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Current perspectives of the National Food and Nutrition Policy: in the context of the COVID-19 pandemic

Perspectivas atuais da Política Nacional de Alimentação e Nutrição: no contexto da pandemia de COVID-19

Abstract

Introduction: The National Food and Nutrition Policy is marked by increasing implementation of actions, programs, and initiatives that seek to meet the needs and particularities imposed by the country's situation, the population's food and nutrition context, and respond to opportunities to build the work agenda. The General Coordination of Food and Nutrition of the Ministry of Health is responsible, as federal health management, for establishing the guidelines for implementing the Policy, the priorities for health and nutrition of the population, and for supporting states and municipalities in the implementation of actions, programs and initiatives within their sphere of action. **Objective:** To describe the main advances in the A&N agenda in the context of the Covid-19 pandemic, based on the legal provisions approved at the federal level, and to point out future prospects. **Development:** Based on the description of the context and advances of actions, programs and agendas driven by the federal management of the Policy in the last two years, the perspectives of the policy and its advances are presented, as well as the challenges and opportunities for the coming years, in the context of the Unified Health System. **Final considerations:** The years 2020 and 2021 were strongly marked by the Covid-19 pandemic, bringing impacts to the population's health and challenges for public health management. In the context of the food and nutrition agenda in the Brazilian Unified Health System, it was necessary to glimpse windows of political opportunity to strengthen the agenda.

Keywords: Food and Nutrition Policies and Programs. National Food and Nutrition Policy. Primary Health Care. National Health System. Unified Health System

Resumo

Introdução: A Política Nacional de Alimentação e Nutrição é marcada por crescente implementação de ações, programas e iniciativas que buscam atender às necessidades e particularidades impostas pela conjuntura do país, contexto alimentar

e nutricional da população, e respondem às oportunidades de construção da agenda de trabalho. A Coordenação-Geral de Alimentação e Nutrição do Ministério da Saúde é responsável, enquanto gestão federal em saúde, pelo estabelecimento das orientações referentes à implementação da Política, das prioridades em prol da saúde e nutrição da população, além de apoiar estados e municípios na efetivação das ações, programas e iniciativas em sua esfera de atuação. **Objetivo:** Descrever os principais avanços da agenda de A&N, no contexto da pandemia de Covid-19, a partir dos dispositivos legais homologados em âmbito da gestão federal e apontar perspectivas futuras. **Desenvolvimento:** A partir da descrição do contexto e avanços das ações, programas e agendas impulsionadas pela gestão federal da Política nos últimos dois anos, são apresentadas as perspectivas da política e seus avanços, bem como os desafios e oportunidades para os próximos anos, no contexto do Sistema Único de Saúde. **Considerações finais:** Os anos de 2020 e 2021 foram fortemente marcados pela pandemia de Covid-19, trazendo impactos para a saúde da população e desafios para a gestão pública em saúde. No contexto da agenda de alimentação e nutrição no Sistema Único de Saúde, foi preciso vislumbrar janelas de oportunidade política para fortalecimento da agenda.

Palavras-chave: Políticas e Programas de Alimentação e Nutrição. Política Nacional de Alimentação e Nutrição. Atenção Primária à Saúde. Sistema Nacional de Saúde. Sistema Único de Saúde.

INTRODUCTION

More than 20 years after the publication of the National Policy on Food and Nutrition (PNAN), the analysis of its implementation highlighted as advances: the publication of Food Guides; the promotion of research on food and nutrition (A&N) for the construction of the regulatory agenda and the decentralization of financial resources for the implementation of actions. Regarding monitoring and evaluation, the focus on the food and nutritional situation was observed, and the insufficient mechanisms for policy feedback were highlighted. The challenge of effectively fulfilling its historical commitment remained: the universal guarantee of the Human Right to Adequate Food.¹

In a complementary way to the record of the historical-social aspects of the actions implemented from PNAN from 1999 to April 2020,¹ and still in the context of the Covid-19 pandemic, the main advances of the A&N agenda will be presented, based on the legal provisions approved at the federal level, as well as the perspectives for the agenda.

CONTEXT AND PROGRESS

In the context of the Covid-19 pandemic, the Brazilian Unified Health System (SUS) faces challenges in recovering and readjusting work processes and routines at all levels of care. In Primary Health Care (PHC), the pandemic's cooling down resulted in demands linked to resuming services and priority needs in PHC, in order to ensure universal and equal access to the population, in addition to actions to fight the pandemic.

Added to this, the challenges of ensuring budget and basic structure for the functioning of the SUS, the fragility of health management in the country, as well as the challenges for the implementation of social policies, make the context even more adverse for the guarantee of the right to health and human rights agendas. In this context, the PNAN, as well as other health policies, needed to pay attention to possible windows of opportunity for the formulation of programs and initiatives that could keep the agenda alive.

It is considered that it was possible to maintain the agenda, making important advances in some themes, with considerable contribution of new resources and, above all, perpetuating the implementation of existing actions and the appreciation of A&N in the Ministry of Health (MOH). Some of these advances, organized according to the strategic themes of this agenda, are highlighted below.

Nutritional Attention

Nutritional care refers to care in food and nutrition that ranges from surveillance and health promotion to the treatment of diseases. In this sense, as a result of the pandemic, due to the accumulation of knowledge in the area, with support from academia and civil society, it was possible to develop agendas to address malnutrition in the country. In the context of the publication of emergency ordinances due to the pandemic, in the health sector, it was possible to transfer financial incentives to all 5,570 municipalities, in order to intensify the food and nutritional surveillance of children and pregnant women in the Bolsa Família Program who presented malnutrition, including recommendations for care and intersectoral actions,² with the availability of instructional materials for managers and health professionals.³

Also in this context, in view of the new and robust evidence showing a relationship between the worsening and increased risk of Covid-19 morbidity and mortality in overweight and obese individuals,⁴ an ordinance was published with the objective of intensifying actions for people with obesity, diabetes mellitus, or systemic arterial hypertension in the PHC,⁵ as detailed in Chart 1. It is important to highlight that the

proposal was based on discussions accumulated from studies, debates with experts, and participation in events, about how to promote more visibility and, concomitantly, reduce the stigmas of the condition of obesity in the SUS, recognize the structural limitations in services that generate inequities in the assistance provided to these people, and the need for professional qualification regarding the approach, management, and communication for this work.

To reinforce the performance of PHC teams in the care of overweight and obese adults, the Clinical Protocol and Therapeutic Guidelines focused on treatment⁶ and a set of instructive guidelines for a collective and individual approach were published⁷⁻⁹. In addition to the Manual of Care for People with Overweight and Obesity in Primary Health Care,¹⁰ nine self-learning courses and one specialization course were offered to contribute to the training of health professionals. The courses were offered with the support of UNASUS, with a total qualification of 60 thousand professionals. There are still 24 projects selected in the Call 26/2018 CNPq and 12 more in the Call 28/2019 CNPq, funded by the coordination.

Regarding the agenda for prevention and control of nutritional deficiencies, based on the results of the National Study of Infant Food and Nutrition (ENANI), adjustments were discussed in the recommendations and in the micronutrient supplementation programs, in order to review their implementation conducts, so as to guarantee the SUS principle of equity, considering the reduction of anemia prevalence in the country from 20.9% to 10% and of hypovitaminosis A from 17.4% to 6% between 2006 and 2019.¹¹ Given the greater vulnerability observed in the North Region, the only one with an absolute increase in the prevalence of anemia in the period, which rose from 10.4% to 17.0% in children aged 6 to 59 months and represented 30.3% in children aged 6 to 23 months, it was decided to prioritize and intensify micronutrient supplementation actions in this region.¹²

The actions of the MS in the face of the challenges of preventing and caring for childhood obesity have intensified over the past two years. In 2019 and 2021, extensive communication campaigns were released to the entire population, with messages aimed at promoting adequate and healthy eating, reducing the consumption of ultra-processed food, encouraging physical activity, and reducing sedentary behavior,¹³ as well as maintaining the Crescer Saudável Program.¹⁴

More recently, a set of actions coordinated by the Ministry of Health was launched, bringing together several partners around the mobilization for the establishment of a social commitment to reverse the childhood obesity scenario in the country.¹⁵ The launch of Proteja, which is the strategy for prevention and attention to childhood obesity, strengthens all the PNAN guidelines by mobilizing local managers to develop spaces and environments that promote health, healthy eating, and the practice of physical activity in the territories.¹⁶⁻¹⁹ In parallel, an EAD course on childhood obesity was launched, available on the AVASUS platform,²⁰ and an instructional guide for the care of children diagnosed with obesity was prepared²¹ and produced a course on the instructional. This agenda is broad and involves a large budgetary investment, totaling approximately R\$90 million over three years. This process will be monitored and evaluated by partners, and it will be possible to identify strengths and weaknesses to be overcome during its implementation and, hopefully, in the medium and long term.

And yet, to contribute to the organization of nutritional care in PHC, the II International Seminar on Food and Nutrition in PHC was held in early 2022, in which the updated matrix of food and nutrition actions,²² the 35 recommendations for a strong nutritional care in PHC²³ and the Window of knowledge on A&N in public health²⁴ (which gathers documents and informative materials about the area) were launched. The product of the II Seminar was the 2nd Charter of Brasília, which highlighted what should be strengthened to highlight the area of A&N in PHC in the set of public policies. Furthermore, 21 studies selected in the 27/2019 call for proposals are being funded, which will help identify more effective strategies for nutrition in PHC.²⁵

Food and Nutrition Surveillance (VAN)

In 2021, 33.2 million Brazilians had their nutritional status recorded in the PHC information systems. This result was the highest observed in the available historical series. In 2020, there were 23.7 million individuals with nutritional status assessed in PHC, observing a reduction compared to 2019, which was 30.5 million. In 2021, 6.45% of children under 5 years old were undernourished (according to the BMI for age indicator); 33.9% of children aged 5 to 9 years were overweight and 17.8% obese; 67.4% of adults were overweight and 32.9% obese. Malnutrition affected 11.8% of the elderly in 2020.²⁶ It is important to note that all transfers of resources under the PNAN were linked to the goal of increasing the coverage of VAN. In addition, new Guidelines for VAN at the local level are in the final stages of preparation, with the aim of supporting the process of qualifying the actions in the PHC. In 2020, the last transfer ordinance for capital was published for the purchase of anthropometric equipment, completing the cycle of UBSs that had been identified as priorities.²⁷

From an expanded view of VAN, which considers different strategies for epidemiological surveillance applied in the promotion of population surveys, calls and scientific production, the ENANI stands out, which already has funding from the area to carry out the second phase, ENANI 2. Still on the prospects of this study, new results are being processed and disseminated for the improvement of programs and policy actions.¹¹

Promoting Adequate and Healthy Food (PAAS)

In recent years, investment has been made in the development of tools to support health professionals in reinforcing the dissemination of recommendations for a VAN, making these messages more accessible to the Brazilian population. Protocols for the use of the Food Guide using food consumption markers have been published, a strategy to reinforce the use of VAN markers in the PHC setting. The protocols were aimed at the general population,²⁸ the elderly,²⁹ pregnant women³⁰ and also protocols for children,³¹ adolescents,³² individuals with obesity,³³ diabetes, and hypertension.³⁴

In a complementary way, communication actions and strategies are being developed, of direct reach to the population, through the Health Brazil Portal.³⁵ On this platform, articles, video series, podcasts, and other materials about healthy eating, monitoring weight gain, encouraging physical activity, and smoking cessation are broadcast. Also available in the "Connect SUS" application is the "Healthy Weight" feature, which presents information about the prevention of overweight and warns about risk factors for the development of obesity, such as lack of physical activity and poor diet. In the more interactive part of the app are the "How's Your Diet?" test and the Body Mass Index calculator, and a 12-week program aimed at supported self-care.

The Brazilian Breastfeeding Strategy was strengthened by allocating financial resources linked to the achievement of goals and supporting the development of local implementation projects. In addition, proposals for debureaucratization and simplification of the strategy are in progress and should be published by the end of 2022. The adaptation of the EAAB and the Food Guide for indigenous children is being adapted for two ethnic groups.

The update of the PNAE recommendations represents concrete action on how the Food Guide can and should induce policies in other sectors.³⁶ Partnerships are underway to disseminate the Food Guide for nutritionists, and the strategy to implement the Guide for the Agriculture, Social Assistance, Environment, and Labor sectors is being developed.

The Fruits and Vegetables (FVL) agenda came to the forefront in 2021 with the establishment of the International Year of FVL by the Food and Agriculture Organization of the United Nations (FAO). The health

sector has the challenge of disseminate the messages of the Guide and promoting it as a policy driver in all sectors, from production to consumption. The FLV agenda included the launch of the VLF Innovations Lab,³⁷ the holding of dialogues in the five Brazilian regions³⁸ to discuss the theme and share experiences, culminating in the National Dialogue with the objective of driving the agenda of promoting AAS, based on the Food Guide for the Brazilian Population, and promoting the debate about the impacts and repercussions of the FLV food system in the health, food, and nutrition conditions of the population. These debates will subsidize the construction of a coordinated national agenda, to be made available in 2022.

Food and Nutrition Security (FNS)

At the beginning of the pandemic, with little knowledge about the Sars-CoV virus, in the absence of national coordination for FNS actions, in order to collaborate with measures that could support the guarantee of health and FNS of the population in the face of Covid-19 and considering the competencies of the SUS, a letter was sent to all state references of A&N in health, with recommendations for important actions and articulations that would need to be strengthened and/or maintained.³⁹ In it, it recommends defining a space of governance of intersectoral actions to contribute to the SAN of the Brazilian population and coordinate initiatives, plans, and emergency actions of direct and indirect food supply that were being developed or operated by the three spheres of government, with emphasis on the valorization of family farming and initiatives that promote short circuits of supply of fresh, quality food at affordable prices, among others.

To support the PHC teams, instructional material containing recommendations on feeding in times of Covid-19 was prepared.⁴⁰ Aiming to contribute to the agenda from the health sector's point of view and for the universal guarantee of DHAA, an instructive was developed to guide PHC teams in the process of monitoring and evaluating the situation of food insecurity in the territories, with recommendations for the organization of the SAN network in the municipalities.⁴¹

Therefore, the federal health management continues to be responsible for providing guidance and support to the states, respecting the autonomy and separation between the federative entities. It is important to note that, by the end of 2021, the Interministerial Chamber of Food and Nutritional Security had not been restructured and intersectoral meetings had not been held.

Financing Food and Nutrition Actions (FAN)

The decentralization of financial resources to support states and municipalities in implementing the actions of the PNAN is an important history of policy funding. The consistency of the transfer of FAN, which has been happening since 2006, aims to support, at the local level, the implementation of actions, programs and initiatives of A&N and represents the efforts to maintain the agenda in the current context. Table 1 shows the list of normative acts with decentralization of financial resources made to state and municipal health secretariats during the period. It is emphasized that, for all the ordinances with themes related to the area of A&N, instructions were elaborated with guiding information and complementary material about the details of the object to which the foreseen resources were destined, including the definition of monitoring indicators, since the lack of clarity about the actions to be implemented is a limiting factor for the use of resources by municipal health funds. Such a device is relevant to increase the transparency and understanding of managers, councilors, and control instances as to which actions can be fulfilled, facilitating the process of monitoring budget execution and prioritizing the agenda in SUS management instruments. In addition, the

inclusion of monitoring indicators to induce increased coverage of VAN in municipalities strengthens the organization of A&N actions at the local level.

A proposal to expand the FAN to all municipalities was elaborated, presented in the Primary Care Working Group of the Tripartite Interagency Commission and approved by the National Council of Health Secretaries (CONASS) and by the National Council of Municipal Health Secretaries (CONASEMS), but the budget was not available in 2022 and the area reapplied for 2023.

Table 1. List of normative acts with decentralization of financial resources to states and municipalities in 2020 and 2021.

Ordinance	Description	Number of UF contemplated	Indicators	Transfer value
Ordinance No. 1.012, of May 18, 2020	Establishes, in the year 2020, a funding incentive for the structuring and implementation of food and nutrition actions by the Health Departments of the Municipalities that have a population between 30,000 and 149,999 inhabitants, based on PNAN.	936 municipalities with a population between 30 and 150 thousand inhabitants.	As defined in the SUS planning instruments of the federated entity with accountability through the Annual Management Report (RAG), in compliance with the provisions of Title I of Consolidation Ordinance No. 6/GM/MS, of September 28, 2017	R\$ 12.389.000,00
Ordinance No. 802, of April 14, 2020	Enables states, Federal District, and municipalities to receive incentives for structuring and implementing food and nutrition actions, based on the PNAN.	27 states and 196 municipalities	As defined in the SUS planning instruments of the federated entity with accountability through the Annual Management Report (RAG), in compliance with the provisions of Title I of Consolidation Ordinance No. 6/GM/MS, of September 28, 2017.	*R\$ 3,270,000.00 for states *R\$ 7,485,000.00 for municipalities with more than 150,000 inhabitants
Ordinance No. 2.994, of October 29, 2020	Institutes, on an exceptional and temporary basis, federal financial incentive for the care of people with obesity, diabetes mellitus or systemic arterial hypertension within the scope of Primary Health Care (PHC), in the SUS, in the context of the Public Health Emergency of National Importance (ESPIN) resulting from the pandemic of the new coronavirus.	5570 municipalities	*Increase in the number of individual consultations for the assessed conditions of obesity, diabetes mellitus and hypertension recorded in the Health Information System for Primary Care (SISAB). *Increase in the number of individual consultations for the conditions evaluated for diabetes mellitus registered in the Health Information System for Primary Care (SISAB). *Increase in the number of individual consultations for the conditions evaluated for systemic arterial hypertension recorded in the Health Information System for Basic Care (SISAB).	R\$ 221.811.937,50
Ordinance No. 1,210, of May 18, 2020	Enables municipalities to receive financial resources for structuring the Food and Nutrition Surveillance through the purchase of adequate anthropometric equipment.	304 municipalities	As defined in the SUS planning instruments of the federated entity with accountability through the Annual Management Report (RAG), in compliance with the provisions of Title I of Consolidation Ordinance No. 6/GM/MS, of September 28, 2017.	R\$ 5.166.000,00

Table 1. List of normative acts with decentralization of financial resources to states and municipalities in 2020 and 2021.

Ordinance	Description	Number of UF contemplated	Indicators	Transfer value
Portaria GM/MS n° 3.297, de 4 de dezembro de 2020	Established, on an exceptional and temporary basis, the financial incentive to fund actions to promote, protect, and support breastfeeding and adequate and healthy complementary feeding for children under two (2) years of age in the scope of the Amamenta e Alimentação Brasil (EAAB) strategy, in the PHC.	382	<ul style="list-style-type: none"> *Increase in the number of children under 2 years of age with nutritional status recorded in Primary Care Information Systems. *Increase in the number of children under 2 years of age with dietary practices recorded in Primary Care Information Systems, based on markers of food consumption. 	Portaria GM/MS n° 3.297, de 4 de dezembro de 2020
Ordinance No. 2.141, of August 14, 2020	Enables Municipalities and the Federal District to receive the financial incentive to implement the actions of the Health at School Program in the second year of the 2019/2020 cycle and allocates financial resources to the municipalities and the Federal District adhered to the Crescer Saudável Program that have reached the Program's goals.	4604	<ul style="list-style-type: none"> *Assess the nutritional status (weight and height) of children enrolled in early childhood education and elementary school in schools participating in the School Health Program (PSE). *Offer collective activities to promote proper and healthy eating for children enrolled in kindergarten and elementary school in schools participating in the PSE in your city. *Offer collective activities to promote physical and physical activities for children enrolled in kindergarten and elementary school in the schools that participate in the PSE in your city. *Assist children identified with obesity through intervention and care in the municipality's Primary Health Care network. 	Ordinance No. 2.141, of August 14, 2020
Ordinance GM/MS no. 1.320, of June 22, 2021	Defines the municipalities that have adhered to the Health at School and Healthy Growth Programs for the 2021/2022 cycle, qualifies them to receive the ceiling of financial resources agreed upon in the Term of Commitment, and makes other provisions.	4118	<ul style="list-style-type: none"> *Evaluated nutritional status of all children under 10 years old enrolled in schools participating in the PSE in the 2021/2022 cycle *Evaluated food consumption markers of at least 10% of children under 10 years old enrolled in schools participating in the PSE in the 2021/2022 cycle *Carry out at least 2 collective activities a year on the theme of promoting proper and healthy eating, per school participating in the PSE in the 2021/2022 cycle *Perform at least 2 collective activities a year, promoting physical activities and body practices, per participating school in the PSE in the 2021/2022 cycle *Perform individual care for all children under 10 years old identified as obese in Primary Health Care (PHC) 	Ordinance GM/MS no. 1.320, of June 22, 2021

Table 1. List of normative acts with decentralization of financial resources to states and municipalities in 2020 and 2021.

Ordinance	Description	Number of UF contemplated	Indicators	Transfer value
Ordinance GM/MS no. 1,127, of June 02, 2021	Enables states, Federal District, and municipalities to receive incentives for the structuring and implementation of food and nutrition actions, based on the National Food and Nutrition Policy - PNAN, for the 2021 fiscal year.	27 states and 1173 municipalities with population > 30 thousand inhab.	*Increased number of individuals with nutritional status recorded. *Increased number of individuals with food consumption markers recorded.	R\$ 23.402.000,00
Ordinance GM/MS nº 894, of May 11, 2021	Institutes, on an exceptional basis, federal financial incentives to fund Primary Health Care, to be transferred, in a single installment, to the municipalities and Federal District, to face the Public Health Emergency of National Importance (ESPIN) resulting from Covid-19.	5570	*Number of individual consultations with children under 7 years old from the BFP for conditions assessed as malnutrition. *Number of individual consultations with children under 7 years old from PBF for conditions assessed as obesity. *Number of individual consultations of pregnant women of PBF for conditions assessed as malnutrition. *Number of individual consultations with pregnant women of the BFP for conditions assessed as obesity.	R\$ 345.432.001,15
Ordinance GM/MS no. 2.670, of October 13, 2021	Defines and qualifies municipalities with adherence to receive federal financial incentives to implement prevention actions and attention to childhood obesity within the scope of the National Strategy for Prevention and Care of Childhood Obesity (Proteja).	1320	*Increase in the number of children with nutritional status (weight and height) assessed; *Increase in the number of children with dietary practices (food consumption markers) assessed; *Increase in the number of individual consultations for the assessed problem or condition obesity in children.	R\$ 31.948.300,00

Source Federal Budget Panel, data referenced to the SIAFI base of 02/21/2022, available at https://www1.siof.planejamento.gov.br/QvAJXZfc/opendoc.htm?document=IAS%2FExecucao_Orcamentaria.qww&host=QVS%40pqk04&anonymous=true, acesso em 22/02/2022

In addition to the budget appropriations approved in 2020 and 2021 in the programmatic functional of Implementation of Food and Nutritional Security in Health (R\$68,180,000.00 and R\$72,887,000.00, respectively), there was an increase of R\$250 million in 2020 and almost R\$340 million in 2021, to support the implementation of food and nutrition actions in the states and municipalities. These were boosted by the Crescer Saudável Program, as an action of the Health at School Program and the institution of extraordinary resources due to the Covid-19 pandemic.

Strengthening the implementation of PNAN

The implementation of PNAN in all states and municipalities remains one of the biggest challenges; therefore, in 2021, a diagnosis of each state was conducted using a self-administered questionnaire and focus groups by region of the country to identify the advances and challenges in the implementation of PNAN at the state level; qualify the level of support needed in each Brazilian state and support state management in the process of planning actions and programs under the Policy, and with a focus on PHC. This diagnosis directed the efforts of the national team for local support to the states that will take place throughout 2022.

Social Control

The Intersectorial Commission on Food and Nutrition, of the National Health Council, was the preserved space where several debates took place and society's suggestions were welcomed. During the period, recommendations were elaborated, with emphasis on a) the municipal, state and Federal District Health Councils, the creation of Intersectorial Commissions on Food and Nutrition;⁴²b) the Ministry of Health to implement the Food Guide for the Brazilian Population;⁴³c) measures for the adequate operationalization of the Workers' Food Program;⁴⁴ d) Publication of the Clinical Protocol and Therapeutic Guidelines for Cow's Milk Protein Allergy;⁴⁵ e) food pricing aiming at SAN;⁴⁶ f) promotion of health and food and nutrition in the fight against the Covid-19 pandemic.⁴⁷

In order to promote a greater articulation between health managers and social control, enrollment for the Trilhas leadership course was linked to dual enrollment. However, during the process, it was necessary to flex this criterion for managers only, due to the lack of identification of councilors interested in the theme. This fact highlights the need to strengthen local health councils for the food and nutrition agenda, since SUS planning is bottom-up and begins with the municipal health conferences.

International Agenda

Of the current perspectives of PNAN, it is important to highlight the immense contribution to the international agenda with the participation in major events, in debates on the direction of policies and the signing of important bilateral and multilateral pacts that have increased Brazil's prominence in the formulation of food-based guides in countries that make up the Community of Portuguese Language Countries (CPLP)⁴⁸ and agreements on food in times of Covid-19 within the Mercosur. One of these agreements aims to guarantee healthy food in the Food Assistance to Vulnerable Populations in the scope of Covid-19;⁴⁹ Another is about protecting traditional diets based on local food guides, valuing fresh and minimally processed foods; and a third is about a protected and healthy school environment for children.^{50,51} In addition, the Ministry of Health took on the goal of reducing childhood obesity by 2% during the Tokyo

Nutrition for Growth event.⁵² As a continuation and development of the discussions at the Food Systems Summit, Brazil joined the coalition to promote healthy and sustainable diets.

THE PNAN IN PERSPECTIVE

It is important to consider that the formulation of A&N policies in this context is linked to some fundamental aspects. The articulation and mobilization of various actors and institutions in favor of adequate and healthy eating (AAS) in the country; the consolidation of the policy for a clear establishment of its guidelines in federal and local management in the health sector; the extensive scientific production in the area of A&N, which allows constant technical grounding for the maintenance of the agenda; and the valorization of formulations in PHC and maintenance of coordination and technical team prepared, qualified, and committed to the principles of the SUS over the past 22 years are factors that have strongly contributed to the maintenance of the policy.

PNAN, organized in the health sector, has much to contribute to the universal guarantee of DHAA, but, for that, it is essential to have the reorganization of other intersectoral policies and the coordinated action of this process, as well as the action of civil society councils at the federal, state, and municipal levels and the reinforcement of state and municipal administrations for the agenda.

It is noteworthy that the challenges faced by the SUS also translate into challenges in the advancement of the A&N policy. During these years, considering the various reformulations of various policies and the limited financial resources in social policies, the strengthening of PNAN and the Food Guide are essential advances to be highlighted.

In this sense, it is important: to recognize that the advances and productions listed above were built in an arid context for policy formulation and implementation and, as such, should be especially celebrated. At the same time, the possible breakdowns in the progress of other social policies and even in the health sector in general, can, at any time, destabilize and/or weaken the PNAN.

What are the perspectives for PNAN in the next 20 years?

In a future perspective, considering the actions implemented so far and the identification of barriers and facilitators, the biggest challenge of PNAN is that the actions of A&N in SUS are qualified, approaching universality in a comprehensive and equitable way. And that PHC be reinforced as a care coordinator and interlocutor of the health sector regarding intersectoral actions, in order to contribute to the population's HNS.

Chart 2 presents a list of strategic actions to strengthen the PNAN. Thus, it is possible to glimpse the strengthening and valorization of PNAN in SUS and the implementation of actions and programs that impact on the improvement of living conditions, food and nutrition of Brazilians, including inspiring other countries in the international context.

Table 2. Strategic actions to strengthen the National Food and Nutrition Policy.

- Strengthen and improve mechanisms for implementation and monitoring of the PNAN at the local level.
- Institute mechanisms to incorporate indicators that highlight the performance of PHC teams against the main problems related to inadequate food, in order to induce and intensify the conduction of an integrated agenda of more effective interventions in the territories.
- Ensure adequate financing for A&N actions at the federal, state, and municipal levels, strengthening the Food and Nutrition Network in the SUS.
- Ensure continued investment in studies and research nationwide so that scientific evidence can continue to guide the PNAN, as it has over the past 20 years.
- Improve communication processes so that the population can learn about the offers made in the area of A&N in the services that make up the SUS health care network and the social equipment with which they interface.
- Ensure that the Food Guides are disseminated and implemented, and especially that they are the inducers of public policies in all sectors, from food production to consumption.
- Encourage PNAN to continue as an inducer of discussions about the impacts of food systems on the health and nutrition of the Brazilian population.
- Encourage and train leaders in A&N in order to empower state and municipal health managers, as well as local health councils to act proactively around the agenda. Strengthen coordination with organized civil society and social control spaces of the SUS and for the PNAN.
- Consolidate the SUS as a fundamental locus of the PNAN and through which health inequities can be addressed.

Source: Elaborated by the author.

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Contributors

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