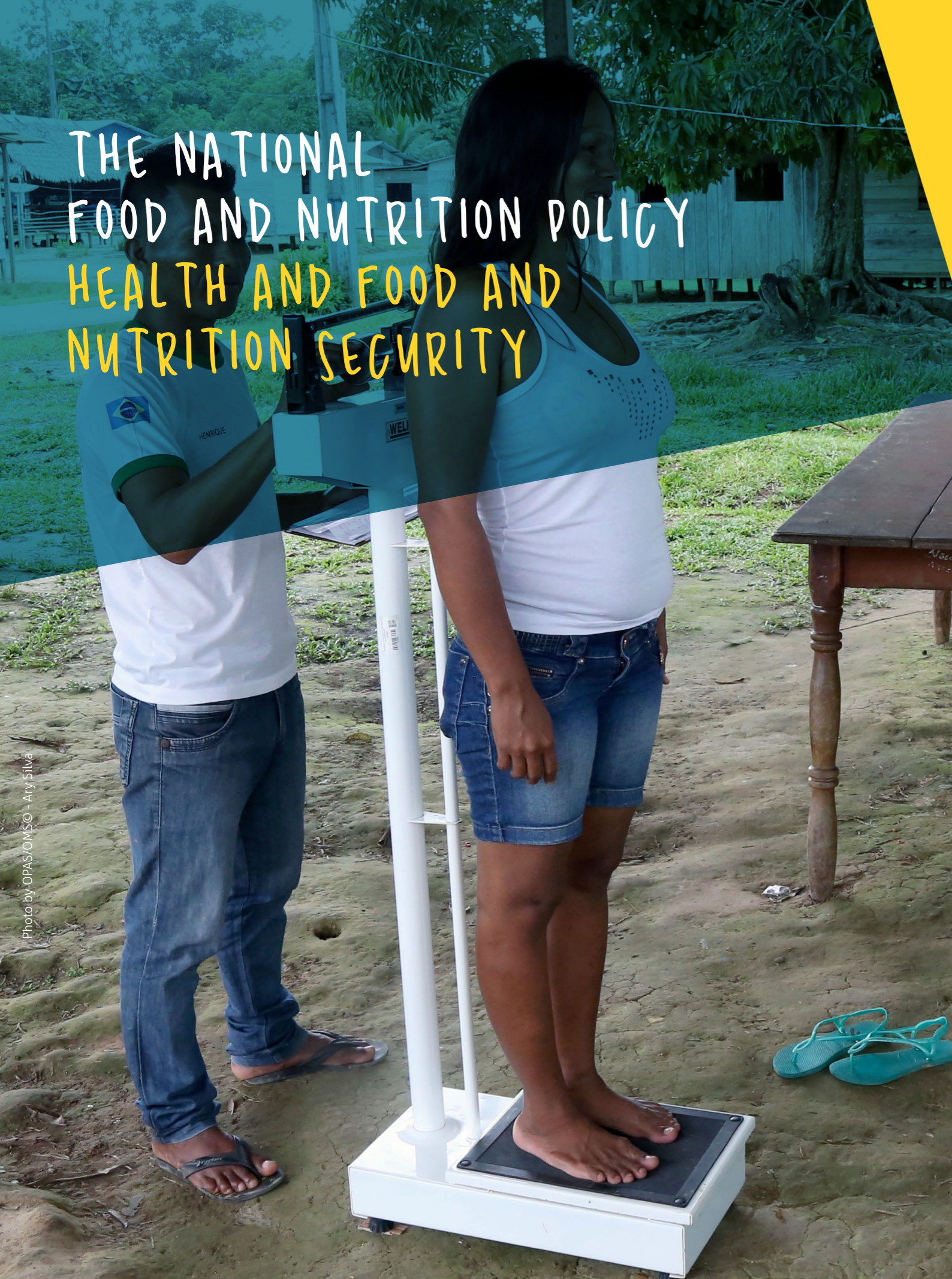
Source: 2<sup>nd</sup> National FNS Plan 2016-19. Budget data provided by CAISAN Executive Secretariat / Social Development Ministry.

Note: 1 dollar = 3.4 real.



Photo by OPAS/OMSO - Harold Ruiz

# THE NATIONAL FOOD AND NUTRITION POLICY HEALTH AND FOOD AND NUTRITION SECURITY



Food and Nutrition are health determinants and conditioners. Problems resulting from poor nourishment, whether owing to insufficient consumption or poor quality, result in multiple forms of malnutrition that can ultimately place demands on the Health Sector. Brazil recognizes, within its institutional framework, that these apparently contradictory problems as expressions of food and nutrition insecurity, as they are determined by social, economic and environmental issues, that lead to difficulties in the population accessing food in sufficient quantity and/or quality. Promoting and guaranteeing adequate and healthy food requires the mobilization of the efforts of different sectors. It requires the strengthening of an intersectoral agenda that results in public policies that share the common goal of ensuring FNS for the Brazilian population. The National Food and Nutrition Policy (PNAN) has been pioneer in this approach and represents the contribution of the Health Sector to ensuring FNS and the realization of the Human Right to Adequate Food, reaffirming the need for dialogue and continuous interaction with the different sectors. Within this context, the direct contribution of the health sector occurs through the organization of nutrition services in the Unified Health System (Sistema Único de Saúde - SUS). This corresponds to care relating to food and nutrition to promote and protect health, prevent, diagnose and treat health complaints, especially those relating to nourishment, such as overweight, malnutrition, specific nutrition deficiencies, noncommunicable chronic diseases and special food needs, throughout the entire health care network. Articulation between SUS and SISAN leads to the strengthening of food and nutrition actions in the health care network, in coordination with all other FNS actions, in order to address food and nutrition insecurity and health complaints. In addition to PNAN, other health sector policies have a strategic relationship with SISAN, such as the National Primary Health Care Policy (PNAB) and the National Health Promotion Policy (PNPS), and these are concrete opportunities for dialogue and articulation.



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## THE NATIONAL FOOD AND NUTRITION POLICY HEALTH AND FOOD AND NUTRITION SECURITY

The National Food and Nutrition Policy (PNAN), part of the National Health Policy, was published for the first time in 1999, with the aim of guaranteeing the quality of food made available for consumption in Brazil, promoting health eating habits and preventing and controlling nutritional disorders, as well as encouraging intersectoral actions that foster universal access to food (BRASIL, 1999).

When the first edition of PNAN was published, the issue of food as a human right was practically unknown in Brazil and the Food and Nutrition Security agenda was debilitated. At that time, in formal and institutional terms, PNAN was situated within a preserved area of this agenda (ARRUDA, B.; ARRUDA, I., 2007; RECINE; VASCONCELLOS, 2011).

Ten years after PNAN was published, a revision process was begun which culminated in a new edition being made available in 2012 (BRASIL, 2012a).

**At this new stage, the challenges related to strengthening dialogue, an intersectoral approach in all areas of management, ensuring funding for its actions and increasing the continuing education of the workforce.**

The principles defined were (i) food as an element of health practice humanization, (ii), respect for food diversity and of culture, (iii) strengthening people's autonomy, (iv) social determination and the interdisciplinary and intersectoral nature of food and nutrition, (v) food and nutrition security with sovereignty.

### Nine guidelines were established:

1. Organization of Nutrition Care: This guideline is aimed at better health service organization to meet demands arising from health complaints relating to poor nourishment. Nutrition care is comprised of care relating to food and nutrition to promote and protect health, prevent, diagnose and treat health complaints, and must be associated with over Unified Health System health care actions (Sistema Único de Saúde – SUS), contributing to the formation of an integrated, problem-solving and humanized health care network. Its audience is individuals, at all stages of life; families and communities, considering their specific characteristics and needs. Nutrition care is part of comprehensive care within the Health Care Network, whereby primary Health Care coordinates and organizes the network. Despite being prioritized within Primary Health Care, nutrition care requires articulation with other services and facilities within the Health Care Network to ensure comprehensive and problem-solving care. The organization of nutrition care in health networks must express the health sector's commitment to the population having comprehensive access to services and health, in a timely manner, thus contributing to improved health conditions, reduced inequities, promoting quality of life, and ensuring FNS and HRAF realization.

2. Promoting Adequate and Healthy Food (PAAS): This guideline is understood as a set of strategies that provides individuals and collectivities with the realization eating habits appropriate to their biological and sociocultural aspects, as well as the sustainable use of the environment. PAAS implantation is based on the dimensions health incentives, support, protection and



promotion, combining initiatives focused on (i) healthy public policies; (ii) the creation of enabling environments for health in which individuals and communities can exercise healthy behaviours; (iii) reinforcing community action; (iv) developing personal skills through participatory and permanent processes and (v) reorienting services from the perspective of health promotion.

In the health sector, in articulation with other sectors, the range of strategies contained in this guideline involves food and nutrition education along with strategies for food regulation - involving labelling and information, advertising and improving the nutritional profile of food - and encouraging the creation of institutional environments that promote adequate and healthy food, influencing the

supply of healthy food in schools and work environments. Organizing PAAS actions implies developing mechanisms that support individuals in adopting healthy lifestyles, identifying and analyzing food systems in a critical manner, in addition to addressing habits and practices that can cause harm to health. In this sense, the implementation of this guideline is fundamental to guaranteeing FNS.

In this guideline, emphasis is placed on the Food Guide for the Brazilian Population, a reference document on food, which recognizes that adequate and healthy food entails a socially and environmentally sustainable food system, taking into account the impact of the forms of food production and distribution on social justice, the integrity of natural resources,

biodiversity and protection of traditional cultures; in addition to reinforcing the role of the State and the need to develop public policies to ensure the implementation of its recommendations, which may impact on policies involved directly or indirectly in all stages of the food system.

3. Food and Nutrition Surveillance (VAN): This guideline is related to the structuring of the process of information generation and use for planning, actions and monitoring the food and nutrition situation. VAN is adopted based on a broader perspective that incorporates surveillance in health services and the integration of information derived from health information systems, population surveys, nutrition monitoring and scientific production.

The identification of the food and nutrition situation is an important instrument for monitoring the realization of HRAF and the promotion of food and nutrition sovereignty and security, to the extent that analysis of health and nutrition indicators expresses the multiple dimensions of food and nutrition (in)security. In this way, it enables public service managers and civil society monitoring and participation bodies to analyze the situation and build an agenda of public policies that are coherent with the population's needs.

4. Food and Nutrition Action Management: This guideline provides for the promotion of qualified processes of programme management, actions and professionals that ensure the achievement of the different goals and targets were established by PNAN. The Policy highlights that SUS service managers, at federal, state, district and funds municipal level, should promote its implementation by forming partnerships and undertaking

the necessary interinstitutional articulation in order to strengthen its convergence with the Health Plans and the Food and Nutrition Security Plans.

5. Social Participation and Monitoring: The strengthening of these dimensions in the process of PNAN formulation and implementation is strategic to establishing decentralized and participatory Policy management.

The intersectoral perspectives of Health and of Food and Nutrition Security enable citizens to be considered in their totality, with regard to their individual and collective needs, demonstrating that problem-solving actions in these areas require, necessarily, partnerships with other sectors. As such, the context of intersectorality encourages and requires mechanisms that involve society and requires the participation of social movements in decision-making processes on the quality of life and health they have, in addition to being capable of influencing and defining the directions taken by public actions aimed at ensuring the Right to Adequate Food and the Right to Health and to consolidate SUS and SISAN.

6. Qualification of the Workforce: In order for actions to be qualified, it is essential that professionals be permanently qualified in keeping with the population's health, food and nutrition needs, as well as updating work processes. This guideline is aligned with the need for permanent training and

education which include aspects related to the intersection between SUS and SINAN, within the scope of the human right to adequate food and represents an historical and strategic need to address health complaints and problems arising from the current Brazilian food and nutrition context.

7. Food Control and Regulation: PNAN and the National Health Surveillance System come together in the aim of promoting and protecting the population's health from the perspective of the human right to adequate food, by standardizing food production, commercialization and distribution, considering health aspects relating to food security, food labelling, improvement of the nutrition profile and consumer protection.
8. Food and Nutrition Research, Innovation and Knowledge. It is of fundamental importance to maintain and encourage investments in research into the design and evaluation of new interventions and evaluation of programmes and actions proposed by PNAN, so that service managers have a solid evidence base that supports planning and decision-making for its implementation.
9. Corporation and Articulation for FNS: Considering that guaranteeing FNS for the population, as well as guaranteeing the right to health, does not depend exclusively on the health sector, but that it does have a central role in the process of intersectoral articulation.

Chart 5: PNAN Guidelines – Programmes and strategic actions


GUIDELINE	PROGRAMMES AND MAIN ACTIONS
1	<p><b>Priorities:</b> Child malnutrition; Obesity; Noncommunicable Chronic Diseases; Specific nutrition deficiencies; People with special food needs.</p> <p><b>Child Malnutrition:</b> Agenda to Intensify Nutrition Care for Child Malnutrition in Municipalities with higher prevalence of weight deficit in children aged under 5 (five) years old and higher infant mortality rates according to the Indigenous Health Care Information System (SIASI), in the territories covered by the Special Indigenous Health Districts of the Northern Region.</p> <ul style="list-style-type: none"> <li>• Ordinance N° 2387, dated October 18<sup>th</sup> 2012 (<a href="http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2012/prt2387_18_10_2012.html">http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2012/prt2387_18_10_2012.html</a>)</li> <li>• Ordinance N° 3.059, dated December 11<sup>th</sup> 2013 (<a href="http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2013/prt3059_11_12_2013.html">http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2013/prt3059_11_12_2013.html</a>)</li> </ul> <p><b>Obesity:</b> Organization of the obesity line of care.</p> <ul style="list-style-type: none"> <li>• Ordinance N° 424, dated 19/03/2013 – Redefines the guidelines for organizing prevention and treatment of overweight and obesity as a priority line of care of the Health Care Network for People with Chronic Diseases. (<a href="http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2013/prt0424_19_03_2013_rep.html">http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2013/prt0424_19_03_2013_rep.html</a>)</li> <li>• Ordinance N° 425, dated 19/03/2013 – Establishes technical regulations, norms and criteria for the High Complexity Care Service for People with Obesity. (<a href="http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2013/prt0425_19_03_2013.html">http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2013/prt0425_19_03_2013.html</a>)</li> <li>• Ordinance N° 483, dated April 1<sup>st</sup> 2014 - Redefines the Health Care Network for People with Chronic Diseases within the Unified Health Service and establishes guidelines for the organization of its lines of care. (<a href="http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2014/prt0483_01_04_2014.html">http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2014/prt0483_01_04_2014.html</a>)</li> </ul> <p><b>Intersectoral Strategy for Obesity Prevention and Control:</b> Document prepared within the Interministerial Food and Nutrition Security Chamber (CAISAN) which aims to organize strategies and actions in an articulated, joint and intersectoral manner to address overweight and obesity and their determinants in Brazil.</p> <ul style="list-style-type: none"> <li>• Ordinance N° 62, dated January 6<sup>th</sup> 2017 – Alters Ordinance N° 424/GM/MS, dated March 19<sup>th</sup> 2013, which redefines the guidelines for organizing prevention and treatment of overweight and obesity as a priority line of care of the Health Care Network for People with Chronic Diseases, and also alters Ordinance N° 425/GM/MS, dated March 19 2013, which establishes technical regulations, norms and criteria for the High Complexity Care Service for People with Obesity. (<a href="http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2017/prt0062_06_01_2017.html">http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2017/prt0062_06_01_2017.html</a>)</li> </ul> <p><b>Noncommunicable Chronic Diseases:</b> Strategic Action Plan for Addressing Noncommunicable Chronic Diseases 2011-2022 (<a href="http://bvsmms.saude.gov.br/bvs/publicacoes/plano_acoes_enfrent_dcnt_2011.pdf">http://bvsmms.saude.gov.br/bvs/publicacoes/plano_acoes_enfrent_dcnt_2011.pdf</a>)</p> <ul style="list-style-type: none"> <li>• Ordinance N° 483, dated April 1st 2014 – Redefines the Health Care Network for People with Chronic Diseases within the Unified Health Service and establishes guidelines for the organization of its lines of care. (<a href="http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2014/prt0483_01_04_2014.html">http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2014/prt0483_01_04_2014.html</a>)</li> </ul> <p><b>Specific nutrition deficiencies:</b> National Vitamin A Supplementation Programme.</p> <p>Supplementation with medicinal doses of vitamin A in children aged 6 to 59 months old and women in the immediate postpartum period (before discharge from hospital) (Ordinance N° 729, dated May 13th 2005. (<a href="http://189.28.128.100/nutricao/docs/vitaminaa/portaria_729_vita.pdf">http://189.28.128.100/nutricao/docs/vitaminaa/portaria_729_vita.pdf</a>)</p> <p>National Iron Supplementation Programme. Distribution of supplements to children aged 6 to 24 months old, pregnant women and women in the immediate postpartum/miscarriage period. (Ordinance N° 730, dated May 13th 2005) (<a href="http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2005/prt0730_13_05_2005.html">http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2005/prt0730_13_05_2005.html</a>)</p> <p>National Strategy for Child Feeding with Powdered Micronutrients – NUTRISUS. Distribution of multiminerall supplement for children aged 2 to 5 years old.</p> <p><a href="http://189.28.128.100/dab/docs/portaldab/publicacoes/caderno_orientacoes_nutrisus.pdf">http://189.28.128.100/dab/docs/portaldab/publicacoes/caderno_orientacoes_nutrisus.pdf</a></p>

GUIDELINE	PROGRAMMES AND MAIN ACTIONS
2	<p><b>National Strategy to Promote Breastfeeding and Healthy Complementary Feeding on the Unified Health System. The Breastfeed and Feed Brazil Strategy.</b></p> <p>Continuing education for primary health care professionals to strengthen the promotion of breastfeeding and complementary feeding for children aged under two years old on the Unified Health System.</p> <p>Ordinance N° 1920, dated September 5<sup>th</sup> 2013</p> <p>(<a href="http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2013/prt1920_05_09_2013.html">http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2013/prt1920_05_09_2013.html</a>)</p> <p><b>Adequate and Healthy Food Enabling Environments</b> – Definition of guidelines and strategies to turn institutional environments (such as work and school environments) into spaces that promote adequate and healthy food, through Ordinance N° 1274, dated July 7<sup>th</sup> 2016; Planning, Development and Management Ministry Normative Ordinance N° 07, dated October 26<sup>th</sup> 2016; Healthy Canteens Manual; Guide to Preparing Healthy Meals for Events.</p> <p><b>Food Guide for the Brazilian Population.</b> Official document containing principles and recommendations for adequate and healthy food. Serves as a guide for food and nutrition education actions in the Unified Health Service and in other sectors.</p> <p>(<a href="http://189.28.128.100/dab/docs/portaldab/publicacoes/guia_alimentar_populacao_brasileira.pdf">http://189.28.128.100/dab/docs/portaldab/publicacoes/guia_alimentar_populacao_brasileira.pdf</a>)</p> <p><b>Brazilian Regional Food.</b> Document that publicizes the various species of fruit, greens, leguminous plants, root vegetables, cereals, herbs of the different Brazilian regions and biomes. <a href="http://189.28.128.100/dab/docs/portaldab/publicacoes/livro_alimentos_regionais_brasileiros.pdf">http://189.28.128.100/dab/docs/portaldab/publicacoes/livro_alimentos_regionais_brasileiros.pdf</a></p> <p><b>Health In Schools Programme.</b> Health care and promotion actions undertaken by health teams in their territories in partnership with education professionals. Presidential Decree N° 6286.</p> <p><a href="http://www.planalto.gov.br/ccivil_03/_ato20072010/2007/decreto/d6286.htm">http://www.planalto.gov.br/ccivil_03/_ato20072010/2007/decreto/d6286.htm</a></p>
3	<p><b>Food and Nutrition Surveillance Reference Framework for Primary Health Care.</b> Presents the extended concept of food and nutrition surveillance and stages for structuring local processes of information collection, analysis and use for planning and action.</p> <p><a href="http://bvsmms.saude.gov.br/bvs/publicacoes/marco_referencia_vigilancia_alimentar.pdf">http://bvsmms.saude.gov.br/bvs/publicacoes/marco_referencia_vigilancia_alimentar.pdf</a></p> <p><b>Accompaniment of the health actions developed with families benefitted by the Bolsa Familia Programme.</b></p>

GUIDELINE	PROGRAMMES AND MAIN ACTIONS
4	<p><b>Interfederative Management.</b> Support and systematic interlocution with municipalities and states.</p> <p><a href="file:///Users/erecine/Downloads/GuiadeGestoMunicipalAesdeANePS_FINAL2%20(1).pdf">file:///Users/erecine/Downloads/GuiadeGestoMunicipalAesdeANePS_FINAL2%20(1).pdf</a></p> <p><b>Food and Nutrition Action Funding.</b> Financial support begun in 2006 to PNAN implementation for municipalities with more than 150,000 inhabitants.</p> <p><a href="http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2013/prt1738_19_08_2013.html">http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2013/prt1738_19_08_2013.html</a></p>
5	<p><b>National Health Council Intersectoral Commission on Food and Nutrition (CIAN-CNS).</b> A body of the National Health Council, it accompanies, proposes and evaluates the implementation of PNAN guidelines and priorities.</p> <p><b>National Food and Nutrition Security Council (CONSEA)</b></p> <p><b>Workers Food Programme Tripartite Commission (CTPAT)</b></p> <p><b>Human Rights Defence Council (CDDPH)</b></p>
6	<p><b>National Policy on Continuing Health Education.</b></p> <p><a href="http://bvsmms.saude.gov.br/bvs/publicacoes/politica_nacional_educacao_permanente_saude.pdf">http://bvsmms.saude.gov.br/bvs/publicacoes/politica_nacional_educacao_permanente_saude.pdf</a></p> <p><b>Refresher actions: Unified Health System Food and Nutrition Network (Redenutri)</b></p> <p><a href="http://ecos-redenutri.bvs.br/tiki-view_articles.php">http://ecos-redenutri.bvs.br/tiki-view_articles.php</a></p> <p>Space for knowledge refreshment, problematization and exchange of experiences relating to PNAN guideline implementation.</p>
7	<p><b>Articulation with the National Health Surveillance Agency.</b></p> <p><a href="http://portal.anvisa.gov.br/">http://portal.anvisa.gov.br/</a></p> <p><b>Food quality monitoring</b> (health aspects and nutritional profile)</p> <p><b>Nutritional profile reformulation:</b> encompasses the reduction of trans fat, sodium and sugar through agreeing biannual intermediary voluntary targets and final targets for priority product categories which have a positive impact in terms of the population's consumption of the nutrient. <a href="http://dab.saude.gov.br/portaldab/ape_promocao_da_saude.php">http://dab.saude.gov.br/portaldab/ape_promocao_da_saude.php</a></p> <p><b>Food labelling</b> (general and nutritional)</p>
8	<p><b>Formulation of the food and nutrition research agenda</b> to support PNAN guidelines implementation</p> <p>Thematic partnerships with different universities for the development of research and materials.</p>
9	<p><b>Participation in open and bilateral intersectoral spaces</b></p> <p>Articulation with international spaces related to the food and nutrition agenda.</p> <p>Working groups within Mercosul and the Community of Portuguese-Speaking Countries.</p> <p>Experience sharing and cooperation projects with different countries.</p>



# THE BOLSA FAMÍLIA PROGRAMME AND ITS EFFECTS ON BRAZILIAN FAMILIES' FNS



The Bolsa Família Programme (PBF) has been one of the most important agendas for combating hunger and poverty in Brazil, as well as for promoting food and nutrition security. It benefits around 14 million families in situations of poverty and extreme poverty registered with the Federal Government's Single Registry for Social Programmes. It works in three basic areas: it seeks immediate relief of poverty, through direct income transfer; promoting family development, with a series of complementary programmes, such as professional training; and addressing generational poverty, through access to health and education services. The main focus of the programme's health requirement conditions are the children of registered families – prior to birth, nursing babies and children of up to 7 years old. Obligatory accompaniment of the immunization, growth and development of children under seven years old, antenatal care for pregnant women and postnatal care. The complementary health actions involve accompaniment of breastfeeding and nutritional status. These agendas result in child development, as well as preventing diseases and promoting health in early childhood. Diverse studies show the effects of the Programme on family emancipation, women's empowerment, increased schooling and family health. This section will describe the Programme's effects on the health and nutritional status of children and on the promotion of food and nutrition security, with emphasis on service organization and food and nutrition surveillance as the main strategy for accompanying children's health and nutrition status, as well as the challenges to be overcome.



# THE BOLSA FAMÍLIA PROGRAMME AND ITS EFFECTS ON BRAZILIAN FAMILIES' FNS

The Bolsa Família Programme (PBF) is one of the most important programmes for fighting hunger and poverty and for promoting FNS in Brazil. It consists of a federal programme for the conditioned direct transfer of income. Its objective is to benefit families in situations of poverty with children and/or adolescents aged 0-17 years old and all families living in extreme poverty<sup>5</sup>, registered with the Federal Government's Single Registry for Social Programme (Single Registry)<sup>6</sup>.

The programme was created in 2004 through Law N° 10836, and regulated by Decree N° 5209, dated September 17<sup>th</sup> 2004. It contains three basic dimensions: immediate relief of poverty, through direct income transfer, playing fundamental role in reducing inequality; family development, through a series of complementary programmes, in tandem with other policies and programmes, such as professional training; and addressing generational poverty, through access to health and education services, acting on family vulnerabilities.

Management of both the Programme and the Single Registry follows the federative logic of public systems (Unified Health System and Unified Social Services System). Their management is decentralized, with specific competencies for the Union, states, Federal District and municipalities, from an articulated and intersectoral perspective. Over the years in which they have been implemented, both the Programme and the Single Registry have been enhanced, especially with the effect from the Brazil Without Poverty Plan.

<sup>5</sup> The Brazilian poverty line and the extreme poverty line were redefined by Decree 8794/2016. The poverty line is currently defined by monthly family per capita income of up to R\$ 154, while extreme poverty is defined by monthly per capita income of R\$ 77.

<sup>6</sup> The Single Registry for Social Programmes is an instrument that identifies and characterizes low-income families, enabling the government to have a better understanding of the socio-economic reality of this population. The Registry contains information such as: household characteristics, identification of each person, schooling, work and income situation, among others. It is used as a reference for more than 20 federal programmes. In December 2016, there were 26,456,063 families registered on the Single Registry for Social Programmes, corresponding to 77,878,526 registered people. Social Information Report. Available at: <https://aplicacoes.mds.gov.br/sagi/Rlv3/geral/index.php#>.



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The strategy for the Active Tracing of families was launched in 2011, being a large-scale mobilization to register the poorest families, including traditional and specific population groups. The transfer of financial resources for PBF and Single Registry management was enhanced through the Decentralized Management Index. This resulted in a considerable increase in the volume of resources transferred to components of the Federation. The benefits were adjusted and the Benefit for Overcoming Extreme Poverty was created. The latter consisted of complementing the income of all families so that they could rise above the extreme poverty line, regardless of their family composition. (BRASIL, 2014c).

The municipalities and the Federal District are responsible for registering families on the Single Registry and for providing public services. Using the Registry, a computerized system selects the families, based on the programme's defined rules. The families receive a cash card by post. The card is to be used by the female adult responsible for the household. The amount of the benefit depends on family composition (number of people, age, pregnant women etc.) and per capita income. Currently PBF reaches 13.66 million families, with an average monthly benefit of R\$ 179.62<sup>7</sup>. The total volume of resources

<sup>7</sup> The basic benefit is R\$ 85, paid only to extremely poor families (monthly income per person of up to R\$ 85). Variable benefits linked to children, adolescents, pregnant and/or nursing mothers vary from R\$ 39 to R\$ 46 (up to five per family). The amount of the Benefit for Overcoming Extreme Poverty is calculated individually for each family in order to ensure that the family has income above the minimum level of R\$ 85 per person.

transferred by the federal government in benefits to registered families in February 2017 reached R\$ 2.45 billion<sup>8</sup>.

The programme also has control mechanisms in order to maintain focus on families who live in conditions of poverty and extreme poverty. If income rises above the minimum level families are no longer eligible to receive the benefit and are removed from the Programme. Failure to update registry details and failure to comply with Programme condition result in warnings, benefit being frozen or suspended, in accordance with the Programme's operational instructions.

**The Programme conditions regarding health and education are commitments taken on both by the families benefitted and also by the government, which is responsible for providing the public services, registry and monitoring.**

It is the government's responsibility to ensure service access and quality. Monitoring compliance with Programme conditions enables the government to accompany the results and ensure access to basic services, which are constitutionally guaranteed rights. With regard to education, children and adolescents must be at school and have minimum attendance of 85% and 75%,

<sup>8</sup> Social Information Report. Available at: <https://aplicacoes.mds.gov.br/sagi/Rlv3/geral/index.php#>.

respectively. With regard to health, the focus is on monitoring the antenatal and postnatal periods, immunization and growth and development of children up to seven years old.

Integration of income transfer and basic health and education services ensures that families have access to their basic rights, through comprehensive and equitable service provision, since this guides the supply of complementary services and programmes (fulltime education, access to day nurseries, health services at school, rural and urban productive inclusion) directed towards people who are most vulnerable, increasing the potential of the development and contributing to break the cycle of poverty between generations. With regard to the health component, promoting breastfeeding, complementary feeding and periodic accompaniment of nutritional status, by means of food and nutrition surveillance, help babies to development during pregnancy, as well as preventing diseases and promoting health promotion in early childhood (PAIVA et al., 2014).

Measuring children's growth is one of the most efficient ways of assessing their overall health status, enabling effective interventions when necessary to re-establish ideal living and health conditions, as well as avoiding harm resulting from malnutrition. Growth and development disorders in childhood lead to serious consequences for individuals and communities (GRANTHAM-MCGREGOR et al., 2007), apart from the greater risk of child morbidity and mortality, delayed growth and development and obesity and chronic

diseases. These consequences compromise school performance and increase the probability of intergenerational transmission of poverty, resulting in implications for a country's development (BLACK et al., 2008).

**The official and scientific literature about the Bolsa Família Programme is vast.**

Monitoring and evaluation data show its effects on poverty reduction, increased family purchasing power, greater access to food, reduced low birth weight and infant mortality, improved overall health and living conditions among the vulnerable families, as well as greater autonomy, independence and empowerment of women.

PBF's relationship with family food and nutrition security is also well documented. An IBASE study showed that food (87%), clothing (46%) and school material (37%) are the main items purchased with the resources received by the families.

**The poorer the family, the greater the proportion of income spent on food.**

Positive trends can be seen in cereal consumption, especially rice (76%) and beans (59%), although there are also trends which are cause for concern, owing to the choice of food with higher calorie density and lower nutritional value that prevail in consumption decisions (IBASE, 2008).

It can be seen that families prioritized the purchase and consumption of food considered to be basic and low-cost, which satiates and provides energy, buying food on impulse, mainly the impulse of their children, which is encouraged by marketing strategies targeting these populations<sup>9</sup> (IBASE, 2008).

The reduction of chronic malnutrition among children who receive the benefit is also evident. In Brazil, the prevalence of stunted growth-for-age in children aged under five years old was reduced by half in 10 years, from 13.5% to 6.8% (between 1996 and 2006). The reduction of percentage chronic malnutrition was greater among the country's poorest and most vulnerable families and regions. In that period, reduction in stunted growth among children can be attributed to five factors: increased maternal schooling (25.7%), improved family purchasing power, with the expansion of income transfer programmes (21.7%), improved health care (11.6%) and improved basic sanitation coverage (4.3%). The remaining 36.7% are attributed to other factors, such as childbirth, the number of living siblings, order of birth, maternal schooling and child vaccination (BRASIL, 2014c).

<sup>9</sup> The IBASE study showed that receipt of the benefit increased the quantity of food consumed in 74% of families; 70% of families increased the variety of their food and 63% began to consume food preferred by their children. Generally speaking, there was an increase in family consumption of: sugars (70%), rice and cereals (76%), milk (68%), biscuits (63%), industrialized foods (62%), meat (61%), beans (59%), oils (55%), fruit (55%), eggs (46%), root vegetables (43%) and vegetables (40%). In the case of families whose basic food needs were already met, the Programme enabled increased purchase of food considered "complementary", such as fruit, vegetables, industrialized food and others considered "superfluous", as well as meat. In the case of families whose basic food needs had not been met previously, the Programme enabled the purchase of more food considered to be basic, such as beans and rice. Source: Pesquisa Repercussões do Programa Bolsa Famílias na Segurança Alimentar e Nutricional das Famílias Beneficiadas, 2007..

The Programme impacts on some of the main risk factors associated with poverty, lack of food, ensuring the inclusion of families in basic health actions and services, enabling continuous care for the most vulnerable people (CARVALHO et al., 2014). This is fundamental for improving infant health and nutrition status, given that family food and nutrition security, child and women's health care, looking after children and environmental conditions have repercussions on infant nutrition morbidity and mortality, as well as on maternal health. (BRASIL, 2014c; PAIVA et al., 2014).

A study undertaken with children benefitted by PBF between 2008 and 2012, showed the impact of the Programme and of health conditions the nutritional status of children.

**Longitudinal analysis showed that the longer these children remained in the Programme, having their health condition monitored, the lower the chance of them returning to chronic malnutrition (more than 50%) and of being overweight (approximately 10%) (BRASIL, 2014a).**

During the same period, there was an average increase of 0.8 cm in the average height of five year old children monitored through the Programme, a reduction of 1.6% in chronic malnutrition (17%

to 15.4%) among children aged 0 to 2 years old; and 2% in children aged 0 to 5 years old (12.2% to 12.2%). The study demonstrates the good focus of the Programme, making evident its best effect (greater reduction in chronic malnutrition) in the most vulnerable regions: Northern region (2.5%), North East region (3.3%), Semi-arid North East region (3.1%) and Jequitinhonha Valley (3.2%) (JAIME et al., 2014).

With regard to overweight, the study showed that there is an increasing trend in the proportion of overweight children (12.8% in 2008 to 13.1% in 2012), although this is much lower than the national trends shown in nutrition surveys. Of note are the South East region, where overweight children increased by 1.4%; and the Southern region where the increase was 1.1%, showing that children are more exposed to consuming food with low nutritional value (BRASIL, 2015d).

Another study published by National CAISAN which assessed 3.6 million PBF children between 2012 and 2014, identified a sharp reduction in chronic malnutrition (from 15.3% to 10.1%). With the aim of guiding public policies after Brazil left the Hunger

Map, the study made progress in identifying the most vulnerable territories, using child malnutrition as the indicator.

**The analysis proves that hunger (or problems in accessing food) still persist in specific territories and populations where there are profound inequalities.**

It identified 1.4 million families (5.1% of families on the Single Registry) in 3183 municipalities, with chronic malnutrition, this being above the average of children monitored in accordance with the PBF health requirements (10.1%). Evaluating only Traditional and Specific Population Groups (TSPG), there were 119,000 families in 1607 municipalities. The graph below shows these Population Groups<sup>10</sup> by segment (BRASIL, 2016).

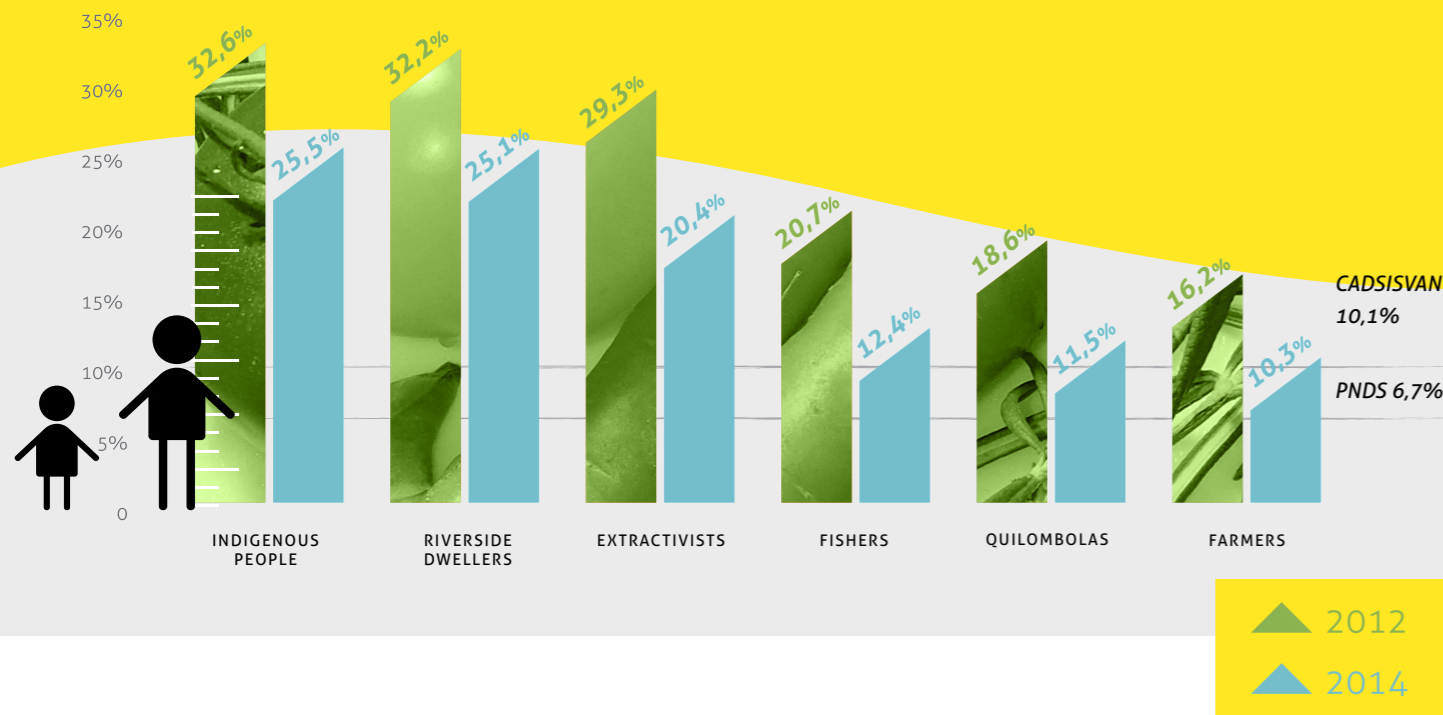
<sup>10</sup> Traditional and Specific Population Groups are the 15 groups identified on the Single Registry as being: quilombolas, indigenous peoples, family farmers, traditional fishers, agrarian reform settlers, riverside dwellers, extractivists, rural settlers, gypsies, those belonging to terreiro communities, National Land credit Programme beneficiaries, those affected by infrastructure projects, prison inmates, recyclable product gatherers and people living on the streets.

Photo by Pixabay





**Figure 1 – Evolution of stunted growth-for-age prevalence (%) among children aged 0-5 years old, monitored according to PBF health requirements, by TSPG. Brazil, longitudinal study.**



Source: Technical Study: Mapping of Food and Nutritional Insecurity focusing on Malnutrition, based on the analysis of the Single Registry and SISVAN 2014. BRASIL, 2016. Available at: <[http://www.mds.gov.br/webarquivos/arquivo/seguranca\\_alimentar/caisan/cronograma2\\_retificado25102013.pdf](http://www.mds.gov.br/webarquivos/arquivo/seguranca_alimentar/caisan/cronograma2_retificado25102013.pdf)>.

The vulnerability of PBF families, especially those belonging to Traditional and Specific Population Groups, has its own very singular characteristics which differ, for example, according to the geographical location of the families, the ethnic and racial groups to which they belong, household conditions, monetary income, among others. Therefore, in order to overcome the vulnerability of these families, the territorial specificities and characteristics of the specific people will need to be taken into consideration. Despite being on the Single Registry map, receiving PDF benefit

and being accompanied according to the Programme's health requirements, they are still invisible to other programmes which comprise the range of the State's social protection policies (BRASIL, 2016).

Furthermore, it is important to note that increased access to food does not necessarily mean that the families' FNS is guaranteed. Food quality is also an essential component for ensuring FNS. Nutrition deficiencies exist (hidden hunger) which are also related to poor food quality. In addition, marketing tactics used on a large scale by large multinational companies have led to changes in food patterns and have increased the consumption of processed and ultra-

processed products with high energy density and low nutritional value by the Brazilian population (COTTA; MACHADO, 2013). The expansion of these products and markets has contributed to increased overweight and obesity prevalence, as well as of diseases such as certain kinds of cancer and other chronic illnesses (PAHO, 2015).

In Brazil there is still significant prevalence of anaemia owing to iron deficiency and vitamin A deficiency in children aged under five years old. These are important indicators of infant nutrition and this deficiency has harmful effects on child growth and development. While anaemia is related to harm two neurological and psychomotor development, compromising children's learning ability, vitamin A deficiency harms eyesight and increases the risk of children becoming ill. In this sense, options to promote

healthy food and micronutrient supplements are fundamental as a complementary agenda for children in early childhood (JAIME et al, 2014).

Given the multifactoral character of food and nutrition security, it is fundamental to coordinate interventions that have the potential to reduce existing vulnerabilities and inequalities, when seeking opportunities for the poorest families. Conditioned income transfer programmes need to be aligned with structuring policies that consider other dimensions such as basic sanitation, rural and urban productive inclusion and access to public services. This necessarily implies intersectoral action which meets the specificities of the different Brazilian regions, undertaken not only by the Federal government, but also by the other government levels (MONTEIRO; SCHMIT, 2014).



Photo by OPAS/IOMSC - Karina Zambriano

# THE TRAJECTORY OF FAMILY FARMING POLICIES AS A DEVELOPMENT AXIS FOR COMBATING HUNGER AND POVERTY

Strengthening family farming in Brazil through differentiated public policies, built and implemented through dialogue with social movements are strategic for progress in combating poverty and inequality in rural areas, diversification of food production, strengthening food supplies in remote places and consequent boosting of local economies. To this end, several policies have been implemented in recent years to increase credit for spending and investment; to promote greater income stability for farmers facing challenging weather conditions; to provide insurance and minimum price guarantee programmes; to promote technical assistance and rural extension; to provide instruments for adding value to food production; to promote women's autonomy in rural areas; to encourage the transition to agroecological and sustainable production models; to scale up access to territorial rights and public services. In 2003, the Food Purchasing Programme (PPA), using the State's purchasing power to buy family farming produce, became established as a landmark in guaranteeing institutional markets for family farming and their articulation with food and nutrition security.



# THE TRAJECTORY OF FAMILY FARMING POLICIES AS A DEVELOPMENT AXIS FOR COMBATING HUNGER AND POVERTY

## Food production and supply are strategic dimensions of the FNS agenda.

Brazil is self-sufficient in the production of basic food, with the exception of wheat. In terms of domestic consumption, family farming occupies an outstanding production position, since on average produces 70%

of food consumed in the country. Historic evidence shows that public investment in family farming, together with enabling political and institutional contexts, are capable of contributing effectively to FNS, as well as to job and income creation, poverty reduction, sustainable management of natural resources and biodiversity, the preservation of the natural and cultural heritage where the families live (FAO, 2013).

### Chart 6 – Panorama of Family Farming in Brazil



In Brazil there are 4.36 million family farming establishment (average area is 18.34 hectares) where 12.3 million people work, accounting for 75% of the rural workforce and corresponding to 84.4% of Brazilian agricultural establishments. Notwithstanding, together these establishments occupy an area of just 80.1 million hectares, i.e., 24% of the area occupied by the total of Brazil's agricultural establishments, and produce most of the basic food for Brazilians, such as beans and manioc<sup>11</sup>. On the other hand, non-family or large landowner farming accounts for just 15.6% of the country's total agricultural establishments, occupy 75.9% of the available area (covering 315.3 hectares per establishment on average), and produce above all commodities that do not form the food base of Brazilian people, such as soya. This type of grain is produced using a technological basis that combines transgenic seeds and pesticides which are harmful to the environment, the sustainability of food systems and sovereignty.

This data reveals how the country's agricultural structure is still extremely concentrated and distorted. Family farming produces most of the food that Brazilians need and consume whilst only occupying a small part of the land, whereas large landowner (non-family) farming occupies most of the land and in essence produces commodities that do not meet Brazilian food needs and compromise the sociodiversity and sustainability of the country's food systems (FRANÇA et al., 2009).

<sup>11</sup> According 2006 Census data, family farming establishments produce 83% of national produced manioc, 70% of bean production (76% black beans, 84% fradinho, caupi, corda or macáçar beans and 54% coloured beans), 46% of corn, 38% of coffee, 34% of rice, 58% of milk (comprised of 58% cow's milk and 67% goat's milk). In addition they owned 59% of the stock of swine, 50% of the stock of poultry, 30% of bovines, and produced 21% of wheat, among other national and/or typically regional products. Available at [http://www.ibge.gov.br/home/estatistica/economia/agropecuaria/censoagro/agri\\_familiar\\_2006\\_2/notas\\_tecnicas.pdf](http://www.ibge.gov.br/home/estatistica/economia/agropecuaria/censoagro/agri_familiar_2006_2/notas_tecnicas.pdf) (Censo Agropecuário 2006, IBGE)

Photo by Pixabay

Family farming is undertaken by peasants, family farmers, indigenous people and traditional people descended from Africans, as well as other traditional peoples and communities, which do not organize themselves in a single or homogenous manner, since they reflect the social and economic, political and cultural social dynamics of the diverse Brazilian regions. The concept of FNS in Brazil expresses and corroborates this diversity, since the Traditional Peoples and Communities production and organization systems are related to a sustainable and diversified production base, focused on food typically consumed in Brazil (CONSEA, 2015).

Strengthening farming family also means interfering positively in the direction taken by a food system, which is historically characterized by the hegemony of monoculture production, with emphasis on commodities and crops for exportation, concentrated land ownership, maximum profit, which generate social and environmental impacts which result in deforestation, harm to biodiversity and agrobiodiversity. For this reason, achieving family farming policies began to gain momentum with the effect from Brazil's redemocratization and the leadership of social movements (SCHNEIDER, 2009).

In 1996 one of the main programmes in support of family farming was created, namely the National Family Farming Strengthening Programme, based on farming credit and the PRONAF Aptitude Declaration (DAP)<sup>12</sup>, which is the document which identifies the beneficiary. Both of these are an historical landmark in public policy planning and management, having been important for enabling production and consequent creation of jobs in rural areas. Family farming gained more relevance in Brazil within the scope of the Zero Hunger Strategy and the creation of SISAN, becoming recognized as the main pillar for supplying food to the domestic market and for promoting FNS.

<sup>12</sup> DAP is the main family farming identification document (individual people) and family undertakings (legal entities) in Brazil. It enables access to a series of more comprehensive public policies such as technical assistance and rural extension (ATER), Family Farming Insurance (SEAF), Harvest Guarantee, Minimum Price Guarantee Programme (PGPM), Family Farming Price Guarantee Programme (PGPAF), Food Purchasing Programme (PAA), National School Feeding Programme (PNAE), Rural My House My Life Programme, Brazil Without Poverty Programme (PBSM), PRONATEC Campo, among others. (BRASIL, 2015a).



Photo by Pixabay

In 2006, Law Nº 11326/2006<sup>13</sup> defined family farming and established the guidelines for formulating the National Family Farming Policy. In 2011, with the advent of the Brazil Without Poverty Programme, the rural productive inclusion agenda was enhanced with the aim of reaching people in extreme poverty and who still remained invisible to the State. Given that more than half the people living in the extreme poverty lived in rural areas, the policies for promoting family farming and rural development were enhanced, having as their focus programmes to encourage production associated with technical assistance and rural extension, access to water for consumption and with public family farming produce purchasing programmes<sup>14</sup> (CAMPOS, 2014).

Over the years, strategic public policies have been designed and implemented, culminating in progress in combating poverty and inequality in rural areas, food production diversification, food supply strengthening in remote places and the consequent boosting of local economies. Encouragement of family farming, by increasing PRONAF and creating various public policy instruments, ranging from production (credit, insurance, price guarantee, technical assistance and rural extension) and transformation (family agro-industrialization support policies), through to commercialization (Food Purchasing Programme, National School Feeding Programme, Minimum Price Guarantee Policy for extractivist products) are some of the policies strengthened in recent years. Data provided by the Special Secretariat for Family Farming and Agrarian Development indicates that 4.1 DAPs were active in 2016.

Also noteworthy is the strategy designed to channel State purchasing power to buying family farming produce, through the creation of

<sup>13</sup> Article 3 of Law Nº 11326/2006 defines family farming as follows: "... a family farmer or a rural family entrepreneur is considered to be a person who undertakes activities in the rural area, complying, simultaneously, with the following requirements: I – does not have, in any way, shape or form, an area greater than 4 (four) fiscal modules; II – predominantly uses the labour of their own family in the economic activities of their establishment or undertaking; III – has a minimum percentage of family income originating from economic activities of their establishment or undertaking, in the manner defined by the Government; and IV – manages their establishment or undertaking with their family."

<sup>14</sup> According to the 2010 Census, there were 16 million people living in extreme poverty in Brazil (the extreme poverty line at the time was R\$ 70 per capita/month). 15.6% of the population lived in the rural area, but accounted for 47% of Brazilians living in extreme poverty (7.6 million people).



the Food Purchasing Programme (PAA)<sup>15</sup> in 2003. The programme was a landmark in guaranteeing institutional markets for family farming and their articulation with food and nutrition security. The State guarantees the purchase of food produced by family farming, prioritizing farmers in situations of greater vulnerability and, at the same time, donates it to public food and nutrition facilities, social services organizations and more vulnerable population groups, ensuring greater access to food. In addition, the institutional food market, integrated with other FNS policies, interferes positively in the food system, by strengthening short production, supply and consumption chains, ensuring not only the productive inclusion of family farmers, but also the availability of healthier food for the population.

Public purchasing strategies have been enhanced over time. The National School Feeding Programme (PNAE) Law made it obligatory for 30% of food used in school meals to come from family farming, bringing more quality to public school menus. A

<sup>15</sup> Legal bases for PAA: Law N° 10696, dated July 2nd 2003 (art. 19), later altered by Law N° 12512, dated October 14th 2011, and Decree N° 7775, dated July 4th 2012. Management is done by an interministerial Steering Group (GGPAA), coordinated by the Ministry of Social Development (MDS) and comprised of a further 5 ministries or equivalents: Special Secretariat for Family Farming and Agrarian Development / Office of the Chief of Staff of the Office of the President of the Republic (SEAD/Civil), Ministry of Agriculture, Livestock and Food Supply (MAPA) represented by the National Food Supply Company (CONAB), Treasury (MF), Ministry of Planning, Development and Management (MP), and the Ministry of Education (MEC), represented by the National Fund for Educational Development (FNDE).

new PAA modality was introduced in 2012, namely Institutional Purchasing<sup>16</sup>, enabling all government levels to buy family farming food produce using their own resources and without having to use formal legally required procurement procedures, to meet their food requirements for supplying hospitals, barracks, prisons, university restaurants, day nursery and charity school canteens, among others, whereby they could buy any food item they wished (BRASIL, 2017d).

**Since it was created in 2014, PAA has purchased and distributed a total of 4.4 million tonnes of food, at a cost of R\$ 5.8 billion.**

More than three thousand food items have been commercialized and distributed, such as fruits, vegetables, greens, cereal, grains, meat, milk products, bakery products, fish, among others. It has benefitted more than 380,000 family farmers and more than 20,000 facilities such as schools, hospitals, social services, food banks, and

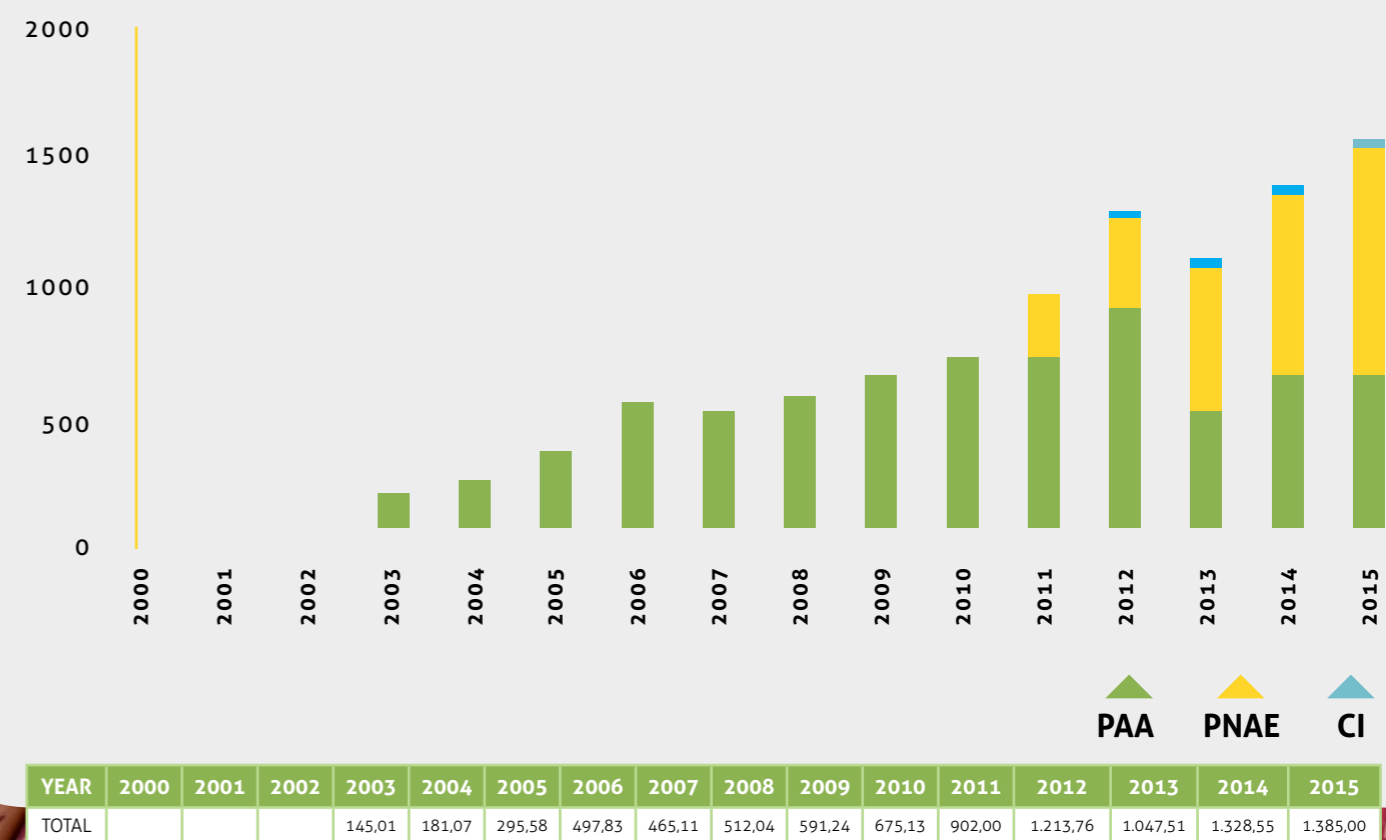
<sup>16</sup> With the aim of making the most of the Government's purchasing power for creating health and sustainable food chains, PAA Institutional Purchasing served as an inspiration for state-level programmes with their own specific legislation (São Paulo, Rio Grande do Sul, Minas Gerais and Distrito Federal), and played a decisive role in the publication of Decree N° 8473, dated June 22nd 2015, which provides for the obligation of all federal bodies to purchase 30% of family farming food produce.

other public food and nutrition facilities throughout Brazil (BRASIL, 2015f).

As the following figure shows, the volume of family farming produce purchases has been growing significantly since 2003. The National School Feeding Programme (PNAE) stands out, since owing to the obligation for 30% of federal purchasing resources to be used to buy family farming produce with

effect from 2011, the State's purchasing power has increased considerably. Moreover, with effect from 2014, the PAA Institutional Purchasing modality brought the possibility of state and municipal governments making direct purchases, whereby potential purchasing is being structured based on government bodies having increased knowledge regarding the ability of family farming to provide quality food.

**Figure 2 – Evolution of public purchasing of family farming produce, by volume of resources in R\$ million, 2013-2015.**



Source: Data provided by the Ministry of Social Development, 2016.

**Chart 7 – Food Purchasing Programme Modalities.**

MODALITY	SOURCE OF RESOURCES	LIMITS	EXECUTOR	SUPPLIER
<b>1</b> <i>Purchase with Simultaneous Donation</i>	MDS	R\$ 6,500 (individual)	States and Municipalities	Individual
		R\$ 8,000 (cooperative/ association)	CONAB	Cooperatives and associations
<b>2</b> <i>Direct Purchasing</i>	MDS and SEAD	R\$ 8,000	CONAB	Individuals, cooperatives and associations
<b>3</b> <i>Milk Production and Consumption Incentive</i>	MDS	R\$ 8,000	North East region states and North of Minas Gerais State	Individuals, cooperatives and associations
<b>4</b> <i>Stock Building Support</i>	SEAD	R\$ 8,000	CONAB	Cooperatives and associations
<b>5</b> <i>Institutional Purchasing</i>	Purchasing Body	R\$ 20,000	Public Bodies and Entities	Individuals, cooperatives and associations
<b>6</b> <i>Seed Purchasing</i>	MDS	R\$ 16,000	CONAB	Cooperatives and associations

Note: PAA Modality Definitions, as per Operational Manual. Available at: <http://mds.gov.br/seguranca-alimentar>.

**1. Purchase with Simultaneous Donation:**

purchase of diverse foodstuffs and simultaneous donation to social services organizations, public food and nutrition services and, under specific conditions specified by the Food Purchasing Programme Steering Group, donation public and charitable schools, with the aim of meeting local demands for food supplements for people in situations of food and nutrition insecurity;

**2. Direct Purchasing:**

purchased of previously defined products, with the aim of maintaining prices, meeting the demands of food access programmes, the needs of social services networks and to build building public stocks;

**3. Milk Production and Consumption Incentive:**

purchase of milk, which after treatment, is donated to beneficiaries with the aim of meeting local demands for food

supplements for people in situations of food and nutrition insecurity. This modality is only executed in states of Brazil's North East region and in the north of the state of Minas Gerais;

**4. Stock Building Support:**

financial support for building stocks of food by supplier organizations, for future commercialization and repayment of resources to the government or use for public stocks;

**5. Institutional Purchasing:**

purchases aimed to meet food consumption demands of the Union, states, Federal District and municipalities, using their own financial resources. Public hospitals, barracks, prisons and university restaurants, among others, can be supplied in this way.

**6. Seed Purchasing:**

purchase of conventional or native seeds which must be donated to families that have a PRONAF Aptitude Declaration (DAP), giving priority to those registered with the Single Registry for Federal Government Social Programmes, women, settlers, indigenous people, quilombolas and other traditional people and communities.

It is important to emphasize that the policy on purchasing family farming food produce reaches social sectors historically affected by situations of food and nutrition insecurity. But it also plays a fundamental lesson-learning role,

given that it connects two ends of a chain, bringing together farmers and consumers, as well as promoting synergy between production and consumption of healthy and adequate food for human nutrition. In this respect, it is important to remember that this agenda needs to be recognized and potentialized over and beyond the question of access to food and income generation, so that a close relationship can be established between the promotion of healthy food, considering its potential for local production, and the valuing of food culture, as proposed by the Food Guide for the Brazilian Population (BRASIL, 2014).

In this way, the food and nutrition education agenda takes on a highlighted position, since it is a field of practice that proposes reflections about both individual and collective eating behaviours, based on people's social, economic and environmental, regional and cultural contexts. Critical Food and Nutrition Education based on the perspective of eating as a political act is essential for producing consumers who are aware of their transformational role, their power to influence healthy food linked to agroecological bases, to guarantee healthy consumption of fresh, locally produced food, enabling nutritional diversity in Brazilian food. At the same time, the family farming agenda may be put to the service of health promotion, in addition to the perspective of job and income generation and rural development (BRASIL, 2014).

## National Policy on Agroecology and Organic Production<sup>17</sup>

Synergetic progress is also being made in institutionalizing incentives for organic production and the transition to agroecological production indicated in the National FAS Policy and in the National FNS Plan 2016-2019. These initiatives dialogue directly with the challenger of increasing the production and supply of healthy food, increasing physical and financial access to such food by the Brazilian population. The increase of food arising through these production models also dialogues with another key element of FNS, namely that of protecting and promoting sociobiodiversity. Standing out in the dialogue with the PlanSAN (2016-2019) is the National Policy on Agroecology and Organic Production (PNAPO), created by Decree N° 7794/2012.

Its objective is to promote sustainable rural development, in order to drive the production of healthy foods whilst conserving natural resources. The main PNAPO instrument is the plan which goes by the name of Agroecological Brazil. The first cycle of the Plan (2013-2015) involved more than R\$ 2.9 billion. Two bodies form part of the process of PNAPO management and social participation and monitoring: the Interministerial Chamber of Agroecology and Organic Production (CIAOP), at the government level, responsible for preparing and executing the Plan, articulating with

the different Federal Government bodies and entities; and the National Commission on Agroecology and Organic Production (CNAPO), which has equal government and organized civil society membership and is a space of dialogue, social participation and monitoring of PLANAPO.

The second cycle (2016-2019) provides for the articulation of diverse ministries, sectoral units and governmental entities around programmes and actions intended to produce agroecological transition, organic production and agroecology-based production. This involves 194 initiatives, distributed over 30 targets within six strategic pillars: Production; Resource Use and Conservation; Knowledge; Commercialization and Consumption; Land and Territory and of Sociobiodiversity.

The main PLANAPO targets and initiatives are aimed to strengthen organic and agroecology-based production networks, increase the supply of Technical Assistance and Rural Extension (ATER), with emphasis on agroecological practices; scale up access to water and seeds; strengthen government product purchases; increase consumer access to healthy food, without the use of pesticides or transgenics in agricultural production; thus economically strengthening family farmers.

In addition, it seeks to increase access to land and territories, as a means of promoting

the ethnodevelopment of traditional peoples and communities, indigenous peoples and agrarian reform settlers, as well as supporting the production, treatment, storage, distribution and commercialization of sociobiodiversity products and increasing their visibility and consumption.

### **Some highlights of Agroecological Brazil by 2019:**

- PLANAPO integration with the Technical Assistance Policy (ATER), by means of the adoption of agroecological principles in all services provided (ATER for 1.868 million family farmers, agrarian reform settlers and traditional peoples and communities, with 50% of women;
- Maintaining interest rates at 2.5% per annum for funding of the organic and agroecological-based production system, through PRONAF;
- Continuity of the Programme to Strengthen and Scale Up the Agroecological, Extractivism and Organic Production Network (ECOFORTE), scaling up the networks supported;
- Support to the inclusion of family farming in state, national and international organic production and agroecological-based production fairs and events;
- Scaling up the economic autonomy of rural women (training 1500 rural women's production groups); ATER services for 15000;

incentives for 12500; implantation of 20000 productive allotments; among others);

- Promoting access to water for production of agroecology-based food by implanting 100000 social technology units;
- Implantation of 1000 seed banks in the Semi-arid region and for traditional peoples and communities, as well as strengthening the National Seeds Programme;
- Qualification and training of 64,000 ATER agents, family farmers and rural youth regarding organic production and agroecology-based production;
- Support for teaching and research activities (300 Agroecology Study Groups supported and 500 agroecology-based good practices to be socialized);
- Settlement of 120,000 farmers in agrarian reform settlement projects, with the aim of ensuring the adoption of agroecological practices, prioritizing environmentally differentiated projects;
- Creation of the Sociobiodiversity Seal for extractivists;
- Issuing of 100,000 PRONAF Aptitude Declarations (DAP), promoting the due adaptation of the Declaration to meet the specificities of indigenous peoples and traditional peoples and communities in the entire country.

17 Access <http://www.mda.gov.br/planapo/>

# THE NATIONAL SCHOOL FEEDING PROGRAMME



School meals were one of the first initiatives to promote access to food in Brazil. The National School Feeding Programme (PNAE) was created in 1954 and has undergone successive changes as time passed. The programme left behind a centralized central government model, in which the definition of menus and purchases of food were undertaken by a national coordination, changing to a municipalized model with financial resource transfer to federative bodies, on a supplementary basis, together with technical qualification and enhanced operational and nutritional parameters. The publication of the PNAE Law (Law N° 11947/2009) was a landmark for the FNS agenda in Brazil. The Programme became universal, equitable, continuous, decentralized, respecting food culture and ensuring social participation. It has been recognized as an instrument that guarantees HRAF and is fundamental for the student learning process and for forming healthy feeding habits. The Programme has universal coverage of the public elementary education network and benefited 41.5 million students in 2015, representing an investment of around R\$ 3.7 billion. The current model of Brazilian school meals is one of the most internationally visible public programmes and has generated countless horizontal corporation initiatives, especially with African, Asian and Latin American countries. Within the context of FNS, two aspects are particularly noteworthy. The obligation to spend 30% of federal resources on purchasing family farming produce, which promotes a virtuous circle between local socioeconomic development and food quality and the quality of the menu available to students. It also contributes to progress in the inclusion of food and nutrition education in the teaching and learning process. PNAE is becoming the most promising institutional market for family farming in Brazil and has been the most transforming with regards to promoting adequate and healthy food in schools, since it connects local production with schools and students, providing locally produced and culturally appropriate food.



## THE NATIONAL SCHOOL FEEDING PROGRAMME

**The supply of food to schools in Brazil began in the mid 1950s, by means of the “School Meals Campaign” under the responsibility of the Ministry of Education (BRASIL, 1955). The goal was to encourage, through technical and financial support, public or private actions to provide school meals.**

At the federal level, PNAE is coordinated by the National Fund for Educational Development (FNDE), an authority linked to the Ministry of Education. With the effect from 1994, it changed from being a programme with a centralized management structure to a process of decentralized resources and management. At the same time the School Feeding Councils were created (PIPITONE et al., 2003; BRASIL 1994; 2017b). Owing to municipalization, the Programme became the constitutional responsibility of all the federative bodies, involving a large number of social actors, such as service managers, teachers, nutritionists, students’ parents, civil society, family farmers and cooks (BRASIL, 2017b). In 2001 Provisional Measure N° 2178 (BRASIL, 2001), was approved

reference, which determined that at least 70% of resources transfer to states and municipalities to execute PNAE should be spent on basic products, respecting local food habits and agriculture. With the effect from 2003, PNAE and its articulation with family farming became a strategic axis for ensuring food and nutrition security within the Zero Hunger Programme. The Programme was marked by increased qualification of its technical aspects, including the obligation that the technical person in charge should be a nutritionist, as well as by the enhancement of its managerial aspects, from the federal to the local level, and by increased budget and services provided (ARANHA, 2010; CHAVES et al., 2013).

Currently PNAE is governed by Law N° 11947/2009 (BRASIL, 2009a), and regulated by Resolution N° 26/2013 (BRASIL, 2009b). The Law establishes the realization of the Human Right to Adequate Food and the guarantee of Food and Nutrition Security as principles and increases service provision to the all public elementary education, including infant education, primary education, high school education and youth and adult education. The Resolution lists the Food and Nutrition Education (EAN) strategies together with the criteria preparing menus, considering the average daily percentages of students’ nutritional needs according to the

number of meals/school hours and population groups (e.g. adjusted for the greater needs of students attending schools located in indigenous or quilombola communities; the minimum quantity of fruit and greens per week (three portions or 200g/student/week); the

average amounts of tolerance to added plain sugar, fats and salt; and purchases of restricted foods (such as tinned food, processed meat and sweets) and prohibited foods (drinks with low nutritional content, such as soft drinks) using FNDE resources.

## PNAE objectives and guidelines, according to Resolution N° 26/2013/FNDE.

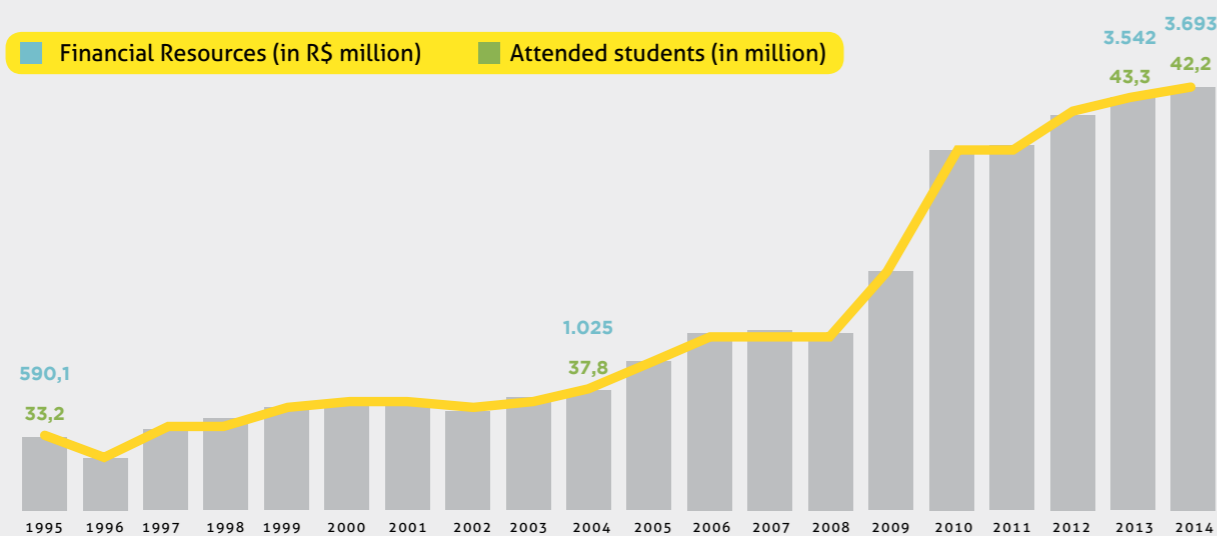
### Article 3 - Objective:

To contribute to student growth and biopsychosocial development, learning, school performance and formation of healthy eating habits by students, by means of food and nutrition education actions and the provision of meals that meet their nutritional needs during school time.

### Guidelines:

- I - Use of healthy and adequate food
- II - Inclusion of food and nutrition education in the teaching and learning process
- III - Universal service provision to students
- IV - Community participation in social monitoring
- V - Support for sustainable development
- VI - Right to school feeding

Figure 3 – Evolution of federal resources and students served. Brazil 1995-2014<sup>18</sup>



Source: Data provided by the National Fund for Educational Development (FNDE). Available at: <<http://www.fnde.gov.br/programas/alimentacao-escolar/alimentacao-escolar-consultas/alimentacao-escolar-dados-f%C3%ADsicos-e-financeiros-do-pnae>>. Retrieved on: 27 Jul. 2017

<sup>18</sup> Resolution N° 1, dated February 8th, 2017, updated the per capita amounts for youth and adult education students, primary and high school education, preschool education, indigenous and quilombola area elementary education, fulltime schools and after school hours activities (BRASIL, 2017).

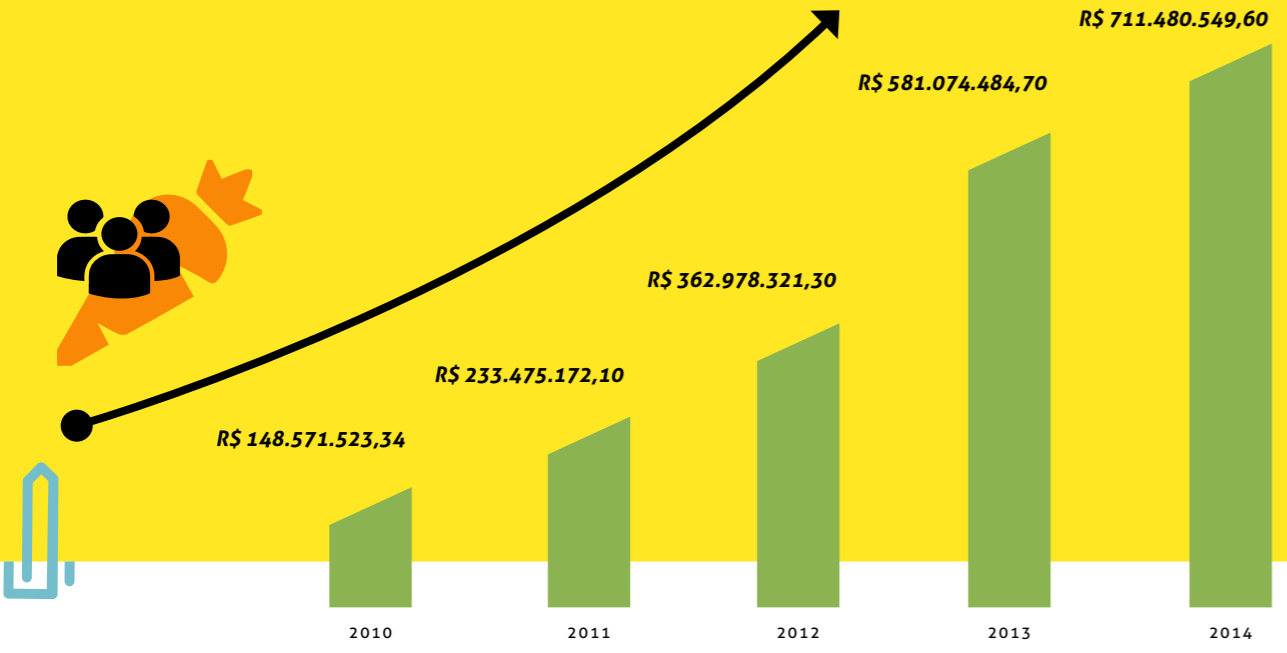
PNAE also seeks to promote health food through EAN actions. Important progress has been made recently: a) inclusion of information about healthy food in school text books for all Primary Education with effect from 2015; this will be extended to High School Education in 2018; b) inclusion of criteria for promoting healthy food in the contents of text books distributed free of charge to Elementary Education students in line with PNAE norms; and c) classroom and distance courses focusing on family farming and EAN in the school environment.

Parallel to this process of Programme internal qualification and scaling up, it also moved progressively towards intersectorality, both that arising from the obligation to buy food from family farming, and that arising from strategies to make schools an environment that promotes adequate and healthy food.

The obligation to use 30% of federal financial transfers to purchase family farming food produce has been an opportunity

that establishes a series of challenges. Administrative processes needed to be updated and service managers, farmers, cooperatives and other professionals were not sufficiently informed to ensure the execution of this provision. FNDE took on an inducing role and organizes a network of School Food Collaborating Centers with federal universities from all over Brazil to accompany the implantation of the norm, organize training activities, support School Feeding Councils, as well as undertaking activities to support the development of technical actions and research (REBRAE, 2017). The successful experience of articulation between the programme and family farming gave rise to lessons learned, such as the importance of the existence of spaces for reaching agreements, discussion and governance with the participation of different sectors of civil society and government and the definition of processes that enable positive results to be achieved for different sectors (HAWKES et al., 2016).

**Figure 4 - Evolution of the use of Federal PNAE Resources used to purchase food from family farming.**



Source: Data provided by the National Fund for Educational Development (FNDE). Available at: <http://www.fnde.gov.br/programas/alimentacao-escolar/alimentacao-escolar-consultas/dados-da-agricultura-familiar>

Decree N° 6447 was published in 2008. It regulates Law N° 10696 which in 2003 set up the Food Purchasing Programme (PAA) (BRASIL, 2003; BRASIL, 2008a). The initial aim of PAA was to increase the access of more vulnerable people to regular and necessary quantities of food, as well as to build strategic family farming produce stocks. Decree N° 6447 included, among the Programme’s possible purchasing modalities, a specific modality for purchasing food for PNAE. This initiative strengthened the food and nutrition security of school students and food producers (BRASIL, 2008).

The success of the process of purchasing food from local producers depends on PNAE nutritionists’ proximity and effective partnership with farmers, so that they can be aware of the region’s farming potential and meet the specificities provided for by legislation, preparing menus in accordance with the regional and cultural context. This is a challenging point for many nutritionists, given that the majority have not been trained or do not have practices in line with this need. For this reason it is fundamental to increase coverage of school meals and food and nutrition security as part of public health training and nutrition degree courses (RECINE et al., 2012).

Schools and communities where the Programme operates are considered strategic for promoting healthy food. Actions provided for in policies such as the Food and Nutrition Policy (BRASIL, 2012a) and the Health Promotion Policy (BRASIL, 2014b) can be implemented in this setting. Countless interlocution initiatives are being developed, such as the 2006 Ministry of Health and Ministry of Education Joint Ordinance which establishes norms and guidelines for promoting health at school. This Ordinance established as priority guidelines: food and nutrition education (EAN); the encouragement of school vegetable gardens; restriction of the sale and promotion of food with high contents of saturated fat, trans fat, free sugar and salt; the encouragement of the consumption of fruit and vegetables; the development of healthy food options at school; nutritional monitoring of school students; and the incorporation of the theme of healthy food in school political-pedagogical projects (BRASIL, 2006a).

In 2007, the Health in Schools Programme (PSE) was set up as an intersectoral policy between the Ministries of Health and Education, from the perspective of comprehensive health care for public elementary education students. PSE arose as a strategy of permanent integration and articulation between health and education policies and actions within the scope of schools and primary health care centres.

**The Programme is implemented through formal adherence of states, Federal District and municipalities. Its actions include the promotion of healthy food and inclusion of health education in school political-pedagogical projects (BRASIL, 2007a).**

Healthy food is a recurring theme in the actions developed, as well as being present in the Programme’s periodic social mobilization activities. These actions are supported by the “Operational Manual - Promoting healthy food at school” aimed at health and education service managers, educators and professionals, as well as other specific materials (BRASIL, 2008a).

The first National FNS Plan, in force between 2012 and 2015, had as one of its objectives the provision of adequate and healthy food to school students, the inclusion of food and nutrition education actions in school political-pedagogical projects and encouragement of the purchase of foodstuffs from family farming for use in schools (BRASIL, 2011a). The second Plan, in force from 2016 to 2019, contains the targets for providing school food are set forth in its Challenge 1: “Promote universal access to adequate and healthy

food, prioritizing families and people in situations of food and nutrition insecurity”; in its Challenge 4: “Promote the regular and permanent supply and access by the Brazilian population to adequate and healthy food”, referring to public purchases of family farming produce; and in its Challenge 5: “Promote and protect adequate and healthy food

for the Brazilian population, with food and nutrition education strategies and regulatory measures”, containing targets to increase the number of schools with the Health in Schools Programme, food and nutrition education activities in elementary education schools and include information about food and nutrition in school textbooks (BRASIL, 2017a).

### The Food and Nutrition Biodiversity Project<sup>19</sup>

The Food and Nutrition Biodiversity project, which began in 2012, is coordinated by the Ministry of the Environment and funded by the Global Environment Fund. Its underlying object is to conserve and promote the sustainable use of biodiversity in programmes that contribute to improving food and nutrition security. Other objectives include valuing the food and nutrition role of species related to agricultural biodiversity; recovering the cultural value of these species; increasing the number of native species used in food; strengthening the conservation and sustainable management of agrobiodiversity. The activities are undertaken in partnership with different programmes, such as, for example, PAA, PNAE, PNAN. These activities include::

- Analysis of the nutritional composition of food species;
- Surveys and dissemination of forms of preparing traditional foods;
- Development of educational actions and materials, with the aim of including regional products with higher nutritional quality in school meals, including the training of lunch ladies, nutritionists, community (improved use and ways of using foodstuffs) and activities to improve the community perception about the importance of regional foods;
- Evaluation of the contribution of agrosociobiodiversity to the federal programme shopping list (PAA, PNAE);
- Dissemination of the concepts and principles of sustainable diets, environmental services and aware consumption in local, regional and national campaigns.

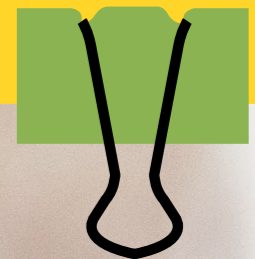
<sup>19</sup> Access <http://www.mma.gov.br/biodiversidade/conservacao-e-promocao-do-uso-da-diversidade-genetica/biodiversidade-para-alimenta%C3%A7%C3%A3o-e-nutri%C3%A7%C3%A3o>





# FOOD AND NUTRITION EDUCATION

Food and Nutrition Education (EAN) in Brazil is recognized as a strategic action for promoting healthy food practices, ensuring Food and Nutrition Security and realizing the Human Right to Adequate Food (HRAF). The Food and Nutrition Education Reference Framework for Public Policies, published in 2012, repositioned EAN on the public agenda, as well as that of the health and education sectors (BRASIL, 2012). It redefined its concept and principles and broadened its scope to the fields of practice. It brought recognition that the issue of EAN needs to be linked to all the dimensions of the food system, in addition to biological and social aspects, enabling more in-depth reflections about food choices for local the environment and culture and about forms of food production and consumption. In other words, the act of feeding oneself is also a political act. The parameters proposed by this Framework have implications both for the reconfiguration of EAN strategies and actions and also for the process of training professionals involved in this agenda. Worthy of mention is the important production of materials aimed at promoting adequate and healthy food. The revised version of the Food Guide for the Brazilian Population, published in 2014 by the Ministry of Health, approaches the promotion of health and healthy food to ensure FNS in its different dimensions. The new edition provides guidance that nourishment should be based on fresh and minimally processed food and that ultra-processed food should be avoided. The Food Guide has had import repercussions in Brazil and has obtained international recognition. Currently, the challenge is to implement it fully and to incorporate it as a parameter for action in the different sectors.





## FOOD AND NUTRITION EDUCATION

Food and Nutrition Education had already been provided for in the 1<sup>st</sup> edition of the National Food and Nutrition Policy (PNAN) published in 1999. Although the EAN approach to health promotion in the document appeared in a vertical manner as just one guideline, nevertheless it alerted as to the need to seek consensus on contents, methods and techniques of the educational process (BRASIL, 1999). Since the implantation of the Zero Hunger Programme (INSTITUTO CIDADANIA, 2001) Food and Nutrition Education in Brazil has been recognized as a strategic action for achieving Food and Nutrition Security. Furthermore, EAN is included in a guideline of the National Food and Nutrition Security Policy (PNSAN) (BRASIL, 2010a), with targets provided for in the first and second National Food and Nutrition Security Plan (BRASIL, 2011; 2017a). In the second edition of the National Food and Nutrition Policy, EAN became an element that crosscuts all the guidelines, as well as being a key element of the guideline dealing with adequate and healthy food promotion (BRASIL, 2012a).

The publication of the Food and Nutrition Education Reference Framework (BRASIL, 2012) was one of the ballasts of EAN actions within Brazilian Public Policies. The document is the fruit of intersectoral and participatory effort involving professionals, service

managers, civil society representatives, teachers and specialists (BRASIL, 2012).

The Framework presents a concept of EAN as well as principles for action, with the aim of food and nutrition education actions going beyond traditional limits, which generally focus on biological aspects and consumption, and approaching the complexity of food determinants, in order to achieve greater effectiveness in forming and protecting healthy eating habits.

**“Food and Nutrition Education is a transdisciplinary, intersectoral and multiprofessional field of knowledge and continuing and permanent practice which aims to promote autonomous and voluntary healthy eating habits. EAN should make use of problematizing and active educational approaches and resources that favour dialogue with individuals and population groups, considering all stages of life, all stages of the food system and the interactions and significations that comprise eating behaviours” (BRASIL, 2012).**

**The principles proposed by this Framework are:**

**i.** Social, environmental and economic sustainability: sustainability is not limited to the environmental dimension, but extends to human social and economic relationships established in all stages of the food system.

**ii.** Approaching the food system in its entirety: Actions need to cover themes and strategies related to all dimensions of the food system, so as to contribute to individuals and groups making choices which are capable of interfering in preceding stages of the food system.

**iii.** Valuing of local food culture and respect for diversity of opinions and perspectives, considering the legitimacy of different kinds of knowledge: EAN must consider the legitimacy of knowledge arising from culture, religion and science. It must respect and value different expressions of our population's food identity and culture, recognizing and defusing the immeasurable richness of food, food preparation, local and regional food combinations and practices.

**iv.** Food and feeding as references; Valuing cooking as an emancipatory practice: People do not feed on nutrients, but rather on food and its preparation chosen and combined in a particular manner. EAN approaches these multiple dimensions, drawing close to people's real lives and enables links to be established between the teaching process and the different local and family realities and needs. Knowing how to make

one's own food produces autonomy and enables technical information to be put into practice as well as increasing the range of individual possibilities.

**v.** Promotion of self-care and autonomy: Self-care is the process of behaviour change centred on the person, on their willingness and their needs, being one of the main ways for ensuring the involvement of individuals in EAN actions.

**vi.** Education as a continuing process that generates people's autonomy and active and informed participation: Educational and teaching approaches should favour active processes, which incorporate knowledge and popular practices, contextualized within the realities of individuals, their families and groups and which enable continuous integration between theory and practice. The continuing nature of the process shows that EAN needs to be present throughout life in order to address an individual's diverse demands. Considering the countless possibilities of consumption, an individual's active and informed decision means recognizing possibilities, being able to experiment, deciding, reorienting, i.e., increasing the degree of freedom in relation to the aspects involved in food and eating behaviour.

**vii.** Diversity in the scenarios of practice: The development of actions and strategies appropriate for the specificities of the scenarios of practice is fundamental for achieving EAN objectives.

**viii.** Intersectorality: Each sector can increase its ability to analyze and transform its way of doing things based on interaction with other sectors, opening the way for the efforts of everyone to be more effective and efficacious.

**ix.** Action planning, evaluation and monitoring: These are essential for the efficacy and effectiveness of initiatives and the sustainability of actions. Participatory processes tend to generate better results, impact and sustainability of initiatives, provided people can be legitimately included in decision-making processes.

**The principles guide the actions and integrated approach considering that food and eating is a social practice, resulting from the integration of biological, sociocultural, environmental and economic dimensions.**

EAN can and must be undertaken by diverse sectors and fields of practice, such as health and social services, schools, work environments, community organizations, among others. It therefore requires intra and intersectoral articulation and partnerships with different segments of society, such as universities, nongovernmental organizations, restaurants and community kitchens, food banks, social services organizations, among others.

The space of EAN on the agenda of Brazilian public policies had slowly been increasing on the Federal level through the range of strategies based on the precepts of the EAN framework. The Presidential Decree for the Pact on Healthy Food was published in 2015 (Decree Nº 8553, dated November 3<sup>rd</sup> 2015), which brings the challenge of scaling up conditions of production, supply, access and consumption of healthy food (BRASIL, 2015c). This Pact provides for actions to promote Food and Nutrition Education in social services and health and education services. The second National FNS Plan (2016-2019) covers this issue in Challenge 5 "Promoting and protecting the Brazilian population's adequate and healthy food, through food and nutrition education strategies and regulatory measures", with targets planned for different government sectors such as health, education and social development (BRASIL, 2017a). These targets include: implementation of the recommendations of the Food Guide for the Brazilian Population and the recommendations of the Food Guide for Children aged under two years old, stressing the consumption of regional food and sustainable production practices that respect biodiversity; implantation of the National Strategy to Promote Breastfeeding and Complementary Feeding in Unified Health Service primary health care centres; establishment of the Federative Pacts to Promote Adequate and Healthy Food; and inclusion of the promotion of adequate and healthy food in the actions and strategies undertaken by health, education and social services networks.

Also at a local level, EAN actions are being scaled up, gaining space in Brazilian municipalities. The mapping of FNS actions in Brazilian municipalities (MapaSAN) (BRASIL, 2015d) has brought important information about the consolidation of actions at local level. Results obtained in municipalities with more than 200,000 inhabitants revealed that EAN actions are organized in health, education and social services sectors and in public Food and Nutrition Security facilities: 92.3% of people state they carry out actions in an intersectoral manner; 89.2% report integrating them in the school environment; 80.2% have integrated them into primary health care services; and 78.4% into the social services network.

These local initiatives need to achieve greater scale and greater qualification, and this is a challenge owing to the continental dimensions of Brazil, the growing overweight and obesity rates and the complexity involved in eating practices, as well as the environment in which subjects and populations live and which may or may not favour healthy and adequate food choices.

As such, a range of strategies for mobilization, awareness raising and support for professional training is being promoted within the Federal Government, through the Food and Nutrition Security System, based on the precepts of the EAN framework for Public Policies. In recent years partnerships have been formed with universities and foundations with this aim. The Ideas on the Table Virtual Network, a partnership between the Ministry of Social and Agrarian Development and the Observatory of Food and Nutrition Security Policies of

the University of Brasília, is a network the objective of which is to problematize the EAN agenda, from the perspective of the Reference Framework. Various tools are used to share experiences, news, events, learning and teaching resources such as books, videos, distance learning courses and diverse publications that support that support the work of professionals<sup>20</sup>.

The “Why Eat?” initiative is a partnership between the Ministry of Social Development (MDS) and the University of Rio de Janeiro, the Federal University of Rio de Janeiro, the Federal University of Rio de Janeiro/Macaé Campi and the State University of Rio de Janeiro which contributes to addressing the challenges of EAN, developing activities involving dialogue and youth protagonism to promote adequate and healthy food. The options developed consist of: articulating, mobilizing and promoting the exchange of ideas about the theme of food and eating with young people and their collectives from the most diverse social spaces and segment; involving education, health, social services, sports and leisure, culture, communication and environment institutions, as well as social organizations of diverse kinds; and encouraging creative reflections and actions on streets and social networks<sup>21</sup>.

MDS has also established a partnership with the Federal Council of Nutritionists for the training of health, education and social services professionals on the subject of EAN and institutional purchases. The course

<sup>20</sup> Access <http://www.ideiasnamesa.unb.br/>

<sup>21</sup> Access <http://www.comerpraque.com.br/>

is comprised of 16 workshops, involving around 1500 people, with aim of raising the awareness of state and municipal government health, education, social work and culture professionals and service managers about the importance of Food and Nutrition Education practices, with the underlying theme aim of family farming produce purchasing. The intention has been to bring together agents from different areas to dialogue with EAN right from food production through to its consumption<sup>22</sup>, apart from supporting the building of Intersectoral Agendas to promote Adequate and Healthy Food within the context of the National Food and Nutrition Security System (SISAN).


In Brazil, the challenges of EAN go beyond strengthening the public agenda, and include the valuing of different expressions of food culture, strengthening regional habits,

<sup>22</sup> Access <http://www.caisan.gov.br/ean>


reducing food waste and dimensions relating to sustainability. In terms of approaching and positioning the theme on the public policy agenda, it can be stated that important steps have been taken and that current challenges relate to the production of knowledge, evaluation of results and dissemination of evidence about best methodological alternatives and resources.

Considering the nature of the action, investment in developing the abilities of the different professionals involved is strategic. EAN actions should have a crosscutting nature and contribute to people gaining critical awareness in relation to their eating habits. Not just because of the repercussions of these practices on health, but also because of the impact they can have on the environment, food systems, sociobiodiversity, equity and quality of life of individuals and communities.

# ADDRESSING OBESITY AND NONCOMMUNICABLE CHRONIC DISEASES



Overweight and obesity have increased in an alarming manner in Brazil. According to the 2008/2009 Family Budgets Survey, overweight prevalence among children (5 to 9 years old) is 33.4%. In relation to adults, 2013 National Health Survey (PNS, 2013) data indicate that 57% are overweight and 20% are obese. Recent results of the Study on Cardiovascular Risks among Adolescents (ERICA 2013-2014) indicate overweight prevalence of 17.1% and 8.4% obesity among the country's adolescents and show that almost 1/5 of arterial hypertension prevalence among adolescents at school can be attributed to obesity. Noncommunicable chronic diseases such as diabetes, arterial hypertension, cardiovascular and respiratory diseases and cancer, account for 72% of causes of death in Brazil. In order to address this situation, this phenomenon and its determinants need to be understood. Obesity is a multifactorial disease, the determination of which is associated with biological, historical, ecological, economic, social, cultural and political factors, that require mobilization and commitment of various sectors of society and government. Most of its determination is associated with the way the food system is formed, with regard to supply and the population's access to health food, as well as consumption modes that prefer processed and ultra-processed food. As such, joint action of the different government levels, through intersectoral actions and social participation is necessary. The "Intersectoral Strategy to Prevent and Control Obesity" has brought together diverse Federal Government actions with aim of contributing to the reduction of obesity in Brazil. This has resulted in progress but many challenges still need to be overcome. The National Pact on Healthy Food (Decree Nº 8553/2011) made a call to state and municipal movements, the private sector and organized civil society in defence of the healthy food agenda, although with little significant progress thus far. The actions that are needed include the regulatory agenda (food labelling and regulation of food advertising and food commercialization in the school environment and fiscal measures) which have made little progress in Brazil.



## ADDRESSING OBESITY AND NONCOMMUNICABLE CHRONIC DISEASES

**In parallel with the longstanding trend of malnutrition reduction in Brazil, overweight and obesity have increased in an alarming manner.**

This nutritional transition has shown itself to be more rapid in countries that have gone through similar process. VIGITEL Survey data shows that, in Brazil, overweight and obesity among adults increase almost 1% per year. If the country maintains this trend, by 2026 it will reach the obesity prevalence rates of the United States (27.1%), which lead the world's statistics.

In 1975, only 2.8% of males and 7.8% of females were obese. In 2003 prevalence increased fourfold among males (8.8%) and almost doubled among females (12.7%). More recently, the 2008/2009 Family Budgets Survey revealed obesity prevalence of 12.5% in males and 16.9% in females. In 2013, National Health Survey data showed that 57% of adults were overweight and 20% were obese. Despite all income brackets showing a significant increase in overweight prevalence, obesity has increased more

quickly among people with lower family income (IBGE, 2004; 2010).

Brazil follows the trends of the Latin American and Caribbean Region, with proportions of great concern from the point of view of health and the economic and social impacts caused by overweight. More than half of the region's adult population is overweight (58%), accounting for some 360 million people, and 23% are obese, around 140 million. Heading the region's statistics are the Bahamas, Mexico and Chile (FAO; PAHO, 2017).

The 2008/2009 Family Budgets Survey revealed that overweight prevalence among children aged 5 to 9 years old was 33.4%, whilst among adolescents in was 17.1% and obesity was 8.4%. Almost 1/5 of arterial hypertension prevalence among adolescents at school can be attributed to obesity (BLOCH, 2016). Unified Health System data indicate that noncommunicable chronic diseases, such as diabetes, arterial hypertension, cardiovascular and respiratory diseases and cancer, account for 72% of causes of death. The costs of obesity for the Unified Health System are around R\$ 0.5 billion a year (OLIVEIRA, 2013).

Obesity is a multifactorial disease, the determination of which is associated with multiple factors, such as: changes in eating habits; sedentary lifestyles<sup>23</sup>, low schooling, people's current consumption patterns preferring processed and ultra-processed food, with high levels of sugars, fats and salt; and the diverse influences that interfere with choice of food, such as the media in forming children's eating habits.

**To a large extent its social determination is associated with the way the prevailing Food System is formed, with regard to supply and access to healthy food.**

In recent decades, this system has undergone unprecedented changes in the form of food production, supply, distribution, food market control and consumption. The changes have occurred owing to technical, technological, economic and social transformations, thus increasing the spread of processed and ultra-processed products. This model, associated with the urban way of living, is directly related to the increase in overweight and obesity.

Comparison of the data of the two Family Budgets Surveys (2002/03 and 2008/09) shows increased consumption of food with high levels of sugars and/or fats (e.g. soft drinks of diverse types, biscuits and

<sup>23</sup> According to IBGE, 80% of the adult population lead a sedentary life and, according the National School Health Survey – PeNSE (2009), only 49.2% of students had had two or more days with physical education lessons at school during the week prior to the survey.

other ultra-processed products) and low consumption of fruit and vegetables (the population's average consumption is one third of the recommended level). This pattern, especially among lower income brackets, is replacing traditional eating habits. Brazil follows the same trends as Latin America, where sales of these products increased 26.7% between 2000 and 2013, while the trend in North America and countries in Western Europe has been for sales to stagnate. The regions in which sales most increased were East Europe (83%), Asia and Asia-Pacific (79.8%) (FAO; PAHO, 2017).

In 2014, in response to the significant increase of overweight and obesity among the Brazilian population, National CAISAN brought into being the Brazilian Strategy to Prevent and Control Obesity, encouraging the implementation of intersectoral actions at state and municipal level. The aim of the strategy is to create an enabling context for the adoption of healthy and adequate eating habits by the Brazilian population and, to this end, involved a wide range of government and civil society sectors to act in an articulated and coordinated on the roots of its multiple causes. Eleven ministries, organized civil society (National CONSEA), as well as the Pan American Health Organization/World Health Organization (PAHO/WHO), took part in implementing and accompanying the strategy<sup>24</sup>.

It is noteworthy that the Strategy relates actions (from production to consumption) that require systematic monitoring and

<sup>24</sup> Access <http://www.caisan.gov.br/publicacoes>

greater visibility, and is executed through articulation with the 2<sup>nd</sup> National FNS Plan (2016-2019) and with the Health Ministry's Noncommunicable Chronic Diseases Plan (2011-2022).

**The strategy's overall objective is to prevent and control obesity among the Brazilian population, through intersectoral actions, promoting adequate and healthy food and the practicing of physical exercise in the environment where people live, with the aim of:**

- Improving the pattern of the Brazilian population's food consumption so as to halt the increase of overweight and obesity;
- Valuing the consumption of regional food, traditional ways of preparing foods and promoting increased availability of healthy and adequate food for the population;
- Developing strategies that promote the replacement of processed and ultra-processed product consumption containing high concentrations of energy (calories) and having high levels of sugars, fats and sodium, with varied food, in particular whole grains, root and tuber vegetables, leguminous vegetables, oleaginous plants, fruit, greenery, meat, fish, milk, eggs and water;
- Promoting the practice of physical activity, especially in institutional environments such as work, schools and public health fitness services, as well as promoting urban environments that are safe for all stages of life;

- Promoting and ensuring adequate and healthy food in public food and nutrition security facilities<sup>25</sup>;
- Organizing the line of care for comprehensive health care for overweight/obese individuals; and
- Promoting spaces for interaction with other people (squares, parks and gardens) and using quality public transport aimed at sustainable habits and lifestyles.

The Strategy has six main pillars that seek to dialogue with the multiple determination of obesity. **Pillar 1 - Availability of and access to adequate and healthy food** brings together actions aimed at facilitating physical access by communities and families to traditional foods and food preparations and, on the other hand, increasing the supply of adequate and healthy food in the country's public facilities. This is in keeping with the strengthening of family farming to increasingly produce adequate and diversified food considering regional and cultural aspects, as well as reinforcing the need for food purchasing and donation to public facilities to meet the population's nutritional needs. Emphasis is placed on PAA, PNAE and FNS public facilities (people's restaurants, community kitchens, food banks and units where family farming food produce is distributed).

<sup>25</sup> Public food and nutrition security facilities are considered to be spaces that enable the supply, distribution and/or commercialization of food/meals, such as: centres that receive and distribute family farming produce, food banks, people's restaurants, community kitchens, day nurseries, schools, social services, hospitals, prisons, universities and others.

**Fiscal measures** (food subsidies and taxation) are also included in Pillar 1. There is strong evidence of the direct relationship between consuming drinks containing sugar and weight gain and obesity as well as noncommunicable chronic diseases at all age ranges. An increasing number of studies show that increasing prices leads to reduced consumption of drinks containing sugar. This is an issue under discussion within the scope of the Strategy.

The Treasury has taken a position on taxation of drinks containing sugar, in that it does not correct the market failure caused by the costs that such products produce for society. The Inland Revenue is studying forms of taxation considering the country's taxation system. The use of selective taxation would be an efficient mechanism for dealing adequately with the problem, by raising the price of products not recommended for a healthy diet, so as to reflect all economic and social costs involved. An alternative would be the use of the Tax on Industrialized Products (Imposto sobre Produtos Industrializados – IPI) which has the characteristics of a selective tax, since it is a low-cost instrument with good tax collection potential, not only reducing consumption, but also increasing tax collection and the State's ability to deal with costs related to obesity<sup>26</sup>.

**Pillar 2 - Information, education and communication** actions establishes dialogue with the population in general, through the dissemination of information, social mobilization, educational process, in varied spaces and with different social groups. The range of actions proposed aims to share knowledge and practices that can contribute to achieving better living conditions, health and food and nutrition safety among the population. It is related to the training of professionals, the development of technical and informative materials, the exchange of experiences, food and nutrition education campaigns and actions for the population.

Of importance in this context is the **Food Guide for the Brazilian Population**, the implementation of the **Food and Nutrition Education Reference Framework for Public Policies** that guide Food and Nutrition Education activities in public services; the training of professionals to organize Food and Nutrition Education actions for families benefitted by the *Bolsa Família* Programme; and the Ideas on the Table Network which is aimed at sharing experiences and information.



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**Pillar 3 - Promoting healthy lifestyles in specific environments** refers to changes in institutional spaces (work environment, school environment, health care and social services networks) to enable educational and health promotion actions that make food choices healthier and feasible for the population. Standing out in this area are the Health in **Schools Programme** the regulation of the **Food Guidelines for Healthy and Adequate Food in the Workplace and Federal Public Services**, two to be adopted as a reference for actions aimed at promoting health and quality of life in the work of services that form part of the Federal Administration System, (Normative Ordinance Nº 7, dated 26/10/2016); the **Health Academy Programme**<sup>27</sup>; the organization of Food and Nutrition Education options in Social Services Centres; the Workers' Food Programme; encouraging the transformation of institutional spaces into environments that promote adequate and healthy food, in particular work environments and healthy canteens; and the **Breastfeed and Feed Brazil Strategy**, launched in 2012 to qualify Primary Health Care professionals to promote breastfeeding and healthy complementary feeding for children aged under two years old<sup>28</sup>.

Worthy of note in Pillar 3 is the theme **healthy food in school environments**. There is no national norm regulating food sold at schools. Notwithstanding, some states and municipalities have made progress with local laws regulating the sale and/or promotion of unhealthy food in public and private schools. This is an important challenge for the agenda, since schools are a space where people learn and needs to be protected from commercial actions interfering with food and eating habitats<sup>29</sup>.

**Pillar 4 - Food and Nutrition Surveillance** is related to the accompaniment of the population's nutritional status by municipal and state governments, the carrying out of national, state and municipal of the

27 The Health in Schools Program (PSE) is a space for promoting health and preventing illnesses and diseases, contributing to strengthening full development and providing the school community with the means to address vulnerabilities that compromise the full development of children, adolescents and young Brazilians. (<http://dab.saude.gov.br/portaldab/pse.php>)

28 The Health Academy Programme's main function is to contribute to health promotion and production of care, as well as healthy lifestyles among the population. It is not a service in isolation, rather it is point of care in the Primary Health Care Networks. Diverse actions can be undertaken in this space aimed at physical activity, promoting healthy eating, integrating and complementary practices, artistic and cultural practices, health education and community mobilization. ([www.saude.gov.br/academiadasaude](http://www.saude.gov.br/academiadasaude))

29 Some states (Santa Catarina, Paraná, Mato Grosso, São Paulo, Rio Grande do Sul, Rio de Janeiro,) and municipalities (Ribeirão Preto, Aracaju, Itapetininga, Campo Grande, Florianópolis, Pelotas, Rio de Janeiro, Porto Alegre, among others) as well as the Federal District, have laws that regulate the sale of food in the school environment. MDS Technical Note No. 18/2015).





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population's food and nutrition situation. It is a combination of strategies that encompass the investigation of nutritional status, associated morbidities, nutrition deficiencies, as well as evaluation of food consumption and food practices aimed at supporting local and national actions.

**Pillar 5 - Comprehensive health care for overweight and obese individuals in health services** is related to organizing the health system to promote a range of care actions that include health promotion and protection, as well as prevention, diagnosis and treatment of obesity and other associated health conditions. This range of care is organized and provided by health services, considering that changes in lifestyles should not arise through a process that places guilt on individuals or

their families. Standing out in this context is the definition of the guidelines for organizing the prevention and treatment of overweight and obesity as a priority, such as the **priority care line of the Health Care Network for people with chronic diseases** (Ministry of Health Ordinance N° 424/2013) and technical regulations, norms and criteria for High Complexity Care for Individuals with Obesity (Ministry of Health Ordinance N° 425/2013).

**Pillar 6 - Regulation and control of food quality and harmlessness** is one of the most challenging pillars because it is related to the State's regulatory capacity, especially that of the Federal Government. It refers to the nutritional quality of food commercialized in Brazil, above all processed and ultra-processed food, which is an action considered

to be key to preventing and controlling the growing increase of overweight and obesity, relating the consumption of these products with weight gain, and other forms of malnutrition.

In 2007 the Ministry of Health signed an agenda with the food industries for reformulating processed food, the aim of which is to reduce the quantities of sugar, fats and sodium in processed food. In 2011 the **Term of Commitment** was renewed between the Ministry of Health and associations representing the productive sector.

In 2017, a new corporation agreement was signed, covering a five year period (2017-2022), with a reduction target of 28.5 tonnes

by 2020. According to the Ministry of Health, to date the level of sodium in all the categories of food agreed on has been reduced and 17,000 tonnes of sodium have been removed from industrialized food. However, continued reduction needs to take place by establishing new targets to reduce to the maximum sodium levels in this food and, possibly, adopting obligatory targets (regulatory) to ensure compliance by the entire market.

Another issue of great relevance relates to commercial promotion and marketing of processed and ultra-processed foods, especially those aimed at children. The World Health Organization, by means of a Resolution approved at the World

Health Assembly in 2010, took a position on the matter<sup>30</sup>. National CONSEA also sent Recommendation N° 006/2013<sup>31</sup> to the National Congress, requesting parliamentarians to prioritize bills of law dealing with food advertising regulation.

Brazil does not have national legislation dealing specifically with the commercial promotion of food. Notwithstanding, advertising is regulated by the Consumer Defence Code (Law N° 8078/1990) which prohibits all misleading or abusive advertising. The abusive nature of marketing communication aimed at children, for any type of product or service, is also provided for in CONANDA Resolution N° 163/2014<sup>32</sup> (National Council for Child and Adolescent Rights), which joins efforts with the normative system comprised by the Federal Constitution, the Statute of the Child and Adolescent and the Consumer Defence Code.

Important progress was made it through the publication of Decree N° 8655, dated November 3rd, 2015, which regulates Law N° 11265, dated January 3<sup>rd</sup> 2006, which in turn regulates the commercialization of food for breastfeeding infants and children in early childhood as well as products for childcare and correlated products. This measure aims to legally protect breastfeeding, regulating the commercial promotion and appropriate use of food sold as substitutes or complements to breast

30 Access [http://www.who.int/nutrition/topics/Wha63.23\\_iycn\\_en.pdf](http://www.who.int/nutrition/topics/Wha63.23_iycn_en.pdf) e [http://www.paho.org/bra/index.php?option=com\\_docman&task=doc\\_details&gid=1431&itemid=423](http://www.paho.org/bra/index.php?option=com_docman&task=doc_details&gid=1431&itemid=423).

31 Access <http://www2.planalto.gov.br/consea>

32 Access <http://pesquisa.in.gov.br/imprensa/jsp/visualiza/index.jsp?jornal=1&pagina=4&data=04/04/2014>

milk, as well as nipples, dummies and babies' feeding bottles.

Another fundamental measure is the enhancement of food labelling, especially in relation to front-of-pack labelling. Consumers need to understand all nutritional components of food, the health risks or benefits, as this is essential for the development of good nourishment practices. In this sense, countries such as Chile, Ecuador and Uruguay have made progress in the use of front-of-pack labelling models - especially warning and traffic light models - with direct and intelligible messages to the public, warning consumers about high levels of sugar, fat, sodium and calories in industrialized products. The Brazilian government has studied front-of-pack labelling models with the aim of proposing that they be adapted to the needs of the Brazilian population and to contribute to aware and healthy food choices.

An Explanatory Statement issued by National CONSEA recognized progress made by Brazil in implementing the Obesity Prevention and Control Strategy, but made important suggestions worthy of consideration here. In addition to questions relating to the Programmes themselves, it raised new challenges which should be considered by the State, such as: formulating a code of ethics about the public-private relationship in order to protect public FNS policies from the interference of commercial factors opposed to them; establishing greater regulatory capacity in order to exercise its obligation to protect public health (measures for regulating

advertising and labelling of food and environments); increasing discussion about *Codex Alimentarius* from the perspective of health promotion, favouring guaranteed FNS and the realization of the Human Right to Adequate Food; always considering the context of indigenous peoples, traditional peoples and communities, as well as gender.

The National Pact for Healthy Food was created in 2015 (Decree N° 8553/2015). This is a call to the state and municipal governments, the private sector and organized civil society in defence of the healthy food gender, which to date has not made significant progress. Thus far no states have joined the initiative. This Pact is expected to strengthen the implementation of obesity prevention and control actions in the states and municipalities. It is important to note that measures like this which include the participation of the private sector in a health promotion agenda should contain processes, criteria and clear conditions that prevent conflicts of interest.



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# GLOBAL PANORAMA AND FINAL CONSIDERATIONS

Recognition of the right to adequate food as a human right has encouraged Brazil to promote food and nutrition security, making important progress in recent years. However, the strategies for the realization of HRAF need to be conceived of from two dimensions: being free from hunger and malnutrition, and having access to adequate and healthy food. The indicators show that much progress has been achieved with regard to the first dimension, but that progress still needs to be made in relation to production and supply processes, qualitative aspects of food and the eradication of hunger and malnutrition in specific population groups. The challenge at this time is to ensure the continuity of results achieved and to go further with processes that promote increased physical and financial access to healthy food environments. Brazil took part in the international discussions relating to the United Nations Decade of Action on Nutrition. Among the commitments established, standing out is the enhancement of sustainable food systems through the development of public policies that are coherent with nutrition – from production to consumption – in all sectors. The work programme and commitments taken on by the countries for the Decade are guided by those already established in the Declaration of Rome and the 2<sup>nd</sup> International Conference on Nutrition in 2014 (ICN2) Framework for Action. It is fundamental that FNS public policies are formulated so as to link production and access, having in common the availability of adequate and healthy food. This requires that the concept of adequate and healthy food crosscuts the restructuring of food systems, right from forms of production through to food purchasing. Policies need to converge, as only a range of integrated actions is capable of acting on the complexity of the issue. Another element providing ballast are the Sustainable Development Goals (SDG), this being a priority agenda up to 2030. Both commitments taken along by the countries at the United Nations Assemblies in 2015 and 2016 are favourable to a global political scenario which will drive forward the planning of articulated and more specific strategies.

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## GLOBAL PANORAMA AND FINAL CONSIDERATIONS

In April 2016, the United Nations General Assembly proclaimed the Decade of Action on Nutrition (2016-2025) (UN, 2016). Based on the involvement already begun in the preparatory process for the 2<sup>nd</sup> International Conference on Nutrition, held in 2014 and sponsored by FAO and WHO, the Brazilian diplomatic and technical sectors worked for the approval of the Decade. Its main object is that governments, intergovernmental organizations, civil society, the private sector, the academic community and others define commitments, based on the Declaration of Rome on Nutrition and the ICN2 Framework for Action (INTERNATIONAL CONFERENCE ON NUTRITION, 2014; 2014a), to promote the nutrition agenda within the scope of the 2030 Global Agenda for Sustainable Development (UN, 2015).

The Decade is an opportunity to make progress and align nutrition actions, facilitating the political processes in the areas indicated by the ICN2 Framework for Action (INTERNATIONAL CONFERENCE ON NUTRITION, 2014). The synergy between the Decade and the Sustainable Development Goals (SDG) offer the possibility of: strengthening the approach that all forms of malnutrition should be dealt with simultaneously and that all countries are affected by and responsible for the global situation; encouraging the alignment of

internal and external policies in various sectors to address all forms of malnutrition; overcoming the traditional division between countries as donors and receptors; articulating different sectors and subjects; strengthening a holistic view of food and its determinants; creating conditions so that political and financial commitments can be established in order to achieve food and nutrition goals; and establishing a monitoring and accountability system.

**The six pillars of action defined for the Decade were based on the final ICN2 documents, namely: (i) sustainable food systems for healthy diets; (ii) health systems that ensure universal coverage of essential nutrition actions; (iii) social protection and nutrition education; (iv) commerce and investment to improve nutrition; (v) enabling environments for nutrition at all ages and (vi) strengthening nutrition governance and accountability.**

The work programme, released in May 2017, is guided by the final results of ICN2, calling on the countries so that the commitments now take on a practical nature, with definition and/or strengthening of policies and programmes with clear targets, respective persons in charge and budgets; establishment of networks for sharing experiences; an efficient communication strategy to enabling monitoring, visibility and transparency of processes and results. The process of the Decade and its results depend on the establishment of legitimate governance at both the national and global levels (FAO; WHO, 2017).

With regard to the 17 SDG, many of them are directly or indirectly related to nutrition, such as SDG 1, “end poverty in all its forms everywhere”; SDG 2, “end hunger, achieve food security and improved nutrition and promote sustainable agriculture”; SDG 3 “good health and well-being”; SDG 5, “achieve gender equality and empower all women and girls”; SDG 6, “ensure access to water and sanitation for all”; SDG 11, “make cities inclusive, safe, resilient and sustainable”; SDG 12, “ensure sustainable production and consumption patterns”; SDG 13, “take urgent action to combat climate change and its impacts”; SDG 15, “sustainably manage forests, combat desertification, halt and reverse land degradation and halt biodiversity loss”. The complexity of the challenges to achieving objectives that are key to the present day, such as equity, eradication of hunger and poverty, combating all forms of malnutrition and sustainability,

have led to the need to articulate agendas that historically were being developed in isolation, thus being a rare opportunity for achieving these objectives.

Considering national experience and differentiated elements for the results achieved so far, the opportunity placed within the global context requires that decisions and actions have the following as references:

**1- Human rights:** Actions need to be strongly based on the universal realization of human rights as a whole, and in particular the rights to adequate and healthy food, health, water, self-determination, decent work, control of natural resources and education. The focus must be on making progress with the rights of vulnerable groups. Special attention needs to be paid to the rights of (i) children; (ii) women, including sexual and reproductive rights, and the elimination of violence and discrimination against women is fundamental for addressing malnutrition; (iii) family farmers, who supply most of the food for consumption, (iv) consumers, by regulating the targeted marketing, especially that targeting children, of unhealthy food and drinks and macroeconomic policies (e.g. fiscal and commercial policies) need to be aligned with nutrition objectives and human rights in the most comprehensive manner.

**2- Addressing all forms of malnutrition at all stages of life.** Policies and initiatives must ensure healthy diets at all stages of life, taking into consideration and

meeting nutrition needs at different stages of life and those of specific groups. Particularly important within this context is the protection, promotion and support of breastfeeding and adequate complementary feeding. Addressing overweight and related diseases must be recognized as a priority. Systemic and intersectoral approaches are needed.

**3- Sovereign and biodiversity-based local food systems.** Effective actions are needed so that food systems can be remodelled and provide diversified and healthy food for current and future generations, ensuring adequate living conditions for smallholder farmers and preserving / strengthening ecosystems and biodiversity. Proximity between producers and consumers needs to be promoted.

**4- Democratic governance and regulatory framework.** Food and nutrition security governance must ensure the protagonism of the States, the effective participation of civil society, especially organizations representing most affected groups. This participation, undertaken within clear processes that ensure action free from conflicts of interest, runs through all stages of public policies. It is also important to establish monitoring and accountability mechanisms for measuring progress with actions.



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