Learning from Brazil's Food and Nutrition Security Policies

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Contents

Acronyms

ABRANDH	Brazilian Action for Nutrition and Human Rights (*Ação Brasileira pela Nutrição e Direitos Humanos*)
ABRASCO	Brazilian Association of Collective Health (*Associação Brasileira de Saúde Coletiva*)
ANVISA	Brazillian Health Regulatory Agency (*Agência Nacional de Vigilância Sanitária*)
ABIA	Brazilian Association of Food Industries (*Associação Brasileira das Indústrias da Alimentação*)
BLH	Brazilian Network of Human Milk Banks (*Rede Brasileira de Bancos de Leite Humano*)
BMI	Body Mass Index
CAISAN	Intersectoral Chamber for Food and Nutritional Security
CECANE	Collaboration Centres on School Food and Nutrition (*Centros Colaboradores em Alimentação e Nutrição Escolar*)
CERESAN	Reference Centre on Food and Nutrition Sovereignty and Security
CGAN	General Coordination Office for Food and Nutrition Policy (*Coordenação Geral de Alimentação e Nutrição*)
CNPq	National Council for Scientific and Technological Development (*Conselho Nacional de Desenvolvimento Cientifico e Tecnológico*)
CONAB	National Food Supply Agency (*Companhia Nacional de Abastecimento*)
CONSEA	National Council for Food Security (*Conselho Nacional de Segurança Alimentar*)
DAB	Basic Health Care Department (*Departamento de Atenção Básica*)
DSEI	Special Indigenous Health Districts (*Distritos Sanitários Especiais Indígenas*)
DUAT	The Right of Use and Enjoyment of Land (*Direito de Uso e Aproveitamento da Terra*)
ECOFORTE	Programme for Widening and Strengthening Agroecological and Organic Production Networks (*Programa de Ampliação e Fortalecimento das Redes de Agroecologia e Produção Orgânica*)
EMBRAPA	Brazilian Agricultural Research Corporation (*Empresa Brasileira de Pesquisa Agropecuária*)
FAO	Food and Agricultural Organisation of the United Nations
FAP	State Foundations for Research Support (*Fundações Estaduais de Amparo a Pesquisa*)
FBSSAN	Brazilian Forum on Food and Nutrition Sovereignty and Security (*Fórum Brasileiro de Soberania e Segurança Alimentar e Nutricional*)
FNDE	National Fund for Educational Development (*Fundo Nacional de Desenvolvimento da Educação*)
Food EPI	Healthy Food Environment Policy Index

FPSAN	Parliamentary Front for Food and Nutritional Security (*Frente Parlamentar de Segurança Alimentar e Nutricional*)
FUNASA	National Health Foundation (*Fundação Nacional de Saúde*)
GDP	Gross Domestic Product
IBGE	Brazilian Institute of Geography and Statistics (*Instituto Brasileiro de Geografia e Estatística*)
IDEC	Brazilian Institute for Consumer Protection (*Instituto Brasileiro de Defesa do Consumidor*)
INCRA	National Institute for Colonisation and Agrarian Reform (*Instituto Nacional de Colonização e Reforma Agrária*)
INFORMAS	International Network for Food and Obesity/NCDs Research, Monitoring and Action Support
INEP	Anísio Teixeira National Institute for Educational Studies and Research (*Instituto Nacional de Estudos e Pesquisas Educacionais Anísio Teixeira*)
LOSAN	Framework Law on Food and Nutritional Security (*Lei Orgânica de Segurança Alimentar e Nutricional*)
MAPA	Ministry of Agriculture, Livestock and Supplies (*Ministério da Agricultura, Pecuária e Abastecimento*)
MCTI	Ministry of Science and Technology
MDA	Ministry of Agrarian Development (*Ministério do Desenvolvimento Agrário*)
MDS	Ministry of Social Development (*Ministério do Desenvolvimento Social*)
MDSA	Ministry of Social and Agrarian Development (*Ministério do Desenvolvimento Social e Agrário*)
MEC	Ministry of Education (*Ministério da Educação*)
Mercosul	Southern Common Market – Mercosur in Spanish (Portuguese: Mercado Comum do Sul; Guarani: Ñemby Ñemuha). This sub-regional bloc comprises Argentina, Brazil, Paraguay, Uruguay, and Venezuela (which was suspended on December 1, 2016)
MJ	Ministry of Justice (*Ministério da Justiça)*
MS	Ministry of Health (*Ministério da Saúde*)
MST	Landless Workers' Movement (*Movimento Sem Terra*)
NCDs	Non-Communicable Diseases
PAA	Food Acquisition Programme (*Programa de Aquisição de Alimentos*)
PAHO	Pan-American Health Organisation
PAT	Food Programme for Workers and Labourers (*Programa de Alimentação do Trabalhador*)
PLANAPLO	National Agroecology and Organic Production Plan (*Plano Nacional de Agroecologia e Produção Orgânica*)
PNAD	Continuous National Household Sample Survey (*Pesquisa Nacional por Amostra de Domicílios Contínua*)
PNAE	National School Feeding Programme (*Programa Nacional de Alimentação Escolar*)
PNAM	National Policy for Breastfeeding (*Política Nacional de Aleitamento Materno*)

PNDS	National Survey on Women and Children's Demographics and Health (*Pesquisa Nacional de Demografia e Saúde da Criança e Mulher*)
PNS	National Health Survey (*Pesquisa Nacional de Saúde*)
PNSAN	National Policy for Food and Nutritional Security (*Política Nacional de Segurança Alimentar e Nutricional*)
POF	Brazilian Consumer Expenditure Survey (*Pesquisa de Orçamentos Familiares*)
PRONAF	National Programme for Strengthening Family Agriculture (*Programa Nacional de Fortalecimento da Agricultura Familiar*)
PRONARA	National Programme for the Reduction of the Use of Pesticides (*Programa Nacional para Redução do Uso de Agrotóxicos*)
PT	Workers' Party (*Partido Trabalhista*)
SAMU	Urgent Healthcare Ambulance Service (*Serviço de Atendimento Móvel de Urgência*)
SAS	Health Care Secretariat (*Secretaria de Atenção à Saúde*)
SISAN	National Food and Nutrition Security System (*Sistema Nacional de Segurança Alimentar e Nutricion*al)
SISVAN	National System for Food and Nutritional Surveillance (*Sistema Nacional de Vigilância Alimentar e Nutricional*)
SUS	Unified Health System (*Sistema Único de Saúde*)
TACO	Brazilian Classification Table of Food Composition (*Tabela Brasileira de Composição de Alimentos*)
TAC	Conduct Adjustment Agree conduct adjustment agreement (*Termo de Ajuste de Conduta*)
UFRRJ	Federal Rural University of Rio de Janeiro (*Universidade Federal Rural do Rio de Janeiro*)
UK	United Kingdom
UN	United Nations
UNICEF	United Nations Children's Programme
VIGITEL	Surveillance of Risk and Protective Factors for Chronic Diseases Phone Survey (*Vigilância de Fatores de Risco e Proteção para Doenças Crônicas por Inquérito Telefônico*)
WHO	World Health Organisation
WTO	World Trade Organisation

Definitions[3]

Civil society: Non-governmental organizations (NGOs), institutions and individuals that manifest or represent the interests and will of citizens (academia, professional organizations, unions, social movements, public-interest NGOs and citizens).

Codex Alimentarius: The "Food Code" was established by the Food and Agriculture Organization (FAO) and the World Health Organization (WHO) in 1963 to develop harmonised international food standards, which protect consumer health and promote fair practices in food trade.

Non-Communicable Diseases (NCDs): The paper focuses principally on diet-related NCDs, including Type 2 diabetes, cardiovascular diseases and nutrition-related cancers, excluding micronutrient deficiencies, undernutrition, stunting, osteoporosis, mental health and gastrointestinal diseases.

Food and Nutritional Security: Brazilian policy actors and policy documents always refer to Food **and** Nutritional Security, which is framed as the realization of the right of all to regular and permanent access to quality food in sufficient quantity, without compromising access to other essential needs, based on nutrition practices that promote health, respect cultural diversity and are socially, economically and environmentally sustainable. (*Lei Orgânica de Segurança Alimentar e Nutricional* – LOSAN, Article 3, 2006, Brazil).

Free sugars: Free sugars include monosaccharides and disaccharides added to foods and beverages by the manufacturer, cook or consumer, and sugars naturally present in honey, syrups, fruit juices and fruit juice concentrates (WHO, 2015).

Healthier foods: Foods recommended in national food-based dietary guidelines, dietary guidelines or food-based standards. In Brazil, the national Eating Guide (*Guia Alimentar*) reflects the balance of food categories, and there are also strict regulations on school meals.

Healthy food environments: Environments in which the foods, beverages and meals that contribute to a population's diet meet national dietary guidelines, and are widely available, affordably priced, and widely promoted.

Nutrients of concern: Saturated fats, trans fats, free sugars, and salt.

NB: 'Food(s)' refers to 'foods and non-alcoholic beverages'. Alcohol is excluded from the Food EPI framework.

[3] Adapted from the England Food EPI Evidence Review paper, 2016

Project background

In 2013, Brazil and the UK were two of the signatories of the Nutrition for Growth (N4G) Global Compact, a voluntary agreement signalling commitment to strengthening international cooperation to tackle food and nutrition security challenges through multi-stakeholder partnerships, considered vital for meeting the Sustainable Development Goals (SDGs) established by Agenda 2030. The Nutrition for Growth initiative originally emerged from the political engagement between President Dilma Rousseff and Prime Minister David Cameron at the Hunger Summit, hosted by the UK on the side-lines of the London Olympics in 2012. Launched at the Nutrition for Growth Summit in 2013, the Global N4G Compact was a partnership between the UK, Brazil (signed by Brazil's then Vice-President, Michel Temer) and The Children's Investment Fund Foundation; and endorsed by 100 stakeholders from science, business, civil society, private foundations and governments, committed to reducing child stunting by 20 million by the year 2020 (N4G Communiqué, 2013). The Global N4G Compact aimed "*to promote and strengthen the global political commitment on nutrition, by increasing resources and harnessing governments and civil society to accelerate reaching the global goals and commitments on nutrition agreed upon in international fora.*"[4] Following the 2013 N4G Summit, the Brazilian Government at the time committed to do further building of political support for the N4G on the margins of the Rio Olympics in 2016.

The UK-Brazil Learning Exchange on Food and Nutrition Security Policy project was born in this context, at a time of increased focus on nutrition in global policy spaces – including considerable commitment from the UK to tackling undernutrition through its cooperation with low-income countries (LICs) – combined with growing obesity, malnutrition and food insecurity in the UK, with limited policy responses. Civil society actors in the UK were keen to secure greater coherence between international efforts to tackle undernutrition, and those focused on tackling overweight and obesity and other forms of diet-related disease, in line with the recently-agreed Sustainable Development Goals. The Global Nutrition Reports published in 2014 and 2015 showed growing recognition that all forms of malnutrition should be within the scope of international commitment, given how rapidly patterns of malnutrition shift as countries undergo economic transition and urbanization. Thus, civil society in the UK saw the forthcoming 2016 N4G Summit in Brazil as an opportunity for the UK government to demonstrate its commitment to tackling the growing domestic problems of obesity and food poverty, as well as to learn from Brazil's success in tackling hunger and malnutrition. This was when Brazil's international leadership in food and nutrition had only just started to wane under President Dilma Rousseff, and Brazilian cooperation activities in food and nutrition were still ongoing.[5] Brazil also acknowledged its

[4] Concept Note "Global Network of Researchers and Institutions of Research, Extension and Learning in Food Security and Nutrition", Government of Brazil General-Coordination Office for Humanitarian Cooperation and Fight Against Hunger (CGFOME), October 2015

[5] For detailed analyses of Brazilian cooperation, including in food and nutrition, see Costa Leite *et al.* 2014; Maluf, Santarelli and Prado, 2014; Suyama, Waisbich and Costa Leite in Gu, Shankland and Chenoy (eds.), 2016.

burgeoning problem with overweight and obesity, and had developed policies aimed at the social determinants of food and nutrition issues.

In August 2016, Brazil hosted the second Nutrition for Growth event, which was a modest meeting on the margins of the Rio Olympics. However, against the backdrop of political upheaval in both countries – Brexit in the UK and the impeachment process in Brazil – civil society and policy actors in both countries continued to work to create a collective focus on policy measures and political commitments which addressed food and nutrition issues, both at home and abroad. This shared vision has been the backbone of this UK-Brazil learning exchange.

This paper has been compiled by an inter-disciplinary team based in the UK and Brazil, coordinated by the Institute of Development Studies and funded by the Food Foundation, an independent think-tank which develops evidence-based policy solutions to address the challenges of the UK food system, putting low-income consumers first.[6]

Project brief and outputs

The project was designed around a UK-Brazil parliamentary exchange on policies which tackle all forms of malnutrition, and the production of an evidence-based snapshot of the state of national frameworks on food policy in England and Brazil, using the Healthy Food Environment Policy Index (Food-EPI) methodology developed by the International Network for Food and Obesity/NCDs Research, Monitoring and Action Support (INFORMAS).

This paper provides an overview of the findings of a UK-Brazil learning exchange, which took place between British and Brazilian policy actors working in food and nutrition who were interested in learning from each other's experiences. In addition, this paper includes a section reviewing Brazilian food and nutrition policy, in order to provide the basis for a comparative policy analysis with the Food-EPI process carried out in England by the Food Foundation. Together with a range of dissemination and engagement events and meetings, a series of policy briefs have been produced, detailing both Brazil and the UK's respective successes and experience in certain areas of food policy.

This exchange was the fruit of ongoing discussions between Brazilian and British policy, civil society, advocacy, academic and social movement actors working on food and nutrition security (FNS) and hunger. Initially spurred by the opportunity presented by the N4G summit, Decade of Action on Nutrition, ICN2 and other global policy moments, the key focus was on how this could translate to action in the domestic arena. Together with Members of Parliament, UK policy and civil society actors had expressed an interest in learning more about Brazil's experience in eradicating hunger. Specifically, they were interested in the following 10 policies and programmes, for which the Brazil team produced a series of policy briefs[7], presented in Westminster at a

[6] This project is a collaboration between the Food Foundation, the Institute of Development Studies' Health and Nutrition Cluster, and colleagues based at the CERESAN/CPDA, Federal Rural University of Rio de Janeiro (UFRRJ), and the University of the Sinos Valley (UNISINOS).

[7] Food Foundation International Learning Series, available at: http://foodfoundation.org.uk/publications/

round-table with MPs and an audience of key stakeholders working on food and nutrition issues:

i) National Policy for Food and Nutritional Security
ii) CONSEA: The National Council for Food and Nutrition Security
iii) CAISAN: The Intersectoral Chamber for Food and Nutritional Security
iv) The Parliamentary Front for Food and Nutritional Security
v) National Breastfeeding Policy
vi) Human Milk Banks
vii) Universal School Meals
viii) Holiday Hunger
ix) Linking small farmers' production to food assistance
x) Community Restaurants

In turn, Brazilian policy actors in the Ministry of Health, Ministry for Social Development, and the erstwhile General-Coordination Office for Humanitarian Cooperation and Fight Against Hunger (CG-FOME), as well as researchers working on nutrition and food regulation were keen to learn more about the origins of the UK tax on sugar-sweetened beverages (SSBs), and of the regulation of advertising and marketing of foods high in fat, sugar and salt (HFSS) to children.[8]

However, the radical political changes in the UK and Brazil meant working with parliamentarians in both contexts was challenging, particularly during the process of government change in both countries. Because of this, the project decided to postpone the in-person parliamentary peer learning exchange, and instead focus on producing an evidence base for the learning. The team carried out a review of Brazilian FNS policies in order to provide a basis for comparison with the England Food EPI exercise led by the Food Foundation, and to make learning on Brazilian FNS policies more widely available to other FNS actors in the UK who had expressed an interest in this, so the review process was considered a useful technical exercise.

We are extremely grateful to all those who kindly provided feedback on this project and on this paper, including our colleagues at the Institute of Development Studies (IDS) and the Food Foundation in the UK. In particular, we would like to thank the reviewers of this paper, based at the Federal Rural University of Rio de Janeiro (UFRRJ), the Federal University of Rio Grande do Sul (UFRGS), and the University of São Paulo (USP), for their careful reading and helpful comments. The authors are conscious that whilst the Food EPI methodology was carefully followed, there are some areas of the Brazilian FNS story that are more lightly covered in this account, partly due to the limited scope of the paper, which is to provide a snapshot of FNS policy in Brazil over a particular period, and to draw on the policies which British MPs had expressed an interest in learning from. However, we would like to highlight that food supply is fundamental to the Brazilian FNS story, as is the growing role of family agriculture in this process. The paper does cover family agriculture to some extent, but readers may

[8] Portuguese version of the policy briefing for UK tax on sugar-sweetened beverages available at https://foodfoundation.org.uk/wp-content/uploads/2017/07/2-Briefing-Sugar-Levy_-Portuguese.pdf Portuguese version of the policy briefing for Regulation of advertising and marketing of foods high in fat, sugar and salt (HFSS) to children available at https://foodfoundation.org.uk/wp-content/uploads/2017/07/3-UK-JUNK-FOOD_17pp_Portuguese.pdf .

be interested in learning more about this important element of Brazil's FNS establishment.[9]

Lastly, we would like to reiterate that this paper has focused on what Professor Sérgio Schneider refers to as a "virtuous period" in Brazil's FNS history. Prospects for the continued existence of such policies and programmes will very much depend on the political will and accompanying financial support for their implementation.

Methodological approach and format[10]

> *How much progress have governments made towards good practice in improving food environments and implementing obesity and non-communicable disease (NCD) prevention policies and actions?*

Developed by INFORMAS, the International Network for Food and Obesity/NCDs Research, Monitoring and Action Support,[11] the Healthy Food Environment Policy Index (Food-EPI) aims to answer this overarching question, and assess a government's level of implementation of policies and infrastructure support against a set of good practice statements. The goal of the Food EPI is to identify and prioritise actions needed to address critical gaps in government policies and infrastructure support. The first step in the process is to review evidence and policy documents that relate to the food environment, and to compile an Evidence Paper. The Food EPI has been fully completed in New Zealand (Vandevijvere and Swinburn, 2015), England (Food Foundation, 2016), and Thailand (Phulkerd *et al*., 2017); and is currently being undertaken in South Africa, as well as in several Latin American countries including Mexico, Guatemala, Argentina and Brazil. Chile and Costa Rica are also doing work on INFORMAS modules which will in turn inform the evolving methodology used for the Food EPI.

Part 1 provides a summarised overview of Brazil's key FNS policies. Part 2 of this paper includes a review of the food and nutrition policy landscape in Brazil, drawing on the Healthy Food Environment Policy Index methodology, in order to create a basis for comparison with the policy review paper produced as part of the England Food EPI, which was done by the Food Foundation. Thus, the review section of the paper is divided into seven policy domains and six infrastructure domains. Good practice statements, which have been developed and refined by INFORMAS, are set out under each domain and the evidence for each statement is presented.

[9] For more on this topic please consult the FAO portal on Family Agriculture: http://www.fao.org/family-farming/countries/bra/en/ See also Schneider, S. (2016) Family farming in Latin America and the Caribbean: looking for new paths of rural development and food security. Working Paper number 137. Brasília: FAO and UNDP IPC-IG. Available at: http://www.fao.org/3/a-i5534e.pdf

[10] For more on the England Food EPI Evidence Review paper (2016) see www.foodfoundation.org/publications/

[11] INFORMAS Benchmarking Food Environments, 2015

These policy and infrastructure domains are based on a review of the key legislation and policies that apply to food production, food and nutritional security, and health where it pertains to food and nutritional security. A summary of the evidence is included under each good practice statement followed by the evidence itself.

The methodology includes a validation exercise carried out with civil society and policy actors. The Food EPI is designed to 1) assess the extent governments are implementing policy which supports and regulates for healthy food environments; and 2) use the validation process (expert ratings, prioritisation of actions and recommendations) as a basis for encouraging concrete action from government on increasing "the healthiness of food environments and [reducing] obesity and diet-related NCDs" (Vandevijvere et al, 2015).

Given that this paper does not constitute the formal Food EPI process, the authors did not carry out this consultation process, speaking instead with some of the key policy actors in the food and nutrition security sector in Brazil in order to ensure that the review provides an accurate snapshot of the landscape, up to the point of the impeachment and change of government. We hope this paper may be of use to those outside of Brazil who are interested in learning more about the country's policies. At the time of finalising this study (mid-2017), the Food EPI process was starting in Brazil, coordinated by CONSEA – the National Council for Food Security – and other national stakeholders from the food and nutrition community, and will provide a full Food Environment Policy Index for the country, enabling civil society actors and other stakeholders to monitor food and nutrition security policy and implementation, and holding the state accountable for honouring the constitutional right to food.

Part 1 – Introduction

Between 1990 and 2015, Brazil more than halved the proportion of its citizens living in extreme poverty and who suffer from hunger: from 14.8 per cent in 1990–92 (22.6 million people) to 1.7%, according to the UN Food and Agriculture Organization (FAO). Brazil's success holds lessons for developed and developing countries alike, many of which are facing nutrition crises of their own: in the UK, for example, an estimated 8.4 million people live in households with insufficient food, as research by the Food Foundation has shown (Taylor and Loopstra, 2016).

The partnership between IDS and the Food Foundation came out of significant interest from policy actors working on food policy across the UK and its home nations, in learning from Brazil's experience in tackling malnutrition and food insecurity over the last two decades. Developmental challenges such as poverty and food insecurity are no longer the preserve of developing countries, and the universal nature of the Sustainable Development Goals and the *Agenda 2030* provide an opportunity for multidirectional policy learning aimed at ensuring that the global goals are achievable by 2030.

This paper thus offers a useful starting point for learning about Brazil's approach to food and nutrition security (FNS), within the context of the various policy and infrastructure domains used by the Food-EPI methodology, as well as providing a basis for UK policy actors interested in learning more about the specifics of Brazil's policy and programmatic instruments. Part 1 provides a summarised overview of Brazil's key FNS policies, and Part 2 follows the Food EPI methodology to provide a review of all the relevant policies matched to the good practice statements, which leads to some repetition within the text. Parts 1 and 2 can however be treated as standalone texts.

Brazil is a country of continental proportions: in 2015, it was ranked the 7th largest economy in the world, and its gross domestic product reached US$ 2.2 trillion.[12] This ranking has slipped somewhat – Brazil had briefly occupied the 6th place and is now in the 8th or the 10th place, depending on the metric used. Brazil is the largest and arguably still the most influential economy in Latin America, constituting 47 per cent of South America's land mass and 49 per cent of its population. In recent years, the country has been battling one of the worst recessions it has ever seen, partly brought about by a drop in commodity prices around 2013, but entrenched by poor policy choices, and – crucially – a raft of political and corruption scandals. The controversial impeachment of President Dilma Rousseff in May 2016 has meant her vice-president Michel Temer is now the acting-president, and will rule until the next elections in 2018. Whilst the economy has made a very slight recovery in recent months, the introduction of the new government's austerity programme and severe fiscal measures will not help this process and GDP is likely to remain low.[13] President-incumbent Temer has adopted a 'New Fiscal Regime' (*Novo Regime Fiscal*) which includes a 20-year freeze on the national budget. Whilst health, education and other spending is ring-fenced by the Constitution, the overall year-on-year decrease brought on by the freeze means there will be increasingly limited public

[12] USDA Market Fact Sheet, Brazil – 11/07/2016

[13] EUROMONITOR (2017) Brazil Country Profile Report – Summary. Available from: http://www.euromonitor.com/brazil-country-profile/report

funds available for social policy programmes over the next two decades (Barreto *et al.,* 2016).

Notwithstanding this rather gloomy scenario, Brazil is still one of the largest food producers in the world and a leading player in global markets, engaging in mass scale production and the export of commodities such as coffee, soy beans, wheat, rice, corn, cane sugar, cocoa, citrus and beef. In 2015 this represented 22 per cent of its GDP (CEPEA, 2016). Its agribusiness sector is well-developed, and the country is self-sufficient in agriculture.

Dual agricultural system

In the years since Brazil's new and progressive constitution of 1988, the country developed a wide range of social policies which contributed to addressing the challenges of food insecurity and malnutrition, and have also increased the importance of family farming. Until very recently, Brazil had what might be termed a dual agricultural system, with two different ministries and policy frameworks responding to different constituencies in food, agriculture and nutrition. Broadly, industrial-scale agriculture and the powerful agribusiness lobby are represented by the Ministry of Agriculture, Livestock and Food Supply (MAPA). Until recently, policies governing food and nutrition security policy, small farmers and agroecological production were represented by the Ministry of Agrarian Development (MDA), which was dissolved by President Temer in 2016, before being nominally reformed and moved under the President's Chief of Staff Office (*Casa Civil*). (Responsibility for some relevant policies and programmes is also shared with the Ministry of Social Development and the Fight against Hunger – *Ministério do Desenvolvimento Social e Combate à Fome*, MDS.) Funding worth R$30 bn. destined for family agriculture was cut, as was the Rural Assistance and Extension Policy. The bodies and policies that underpin food and nutrition security were moved into the *Casa Civil*, together with the agrarian reform institute (INCRA). It is not yet clear what impact this will have on family farming in Brazil, which is an important driver of Brazil's economy. It constitutes the economic base for 90 per cent of most of Brazil's 5,570 municipalities (those with up to 20,000 inhabitants), it accounts for 35 per cent of national GDP, and the sector absorbs 40 per cent of Brazil's economically active population.

The combination of the commodity boom, improved macro-economic stability, and – most importantly – a host of progressive policies have led Brazil to significantly reduce malnutrition and hunger in the last two decades. However, as this paper will show, Brazil also struggles with obesity: the current prevalence of excess weight in Brazil is at least three times higher than that of undernutrition (Conde and Monteiro 2014).

Tackling Hunger

Over the last 20 years Brazil has made food and nutritional security a matter of national concern, and has established policies which have tackled the structural causes of hunger and malnutrition. It did this through:

- expanding social protection programmes
- increasing access to healthcare through the national health system

- creating a National Policy for Food and Nutritional Security (PNSAN), to address hunger, malnutrition and obesity. PNSAN emerged from a dialogue between civil society organizations, social movements, and government agencies.

In the last two decades, Brazil has worked hard to tackle deep-rooted food and nutrition insecurity through a range of social policies and programmes. Between 1990 and 2015, the percentage of the population suffering from hunger dropped from 14.8 per cent to 1.7 per cent, child malnutrition rates decreased by 73 per cent, and child deaths by 45 per cent. This radical reduction meant that in 2014 Brazil was officially removed from the annual Hunger Map produced by the UN Food and Agriculture Organization (FAO). However, while Brazil still has some issues with food and nutritional insecurity, the rapid rise of obesity now poses an increasingly serious challenge.

Nutrition Transition: Obesity and Undernourishment

As with most of the world, Brazil has been undergoing a **nutritional transition** in recent decades, marked by a shift from minimally-processed, traditional foods to ultra-processed foods such as crisps or sweets.[14] Between 1974 and 2003, rice purchases fell by 23 per cent and beans by 31 per cent; but the purchase of ready meals rose by 82 per cent, and biscuits and soft drinks rose by 400 per cent.[15] Nonetheless, beans continue to be a staple in the Brazilian diet: 66 per cent of adults eat beans on five or more days of the week.[16] While the proportion of fruits and vegetables in overall food purchases remained stable during this period, only one in five Brazilians now consume their five-a-day as recommended by the World Health Organization (WHO). The volatility of food prices also shaped changing habits: the price of vegetables increased by 91 per cent between 1990 and 2012, while the price of some processed foods dropped by up to 20 per cent;[17] and recent research shows that the 2008 food price crisis increased the consumption of junk foods.[18] Research done by the Brazilian government shows that in 2015, 16.2 per cent of the population were substituting lunch or dinner for a snack on at least seven (or more) occasions each week.[19]

The ‘double burden’ – where malnutrition and obesity co-exist

These trends are directly associated with the rapid increase of overweight, obesity and other non-communicable diseases related to poor nutrition, especially among people

[14] C. A. Monteiro, M. H. D'A Benicio, W. L. Conde, B. M. Popkin (2000) Shifting Obesity Trends in Brazil. European Journal of Clinical Nutrition 54(4):342-6; and C. A. Monteiro, R. Bertazzi Levy, R. Moreira Claro, I. Rugani Ribeiro de Castro, G. Cannon (2010) A new classification of foods based on the extent and purpose of their processing. Cadernos de Saúde Pública, Rio de Janeiro, 26 (11):2039-49

[15] CONSEA (2010) A Segurança Alimentar e Nutricional e o Direito Humano à Alimentação Adequada no Brasil. Brasília: CONSEA

[16] Ministry of Health, Brazil, 2015 http://portalsaude.saude.gov.br/index.php/cidadao/principal/agencia-saude/17445-obesidade-estabiliza-no-brasil-mas-excesso-de-peso-aumenta

[17] Sharada Keats and Steve Wiggins (2014) Future diets Implications for agriculture and food prices. London: ODI

[18] P. Scott-Villiers, N. Chisholm, A. Wanjiku Kelbert, N. Hossain (2016) Precarious Lives: Food, Work and Care After the Global Food Crisis. Oxfam and IDS

[19] Ministry of Health, Brazil, 2015 http://portalsaude.saude.gov.br/index.php/cidadao/principal/agencia-saude/17445-obesidade-estabiliza-no-brasil-mas-excesso-de-peso-aumenta

living on low incomes. More than half of all adult Brazilians are overweight, including around 18 per cent of the adult population which is obese. While the prevalence of undernutrition has fallen, it is still worrying in some sub-sets of the population. Overall, around 2.7 per cent of adults are underweight.[20] Stunting rates dropped from 19 per cent in 1989 to 7 per cent in 2007; and the rate of wasting is extremely low at 2 per cent (Global Nutrition Report, 2016:). The double burden of malnutrition – the coexistence of obesity with undernutrition – is serious, and has led Brazil to invest in monitoring people's health and nutritional status and dietary practices through SISVAN, the National System for Food and Nutritional Surveillance (*Sistema Nacional de Vigilância Alimentar e Nutricional*).

Building a National Policy for Food and Nutritional Security

The National Policy for Food and Nutritional Security (*Política Nacional de Segurança Alimentar e Nutricional* – PNSAN) is the result of a process which brought together civil society organizations, social movements and networks with government, politics and policy processes. The issue of hunger is associated most recently with Brazil's former president Lula da Silva. However, calls to tackle hunger in Brazil can be traced back to the beginning of the 20th century. Even then, it was evident that hunger and poverty were political issues which demanded better public policies which tackled the root causes: for example, increasing agricultural productivity was not enough – better distribution mechanisms were also needed, together with pro-poor policies.

In 1993, hunger gained new visibility in what would become a turning point for food and nutritional security in Brazil. Led by sociologist Herbert de Souza, popularly known as Betinho, the Movement for Ethics in Politics launched a national campaign called Citizens' Action against Hunger, Poverty, and for Life – also known as the Campaign Against Hunger. This led to a mass mobilization which is widely held to have transcended class, race and geography: thousands of food collection committees were formed across the country, distributing food and other forms of support (REF). The success of the campaign gave greater visibility to the issue of hunger, and showed civil society the power of direct action, publicly highlighting gaps in the State's response to poverty. Civil society organizations took a series of proposals around food *and* nutrition security to the government, as part of a broader mobilization for improved public policies. This included the Hunger Map (*Mapa da Fome*), commissioned by the government to provide the evidence base for what would eventually be a policy response led by the government. The Hunger Map identified that 31.7 million people – 21.9 per cent of the population – were living below the poverty line in 1994.[21]

The Hunger Map laid the foundations for the proposal of a Plan for the Fight against Hunger and Poverty, and the creation of CONSEA – the National Council for Food Security (*Conselho Nacional de Segurança Alimentar*) – which includes both civil society and government in its governance structure. In the same year, the government also convened the first National Conference on Food Security, which enabled the debate on food security to be seen as part of a broader national project to challenge the factors

[20] Ibid. Ministry of Health, Brazil, 2015
[21] A. M. Medeiros Peliano et al. (1993) A nova experiência brasileira no combate à fome e à miséria. *Revista Saúde em Debate*, 40: 17- 25

which left over one fifth of Brazil's population suffering from hunger, poverty and inequality.[22] However, in 1995 CONSEA was dismantled by the new president, Fernando Henrique Cardoso. This demonstrates how precarious the process of institutionalising governance frameworks can be: CONSEA was only reformed in 2003, under President Lula da Silva, and the second National Conference took place in 2004, almost a decade after the first.

The wide range of individuals, organizations and social movements who were part of the Campaign Against Hunger and the 1996 World Food Summit galvanized political support for what would become Brazil's national food policy system. In 1998, many of them joined the Brazilian Forum on Food and Nutrition Sovereignty and Security (*Fórum Brasileiro de Soberania e Segurança Alimentar e Nutricional* – FBSSAN), which created a new space for work on food and nutritional security. FBSSAN is still going strong today.

Brazil's *sanitaristas* – members of the health-workers' movement which was mobilising for public health reform – were also important actors in this process, and were part of the FBSSAN from its beginning. They supported the right to food, in view of the multiple impacts of malnutrition on broader health outcomes. FBSSAN advocated for a national food and nutrition security system, which would work in tandem with the public health system – a Unified Health System (*Sistema Único de Saúde* – SUS).

Food security had been a priority for the Workers' Party (*Partido Trabalhista* – PT) since the 1990s. Key figures in the PT had elaborated a proposal for a national food security policy, called Zero Hunger. This included contributions from FBSSAN and hundreds of experts and civil society activists, and later was implemented by President Lula's first government in 2003.[23] From 2003 onwards, FBSSAN collaborated closely with CONSEA, working on the National Policy for Food and Nutritional Security, and other public policies such as the National School-Feeding Programme (*Programa Nacional de Alimentação Escolar* – PNAE), the National Programme for Strengthening Family Agriculture (*Programa Nacional de Fortalecimento da Agricultura Familiar* – PRONAF), and the Food Acquisition Programme (*Programa de Aquisição de Alimentos* – PAA).

The hunger identified by the 1994 Hunger Map was the consequence of deeper socio-economic issues. The fiscal, budgetary and structural reforms introduced by President Fernando Henrique Cardoso's *Plano Real* (named after the new currency) in 1995 were designed to get the economy working again, reducing inflation and providing macro-economic stability. An increase in social investment was underpinned by legal and policy frameworks and by political and financial support: in 2000, health spending was set as a fixed percentage of GDP by constitutional provision,[24] and social assistance spending

[22] Ministry of Social Development (MDS), Brazil http://www.mds.gov.br/saladeimprensa/eventos/seguranca-alimentar-e-nutricional/i-conferencia-nacional-de-seguranca-alimentar-e-nutricional (retrieved July 2011)

[23] Takagi, M. (2010) A Implantação do Programa Fome Zero no Governo Lula. In Fome Zero: uma história brasileira. Brasília: Ministério do Desenvolvimento Social e Combate à Fome; M. Leão in V. Burity, T. Franceschini, F. Valente, E. Recine, M. Leão, M. de F. Carvalho (2010) Direito Humano à Alimentação Adequada no Contexto da Segurança Alimentar e Nutricional. Brasília: ABRANDH.

[24] Giambiagi, F. and Ronci, M. (2004) Fiscal Policy and Debt Sustainability: Cardoso's Brazil, 1995-2002. IMF Working Paper WP/04/156. Washington, D.C.: IMF http://www.imf.org/external/pubs/ft/wp/2004/wp04156.pdf

doubled as a share of GDP in the period 2000–02 from 0.3 per cent to 0.6 per cent.[25] Brazil's experience shows that it is possible to implement an ambitious social policy with minimal spending, provided elements such as legal and political frameworks are in place. It also shows how certain policies can span political parties/coalitions and wider agendas rather than being associated only with one party, although the leadership of President Lula and other key figures in his government was also a significant factor in this. Recent political changes in Brazil raise questions about the effectiveness of existing legal and political frameworks in the absence of such political will, which could compromise both the funding, support and leadership of social policies and programmes (ref).

Building political consensus for Food & Nutritional Security as a single, rights-based concept

The collective agreement of what constituted food and nutritional security, not just as a *technical* but also as a *political* concept was a key step in Brazil's food policy trajectory.

The definition adopted for the Framework Law on Food Security was as follows:

> Food and nutritional security is the realization of the right of all to regular and permanent access to quality food in sufficient quantity, without compromising access to other essential needs, based on nutrition practices that promote health, respect cultural diversity and are socially, economically and environmentally sustainable. (*Lei Orgânica de Segurança Alimentar e Nutricional* – LOSAN, Article 3, 2006)

Overcoming different and competing interpretations to build consensus on the terminology was fundamental. It provided a common language which could be understood across different government sectors. Brazil's addition of *nutrition* to what is generally referred to as *food security* was done with the aim of linking approaches to health and nutrition, and shifting away from the common assumption that tackling hunger is through increased food production. Putting together *food availability* and *food quality* was also strategic, and designed to challenge dominant narratives about food production and consumption, and the relationship with healthy food.[26] This was complemented by strong links to health and social protection programmes working at central, state and local level, such as breastfeeding and school meals.

The National Policy for Food and Nutritional Security is guided by a **human rights approach**, which places the human right to food at the heart of public policy. A strong civil-society-led public campaign led to the inclusion of the right to food in Brazil's Constitution, along with other social rights such as education, health and labour. The constitutional right to food requires the State to provide policies aimed at ensuring food and nutrition security. The rights-based approach does not mean the government is

[25] Hall, A. (2006) From Fome Zero to Bolsa Família: social policies and poverty alleviation under Lula. Journal of Latin American studies, 38 (4). pp. 689-709.
[26] Leão, M. and R. Maluf (2012) Effective Public Policies and Active Citizenship: Brazil´s experience of building a Food and Nutrition Security System. Brasília: ABRANDH

responsible for providing food to all, but rather that the government is accountable for ensuring this right can be realized by all citizens.[27]

PNSAN: Brazil's National Policy for Food and Nutritional Security

The PNSAN (National Policy for Food and Nutritional Security) was formally approved by the president in 2010. It did not create new programmes, as most of the new food and nutritional security policies had already been created or expanded with the launch of the Zero Hunger programme. But it did provide a more integrated framework, with clearly defined guidelines, management procedures, and mechanisms for the funding, monitoring and evaluating of State actions on food and nutrition. The Policy is delivered through the National Food and Nutrition Security Plan, which is renewed every four years. The Plan outlines all the programmes and actions to be implemented, with quantifiable targets and timelines which are linked to the public budget. All PLANSAN actions, programmes, and objectives are implemented by the various line ministeries which have their own food and nutritional security initiatives. Many of these initiatives are intersectoral and span more than one ministry or Federal Government office.[28]

SISAN: National Food and Nutrition Security System

SISAN (*Sistema Nacional de Segurança Alimentar e Nutricional*) is led by two institutions which coordinate and monitor the national system:

(i) CAISAN – the National Intersectoral Chamber on Food and Nutrition Security, an exclusively governmental body formed by ministers;

(ii) CONSEA – the National Council on Food and Nutrition Security, an advisory body linked directly to the President of the Republic, providing a space for the participation and social control of public policies which includes both civil society and government in its governance structure.

Both institutions use the deliberations from the National Conferences as part of their decision-making process. The National Conference on Food and Nutrition takes place every four years, and is one of the most important expressions of citizen participation in Brazil's food policy, as it approves the guidelines and priorities for the National Food and Nutrition Security Policy and its Annual Plan. The National Conference brings together 2,000 people, two-thirds of whom are from civil society; the remainder from government. The event is preceded by provincial and municipal conferences which take place across all of Brazil's 27 states.

[27] V. Burity, T. Franceschini, F. Valente, E. Recine, M. Leão, M. de F. Carvalho (2010) Direito Humano à Alimentação Adequada no Contexto da Segurança Alimentar e Nutricional. Brasília: ABRANDH.
[28] For more on this see http://www.cfn.org.br/wp-content/uploads/2016/05/PLANSAN-2016.pdf

Conclusion: opportunities for mutual learning

Civil society actors and policy makers working on food and nutrition security in Brazil are the first to point out that there is still much to be achieved, particularly in terms of ensuring the right to food for poor and vulnerable people, including traditionally under-served populations such as Afro-Brazilians and Indigenous communities; and tackling the growing challenge of obesity and related non-communicable diseases. However, in the period analysed herein, there have also been significant public policy successes, which translated to very real gains for Brazilian citizens.

While identifying and disseminating lessons learnt can be challenging given the specificity of Brazil's culture, history and politics, there are some very practical cross-context lessons from Brazil's experience which will be of interest to policy actors grappling with similar issues elsewhere.

A common feature of Brazil's social policy frameworks is the manner in which they are constructed. Political support and the successful championing of certain issues translates into legal instruments, policies and programmes which are all:

i) rights-based,
ii) intersectoral, and
iii) involve participatory citizen engagement.

Key features of Brazil's model (up to the year 2016), which are also relevant to the UK, are as follows[29]:

- **Strong political leadership, supported by a broad range of stakeholders** including civil society, social movements, elected politicians, and citizens
- **Integrating food and nutrition in all policies and related governance structures:** embedding an intersectoral, integrated systems approach; supported by legal and institutional frameworks
- **Recognising the role of civil society organizations in promoting the public good:** unlike some of the lobbying seen by private sector actors, CSOs have much to contribute to both the formulation and the delivery of public policies, working in conjunction with the State
- **Working together across social movements and sectoral fault-lines:** the coalescing of civil society can build strong and successful social movements with political clout, who can then influence and contribute to food, nutrition and health laws, policies and programmes
- **Transparency and social accountability through participation:** participatory governance structures and monitoring mechanisms can improve the quality and delivery of public policies
- **Ensuring continuity in public policy provision:** embedding policy in law is important, but does not always protect it from changes in government, politics and/or funding. Linking policy to fundamental rights, and gaining support from a

[29] Leão, M. and R. Maluf (2012) Effective Public Policies and Active Citizenship: Brazil´s experience of building a Food and Nutrition Security System. Brasília: ABRANDH

variety of stakeholders – including citizens – is key in protecting the delivery of economic, social and cultural rights – for example, Brazil's new government has shown its political commitment to *Bolsa Família* by increasing its funding, however, other programmes have had their funding cut. The rapidly changing political and economic context in Brazil highlights the need for awareness of the effects of policy change.

We have explored the role of civil society in the construction of these policy processes, given the interest of UK civil society in learning from Brazil; as well as this paper's period of analysis, which is one where many civil society actors joined the Government and thus transitioned to being activists outside the government to being actors and advocates for FNS within the State apparatus. However, last, but by no means least, it is fundamental to recognise that none of these advances would have been possible without political commitment from Brazil's Federal Government to make food and nutrition security a matter of national priority, backed up by legal frameworks, political and financial support.

Part 2 – Review of the Brazilian policy instruments for healthy food environments

This section is principally based on a review of the legislation, policies and programmes covering food and nutrition security and related sectoral areas such as health, education, rural development and agriculture in Brazil. Following the methodology established by the Food EPI, and the England Food EPI evidence review paper, a summary of the evidence is included under each good practice statement followed by the evidence itself.

The Food EPI methodology was used here in order to provide a comparative basis with the evidence review paper done for England by the Food Foundation. However, there is a discrepancy between the way in which the good practice statements were developed and the nature of Brazilian policies regarding food and nutrition, which has led to excessive repetition if one is reading the evidence review in one sitting. Many of the policies and programmes examined here come under the Framework Law for Food and Nutritional Security (*Lei Orgânica de Segurança Alimentar e Nutricional – LOSAN*) and its implementing system SISAN, which was ambitiously designed to be multi- and inter-sectoral in character, which means there is overlap when examining issues through a single lens, such as health or food safety. We have sought to minimise the repletion where possible, but expect that once the Food EPI is carried out in its entirety in Brazil, the methodology will be adapted to suit the local context and needs of the stakeholders leading the process, particularly in terms of using it as a mechanism for monitoring and accountability.

According to the Food EPI methodology, the evidence review paper should be circulated to officials within government departments, arms-length departmental bodies, non-departmental public bodies, and self-regulatory organizations for validation. However, given that this is not the formal Food EPI process, the authors sought the policy and research expertise of individuals who are part of the non-state food and nutrition security community in Brazil, requesting their informal feedback and validation in terms of the accuracy of the technical content and analysis contained within the paper.

Policy Domains

1. FOOD COMPOSITION

There are government systems implemented to ensure that, where practicable, processed foods minimize the energy intensity and the nutrients for concern.

The Ministry of Health (MS) and Ministry of Social Development (MDS) provide financial support for the TACO Project – the **Brazilian Classification Table of Food Composition** (*Tabela Brasileira de Composição de Alimentos*), which is managed by the Food Studies and Research Nucleus (*Núcleo de Estudos e Pesquisas em Alimentação* – NEPA) at the University of Campinas (UNICAMP) in the state of São Paulo. This project started in 1996 and consisted of 4 stages aimed at developing food composition tables for nutritional education, quality control and food safety, evaluation, and ensuring adequate nutrient consumption of individuals and populations. The 4th edition of the TACO food composition table was published in 2011 and is still used as a reference point, although it is no longer funded by the national government. These classification tables aim to provide data for policy makers and health professionals developing nutritional and food guidelines for the promotion of healthy diets. Data on food composition consumed in different regions of Brazil provides the basic elements for nutritional guidelines, based on local context and the promotion of diversified diets.

A database on the composition of biodiverse Brazilian foods is currently being constructed by the Biodiversity for Food and Nutrition (BFN) and the Ministry of Science, Technology and Communication (MCTIC), in partnership with a number of federal universities, research institutes and EMBRAPA, and is expected to be launched by the end of 2017.[30]

In 2010, the Brazilian Health Regulatory Agency (*Agência Nacional de Vigilância Sanitária* – ANVISA) provided a legal nutritional definition for foods with high levels of sugar, sodium, saturated and trans fats, and beverages with low nutritional value, through Resolution RDC no. 24 (15 June, 2010). The definitions below are used to regulate the offer, advertising and promotion of foods, but not for labelling purposes.

Food nutritional items	**A food that has in its composition a quantity equal or superior to:**
Food with high quantity of sugar	- 15g of sugar per 100g **OR** - 7.5 per cent sugar per 100ml in the product format presented at the point of purchase
Food with high quantity of saturated fat	- 5g of saturated fat per 100g **OR** - 2.5 per cent per 100ml in the product format presented at the point of purchase
Food with high quantity of trans fats	- 0.6g of trans fats per 100g or 100ml in the format as it is presented in the point of purchase
Food with high quantity of sodium	- 400mg of sodium per 100g or 100ml in the format as it is presented in the point of purchase
Beverages with low nutritional content	- soft drinks, carbonated drinks and sodas; **OR** - concentrated beverages based on gooseberry or *guaraná* syrup; **AND** - ready-to-drink tea.

[30] See *Information System on Brazilian Biodiversity (SiBBR)*: http://sibbr.gov.br/areas/index.php?area=uso&subarea=alimentacao-e-nutricao

	- This definition also includes beverages with added caffeine, taurine, glucuronolactone or any substance that stimulates the central nervous system.

ANVISA: The Brazillian Health Regulatory Agency (Agência Nacional de Vigilância Sanitária)

Anvisa is the regulatory governmental agency responsible for health surveillance in Brazil. It is administratively independent, financially autonomous, and is ruled by a Collegiate Board of Directors composed of five members. In the federal public administrative structure, the agency is connected to the Ministry of Health, with whom a periodic management contract is signed. Anvisa's primary goal is to protect and promote public health, by exercising health surveillance over products and services, including processes, ingredients and technologies that pose any health risks. The agency is also responsible for health control in ports, airports and borders, as well as for establishing relations with the Ministry of International Affairs and with foreign organisms and institutions to deal with international affairs regarding health surveillance.

Source: Adapted from the ANVISA website: http://portal.anvisa.gov.br/contact-us

1.1 Food composition targets/standards have been established for processed foods by the government for the content of the nutrients of concern in certain foods or food groups if they are major contributors to population intakes of these nutrients of concern (trans fats and added sugars in processed foods, salt in bread, saturated fat in commercial frying fats)

Survey data from 2002 and 2003 shows that 76.2 per cent of the sodium consumed in Brazil came from kitchen salt and spices with added salt, with industrialised products with added salt responsible for a smaller fraction of overall sodium consumption (IDEC, 2014). ANVISA has consistently worked to develop a series of voluntary agreements with a wide range of stakeholders, aimed at reducing sodium levels (*ibid.*). Rather than attempt to push through more stringent international standards it has been considered more practicable to work with both the private and public sector to gradually reach mutually agreed targets for sodium reduction.

ANVISA launched a **National Strategy to Reduce Sodium Levels** in partnership with ABIA, the Brazilian Association of Food Industries (*Associação Brasileira das Indústrias da Alimentação*), the umbrella group for the private sector. The strategy focuses on the promotion of healthy food, increasing the offer of healthy food, voluntary reduction of sodium levels in processed food and food sold in food service and restaurants, improved labelling and consumer information; and education aimed at engagement with consumers, industry, health professionals and other stakeholders.

In 2010, ANVISA stated its objective to ensure that by 2020 Brazil should be compliant with international measures of maximum sodium levels in foods, measured by mg/100g (Technical Report 42/2010).

ABIA has partnered with ANVISA since 2007, and has signed all the agreements developed by the agency. This partnership works to reduce sodium in specific products, such as:

- instant pasta (2012: ↓~30 per cent per year)
- industrialised bread (2012–2014: ↓ ~10 per cent per year)
- national standardisation of baguettes, with an agreed annual reduction of 2.5 per cent per unit until 2014

In 2012, ANVISA developed a guide on good nutritional practice for the manufacture of industrialized bread using less sodium, with support from ABIA and other food sector associations who support decreasing the overall consumption of sodium.[31]

In 2003, ANVISA stated that only products containing trans fatty acids in quantities less than or equal to 0.2g per portion could be claimed as zero trans fats (resolution RDC no. 360).[32] The Food and Nutritional National Plan (2016–2019) includes a goal aimed at the reduction of the regular consumption of sugar-sweetened beverages such as soft drinks and artificial juices. Measures on how to achieve this goal are currently under discussion in the Intersectoral Chamber for Food and Nutritional Security (CAISAN).

1.2 Food composition targets/standards have been established for out-of-home meals in food service outlets by the government for the content of the nutrients of concern in certain foods or food groups if they are major contributors to population intakes of these nutrients of concern (trans fats, added sugars, salt, saturated fat)

There is no evidence available.

2. FOOD LABELLING

There is a regulatory system implemented by the government for consumer-oriented labelling on food packaging and menu boards in restaurants to enable consumers to easily make informed food choices and to prevent misleading claims

2.1 Ingredient lists and nutrient declarations in line with Codex recommendations are present on the labels of all packaged foods

Brazil follows the ***Codex Alimentarius*** with regards to ingredient lists and nutrient declarations on labels. There are five Brazilian Ministries in charge of labelling, which is carried out in accordance to the food product category:

1) Ministry of Agriculture (MAPA): meat origin products, vegetable and beans (*in natura*), drinks and vinegars, honey

[31] See http://portal.anvisa.gov.br/boas-praticas-nutricionais
[32] Available at http://e-legis.anvisa.gov.br/leisref/public/showAct.php?id=9059 Based on data from the Household Budget

2) Ministry of Health (MS): health or functional claim food, mineral and/or vitamin supplements, food for specific use, additives, packaging, other foods
3) Ministry of Development & International Trade (MDIC): weights and measures
4) Ministry of Mining and Energy: mineral and drinking table waters
5) Ministry of Justice: consumer rights

Compulsory information on labelling:[33]

- Technical Denomination
- Branding
- Quantitative indication
- Ingredients
- Nutritional information
- Identification of manufacturer and importing agent (if imported)
- Origin
- Expiration date
- Registration with the Ministry of Health (MS) or Ministry of Agriculture (MAPA) (if required)
- Conservation information
- Instructions on use (if required)
- Contains gluten / gluten-free

Based on a daily diet of 2000 calories for women and 2500 calories for men, this is covered by Resolution RDC 360/03:

- Caloric (energetic) value (kcal = kJ)
- Carbohydrates
- Proteins
- Total Fat
- Saturated Fat
- Trans Fat
- Dietary Fibre
- Sodium

2.2 Robust, evidence-based regulatory systems are in place for approving/reviewing claims on foods, so that consumers are protected against unsubstantiated and misleading nutrition and health claims

Brazil is the first country in Latin America to have specific regulations in place for functional foods, and all health claims must be approved and registered by ANVISA. Resolution No. 18/1999 from ANVISA defines functional food as "[…] a food or

[33] Each ministry/agency has specific regulations for labelling:
Law-decree 986/69
Resolution RDC/ANVISA 259/02 and Normative Instruction MAPA 22/05
Administrative Act (*Portaria*, in Portuguese) INMETRO 157/02
Administrative Act MJ 81/02
Resolution RDC/ANVISA 359/03 and 360/03
Administrative Act SVS/MS 27/98

ingredient that besides having basic nutritional functions, when consumed as part of a normal diet, produces metabolic effects and/or beneficial effects to health" (ANVISA, 1999c).

Table 1 – Summary of ANVISA regulation for functional foods

ANVISA resolution number	Description
No.16, 30 April 1999	Technical Regulation of Procedures to Register Food and/or New Ingredients
No.17, 30 April 1999	Technical Regulation Establishing Minimum Directives to the Risk Assessment and Food Safety.
No.18, 30 April 1999	Technical Regulation Establishing Basic Directives/Guidelines to the Analysis and Scientific Proof of Properties of Health Claims on Food labelling
No.19, 30 April 1999	Technical Regulation to the Procedure to Registering Food Functional Properties and/or Health in its label
No.23, 15 March 2000	Technical Regulation on the Basic Procedures to the Registering
No.2, 7 January 2002	Technical Regulation of Bio-active Substances and Isolated Probiotics, with Functional or Health Claims

Source: ANVISA (1999a, 1999b, 1999c, 1999d, 2002)

ANVISA Resolutions No. 18 and No. 19 (1999c, 1999d) established that a product could promote health or functional claims on the label, in order to communicate these claims to the end consumer, however, this was subject to a registration process that includes an extensive evaluation of the scientific basis for the proposed claim, and a risk assessment of the food product. Only once approval from ANVISA has been secured, products can bear health claims on label and advertising materials.

ANVISA Resolution No. 54 (12, November 2012) establishes criteria for the use of nutrition claims (such as low in fats, zero sugar, high in vitamin A, etc). Unlike functional and health claims, the use of this complementary information does not imply mandatory registration for the food product.[34]

As part of the Food and Nutritional National Plan (2016–2019), ANVISA has committed to creating a section on its website designed to help consumers better understand food labelling so as to make healthier food choices.

2.3 A single, consistent, interpretive, evidence-informed front-of-pack supplementary nutrition information system, which readily allows consumers to assess a product's healthiness, is applied to all packaged foods

Resolution RDC 360/03 states that Nutritional Labelling is compulsory and should be harmonised across the Mercosul area, but it excludes food made and packaged in restaurants and commercial sales points, as well as ready-to-eat foods.

[34] See http://portal.anvisa.gov.br/documents/%2033880/2568070/rdc0054_12_11_2012.pdf/c5ac23fd-974e-4f2c-9fbc-48f7e0a31864

2.4 A consistent, single, simple, clearly-visible system of labelling the menu boards of all quick service restaurants (i.e. fast food chains) is applied by the government, which allows consumers to interpret the nutrient quality and energy content of foods and meals on sale

There is a conduct adjustment agreement (*Termo de Ajuste de Conduta* – TAC) in place regulating the display of nutritional information in fast food chains. Around 60 companies – including McDonald's – currently provide nutritional information for their menus, but there is no monitoring and this is voluntary.

Conduct Adjustment Agreements (*Termo de Ajuste de Conduta* – TACs) – what are they?

The Conduct Adjustment Agreement (TAC in Portuguese) was introduced to Brazilian law by the Consumer Protection Code in 1990 (Federal Law no. 8,078/1990). Since then, it has become a powerful instrument for protecting both collective and often divergent interests and rights while avoiding the judicialisation of conflicts. This has proved to be a considerably effective instrument, in particular because in the case of non-compliance with the TAC, there is no need to initiate a declaratory ruling; a judgement may be directly executed.

Source: Adapted from the British Chamber of Commerce, São Paulo[35]

3. FOOD PROMOTION

There is a comprehensive policy implemented by the government to reduce the impact (exposure and power) of promotion of unhealthy foods to children

3.1 Effective policies are implemented by the government to restrict exposure and power of promotion of unhealthy foods to children through broadcast media (TV, radio)

ANVISA Resolution RDC 24/2010 regulates the supply, promotion, advertising, information and other related practices aiming at the commercial promotion and advertising of foods with high levels of sugar, saturated fat, trans fat, sodium and drinks with low nutritional content. However, this resolution was suspended by a judicial decision in 2013, in response to a request by the food and advertising sectors, who alleged that ANVISA lacked the normative competence to rule on this issue.

3.2 Effective policies are implemented by the government to restrict exposure and power of promotion of unhealthy foods to children through non-broadcast media (e.g. Internet, social media, food packaging, sponsorship, outdoor advertising including around schools)

Please see above (3.1) for the evidence on the ANVISA resolution RDC 24/2010.

[35] Meeting hosted by the British Chamber on Commerce on the Conduct Adjustment Agreement (TAC), with the Special Prosecutor of the Public Ministry of São Paulo. See http://www.britcham.com.br/default.asp?pag=fotos_eventos&cidade=SP&event_no=686&idioma=1

3.3 Effective policies are implemented by the government to ensure that unhealthy foods are not commercially promoted to children in settings where children gather (e.g. preschools, schools, sport and cultural events)

Guidelines for the promotion of healthy meals in public and private nurseries, primary and secondary schools throughout Brazil, instituted by the Inter-Ministerial Ordinance 1010 (8 May, 2006), by the Ministry of Health and the Ministry of Education. The Ordinance establishes a restriction in the offer and sale of foods with high contents of fat, saturated fat, trans fats, free sugars and salt; limits the purchases of canned foods, processed meats, sweets, semi-ready or ready meals and concentrated foods; forbids the purchase of beverages with low nutritional value (such as sodas); and promotes the development of healthy foods and meals options in schools.

A study carried out by the Brazilian Institute for Consumer Protection (IDEC, 2014) identified 81 Bill Proposals (*Projeto de Lei*) related to the promotion of information relating to healthy/unhealthy foods. Based on this survey, abstracts of the major points regulated by the proposed bills were submitted to experts, civil society and government organizations, who were tasked with analysing and identifying which of the bills were the most comprehensive in terms of protecting consumers' health and rights. It was observed that – in general – the best proposals deal with:

- Restrictions in the advertising of foods and beverages directed at children
- Banning the association of food marketing with giveaways and toys
- Restrictions in the marketing and advertising of unhealthy foods in schools (which are not always successfully implemented or followed)
- Mandatory displays of notices warning of consumption risks on advertising/labels/packages of foods with high amounts of sugar, saturated fats, trans fats and sodium; and of beverages with low nutritional content
- Restriction of trans-fats in the composition of foods

Note, this is not an exhaustive list. Finally, three bills were selected based on what was considered the highest priority, in light of the positive and negative points analysed within each bill. The three bills selected were:

- PLS 735/2011 (*Projeto de Lei do Senado*) Bill Proposed to the Senate
- PL 1637/2007 from the House of Representatives
- PLS 150/2009 (*Projeto de Lei do Senado*) Bill Proposed to the Senate

The IDEC study's final conclusion was that among the 81 bills selected for analysis, none contained the all of the proposals considered most adequate/of highest priority by the evaluation survey. The bills are still being discussed in the Brazilian Congress.

Regulating the commercial promotion and advertising of highly processed foods and beverages in public and private spaces linked to governmental health and education

mandates, such as schools and hospitals, is a goal in the Food and Nutritional National Plan (2016–2019) to be promoted by CAISAN.

Beyond the Domain: regulation of the use of agrochemicals

Brazilian agribusiness has adopted a food production model which is based on the intensive use of technologies; which in turn makes Brazil the world leader in agrochemical consumption. Because of this, there are a series of initiatives related to the regulation and control of risks associated to the consumption of agrochemicals.

In 2001, ANVISA launched the **Programme for the Analysis of Agrochemical Residues in Food** (PARA), with the objective of continuously assessing the levels of pesticide residues in food. The Programme is an action of the National Health Surveillance System (SNVS), coordinated by ANVISA together with state and municipal health surveillance agencies and state public health laboratories. Since its creation, PARA has analyzed more than 30,000 samples of 25 types of food plants.

A National Programme for the Reduction of Agrochemicals (PRONARA), composed of 137 concrete actions aimed at curbing the use of agrochemicals in Brazil was designed in 2015, as part of the National Plan for Agroecological and Organic Production (PLANAPO). However, the programme was never launched by the national government due to internal conflicts with the agribusiness sector. As an alternative to the lack of political will of the government, in 2016 civil society organizations have proposed a bill (PL 6,670/2016) to Congress that creates a National Policy for the Reduction of Agrochemicals (PNARA), based on PRONARA.

4. FOOD PRICES

Food pricing policies (e.g., taxes and subsidies) are aligned with health outcomes by helping to make the healthy eating choices the easier, cheaper choices

4.1 Taxes or levies on healthy foods are minimised to encourage healthy food choices where possible (e.g. low or no sales tax, excise, value-added or import duties on fruit and vegetables)

A proposal to decrease taxes on healthy foods did not go through in the Senate (2015).

4.2 Taxes or levies on unhealthy foods (e.g. sugar-sweetened beverages, foods high in nutrients of concern) are in place and increase the retail prices of these foods by at least 10 per cent to discourage unhealthy food choices where possible, and these taxes are reinvested to improve population health

IDEC (2014) carried out a survey of the House of Representatives and Senate legislative proposals. It analysed main bill proposals on food taxes and concluded that Brazil does not have adequate food taxation or pricing proposals to promote healthy meals or to discourage the consumption of industrialized food products. In general, experts understand that fiscal measures should not encourage the production and consumption of ultra-processed foods, but rather encourage the consumption of *in natura* foods, such as fruits and vegetables.

Taxes or levies on sugar-sweetened beverages (SSBs) are being discussed among civil society, and also by the health minister and CAISAN, as a possible strategy for the reduction of the regular consumption of SSBs (see Domain 1.1), however there is a strong lobby of the food industry against such measures.

4.3 The intent of existing subsidies on foods, including infrastructure funding support (e.g. research and development, supporting markets or transport systems), is to favour healthy rather than unhealthy foods

Food production in Brazil has received significant support through public funding, subsidized rural credit and insurance, technical assistance and other policies. In the last two decades, the Brazilian State has promoted two distinct, or even antagonistic, models of rural development. The main contrast is between the one which prioritises family-based diversified production systems (such as the National Programme for Strengthening Family Agriculture – PRONAF, a credit programme for family agriculture) and, on the other hand, a model based on large-scale monocultures, based on the intensive use of inputs and capital. Paradoxically, these two farming systems are governed by different ministries and policy frameworks, and tend to operate separately.

From the perspective of food sovereignty and food rights and the production of healthy food, states should be committed to promoting sustainable food production and consumption systems that are able to link the nutritional needs of the population to the preservation of agrobiodiversity. Under the principals of PNSAN, nutrition 'smart', healthier local food is produced under the systems of family farming, legally defined in Brazil by Law 11.326 (July 2006). The focus on local food is underpinned by incentives to produce diverse, healthier foods which are supposedly more sustainable, as well as culturally sensitive and/or appropriate to the local context and environment. This law also defines the guidelines for the formulation of the policies, plans, programmes and other initiatives targeted at family farmers. There has been significant investment in PRONAF, however the expansion of export-led large-scale agribusiness has always been the national priority, driven by state policies.

By law, the family farmer/rural entrepreneur carries out rural economic activities in an area measuring up to four fiscal modules[36], which is both farmed and managed by the family itself, and most of their income derives from the farm/rural business. Family farms' produce is more diverse (generally not mono-crops). The definition also includes

[36] A fiscal module is an agrarian unit used across each of Brazil's municipalities, defined according to Law Number 6.746/10 December 1979.

foresters, fish farmers, fisherfolk, natives, *quilombolas* (Afro-Brazilian communities comprised of slave descendants), land reform settlers (members of the Landless Workers' Movement, the *Movimento Sem Terra* – MST), and extractivists (people who live off the land but don't necessarily own it – for example, within a reserve or national park). According to the 2006 Agriculture Census, 84.4 per cent of all Brazilian agricultural establishments belong to family groups, totalling approximately 4.4 million establishments, half of which are in the Northeast of Brazil. In addition to being important engines of economic activity, family farms supply much of the domestic market, which helps control the inflation of the foods Brazilians consume.

In 2012, the **National Policy for Agroecological and Organic Production (PNAPO)** was created through Decree 7794 (August 2012), as a result of strong demand from civil society. The main instrument for the implementation of PNAPO is the **National Plan for Agroecological and Organic Production** (PLANAPO), which is renewed every 3 years. The first edition of PLANAPO (2013–2015) was created by the Inter-Ministerial Administrative Act No.54/2013, by the erstwhile Ministry of Agrarian Development (MDA), and the second one (2016–2019) by Inter-Ministerial Ordinance No.1/2016. This is an ambitious plan involving nine different ministries, and is focused on promoting sustainable development and the production of healthy food, through the increase agroecological and organic production and promoting conservation and agricultural biodiversity. PLANAPO is targeted at small agroecological and organic farmers, indigenous and traditional communities, miners, and other groups defined by the State as family farmers. Its initiatives and targets are organized under 6 main axes: Production; Use and Conservation of Natural Resources. A fiscal module is an agrarian unit used in each municipality in Brazil, defined according to the terms of article 50, section 2, of Law No. 6,746 of December 10, 1979 (Lei No. 6.746, de 10 de Dezembro de 1979, PLANALTO.GOV.BR.). Other programmes comprised within this plan include the **National Programme for the Reduction of the Use of Pesticides (PRONARA)**, and the **ECOFORTE Programme for Widening and Strengthening Agroecological and Organic Production Networks** (*Programa de Ampliação e Fortalecimento das Redes de Agroecologia e Produção Orgânica*).

There is an important subsidy for the inclusion of healthy food produced by family smallholders within institutional food procurement, through public policies such as the **National School-Feeding Programme** (*Programa Nacional de Alimentação Escolar* – PNAE) and the **Food Acquisition Programme** (*Programa de Aquisição de Alimentos* – PAA). It was estimated, in 2014, that family smallholders are supplying around 23 per cent of the public sector's food, an amount worth around 6–7 billion per year. An estimation of the amount of public food procurement (SESAN, 2014) points out an amount of R$ 1,5 billion per year, where Family Agriculture supplies around 23 per cent of this potential market.

The **National Programme to Support Rainwater Harvesting and Other Social Technologies** (*Programa Cisternas*) has been financed by the national government since 2013. It aims to promote access to water for human consumption and food production through the implementation of simple and low-cost social technologies. The Brazilian semi-arid region in the Northeast of the country is its priority region, since there is a scarcity of rain and limited rainwater storage systems. The programme's public are

low-income rural families affected by drought or lack of regular water, with priority for traditional peoples and communities.

4.4 The government ensures that food-related income support programmes are for healthy foods

Whilst cash transfer programmes like *Bolsa Família* and *Bolsa Verde* include some conditionalities, they do not establish criteria for the use of the income transferred to families.

5. FOOD PROVISION

The government ensures that there are healthy food service policies implemented in government-funded settings to ensure that food provision encourages healthy food choices, and the government actively encourages and supports private companies to implement similar policies

5.1 The government ensures that there are clear, consistent policies (including nutrition standards) implemented in schools and early childhood education services for food service activities (canteens, food at events, fundraising, promotions, vending machines etc.) to provide and promote healthy food choices

Brazil's **National School Feeding Programme** (PNAE) was founded in 1955, contributing to the growth, development, learning, and academic productivity of students, as well as shaping healthy food habits, through school meals and food and nutritional educational actions. PNAE reaches all students in national and community schools through the transfer of funds from the national level (the 'Union') to the state level. This is embedded in the Federal Constitution, which states the State must provide support to pupils in 'basic education', through additional programmes for school material (books etc.), transport, food and health assistance (article 208, item IV and VII). Basic education has three stages, referring to education for infants aged up to 5 years, 'fundamental' (primary and middle school) education for pupils between 6–14 years, and 'medium' (secondary school) education for pupils aged 15-17 years , including modalities for teaching young people and adults (article 21, item I, Law number 9.394, 20 December 1996).National government directly transfers to states and municipal government a grant for each student per school day, based on the school census carried out in the previous academic year. The Programme is scrutinized and monitored by society through the School Feeding Councils (CAE), through the National Fund for Education Development Fundo (FNDE – which houses PNAE), by the Federal Accountability Office (*Tribunal de Contas da União*, TCU – an arm of the Legislative Branch of the government), by the Controller General of the Union (*Controladoria Geral da União*, CGU – a branch of the federal government tasked with assisting the president with treasury and public assets, and transparency policies) and by the Public Prosecutor's Office (*Ministério Público*).

PNAE benefits 42.6 million pupils in basic education, young people and adults. Law number 11.947 (16/6/2009) states that 30 per cent of food procurement must be invested in the direct purchase of family agricultural products, a measure designed to stimulate the sustainable economic development of communities. PNAE is managed by municipalities and states with different levels of centralization of activities. This enables the provision of balanced meals which are tailored to local target populations, taking into account local taste and availability of produce. The participation of nutritionists in PNAEs is guaranteed by the current regulation, making them responsible for the technical elaboration of menus.

The National School Meals Programme works hard to promote healthy eating habits at school, as mandated by the National Food and Nutritional Security Policy. There have been concerted efforts to include food and nutrition education at school through setting standards around menu composition, such as:

- taking into account traditional practices and local eating preferences across the country
- respecting recommended maximum values for added sugar, fat, saturated fat and salt
- including the mandatory minimum three portions of fruits and vegetables per week (minimum 200g)
- restricting processed and ultra-processed foods with high levels of salt and saturated fats
- excluding all soft drinks with low nutritional content such as fizzy and artificial drinks (100 per cent fruit juice is allowed, sometimes served as desert).

5.2 The government ensures that there are clear, consistent policies in other public-sector settings for food service activities (canteens, food at events, fundraising, promotions, vending machines, public procurement standards etc.) to provide and promote healthy food choices

Selection of relevant policies / programmes / laws:

- Guide for the production of healthy meals at events
  http://dab.saude.gov.br/portaldab/biblioteca.php?conteudo=publicacoes/guia_elaboracao_refeicoes_saudaveis
- Methodologies for feeding and nutrition initiatives
  http://dab.saude.gov.br/portaldab/biblioteca.php?conteudo=publicacoes/instrutivo_metodologia_trabalho_nutricao_ab
- Cooking with fruits, legumes and vegetables
  http://dab.saude.gov.br/portaldab/biblioteca.php?conteudo=publicacoes/na_cozinha_frutas_legumes_verduras
  Demystifying doubts around food and nutrition – support material for health professionals.
  http://dab.saude.gov.br/portaldab/biblioteca.php?conteudo=publicacoes/desmistificando_duvidas_alimentacao

In 2011, CAISAN set up an intersectoral committee to work on a new obesity policy. This followed the country's well-established model of bringing together a range of

different sectors, institutions and actors, in view of the need for integrated, intersectoral action to tackle the multiple contributing factors to obesity.

The committee's work eventually led to the development of an **Intersectoral Strategy for the Prevention and Control of Obesity** (*Estratégia Intersetorial de Prevenção e Controle da Obesidade*), launched in 2014. The Plan shows that the State recognises obesity as a serious issue. The plan aims to strengthen activities such as: widening the availability of access to adequate and healthy foods through school meals, popular restaurants and other public instruments; education, communication and information on the **National Healthy Eating Guidelines**; promotion of healthy living in public spaces such as school canteens; strengthening Health and Nutritional Surveillance; monitoring the levels of salt, sugar and fat in foods.

Various states and municipalities also created legislation to regulate foods sold in private school canteens. There are laws at the federal level which ban the sale of beverages with low nutritional content, and foods rich in sugar, salt and/or saturated/trans-fats in schools, however, the monitoring of these laws is still fragile, and whilst there is monitoring of the food environment overall, there are no prescribed nutritional targets per se.

Community Restaurants (*Restaurante Popular*) are an example of food and nutrition public infrastructure. They are aimed at adults in urban contexts who are vulnerable to food insecurity and hunger. These restaurants are principally destined to provide accessibly-priced healthy meals, to those who need to eat when they are out in urban centres. The CRs are large buildings, set in high-traffic areas, and provide at least 1000 meals daily. This service is not targeted, which means anyone can eat there, and as such the CRs cater to a diverse public, including homeless people, informal urban workers, the elderly and students. Some of the CRs have also experimented with procuring part of their supplies through the local **Food Acquisition Programme** (PAA). The main factor motivating people to eat in the Community Restaurants (CR) is the price of their meal. In 2010, the average cost of a CR meal was R$ 2.80 (approximately 65p, in August 2016). Approximately 10 per cent of the meals are subsidized by the State and sold for R$ 1.00 on a first come, first served basis.

Beyond the Domain: Food Access Policies

The ***Bolsa Família Programme*** (PBF) is a federal conditional cash transfer programme, converted into Law No. 10,836 in 2004. It consists of an income transfer to poor families, which comprise pregnant women and children or adolescents between 0-17 years, and the extremely poor. The conditionality imposed is that the beneficiaries must enrol and maintain children and adolescents aged between 6-17 years old at school, and monitor the health of pregnant women, breastfeeding women and children, who must also have their vaccinations up to date. By 2016, 13.7 million families benefited from *Bolsa Família*.

Food Banks (*Bancos de Alimentos*) are another example of food and nutrition public infrastructure. They function as supply units to reduce food waste, and also to ensure the re-distribution of food products to PNAE and to the PAA programme.

Brazil has pioneered a range of highly innovative and effective national breastfeeding policies, which are underpinned by a commitment to health rights, and which have successfully tackled above-average child mortality rates. Strategies in support of breastfeeding started in 1981, with the **Programme for the Incentive of Maternal Breastfeeding** (*Programa Nacional de Incentivo ao Aleitamento Materno*), which included media campaigns, training for health professionals, individual breastfeeding advice, educational material, community breastfeeding support groups, as well as – crucially – laws protecting breastfeeding, both in public and in the workspace. There are also laws regulating the sale of milk substitutes like formula and baby foods, as well as rubber teats, bottles and dummies. In addition to adopting a rights-based approach to health, the Ministry of Health realised Brazil it would have to counteract the aggressive marketing of milk substitutes, and was the first country to legally adopt the International Code on Maternal Milk Substitutes in its totality, before creating the **Brazilian Norm for the Commercialization of Foods for Breastfeeding Mothers and Infants**, which also regulates bottles, teats, dummies etc. There is also an extensive Network of Human Milk Banks (*Rede Brasileira de Bancos de Leite Humano – BLH*), which collect, screen, pasteurise and dispense milk donated by breastfeeding mothers, giving it to new-born babies who are struggling to feed, or have been hospitalised due to being underweight, malnourished or premature. It is the biggest and most complex network of human milk banks in the world, with 213 units. It is a fundamental element of a broader strategy which has enabled Brazil to reduce child mortality rates by 73 per cent since 1990.

Another challenge is to prevent diseases related to poor diet, such as prevention and control **of some specific nutritional deficiencies through** fortification policies. Since 2005, the Ministry of Health has developed actions to prevent and control anemia in Brazil with the **National Programme for Iron Supplementation** (PNSF). The program consists of preventive supplementation of children with iron, and pregnant women with iron and folic acid. There is also a governmental effort to regulate the fortification of wheat and corn flour with iron and folic acid. Another relevant initiative is the **Nutrition Fortification National Strategy for Micronutrient Powdered Foods** (NutriSUS), which consists in the addition of a mixture of powdered vitamins and minerals to one of the meals offered to children daily at day care centers, schools, or at home. In PLANSAN (2016-2019) there is a goal of supplementing the food of 330,000 children from 6–48 months of age, with vitamin and mineral sachets in public day-care centers.

5.3 The Government ensures that there are good support and training systems to help schools and other public-sector organisations and their caterers meet the healthy food service policies and guidelines

The Inter-Ministerial Administrative Act 1.010 (8 May 2006) from the Ministerial Office provides the directives which guide the promotion of healthy food in infant, primary and secondary public and private education, at the national level.

The School Meals Programme (PNAE) is supported and monitored by eight Collaboration Centres on School Food and Nutrition (*Centros Colaboradores em Alimentação e Nutrição Escolar* – CECANE) which were set up in various Federal

Universities. PNAE also provides guidance for nutritionists, school managers, school councillors and other actors responsible for the implementation of school meals in state and municipalities, through training materials[37] and workshops.

ANVISA provides an online training on “Good practices on food handling” which is aimed at meal servers at the level of municipalities.

5.4 The Government actively encourages and supports private companies to provide and promote healthy foods and meals in their workplaces

Brazil’s Federal Government provides incentives to private companies that voluntarily agree to the PAT – a food programme for workers and labourers (*Programa de Alimentação do Trabalhador*). Companies adhering to the PAT need to fill a form agreeing to Article 5 of the Administrative Act (30 November, 1999). The PAT is promoted to the private sector by outlining the benefits companies gain through joining the programme. In addition to a tax incentive of up to 4 per cent deduction on payable income tax, these include increased productivity between employee-company integration, reduced absenteeism (tardiness and missed days of work), and reduced rotation.

The PAT regulation allows companies to select different modalities, as outlined below:

- Own service: the company makes the meal in its own facilities
- Kitchen management: a third-party provides the meal in the refectory of the company
- Food ticket: the employee uses these to buy food from a supermarket
- Meal ticket: the employee can use tickets to have lunch, dinner or snacks in any restaurant that is part of the PAT network
- External catering: a third party prepares the food and takes it to the company’s employees (commonly in a lunch box)
    - A company can also reach an agreement with a restaurant for its employees to eat there, provided they are both PAT registered. This format falls under External Catering.
- Food baskets: The company purchases food baskets from PAT approved companies and provides it for employees
    - A PAT supplier company is a company that prepares and sells meals, food baskets or food tickets to the beneficiary company to give to employees.

It is worth noting that these provisions in and of themselves to not ensure the food is healthy.

6. FOOD IN RETAIL

The government has the power to implement policies and programs to support the availability of healthy foods and limit the availability of

[37] See http://www.fnde.gov.br/programas/pnae/pnae-area-para-gestores/pnae-manuais-cartilhas

unhealthy foods in communities (outlet density and locations) and in-store (product placement)

Food availability is a problem in a country as big as Brazil. There is high demand for healthier foods by those who enjoy higher incomes, generally in large urban centres; in sharp contrast to non-urban areas, in particular those which are more distant from state capitals. Retail tends to be concentrated in urban centres and the offer of healthier foods are often less affordable, particularly in non-urban contexts.

6.1 Zoning laws and policies are robust enough and are being used, where needed, by local governments to place limits on the density or placement of quick serve restaurants or other outlets selling mainly unhealthy foods in communities

No evidence.

6.2 Zoning laws and policies are robust enough and are being used, where needed, by local governments to encourage the availability of outlets selling fresh fruit and vegetables

No evidence.

6.3 The Government ensures existing support systems are in place to encourage food stores to promote the in-store availability of healthy foods and to limit the in-store availability of unhealthy foods

No evidence.

6.4 The government ensures existing support systems are in place to encourage food service outlets to increase the promotion and availability of healthy foods and to decrease the promotion and availability of unhealthy foods

No evidence.

7. FOOD TRADE AND INVESTMENT

The government ensures that trade and investment agreements protect food sovereignty, favour healthy food environments, are linked with

domestic health and agricultural policies in ways that are consistent with health objectives, and do not promote unhealthy food environments

7.1 The Government undertakes risk impact assessments before and during the negotiation of trade and investment agreements, to identify, evaluate and minimize the direct and indirect negative impacts of such agreements on population nutrition and health

Brazil is a signatory to the main international trade agreements, such as the World Trade Organisation (WTO) Agreement on the Application of Sanitary and Phytosanitary Measures (SPS) and the Agreement on Technical Barriers to Trade (TBT), as well as the *Codex Alimentarius*. However, it is not clear whether Brazil undertakes risk impact assessments to identify, evaluate and minimize the direct and indirect negative impacts of such agreements on population nutrition and health.

7.2 The government adopts measures to manage investment and protect their regulatory capacity with respect to public health nutrition.

No evidence

Infrastructure Support Domains

8. LEADERSHIP

The political leadership ensures that there is strong support for the vision, planning, communication, implementation and evaluation of policies and actions to create healthy food environments, improve population nutrition, and reduce diet-related inequalities.

8.1 There is strong, visible, political support (at the Head of State / Cabinet level) for improving food environments, population nutrition, diet-related NCDs and their related inequalities.

In 1999 the Ministry of Health launched **the National Food and Nutrition Policy** (PNAN) under the Unified Social Assistance System (*Sistema Único de Assistência Social* – SUAS). The purpose of PNAN is to guarantee the quality of Brazilian food, promote healthy dietary habits, and prevent and control nutritional hazards, through encouraging intersectoral actions that promote universal access to food. In 2011, it started a process of reviewing and improving its bases, in order to establish integration with other policies on food and nutritional security and the protection of the human right to healthy food.

The guidelines of the National Food and Nutrition Policy include:

1. Encouraging intersectoral action with a view to ensuring universal access to food
2. Guaranteeing the safety and quality of food and the provision of services in this context
3. Monitoring of the national food and nutritional situation
4. Promotion of healthy eating and lifestyles
5. Prevention and control of nutritional hazards, and food and nutrition-related illnesses
6. Promotion of the development of relevant research
7. Development and training of human resources

In 2006, with widespread social support, the **Framework Law on Food and Nutritional Security** (*Lei Orgânica de Segurança Alimentar e Nutricional* – LOSAN) was passed, confirming the government's support and prioritisation (at the time) of public policies which protected the human right to food.

The law states that food and nutritional security is the realization of the right of all to regular and permanent access to quality food in sufficient quantity, without compromising access to other essential needs, based on nutrition practices that promote health, respect cultural diversity and are socially, economically and environmentally sustainable (LOSAN, Article 3, 2006).

The collective agreement of what constituted food and nutritional security, not just as a technical but also as a political concept was a key step in Brazil's food policy trajectory. It provided a common language which could be used and equally understood across

different government sectors, in different parts of the country. Brazil's addition of nutrition to what is generally referred to as food security was done with the aim of linking approaches to health and nutrition to a concept which was more commonly associated to tackling hunger through increased food production. Putting together food availability and food quality was also strategic, and designed to challenge the dominant narratives about food production and consumption, and the relationship with healthy food. LOSAN provided the legal framework for the creation of the National Food and Nutrition Security System (SISAN) with a view to ensuring the human right to adequate food, with the principles of: universal access, equity, autonomy, social participation and transparency, it also recommended the development of a National Food and Nutrition Security Plan.

Following from LOSAN, the **National Policy for Food and Nutritional Security** was launched in 2010. The Policy is the most practical and operational expression of the guidelines issued by framework law. It did not create new programmes, however it provided a more integrated framework for the wide range of food policies that existed, by regulating SISAN and defining the guidelines for the National Plan. The law defines management procedures, funding mechanisms, monitoring/evaluation and the duties of the Union, States, Federal District and Municipalities. (See Domain 9 for more detailed information on the governance structure.)

In 2010 a strong civil society-led public campaign led to the crucial inclusion of the right to food in Brazil's Constitution, where it joined other social rights such as education, health and labour. In constitutional terms, the right to food requires the State to provide public policies aimed at ensuring food and nutrition security for those who have difficulty accessing adequate food. The rights-based approach to food does not mean the government is responsible for providing food to all, but rather that the government is accountable for ensuring this right can be realized by all citizens.

In 2011, Brazil's Ministry of Health launched the **National Plan for Tackling Chronic Non-Communicable Diseases** (*Plano de Ações Estratégicas para o Enfrentamento das Doenças Crônicas Não Transmissíveis*), which was the precursor to the obesity strategy launched in 2014. It identified the need to develop a policy framework which would promote and provide education on healthy foods, and indeed the necessary infrastructure to deliver healthy food across different contexts, such as schools. It also included integrating nutrition actions in the national healthcare system, and sought to integrate nutrition with food issues.

The 2011–2022 Plan included research and the monitoring of national objectives set for the reduction of mortality and risk factors, as well as actions aimed at prevention and risk reduction. The plan indicates a set of priority actions and investments necessary for Brazil to prepare to face and halt the four non-communicable chronic diseases (circulatory disease, cancer, chronic respiratory diseases, and diabetes) and the alterable common risk factors, one of which is unhealthy eating. The national goals proposed include: reduction of obesity in children and adolescents, stopping the growing rates of obesity in adults, increasing consumption of fruit and vegetables, and the reduction of average salt intake.

In 2014 CAISAN launched the **Intersectoral Strategy for the Prevention and Control of Obesity** (*Estratégia Intersetorial de Prevenção e Controle da Obesidade*). It was designed by an intersectoral committee, bringing together a range of different sectors, institutions and actors to work on developing a new policy to tackle obesity. Besides the representatives of 20 ministries, as well as technical and policy specialists from the Ministry of Social Development, Ministry of Health, the National Health Surveillance Agency – ANVISA, the Ministry of Education National Fund for Educational Development (*Fundo Nacional de Desenvolvimento da Educação* – FNDE), which finances the National School Meals Programme (*Programa Nacional de Alimentação Escolar* – PNAE), and the Ministry of Agriculture, Livestock and Supplies (MAPA) National Food Supply Agency (*Companhia Nacional de Abastecimento* – CONAB), the committee also included CONSEA and the Pan-American Health Organisation/World Health Organisation (PAHO/WHO).

The strategy is organised into six main areas of action:

i) Availability and access to appropriate, health food
ii) Education, communication and information
iii) Promotion of healthy lifestyles in regions and areas
iv) Supervision of food, nutrition and physical activity in the population
v) Integrated healthcare for overweight/obese individuals
vi) Regulation and control of the quality and safety of food products

In 2013 the Ministry of Health instigated the **National Strategy for the Promotion of Breastfeeding and Healthy Complementary Eating** under the Unified Health System, known as the *Estratégia Amamenta e Alimenta Brasil*. The purpose of this strategy is to encourage the promotion of breastfeeding and healthy complementary feeding for children aged under 2 years of age; and improving the actions of healthcare professionals to allow them to work with population to achieve this. The strategy is extremely important in the contribution to forming healthy eating habits from childhood. It includes community tutoring and workshops on breastfeeding, and mother-and-baby-friendly hospital care, which is part of UNICEF and WHO's Global Strategy for Feeding Breastfeeding Mothers and Infants (*Estratégia Global para Alimentação de Lactentes e Crianças de Primeira Infância*) which aims to support women's right to learn and practice breastfeeding through the Ten Steps for Successful Breastfeeding.

In 2015 the **National Pact for Healthy Eating** was instigated, a joint initiative of the Ministry of Social and Agricultural Development, the Ministry of Health and the Ministry of Education's National Educational Development Fund, under the area of the Inter-Ministerial Committee for Food and Nutritional Security (CAISAN-NACIONAL). This is an instrument for making pacts between the federal government and public bodies (states and municipalities), and implementation is voluntary. The purpose of the Pact is to promote good, healthy eating bearing in mind the supply, availability and consumption of food, and to fight against excess weight, obesity and illness caused by poor nutrition. Its implementation should consider regional, cultural and socio-economic conditions and the specific nutritional needs of the population. It is still expected that state and municipal CONSEAs may contribute to monitoring, support, and the identification of challenges to be overcome, together with local authorities.

8.2 Clear population intake targets have been established by the government for the nutrients of concern to meet national recommended dietary intake levels.

In Brazil, there are no references for the assessment of individual nutrient intake *per se*, however, Anvisa RDC 360/2003 establishes the reference daily nutritional values destined for the labelling of packaged items.

The only parameters are the reference values for nutrient and energy intake and the limits established under the Dietary Reference Intakes (DRIs) in the United States and Canada, consisting of 4 benchmarks: i) Estimated Average Requirement (EAR); ii) recommended dietary allowance (RDA), iii) Adequate Intake (AI); iv) Tolerable Upper Intake Level (UL). With regards to collective recommendations the Ministry of Health prioritises the use of the World Health Organisation recommendations and those established in the **Dietary Guidelines** for the Brazilian Population (*Guia Alimentar para a População Brasileira*).

The Strategic Action Plan for Tackling NCDs in Brazil (2011-2022) specifies a target of increasing adequate consumption of fruits and vegetables, from 18.2 per cent to 24.3 per cent between 2010 and 2022 and reduction of the average salt intake of 12g to 5g, between 2010 and 2022. The goals established for the National FSN Plan (2016–2019) were: reduction of regular consumption of soft drinks and artificial sweeteners by the Brazilian population by 20.8 per cent to 14 per cent; and the increase of at least 36.5 per cent to 43 per cent of the proportion of adults regularly consuming fruit and vegetables.

8.3 Clear, interpretive, evidence-informed food-based dietary guidelines have been established and implemented.

The Ministry of Health developed **The Dietary Guidelines for the Brazilian Population** (*Guia Alimentar para a População Brasileira*) in 2014.[38] To date, these differ from the majority of dietary guidelines created by other countries, and align with some of the most commonly cited recommendations for healthy eating. These are:

- Make natural or minimally processed foods the basis of your diet
- Use oils, fats, salt, and sugar in small amounts for seasoning and cooking foods
- Use processed foods in small amounts
- Avoid ultra-processed foods

They also provide advice on planning, shopping and sharing meals, as well as warning people to be wary of food marketing and advertising. This was drawn up in partnership with the University of São Paulo (USP) Nutritional Epidemiology Survey Committee (Nupens) and the support of the Pan-American Health Organisation (PAHO), and

[38] Available online at: http://portalarquivos.saude.gov.br/images/pdf/2014/novembro/05/Guia-Alimentar-para-a-pop-brasiliera-Miolo-PDF-Internet.pdf

included participation from various governmental and civil society sectors. In 2015 the Ministry of Health published a book called '**Brazilian Regional Foods'**, to promote correct and healthy eating based on Brazilian food culture. This book aims to cover the huge national food heritage, the diversity of fruit, vegetables, pulse and typical regional dishes, indigenous eating habits and the influence of different African and Portuguese traditions, among others. The guide is based on important PNAN and PNSAN directives, which state that the promotion of healthy eating surpasses eating habits that take into consideration not only the biological aspect, but also the sociocultural dimension. This publication is the fruit of a partnership between the Ministry of Health and the EMBRAPA, the Brazilian Agricultural Research Corporation.

The Ministry of Health also developed the **Food Guide for children under 2 years of age**, due to the specificity of feeding for this social segment and the importance of early feeding in healthy growth. The Guide stresses the recommendation of exclusive breastfeeding until the age of 6 months. It also gives ten steps towards healthy eating, such as, for example, the slow and gradual introduction of different foods, and continuing with breast milk until two years of age.

8.4 There is a comprehensive, transparent, up-to-date implementation plan (including priority policy and program strategies, social marketing for public awareness and threat of legislation for voluntary approaches) linked to national needs and priorities, to improve food environments, reduce the intake of the nutrients of concern to meet WHO and national recommended dietary intake levels, and reduce diet-related NCDs.

Every four years the Inter-Ministerial Food and Nutritional Security Committee (CAISAN), together with CONSEA, and based on the deliberations of the 5th National Food and Nutritional Security Conference, draws up the **National Food and Nutritional Security Plan**. This plan, currently in its second version (2016-2019), is the main instrument for the planning, management and execution of the PNSAN, encouraging a series of actions by the Federal Government that seek to guarantee food and nutritional security (FNS). The Plan outlines all the programmes and actions to be implemented, with quantifiable targets and timelines. The Plan is also linked to the public budget, as it defines how and where the resources will be used. It is structured based on major challenges for its four-year period. Some of the challenges are: the universal access to heathy food, especially to the most vulnerable, healthy food production and productive inclusion of the rural poor and specific groups like indigenous people and *quilombolas*, and the control and prevention of diseases from bad food habits.

In the area of the Intersectoral Strategy for the Prevention and Control of Obesity, CAISAN drew up a document with recommendations for the implementation of intersectoral strategies in states and municipalities. The related actions set forth: the expansion of the supply of correct and healthy eating in schools, popular restaurants, and other public services, mainly through the production of family agriculture and an increase in the supply of fruit and vegetables; dissemination of the two main Food Guides; guidelines aimed at the regulation of school canteens; the acquisition of

appropriate anthropometric equipment for Food and Nutritional Supervision; the monitoring of levels of sodium, sugars and fats in food products by the National Health Surveillance Agency (ANVISA).

Seria importante citar aqui a PNAN (Política Nacional de Alimentação e Nutrição), que lida diretamente com essa questão de "to *improve food environments, reduce the intake of the nutrients of concern to meet WHO and national recommended dietary intake levels, and reduce diet-related NCDs"*

The National Policy for Food and Nutrition (PNAN), approved in the year 1999, integrates all the efforts made by the Brazilian state into a single set of public policies. These aim to respect, protect, promote and provide the human right to health and food. Upon it's celebration of PNAN's decade in existence, a process of updating and improving its foundations and directives has been started, in order to consolidate its role as a go-to centre, particularly during this time of new challenges being faced in the field of food and nutrition in the SUS, the Unified Health System.

In its new edition, published in 2011, PNAN introduces the explicit aim of improving the conditions of food, nutrition, and health for the Brazilian population, through the promotion of adequate and healthy food promotion and activities, health and nutritional surveillance, as well as the prevention and integral care of the aggravating factors related to Food and Nutrition:

> *"to improve food environments, reduce the intake of the nutrients of concern to meet WHO and national recommended dietary intake levels, and reduce diet-related NCDs"*[39]

9. GOVERNANCE

Governments have structures in place to ensure transparency and accountability, and encourage broad community participation and inclusion when formulating and implementing policies and actions to create healthy food environments, improve population nutrition, and reduce diet-related inequalities.

Brazil's 2006 food security law (LOSAN) provided government with a framework for the **National Food and Nutrition Security System** (*Sistema Nacional de Segurança Alimentar e Nutricional* – SISAN). The SISAN framework was designed with the explicit aim of creating a governance structure to coordinate and monitor decentralized public policies, to ensure the right to adequate food.

SISAN is the management structure designed to coordinate, in a intersectoral and participatory way, decentralized public policies to ensure the human right to adequate food. It is guided by a human rights approach, which places the human right to food at the very heart of discussions on public policy. The system is led by two institutions who coordinate and monitor the National System: i) CAISAN – the National Intersectoral

[39] http://dab.saude.gov.br/portaldab/pnan.php

Chamber on Food and Nutrition Security; ii) CONSEA – the National Council on Food and Nutrition Security. CAISAN is an exclusively governmental body, formed by ministers. CONSEA is an advisory body linked directly to the President of the Republic, a space for the participation and social control of public policies. The main planning instrument of SISAN is the Food and Nutrition Security Plan, mentioned in Domain 8.4.

One key difference about SISAN when compared to other systems is the ambition of its multi-sectoral character. This is a challenging element, which requires significant capacity to coordinate and monitor policies which are the responsibility of a wide range of government sectors and actors. This multi-sectoral element is fundamental in allowing government to design linked-up programmes and actions which successfully address the multiple factors affecting the food and nutritional status of individuals, families and other social groups, such as children and the elderly. SISAN was developed in dialogue with several public policy systems in Brazil, including the health, education, social assistance, and agrarian ministries, among others. Food and nutrition are complex and highly multi- and intersectoral policy areas, which reinforces the need for a systems approach, which takes into account the multiple problems faced by a diverse population. This type of systems approach seeks to avoid the duplication or overlapping of policies and programmes, facilitate the coordination and convergence of actions across different sectors, while also delivering cost-effectiveness.

In recent years there have been many advances in intersectoral constructions, with several governmental departments beginning to work together, however there are still many challenges in terms of decentralised implementation with state and municipal authorities. What can be seen is that this is still a governmental structure under construction and highly dependent on the political willingness of those in power. The table below shows how intersectoral development challenges were selected as targets for the National Plan, in efforts to bring together different parts of government and civil society service providers.

Intersectoral development challenges the National Plan seeks to address (2016–2019)	**Example of policies**
Universal access to healthy food, especially for the most vulnerable	*Bolsa Família* (conditional cash transfer programme) National School-Feeding Programme (PNAE) Community Restaurants
Healthy food production and productive inclusion of the rural poor and specific groups like indigenous peoples and *quilombolas* (Afro-Brazilian communities)	National Programme for Strengthening Family Agriculture (PRONAF) Food Acquisition Programme (PAA) National Plan for Agroecological and Organic Production (PLANAPO)
Control and prevent diseases from bad food habits	National System for Food and Nutritional Surveillance (SISVAN) National Plan for Tackling Chronic Non-Communicable Diseases National Breastfeeding Policy National Dietary Guidelines
Access to water	National Programme for the Universal Access to Water (*Água – Água Para Todos*)

	Drinking Water Cistern Programme in semiarid regions (*Programa Cisternas*)

As with other Brazilian social policies, SISAN includes citizen participation, which in Brazil is referred to as social participation. Citizen participation in the formulation and monitoring of public policies in Brazil has grown since the 1988 Federal Constitution, and works in conjunction with parliament's wider role in Brazil's representative democracy. The inclusion of civil society and the state in CONSEA creates a more participatory and consensual policy-making process, and a more transparent policy environment overall (Leão and Maluf, 2012).

9.1 There are robust procedures to restrict commercial influences on the development of policies related to food environments where they have conflicts of interest with improving population nutrition.

Lobbying in Brazil is not regulated, despite the existence of several proposed bills that have been processed in the National Congress.

9.2 Policies and procedures are implemented for using evidence in the development of food policies.

The **Brazilian National System for Food and Nutritional Surveillance** (*Sistema Nacional de Vigilância Alimentar e Nutricional* – SISVAN) provides data on the nutritional status of certain segments of the population. It is one of the main sources of data, from local to national level, for the planning and organization of actions aimed at addressing nutritional issues. It also provides data for other policies tackling obesity and malnutrition (see DOMAIN 10.3 for more details).

The Ministry for Social Development (MSA), where the CAISAN executive secretariat is based, has a Secretariat for Information Assessment and Management, a specialist sector, the purpose of which is to monitor and assess the impact of public social service policies, transfer of income and food and nutritional security (FNS). These are studies that focus on diagnoses, user profiles, management assessment, among others. This department also runs an information system fed by various sources, such as the Single Register for Social Programmes (Cadúnico), surveys completed by the Brazilian Institute for Geography and Statistics (IBGE), and others. The production of evidence and studies that support the actions and activities in health take place via the Department of Computing for the Unified Health System (DATASUS), created in 1991, and currently responsible for creating software, programmes and systems, feed by the state and municipal authorities to form a database on the execution of health policies in Brazil.

9.3 Policies and procedures are implemented for ensuring transparency in the development of food policies.

SISAN has a **Monitoring System for the National Food and Nutritional Security Plan** (SISPLAN-SAN), an online tool intended to support and monitor the execution of the National Food and Nutritional Security Plan. This open access monitoring and assessment system presents process and product indicators, results and impact indicators, and monitoring indicators for the protection of the Human Right to Appropriate Food. The tool ensures transparency in the execution of public policies, and supports the Inter-Ministerial Food and Nutritional Security Committee in its actions and decision making. Based on the information gathered, CAISAN publishes a report on government actions approximately every two years.

9.4 The government ensures access to comprehensive nutrition information and key documents (e.g. budget documents, annual performance reviews and health indicators) to the public.

The government ensures access through a range of monitoring and intelligence systems. The reports and publications mentioned in Domain 10 are of particular relevance.

10. MONITORING AND INTELLIGENCE

The government's monitoring and intelligence systems (surveillance, evaluation, research and reporting) are comprehensive and regular enough to assess the status of food environments, population nutrition and diet-related NCDs and their inequalities, and to measure progress on achieving the goals of nutrition and health plans.

10.1 Monitoring systems implemented by the government are in place to regularly monitor food environments (especially of food composition for nutrients of concern, food promotion to children, and nutritional quality of food in schools and other public-sector settings), against codes/guidelines/standards/targets.

The food and nutritional monitoring system consists of regular national surveys:

- **Brazilian Consumer Expenditure Survey** (*Pesquisa de Orçamentos Familiares* – POF)
    - Based on a cross-section of 65,000 urban and rural households across the country, randomly selected from the 'Master Sample' (*Amostra Mestra)* used by the Brazilian Geographical and Statistical Institute (IBGE) for the Census and nationwide surveys. The data is generally considered to be robust.
    - The POF provides data and reports on the structure of budgets (income, expenses, purchasing habits of products and services), nutritional status, and general living conditions of Brazilian households, families and individuals.

    - This informs data on the national basket of goods as well as providing data for the development of the Consumer Price Index.
    - An innovation in the latest edition was the inclusion of a module on the direct consumption of food, which provided updated consumption data for the first time in over three decades.
    - **Frequency:** this should be every 6 years, despite the high cost of country-wide implementation. It was last carried out in 2008-09.
- **Continuous National Household Sample Survey** (*Pesquisa Nacional por Amostra de Domicílios Contínua* – PNAD)
    - This annual nationwide survey provides data on the demographic and socioeconomic characteristics of the population, such as gender, age, education and literacy, employment, income and household details. An additional section on health was included in the years 1998, 2003 and 2008.
    - It uses the Master Sample with a rotation schedule that ensures the sample is both robust and representative, selecting 1100 municipalities.
- **The National Health Survey** (*Pesquisa Nacional de Saúde*–PNS)
    - This household-based nationwide survey is carried out by the Ministry of Health in partnership with the Brazilian Institute of Geography and Statistics (IBGE)
    - It is done every five years collecting data on the performance of the Unified Health System, population health and the prevalence of non-contagious chronic diseases.
    - Sample size: 80,000 households
    - The survey also includes measurements of the respondent's weight, height, waist circumference and blood pressure, as well as laboratory exams to establish their lipid profile, blood glucose level, urine sodium content. These exams are taken in a subsample of 25 per cent of the census sectors selected (Szwarcwald *et al.*, 2014).
- **National Survey on Women and Children's Demographics and Health** (*Pesquisa Nacional de Demografia e Saúde da Criança e Mulher* – PNDS)
    - Frequency: every 10 years. This describes the profile of the fertile female population and children aged under five, including the first national study on the prevalence of anaemia and Vitamin A deficiency.
    - Most of the data is collected through home interviews conducted with around 15,000 women between 15–49 years of age, living in urban and rural areas in all country regions. The methodology also includes anthropometrics, which measure height and weight; laboratory analyses of blood samples for vitamin A and haemoglobin dosages and the available iodine content of salt consumed by households.
- **Vigitel Surveillance of Risk and Protective Factors for Chronic Diseases Phone Survey** (*Vigilância de Fatores de Risco e Proteção para Doenças Crônicas por Inquérito Telefônico*)
    - Carried out annually by the Ministry of Health in all the Brazilian capitals and the Federal District.
    - Vigitel has been carried out since 2006, and makes up the control system for Risk Factors for Non-Communicable Chronic Diseases. The data

obtained together with that of other surveys is essential for improving knowledge of Non-Communicable Chronic Diseases.
- The system establishes a minimum sample size of approximately 2,000 individuals in each city.

CAISAN uses a range of polls and surveys to support a monitoring system known as DATA SAN. The DATA SAN system helps to analyse the production of food, income and expenses, access to adequate, healthy food, health, nutrition, education, programmes and public policies, based on 121 variables, provided by the Brazilian National Institute of Statistical Geography (IBGE), the Anísio Teixeira National Institute for Educational Studies and Research (INEP) and the National Health Surveillance Agency (ANVISA). The indicators making up the system were provided by the National Council for Food and Nutritional Security (CONSEA), based on the experience of a working group that in 2010 released the report "Food and Nutritional Security and the Right to Healthy Food in Brazil: indicators and monitoring of the Constitution from 1988 to the present day." Based on DATA SAN, CAISAN regularly publishes documents such as the "Indicators and Main Results of PLANSAN 2012–15," which acts as some of the main foundations for debates in national conferences.

10.2 There is regular monitoring of adult and childhood nutrition status and population intakes against specified intake targets or recommended daily intake levels.

VIGITEL helps to support the goals relating to fruit and vegetable intake and the consumption of sources of saturated fats. The 2008/2009 Consumer Expenditure Survey (*Pesquisa de Orçamentos Familiares* – POF) recorded data taken from an analysis of food consumption in the Brazilian population, and the nutritional conditions of adults, teenagers and children. There was also the **National Demographic and Health Survey of Children and Women**, on the nutrition of children and women of childbearing age.

In Brazil, as per WHO recommendations, the Ministry of Health completed the **National Survey for the Evaluation of the Impact of Salt Iodisation** (PNAISal) at national level, in order to assess the effects of salt iodisation taking place in Brazil. PNAISAL is a national poll, using a sample of 19,600 schoolchildren, aged between 6–14 years.

10.3 There is regular monitoring of adult and childhood overweight and obesity prevalence using anthropometric measurement

There is a systematic monitoring of people's food and nutritional status through the Brazilian **National System for Food and Nutritional Surveillance** (*Sistema Nacional de Vigilância Alimentar e Nutricional* – SISVAN), driven by data supplied from municipal administrations, which is linked to the Unified Health System (*Sistema Único de Saúde*

– SUS). The system collects anthropometric and other data on people's health and habits, including food consumption. It monitors the nutritional status of certain segments of the population – generally those on a lower-income who use the public health system – and produces diagnostic information which informs the design and delivery of local and national health and social policies and programmes, such as the national obesity prevention strategy. Initially the system was geared to the monitoring of children and pregnant women, but currently it is recommended for the surveillance of the wider population.

SISVAN is an online completion tool, where professionals can find the World Health Organisation growth curves, and tools for assessing food intake markers for all stages in life. Systematic monitoring is extremely relevant, as it reveals imbalances between geographical regions, population groups and vulnerable populations, and it allows interventions to be undertaken for the prevention and control of nutritional hazards and food and nutrition-related illnesses, and for the promotion of healthy eating habits and lifestyles.

The **Consumer Expenditure Survey** (*Pesquisa de Orçamentos Familiares* – POF) carried out regularly by the Brazilian Institute of Geography and Statistics (*Instituto Brasileiro de Geografia e Estatística* – IBGE) gauges the weight and height of all the residents in the surveyed household, thus tracing anthropometric information and the nutritional condition of children, teenagers and adults in Brazil. An anthropometric assessment is also completed in the National Health Survey (*Pesquisa Nacional de Saúde* – PNS), issued every five years.

10.4 There is regular monitoring of the prevalence of NCD risk factors and occurrence rates (e.g. prevalence, incidence, mortality) for the main diet-related NCDs.

The most important NCD monitoring tool is VIGITEL, the Surveillance of Risk and Protective Factors for Chronic Diseases Phone Survey, in place in all Brazilian capitals since 2006. The system monitors the nutritional conditions of adults, based on data regarding excess weight, obesity and eating habits. Its purpose is to monitor the frequency, distribution and evolution of the main determining factors of non-communicable diseases (NCDs). The survey covers questions about dietary patterns and physical activity associated with NCDs, such as the intake of fruit and vegetables or sources of saturated fat, and the frequency and duration of physical exercise and television watching. Together with the data obtained from the National Health Survey and the National Schoolchildren's Health Survey, this increases our knowledge on NCDs in the country and helps to meet and monitor the goals set forth under the Strategic Action Plan for Addressing Chronic Illness in Brazil (2011–2022).

10.5 There is sufficient evaluation of major programs and policies to assess effectiveness and contribution to achieving the goals of the nutrition and health plans.

In addition to the systematic monitoring of the National Food and Nutritional Security Plan, there are regular assessments of the main programmes in each sector. The new (2016) Ministry of Social and Agricultural Development, through the Secretariat for Information Assessment and Management assesses and publishes the *Caderno de Estudos* series of themed papers; each edition deals with the results of private or third-party surveys on public policies or social programmes. The Ministry of Health establishes cooperation programmes with the National Council of Scientific and Technological Development (CNPq), which publishes a selection of surveys on specific topics, including food and nutrition. It also publishes the **Health Information Booklets**, with studies based on various Ministry of Health databases.

10.6 Progress towards reducing health inequalities or health impacts in vulnerable populations and societal and economic determinants of health are regularly monitored.

SISVAN includes special supervision of families living in poverty or extreme poverty benefiting from the *Bolsa Família* programme, bearing in mind that this segment of population is in a situation of greater nutritional vulnerability, often victims of the double burden of malnutrition. The same applies to indigenous people, and in 2005 the Indigenous SISVAN was created, with different characteristics to assist the Special Indigenous Health Districts (*Distritos Sanitários Especiais Indígenas* – DSEI). Bearing in mind the high rates of children mortality and malnutrition in the indigenous population, the National Health Foundation (FUNASA) and ABRASCO, the Brazilian Association of Collective Health (*Associação Brasileira de Saúde Coletiva*) performed the first National Survey of Indigenous People's Health and Nutrition in 2008/2009.

11. FUNDING AND RESOURCES

Sufficient funding is invested in 'Population Nutrition Promotion' (estimated from the investments in population promotion of healthier eating and healthy food environments for the prevention of obesity and diet-related NCDs, excluding all one-on-one promotion (primary care, antenatal services, maternal and child nursing services etc.), food safety, micronutrient deficiencies (e.g. folate fortification) and undernutrition to create healthy food environments, improved population nutrition, reductions in obesity, diet-related NCDs and their related inequalities.

11.1 The 'Population Nutrition Promotion' budget as a proportion of total health spending and/or in relation to the diet-related NCD burden is sufficient to reduce diet-related NCDs.

In Brazil in 2002, there was a 69.1 per cent spend by the Unified Health System on Non-Communicable Diseases, however there is no data for Brazil that connects NCDs with poor nutrition. The underfunding of food and nutrition actions in the Unified Health System is a constant complaint at Food and Nutritional Security and Health conferences.[40]

11.2 Government funded research is targeted for improving food environments, reducing obesity, NCDs and their related inequalities.

The Ministry of Health defined survey priorities in the field of food and nutrition to subsidise the selection of studies and surveys covering the following topics: food security, breastfeeding and weaning of children; energy-protein malnutrition; micronutrient shortfalls; excess weight and obesity and the development and validation of methodologies. These rulings, which between 2004 and 2008 funded 278 surveys, were performed in partnership between the Ministry of Health, the National Council for Scientific and Technological Development (CNPq) and the State Foundations for Research Support (*Fundações Estaduais de Amparo a Pesquisa*, i.e. FAPESP in São Paulo or FAPERJ in Rio de Janeiro), and the Federal District. However, a need has been observed to increase the volume of resources prioritising the North, Northeast and Central-West regions and funding ongoing food and nutrition surveys for the reinforcement of strategic actions in the field. One of these rulings was called Food, Nutrition and the Promotion of Health Eating and Lifestyles, which supported projects in different topics, including intervention in collective nutritional health, attempting to consolidate a model for the promotion of surveys.

The Brazilian Ministry of Science and Technology (MCTI), through its agency CNPq, recently launched competitive grants for specific research topics such as:

1) Call for proposals CNPq/MDS-SESAN no. 027/2012. In partnership with the MDS this grant invested R$ 3 million in 8 projects for scientific and technological development and innovation in food and nutritional education.
2) Call for proposals MCTI/Transversal Action-Law/CNPq no. 82/2013. Food and Nutritional Security in UNASUL and African countries. This grant's aims were to:
    a. identify and promote research groups, extension in the 5 Brazilian regions with an expertise in nutritional and food security to support the creation and diffusion of knowledge and technologies;
    b. integrate scientific research in FNS to the policies in this field; and
    c. promote institutional networks developing transfer of knowledge, technologies and ongoing monitoring of FNS situation.

[40] BRASIL. Ministério da Saúde. (2005) A vigilância, o controle e a prevenção das doenças crônicas não-transmissíveis: DCNT no contexto do Sistema Único de Saúde brasileiro. Brasil. Brasília: Ministério da Saúde / Washington, D.C.: Organização Pan-Americana da Saúde

3) Young Scientist Prize 2014 sponsored by CNPq (MCTI) in partnership with two large Brazilian companies' foundations (Roberto Marinho Foundation and Gerdau) to carry out scientific research on the topic of Food and Nutritional Security.

11.3 There is a statutory health promotion agency in place that includes an objective to improve population nutrition, with a secure funding stream.

The Ministry of Health, by implementing the National Food and Nutrition Policy, committed to the coordination and funding of food and nutrition actions taking place within the Unified Health System. For this, the Ministry of Health has the General Food and Nutrition Coordination and its own budget making up the Food and Nutrition Fund, which allows resources to be returned to states and municipalities. There is still an incentive for other Federal bodies to draw up, coordinate, execute and co-fund their own State Policies, which must be consistent with National Policy.

12. PLATFORMS FOR INTERACTION

There are coordination platforms and opportunities for synergies across government departments, levels of government, and other sectors (NGOs, private sector, and academia) such that policies and actions in food and nutrition are coherent, efficient and effective in improving food environments, population nutrition, diet-related NCDs and their related inequalities.

12.1 There are robust coordination mechanisms (across departments and levels of government) to ensure policy coherence, alignment, and integration of food, obesity and diet-related NCD prevention policies across governments.

The Inter-Ministerial Food and Nutritional Security Committee (CAISAN) is part of SISAN, which aims to promote the articulation and integration of public organs and bodies relating to food and nutritional security. It is composed of 16 ministers, who also make up CONSEA. Meetings are generally attended by ministers' alternates – ministers are present for key decision moments such as the approval of the National Plan.

CAISAN's principle tasks include the elaboration of the 4-yearly National Plan for Food and Nutrition Security, and the management of food and nutrition security monitoring systems. For the development of intersectoral activities, CAISAN forms Technical Committees, which set objectives such as the drawing up of a National Food and Nutritional Security Plan and the Intersectoral Obesity Prevention and Control Strategy, or even the food and nutritional security monitoring of traditional people and communities. In the current SISAN decentralisation process, it is expected that all Brazilian states will create their own committees, with similar characteristics to the

national version, so that the integration of these initiatives can also be set up as agreed strategies between the federate states.

In the context of PNAN there is an Intersectoral Food and Nutrition Commission, which was created as a commission of the National Council with the objective of integrating the Food and Nutrition Policy in accordance with the principles of the Unified Health System – SUS. It seeks to guarantee intersectoral actions, and the decentralisation of PNAN for states and municipalities.

12.2 There are formal platforms between government and the commercial food sector to implement healthier food policies.

In an effort to encourage healthy eating choices in the Brazilian population, the Ministry of Health signed in 2007 and extended in 2010 and 2013 an agreement with industry associations in order to improve the nutritional value of processed foods with a reduction in levels of sugars, fats and sodium. In 2008 the Rio de Janeiro Declaration was presented, which sets out an agreement between the government and industries for the reduction of trans fat levels in oils, margarines, and processed foods, the Ministry of Health and Brazilian Food Industry Association (ABIA) undertook that joint commitment. According to ABIA, studies completed between March and October 2010, 230,000 tonnes of trans fats were removed from industrialised food products.

In 2014, the National Health Surveillance Agency (ANVISA) created a working-group to develop proposals for improvements in nutritional labelling, first mapping the main issues with nutritional labelling, from the nutritional table to the front of product packaging. This working-group consists of government representatives, specialists, civil representatives and involves the commercial food sector in specific discussions.

With regards to compliance with the goal of sodium reduction, in 2001 the Ministry of Health announced the National Plan for the Reduction of Sodium in Processed Foods, which aims to contribute to the reduction of sodium intake to 5g of salt per person per day by 2020. As a result of this agreement, according to Ministry of Health data, 14,893 tonnes of sodium were removed from food products. The goal for 2020 is the removal of 28,562 tonnes. Furthermore, there have been agreements with the industry to reduce levels of trans fats and, recently, new voluntary agreements on salt reduction targets of 10 percent per year in industrialised foods

12.3 There are formal platforms for regular interactions between government and civil society on food policies and other strategies to improve population nutrition.

The **National Council on Food and Nutrition Security** (CONSEA), part of SISAN, is the main platform for the participation of civil society in food and nutrition policies. CONSEA an advisory council to the President of Brazil, formed by 19 State Ministers

and 38 civil society representatives, who are joined by a dozen observers representing international organizations and other national councils. The CONSEA President is chosen from among civil society representatives. It is responsible for formulating, proposing and monitoring public policies whose purpose is to guarantee the human right to healthy and adequate food. The inclusion of civil society and the state in structure is key in that it provides a common space to develop joint actions which overcome excessively technocratic or centralized conceptions of public policies. It is a space for contrasting views to be aired, and for the discussion of often-opposed interests which reflect some of the polarized positions seen within government and society. CONSEA's capacity to intervene in public policies is not determined solely by its advisory nature, but rather is highly dependent on its negotiating ability and the strength of the social networks and movements it works with. There are also CONSEAs at state and municipal levels that deal with specific issues, also responsible for organising CONSEA conferences at their levels. CONSEAs are charged to represent Brazilian social, regional, racial and cultural diversity at municipal, state or national level.

The **National Conference on Food and Nutrition** takes place every four years, and is one of the most important expressions of citizen participation in Brazil's food policy, as it approves the guidelines and priorities for the National Food and Nutrition Security Policy and its Annual Plan. The National Conference brings together 2000 people, two-thirds of whom are from civil society; the remainder are government members. The event is preceded by provincial and municipal conferences which take place across all of Brazil's 27 states. The fifth conference, in 2015, was attended by 2107 people, with 1090 state delegates elected at State Conferences. It is also preceded by the topical national conference, which covered matters considered to be great challenges, such as the case of food security for Afro-Brazilian, indigenous and traditional populations and communities.

Some of the most strategic food and nutritional security policies, such as the case of the National School Food Programme and the Food Acquisition Programme, include social accountability and monitoring mechanisms (referred to as 'social control' in Brazil) as part of their regulatory (but non-binding) legal instruments. For example, all Brazilian municipalities have School Food Councils, formed by representatives of civil society and government, with the target of scrutinising the application of transferred resources and supervising product quality, from purchase to distribution in schools and final consumption of these foods, always paying attention to good health and hygiene practices. The Food Acquisition Programme has representatives from civil society on the programme management group, which is consultative, and advises and supports the implementation of the Programme.

12.4 The government leads a broad, coherent, effective, integrated and sustainable systems-based approach with local organizations to improve the healthiness of food environments at a national level.

PNSAN provides for the integration and regulation of non-profit institutions into SISAN, but this has not yet been done.

13 HEALTH IN ALL POLICIES

Processes are in place to ensure policy coherence and alignment, and that population health impacts are explicitly considered in the development of government policies.

13.2 There are processes in place to ensure that population nutrition, health outcomes and reducing health inequalities or health impacts to vulnerable populations are considered and prioritized in the development of all government policies relating to food.

PNAN presents among its guidelines the encouragement of intersectoral actions with a view to universal access to food, which is mainly reflected in the Health Programme for Schools (PSE) characterised as a policy that integrates health and education. The PSE is managed through Intersectoral Workgroups of representatives from health, education and other local organisations, social and educational movements. These groups are formed at federal, state and municipal level. In PNAN, the inclusion of the promotion of healthy eating in actions and strategies performed by the health, education and social care networks is considered a priority. One example is the proposed regulation of the marketing, advertising, publicity and commercial promotion of processes and ultra-processed food and drinks in health and education networks, both public and private, social care and public bodies as proposed by PLANSAN.

The promotion of healthy eating in schools has been highlighted as an integrating action. Some of the goals defined in PLANSAN are: support for 100,000 schools through dissemination and implementation of supporting material and qualification of actions for the Promotion of Healthy Eating under the School Health Plan (PSE); the inclusion of information on food and nutritional education in text books; the promotion of actions to reduce the supply of ultra-processed foods on the National School Food Programme and in school canteens; the publication of a manual aimed at guiding the supply of school food for students with specific dietary requirements such as diabetes, hypertension, gluten allergy, phenylketonuria and lactose intolerance. Among the actions developed under the PSE there is an axis of Food and Nutritional Security and the Promotion of Health Eating and its practice in basic education. There is even a guidance document from the Ministry of Health, with subsidies for these activities. Schools must also present and annual report on the amount of fruit and vegetables and ultra-processed food served at the school.

The institutional programmes for direct purchase from small farmers such as PAA and PNAE, by encouraging the use of local produce in a simple way with exemption from public tender, ensures the supply of healthier food in the school environment and for other public policies offering food.

Based on the intersectoral strategy for food and nutritional education the Ministry of Social and Agricultural Development, in partnership with the Oswaldo Cruz Foundation, developed the course on Food and Nutritional Education under the *Bolsa Família*

Programme, which provided funding for activities in food and nutritional education in a permanent and articulated was to the areas of healthcare, education and social care.

13.3 There are processes (e.g. health impact assessments) to assess and consider health impacts during the development of other non-food policies.

The *Bolsa Família* Programme supervises the health conditions of its beneficiaries so as to follow up on their progress. These are monitored especially under the Basic Health Units, where there is collection of anthropometric information and assessment of food intake through the Food and Nutritional Supervision System.

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