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Healthy Food Production: An Institutional Approach

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1. INTRODUCTION

1. Healthy food production can be viewed from several different perspectives, adopting an array of actions and procedures in the chain of production to control the dangers inherent to the process – a look into the production, or contemplating the management measures adopted by government agencies. This document takes an institutional approach, from a health perspective, understanding that many challenges must be overcome during the formulation and implementation of management measures.

2. BACKGROUND

2. Brazil recognizes that access to an adequate diet is a fundamental human right, inherent to human dignity and indispensable for the exercise of human rights. The government is responsible for adopting the necessary policies and actions to promote and guarantee food and nutrition security for the population, taking environmental, cultural, economic, regional, and social dimensions into account.

3. Healthy food production is addressed by national policies within this context, including the National Food and Nutritional Security Policy (PNSAN) and the National Food and Nutrition Policy (PNAN). In addition, Brazil ratifies this vision as signatory of the Global Strategy for Food Safety and the Global Strategy on Diet, Physical Activity, and Health.

4. The health agencies responsible for the monitoring and oversight of food production are organized into the National Health Surveillance System (SNVS),¹ which integrates the three spheres of administration in Brazil: federal, state, and municipal. The federal level is responsible for coordinating the SNVS, through the National Health Surveillance Agency (ANVISA).

¹ The array of activities and services linked with the right to health in Brazil is organized by the Unified Health System (SUS) and is the responsibility of the three autonomous spheres of government. SNVS is a subsystem of the SUS, which is responsible for regulation, standards, control, and oversight of products and services of interest to public health, including food.

5. The Food Management Administration, ANVISA's administrative unit, is responsible for the coordination, supervision, and control of food production oversight activities in the different administrative spheres. To this end, it employs a mixed-management model, combining pre- and post-marketing activities.

3. GOVERNMENT MANAGEMENT OF HEALTHY FOOD PRODUCTION IN BRAZIL

6. Access to healthy food is an extremely important issue for a country, one that is often cited as a criterion for evaluating its development. Precisely for this reason, many governments address food production using an intersectoral approach--that is, several public agencies share responsibilities, not only for health policy but for social and economic development as well.

7. Data from the 2005 industry survey conducted by the Brazilian Institute of Geography and Statistics (IBGE) revealed the importance of food production in Brazil, involving approximately 20,900 industries, with a net income of R\$230.5 billion *reais* and 1.33 million workers. Data from the 2006 livestock census are more significant, with 4.92 million establishments employing 17.58 million workers. According to this census, the livestock inventory in 2006 included 169.9 million cattle, 31.9 million pigs, and 1.24 billion fowl.

8. In the systematic survey of agricultural production conducted jointly by the IBGE and the Ministry of Agriculture, Livestock, and Supply (MAPA), the 2008 projection for the national harvest of grains, legumes, and oleaginous products is approximately 142.6 million tons. According to MAPA, the gross domestic product (GDP) of Brazilian agribusiness in 2007 was estimated at R\$564.36 billion *reais*.

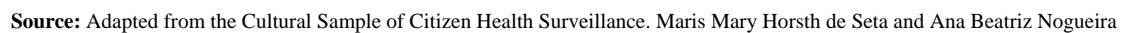
9. Having seen the importance of food production in Brazil, this subject has an intersectoral impact on the government, involving at least 10 ministries² at the federal level, and, strictly speaking, typical production regulatory activities are mainly the responsibility of the agricultural and health agencies. Figure 1 (below) is a diagram showing the complex structure of government food production management.

10. In terms of oversight and control activities, primary production is the responsibility of the agricultural agencies, while responsibility for the subsequent stages of production is shared between the health and agriculture agencies. This common responsibility is riddled with conflicts and the duplication of efforts, which the regulations attempt to resolve, but more elaborate strategies are needed. Also, the actions of these agencies are largely co-dependent, insofar as sanitary problems in primary production have a direct impact on subsequent stages. It is still necessary to note that the protection of consumer health (the focus of the health agencies) and the promotion of production (the main mission of the agricultural agencies) increasingly overlap.

11. The final element needed to understand government management of healthy food production consists of Brazil's federative structure. The country has three management spheres: federal, state and municipal,

² Ministry: agency of the executive branch, reporting directly to the Presidency of the Republic, responsible for the preparation of standards, monitoring, and evaluation of federal programs, policy-making and implementation of the represented sectors. The 10 ministries involved in healthy food production are: Agriculture, Livestock, and Supply (MAPA); Science and Technology (MCT); Agricultural Development (MDA); Social Development and Hunger Alleviation (MDS); Development, Industry, and Foreign Trade (MDIC); Justice (MJ); Environment (MMA); Foreign Affairs (MRE); Health (MS); and Tourism (MTur).

Figure 1: Government management of food production



12. In the field of health, control and oversight of food production activities is coordinated by the National Health Surveillance Agency (ANVISA), a federal agency established in 1999. ANVISA is linked to the Ministry of Health, and its management is the responsibility of a collegial directorate, made up of five stable members during the presidential mandate. The creation of ANVISA and its recognition as an independent regulatory agency with its own financing opened up a new opportunity for discussion with profound reflection on the model for the control of food production. In this process, the need for better governmental management became undeniable, considering the complex national constitution, which is subject to problems such as the fragmentation of policies, omissions, duplication, and contradictions.

13. The strategies adopted by ANVISA in coordination with SNVS are completely different from those put into practice with the government actors involved in food production. In the case of SNVS, rather than interdependence, it is co-responsibility, a result of the decentralization process. This co-responsibility predates ANVISA and derives from the larger health system – the Unified Health System (SUS). Therefore, SNVS's organization and management go beyond the domain of food, not being the specific objective of this approach. However, it is important to understand that in formulating and implementing control and oversight procedures for food production as it relates to health, national priorities and intervention strategies are defined jointly within the spheres of management, always considering local and regional characteristics.

14. In the context of SNVS, with a view to strengthening the decentralization process, the Food Management Administration has assumed two key responsibilities: training agents in modern inspection tools (including auditing basics) and harmonization of control and oversight procedures in food production, subjects that will be addressed in detail in this paper.

15. Another important ANVISA function is coordination with the official SNVS laboratories. In this context ANVISA has support from the country's reference laboratory, the National Institute for Quality Control in Health (INCQS).³ INCQS is a technical and scientific unit of the Oswaldo Cruz Foundation (FIOCRUZ), which is part of the Ministry of Health, and operates in the following areas: training human resources in the official laboratories, promoting scientific events to disseminate knowledge, and coordinating laboratories and acting as the administrator of proficiency tests.

16. In terms of the official laboratories, the creation of ANVISA offered an opportunity to review established practices. This process led to the redirection of activities, progressively moving away from evaluating food compliance in terms of commercial standards and more toward risk assessment.

17. ANVISA played a key role in this context, promoting the careful review of health legislation using a health risk approach and reducing the importance of commercial standards. The agency also served as a catalyst in the process, implementing broad national programs involving the official laboratories that focused on evaluating emerging or neglected health risks. Specific examples of this initiative include the program to analyze veterinary drug residues in foods of animal origin (PAMvet)⁴ and the national program to monitor the prevalence of bacterial resistance in chickens (PREBAF).⁵

18. To fill the gap created by the reorientation of food evaluation, other government actors began to participate in the evaluation of food compliance with commercial standards, citing as an example the National Institute of Measurement, Standards, and Industrial Quality. Evaluation of food compliance expanded beyond the government sector and began to include initiatives from consumer protection organizations and self-regulation programs in the productive sector.

19. The relationship between ANVISA and the MS also differs from that of other government institutional relationships, mainly because ANVISA is directly linked to the MS through its formal commitment as an external contractor.⁶ The MS is responsible for formulating the main policies and directives that guide ANVISA's actions in the control of food production. This link is also significant at the other extreme of the

³ <http://www.fiocruz.br/incqs/cgi/cgilua.exe/sys/start.htm?tpl=home>

⁴ <http://www.anvisa.gov.br/alimentos/pamvet/index.htm>

⁵ http://www.anvisa.gov.br/alimentos/prebaf_04_06.pdf

⁶ The contract is the main tool for evaluating ANVISA's operational and administrative performance; noncompliance can lead to loss of the directors' mandate.

control of food production, since this Ministry is responsible for the epidemiological surveillance of waterborne and foodborne diseases (FBD), i.e., it generates data that serves as feedback to the system for oversight and control of food production.

20. Interfaces with governmental agencies differ in type and intensity and are generally built on specific needs. In other words, in formulating interventions in food production, one of the first steps is to identify the government agencies and entities that can partner in each specific objective.

21. Several examples of partnerships already exist, and some are described here to give an idea of the magnitude of this sphere of activity between ANVISA and other SNVS members. An important ANVISA initiative was a technical cooperation effort with the National Scientific and Technological Development Council (CNPq), an agency of the Ministry of Science and Technology (MCT) that promotes scientific and technological research and the training of human resources in research in Brazil. The purpose of the cooperation was to help several lines of research promoted by the country to address the monitoring challenges in healthy food production. For example, one issue taken on by the MCT agency was an aflatoxin risk assessment in the peanut production chain.

22. The attempt to better utilize the country's research capacity to evaluate the risks associated with food consumption was so successful that it has become a regulatory practice. Today, ANVISA has two institutionalized channels for interaction with representatives of government research centers, which are: the Technical Chamber for Food (CTA)⁷ and the Technical and Scientific Commission for the Evaluation of Functional Foods and New Foods (CTCAF).⁸

23. Also in the field of technical and scientific knowledge, ANVISA launched the Directory of Health Surveillance Expertise (DCVisa),⁹ a system that records the curricula and professional experience of undergraduate and graduate specialists in health surveillance. DCVisa will mirror the CNPq data, comprised of an estimated 1 million curricula or more. This tool will play an important role in the control food production, making it possible to identify specific academic and professional profiles, or even to draw together a multidisciplinary professional team with specialists from different states to address health risks.

24. Due to its regulatory nature, ANVISA works closely with the Ministry of Industrial Development and Foreign Trade, mainly through INMETRO, the executive agency linked with ANVISA. This partnership has several aspects, including ANVISA's active participation in the Codex Alimentarius committee of Brazil, coordinated with several subgroups; action in the Product Analysis Program,¹⁰ helping define the priority products and adopt the interventions in production deemed necessary; and sharing in regulatory initiatives, for greater coherence between the aspects self-regulated by the market and the hygiene-sanitary requirements contained in legislation.

25. A recent example of a successful partnership in the area of oversight and control of food production is linked to the Ministry of Justice, through two of its institutions: the Federal Police, a participant in

⁷ The chamber was created to provide technical and scientific assessment in new fields of knowledge and emerging issues, involving itself particularly in the activities of risk analysis and regulation.

⁸ CTCAF also provides technical and scientific assessment, supporting ANVISA in evaluating scientific documentation for verification of safety in the use of new food and/or new ingredients, with the focus on the risk to consumer health, and the truth of claims of functional and/or health appropriateness .

⁹ <http://dcvisa.anvisa.gov.br>

¹⁰ <http://www.inmetro.gov.br/qualidade/progAnaliseProd.asp>

situations where there is suspicion or evidence of fraud, counterfeiting, or the use of controlled or banned substances (practices considered a crime in the country) and the Department of Consumer Defense and Protection (DPDC). The Department of Consumer Defense and Protection in Brazil is also organized as a government network, with representatives widely distributed throughout the country, adding much information on irregularities in products provided by the consumers themselves. This information is invaluable for guiding the oversight and control of food production. Also, the DPDC and its sister agencies in the states and municipios have supported oversight and control procedures in food production through surveillance and the dissemination of results with an impact on trade, using, in extreme cases, the available coercive instruments.

26. The examples of partnerships are reproduced in varying degrees in the states and municipios. As indicated above, the examples correspond to targeted actions; that is, they involve a partnership between ANVISA and a sectoral ministry. However, this type of action does not always consider the complex government interaction that exists. Thus, recognizing the need for closer coordination with government agencies, the productive sector, the scientific community, and organized civil society, ANVISA created the Sectoral Chamber for Food (CSA), a consultative and advisory body that plays a key role in guaranteeing transparency and integration of the procedures to control food production. The composition of CSA is presented in Figure 2.

Figure 2: Composition of the Sectoral Chamber of Food (CSA) of ANVISA

PRODUCTIVE SECTOR	ORGANIZED CIVIL SOCIETY	GOVERNMENT BODIES
The Brazilian Association of Food Industries (ABIA)	Brazilian Society of Food Science and Technology (SBCTA)	Ministry of Health
Brazilian Association of the Dietary Food Industry (ABIAD)	Brazilian Consumer Protection Institute (IDEC)	Ministry of Agriculture, Livestock, and Supply (MAPA) Brazilian Company of Livestock Survey (EMBRAPA)
Brazilian Beverage Association (ABRABE)	National Confederation of Housewives	Ministry of Agricultural Development (MDA)
Brazilian Association of Refrigerating Industry (ABIF)	Federal Nutritionist Council (CFN)	Ministry of Social Development (MDS)
Brazilian Association of Supermarkets (ABRAS)	Brazilian Toxicology Society	Ministry of the Tourism (MTUR)
Brazilian Packaging Association (ABRE)	Popular Movement in Health (MOPS)	Department of Consumer Protection and Protection (DPDC/SDE/MJ)
National Federation of Hotels, Restaurants, Bars and Similar (FNHRBS)	Federal Veterinary Medicine Council (CFMV)	National Institute of Measurements (INMETRO)
National Learning Service – (SENAI)	Brazilian Association of Health Conference (ABRASCO)	- National Board of Health Secretariats – (CONASS) - National Board of Municipal Health Secretariats (CONASEMS)
Support Service for Microenterprise and Small Business (SEBRAE)	National Forum of Civic Entities for Consumer Protection (FNECDC)	National Institute of Quality Control in Health (INCQS)
		Food Technology Institute (ITAL)

27. The CSA has an annual schedule of regular meetings, and its members can convene special meetings as needed. In formulating the CSA agenda, items proposed by the members are included; currently, issues that have gained ground are those where there is clearly division among the stakeholders involved, or sanitary problems whose solution requires joint action from social, productive, and government sectors.

28. ANVISA has participated in governmental forums on food. Currently worth mentioning is ANVISA's participation in the committees of the National Food and Nutritional Safety Council,¹¹ coordinated by the Presidency of the Republic.

29. ANVISA and the other SNVS entities have made a special effort to increase coordination with MAPA and the state and municipal agriculture organizations, aware of the interdependence of the actions of these governmental entities. As a practical example of this strategy, in 2008 the Integrated Center for Food Quality Control (CQUALI) was created as a joint initiative between ANVISA, MAPA, and DPDC to coordinate these activities of these agencies, strengthen preventive measures, and combat aberrations in quality, including sanitary irregularities and fraud. Milk, a product widely consumed nationally, was the first product selected. The specific objective of CQUALI was to inspect and monitor in a coordinated fashion the quality of pasteurized milk, UHT (ultra-high temperature) milk, and powdered milk, in its various classifications, and the production and industrial facilities, respecting the legal competencies of every entity.

30. Economic and social policies increasingly include actions targeted to family farming, recognizing its importance in reducing social inequalities and strengthening economic activity in the country. However, when these policies do not take the sanitary aspects of food production into account, a potential rift emerges in the government. Although the main contribution lies with the agricultural bodies, including the Brazilian Agricultural Research Company (Embrapa) and other technical assistance and rural extension entities, the health agencies have attempted to participate in these discussions, bringing their priorities in terms of health risks and strengthening the holistic vision of the chain of production.

31. In this field, the main objectives of the health agencies is to facilitate regular participation by these entities in the consumer market, until the hygiene/sanitary requirements of good agricultural practices (GAP), or, depending on the degree of processing of artisan food, good manufacturing practices (GMP), are met. In order to ensure that the health agencies are not identified as an obstacle to this type of activity or to the country's socioeconomic policies themselves, an important measure has been adopted to facilitate access by family or artisan producers, and even microenterprises and small businesses, to the training courses and consultants necessary for implementing good practices. One partnership that proved fruitful was with the autonomous social services of the productive sector.

32. Brazil has a group of services known as the "S System,"¹² which includes legally established private nonprofit law offices, maintained by government resources or parafiscal contributions (from the productive sector). As a support strategy for implementing the GMP and the Hazard Analysis Critical Control Point (HACCP) system, the partnerships included the National Industrial Learning Service (SENAI), a national center for generating and disseminating knowledge on industrial development, and

¹¹ <https://www.planalto.gov.br/Consea/exec/index.cfm>

¹² The autonomous social services that make up the "S System" are mainly in the fields of agriculture, transportation, industry, and trade.

the Brazilian Microenterprise and Small Business Support Service (SEBRAE), an entity whose task is to promote the competitiveness and sustainable development of microenterprise and small business activities.

33. It should be noted that this is a superficial view of the role of SENAI and SEBRAE, since these autonomous services work on several fronts in the production of healthy food. One prominent example is the Food Safety Program (PAS),¹³ an S System initiative aimed at reducing the population's food risks through development of technology, methodology, content, education, and training of technicians in order to disseminate, introduce, and certify food safety control tools at companies that are part of the food chain throughout the country.

34. In conclusion, the changes in the food control model made after the creation of ANVISA will be analyzed from the standpoint of health. The agency grew out of the complete reform of the administrative structure in Brazil; i.e., it has been created with the intention of modernizing the management model. Applying the general public administration reform policies to ANVISA, the new model should contain the following elements: it should be results-based (actions that they have an impact on improving consumer health), take into account the stakeholders' perspectives (society, the regulated sector, and other government agencies), address the interests and needs of consumer-citizens, and make decisions based on scientific evidence and knowledge.

35. In the field of health, the sanitary food control model that was in effect did not differ from that of other developing countries, with a strong pre-marketing bias; i.e., focused on registration, authorization, and licensing. Besides the problems common to these bureaucratic models, including its focus on the work process and not results, there was a tendency toward rigidity and isolation that did not take the complexity of an increasingly global economy into account. Despite the evident need for changes, implementation a new management model faced major obstacles, even among SNVS professionals, given the collapse of the paradigm that these changes represent—obstacles that are still present.

36. Despite all the difficulties, the changes began with deregulation of the food registry. Seventy-five percent of the food categories became exempt from compulsory registry, assuming the limitations of this tool as an instrument for food safety control and strengthening the accountability of the productive sector for the quality of the food offered for consumption. Mandatory registration applies to all new foods or ingredients whose placement in the market requires prior evaluation of their safety, as well as to food targeting people with specific metabolic or physiological conditions.

37. Deregulation of the registry helps reduce the excessive workload of pre-marketing control activities, making it possible for health agencies to better explore post-marketing control activities, historically neglected by the model adopted. In order to consolidate expansion of post-marketing actions, a strategy for strengthening sanitary inspection was adopted, a measure that brings the government authority closer its intervention objective: the production process. This strategy has three parts: updating of GMP legislation, training of government agents in the tools for sanitary control of food, and the agreement¹⁴ among federal entities on inspection goals.

¹³ <http://www.alimentos.senai.br/>

¹⁴ The review of federal-level financial resources for the other entities of the federation was linked to achievement of the agreed-upon goals.

38. In terms of legislation, ANVISA has promoted a series of updates in the norms governing the processing and industrialization of food under its jurisdiction, introducing tools for sanitary control of food recognized by Codex Alimentarius and validated by results, such as good manufacturing practices (GMP) and the Hazard Analysis Critical Control Point (HACCP) system. Although the force that drives the health agencies is protection of the population's health, their action is not independent of economic issues, recognizing the importance of measuring the economic impact of the requirements prescribed in the legislation. In this sense, the entire process of updating legislation is participatory, involving the various stakeholders involved, including the regulated sector.

39. Another basic strategy for effective control of food products has been to train health surveillance inspectors in the tools of sanitary food control and basic auditing; the entire process was implemented with the Pan American Health Organization (PAHO). From this pioneering partnership with PAHO, a program was launched that trained more than 5,350 SNVS professionals and 46 "multipliers," i.e., professionals trained to replicate the training in their localities. Recognizing that for the actions to be effective, balanced knowledge between the regulatory and regulated sectors is essential, ANVISA, through partnerships with SENAI and SEBRAE, invested in training for technicians from the processing and industrial production companies, particularly micro- and small enterprises.

40. Within this strategy, in observance of the inspection goals set in the pact, more than 7,500 inspections were conducted in the country in 2007. Another strengthened action consists of the post-marketing evaluation of food for consumption, approached from two different perspectives: the monitoring of products to diagnose intervention priorities and the effectiveness of the measures adopted; and the evaluation of emerging or neglected risks, already addressed in this document, to help reorient activities with a risk approach relevant to the formation of a laboratory network capable of responding to issues requiring greater food analysis technology and multidisciplinary knowledge.

41. During its four years of execution, the program for monitoring the sanitary quality of food¹⁵ classified 27 categories of food, supplying more than 13,000 samples. In terms of risk assessments, the priority areas were: veterinary drug residues, toxic agricultural residues,¹⁶ and presence and bacterial resistance of *Enterobacter sakazakii*¹⁷ in infant milk formulas.

42. Consolidating a results-based management model requires tools that turn the decision-making of government managers into a scientific evidence-based activity, better qualifying the intervention activities. Scientific tools are still indispensable in measuring the magnitude of risk reduction needed to achieve appropriate levels of protection for the country's population.

43. In the SNVS's ongoing improvement of the food production control model, PAHO and ANVISA established technical cooperation aimed at training health surveillance professionals in risk analysis, systematic review, and meta-analysis. Through this instrument, the available public health data will be identified, examined, evaluated, summarized, and translated for the practice of health surveillance. As a complementary activity, the Food Management Administration will train some health surveillance professional in risk management; the courses are structured according to the country's geographical units to bring content on theory closer to local and regional specifics. As an intervention project, artisan

¹⁵ <http://www.anvisa.gov.br/alimentos/programa/index.htm>

¹⁶ This evaluation is coordinated by the General Toxicology Office of ANVISA; the available data can be found at: <http://www.anvisa.gov.br/toxicologia/residuos/index.htm>.

¹⁷ This evaluation is being carried out through a technical cooperation project with PAHO.

food will be given special importance, due to its important role in incorporating vulnerable social groups in the economy, in an attempt to establish control measures and strategies for action that can be reproduced in the country.

44. The action of health institutions in producing healthy food gained new meaning in the face of the economic, social, and demographic changes stemming from growing modernization and urbanization. These shifts have altered the nutritional and epidemiological profile of the population, which has been marked by an increase in the prevalence of overweight and obesity and a decrease in the incidence of malnutrition, denoting a nutritional transition. These changes have reached national proportions and promoted changes in the diet of the Brazilian population, with the growing supply of processed foods (high in fats, sugars, and sodium), easy access to inexpensive high-energy-density food (especially affecting low-income families) and general decrease in physical activity.

45. With the changes in the nutritional profile of the population, an increase in chronic noncommunicable diseases (obesity, cardiovascular disease, diabetes, and some types of cancer) has been observed, which in recent decades have become the leading causes of death in Brazil, surpassing mortality from infectious and parasitic diseases. The prevention and control of noncommunicable chronic diseases and their risk factors is key to preventing their epidemic growth and consequences for the quality of life and the health system in Brazil.

46. Healthy food promotion is an intersectoral line of action of the National Healthy Food Policy and a strategic linchpin of the National Policy on Health Promotion. The first official document to establish the guidelines for healthier food choices by the Brazilian population was published in 2005 under the title Food Guide for the Brazilian Population.¹⁸ The guide's multifocal approach encourages integration among the health sector's various lines of action and the commitment of managers, uniting the productive sector and civil society for the same objective: the promotion of health and healthy food practices.

47. ANVISA's role in this line of action predates the Food Guide for the Brazilian Population, as it derives from the regulation on the mandatory nutritional information. Since 2001, food manufacturers must put nutritional information on their product packages. Since 2003, mandatory nutritional information has been harmonized in the Southern Common Market (MERCOSUR). The mandatory information includes a nutritional reference section on the package; the percentage of energy value and of the following nutrients: carbohydrates, proteins, total fats, saturated fats, trans fats, nutritional fiber, and sodium; and the percentage of daily values based on a 2000-calorie diet (or 8400 kJ) and of nutrient content in terms of recommended daily allowance (RDA).

48. Given the concern over the adverse impact that this legislation could have on microenterprise and small business, the nutritional information was permitted to be obtained in ways other than food analysis, even though that method provides more reliable information for the consumer. ANVISA also has a program on its website for calculating nutritional information, created to support the food industry and small food producers in preparation of nutritional labeling. Nutritional information can be obtained through calculations made from food composition tables.

49. In addition, the food guidelines in this Guide open up a new sphere of activity by including the following recommendations as mechanisms to promote a healthy diet: limit the calorie intake from fats,

¹⁸ http://dtr2004.saude.gov.br/nutricao/guia_conheca.php

replace saturated and trans fats with unsaturated fats; limit the intake of free sugars; and limit the consumption of sodium from all sources.

50. ANVISA recognizes that the scope of these guidelines requires an integrated approach from the various areas of the health sector and a commitment from government managers that involves and delegates responsibility to the productive sector and mobilizes society. Based on this understanding, ANVISA elected the CSA as a legitimate forum for discussion, with the intervention strategies being designed in this chamber.

51. Based on all the argumentation, it is clear that healthy food production is not confined to the adoption of appropriate sanitary practices throughout the chain of production; it is also intrinsically linked to the actions of the government agencies involved. If the dynamics and complexity of healthy food production and consumption imposes daily challenges for the government agencies, overcoming the obstacles can occur through their coherent actions and the involvement of the various social stakeholders and the regulated sector in institutionalized opportunities for debate.

4. CONCLUSIONS AND RECOMMENDATIONS

52. In analyzing the recent progress in healthy food production in Brazil, the improvements in government management, including intra- and intergovernmental partnerships, and the modification of the control model are clearly critical to achieving positive results. The recommendations presented below are considered key to attaining the progress in the control and oversight of healthy food production obtained by ANVISA:

- technical and scientific knowledge as the basis for decision-making;
- a holistic approach to food production;
- incentives and support for decentralization of the actions in sanitary surveillance of food, in conjunction with states and municipalities;
- modernize administrative management and the control model, strengthening intra- and intergovernmental linkages;
- involvement of social stakeholders in the decision-making process and responsibility for the productive sector, increasing the transparency of government action.

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