


 Kênya Lima de Araújo
 Bianca Ferreira Dias¹
 Kellen Cristine Silva¹
 Sônia Lopes Pinto¹

¹ Universidade Federal do Tocantins , Curso de Nutrição, Palmas, TO, Brasil.

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Correspondence
Sônia Lopes Pinto
sonialopes@mail.uft.edu.br

Assistant Editor
 Érika Cardoso dos Reis

Challenges for the operationalization of the National Food and Nutrition Policy in a state in the Northern region of Brazil

Desafios para a operacionalização da Política Nacional de Alimentação e Nutrição em um estado da Região Norte do Brasil

Abstract

Introduction: This original article results from the implementation of an agenda by the General Food and Nutrition Coordination's Office of the Ministry of Health, in collaboration with the Federal University of Tocantins, to assess the management capacity of the National Food and Nutrition Policy (PNAN) in the municipalities of the state of Tocantins. **Objective:** To analyze the profile of municipal managers and PNAN's operationalization in Tocantins. **Methods:** This observational, cross-sectional, descriptive, and analytical study was conducted from 2020 to 2021 with a sample of 109 municipalities in Tocantins. Data were collected through an online semi-structured questionnaire. **Results:** Managers from 90 municipalities responded to the questionnaire, and most were women, health professionals, and without job security. Implementing PNAN is included in management planning. However, the Food and Nutrition agenda guidelines priorities are not discussed with the Municipal Health Council as a body of social oversight. Only 3.3% of municipalities have a food and nutrition technical sector, and only 12.3% receive federal government funding. Promoting stable employment relationships, establishing a technical reference area, and bringing social oversight closer to local management were identified as elements that could strengthen the PNAN (National Food and Nutrition Policy) in the state of Tocantins. **Conclusion:** The study revealed the need to retain managerial workers and establish a food and nutrition technical department with technically qualified professionals to foster the continuity of this agenda's actions in Tocantins municipalities. It also highlights the importance of strengthening social oversight bodies to consolidate the PNAN's implementation.

Keywords: National Food and Nutrition Policy. Health Management. Job Insecurity.

Resumo

Introdução: Trata-se de artigo original, resultante da execução de uma agenda da Coordenação Geral de Alimentação e Nutrição do Ministério da Saúde, em articulação com a Universidade Federal do Tocantins, para avaliar a

capacidade de gestão da Política Nacional de Alimentação e Nutrição (PNAN) nos municípios do estado do Tocantins. **Objetivo:** Analisar o perfil dos gestores municipais e a operacionalização da PNAN no Tocantins. **Métodos:** Estudo observacional, transversal, descritivo e analítico, realizado entre 2020 e 2021, cuja amostra foi composta por 109 municípios tocaninenses, sendo os dados coletados através de questionário semiestruturado aplicado de forma virtual. **Resultados:** Gestores de 90 municípios responderam ao questionário, a maioria mulheres, profissionais da saúde e sem estabilidade no emprego. A execução das diretrizes da PNAN está prevista nas ações de planejamento da gestão; no entanto, as prioridades da agenda de alimentação e nutrição não são discutidas com o Conselho Municipal de Saúde enquanto instância de controle social. Somente 3,3% dos municípios possuem área técnica de alimentação e nutrição, e apenas 12,3% têm suas ações financiadas pelo governo federal. Promover vínculos de trabalho estáveis, instituir área técnica de referência e aproximar controle social da gestão local foram identificados como elementos para favorecer o fortalecimento da PNAN no estado do Tocantins. **Conclusão:** O estudo revelou a necessidade de fixação dos trabalhadores-gestores e da instituição de área técnica de alimentação e nutrição com profissionais tecnicamente habilitados para favorecer a longitudinalidade das ações dessa agenda nos municípios tocaninenses e a relevância da aproximação das instâncias de controle social para fortalecer a implementação da PNAN.

Palavras-chave: Política Nacional de Alimentação e Nutrição. Gestão em Saúde. Precarização do Trabalho.

INTRODUCTION

The Unified Health System (SUS) is the Brazilian government's organizational structure for meeting health care demands. Public health policies advocated by the SUS, such as the National Food and Nutrition Policy (PNAN), provide for the adoption of measures aimed at promoting individual and collective health and preventing diseases and other health problems to improve people's quality of life.¹ Municipal management is responsible for planning and implementing the programs and actions outlined in health policies, consistent with local realities, in order to guarantee the constitutional right to health.²

The PNAN aims to promote and ensure the Human Right to Adequate Food and Nutrition (HRAFN) and reduce risks related to the determinants and conditions of people's health and nutrition situation.³ This policy emerged from a broad discussion between organized civil society and management councils and social control entities, and began to define the role of the Health sector in the pursuit of Food and Nutrition Security (FNS).⁴

As a conceptual basis for the proposal and implementation of food and nutrition programs and actions in the SUS, the PNAN brings as responsibilities of the municipalities the implementation of its guidelines (Nutritional Care Organization; Adequate and Healthy Food Promotion; Food and Nutritional Surveillance; Management of Food and Nutrition Actions; Participation and Social Control; Workforce Qualification; Food and Nutrition Research, Innovation and Knowledge; Food and Cooperation Control and Regulation; and FNS Coordination). From these guidelines, proposals for actions and goals provided for in the Municipal Health Plans (MHP) emerge, so that the right to health and adequate and healthy food for individuals and communities in the country is respected, protected, and provided.³

Nutritional care in the SUS must be organized by Primary Health Care, as strategies for promoting adequate and healthy eating are strengthened from this care level based on principles such as territorialization, intersectorality, and multidisciplinary work, emphasizing population demands.⁵ Food and nutrition initiatives are crucial for promoting the HRAFN and essential for life and the development of citizenship. Therefore, the Unified Health System (SUS) is equipped with a Food and Nutrition Network, comprised of state and municipal food and nutrition coordinators to implement the PNAN.³

It is essential to have a PHC management team technically qualified to analyze the local food and nutrition situation and intervene in this field to implement PNAN guidelines at the municipal level. This team must comprise stakeholders with a position in the decision-making arena, enabling dialogue on prioritizing the food and nutrition agenda among the needs and interests of the Health sector.⁶

Once the Food and Nutrition Actions (FNA) are included in the Municipal Health Plan (MHP), the results achieved in this health planning must be presented in the Annual Management Report (AMR) to provide accountability for the social oversight of the actions and resources used. They also (re)orient actions necessary to meet the health plan's objectives.

Defining the profile of municipal managers in Tocantins is essential for the PNAN management analysis process, as they are dedicated to organizing health care. A manager is someone holding an institutional position to guide the work of others, based on regulatory frameworks, leading them to develop processes and practices for the production of services, goods, and actions, in addition to controlling expenditures, in order to improve people's health.⁵ To achieve this, technical, political, normative, and relational competencies are required to act in the complex setting of Public Health Administration.⁵ That said, this article aims to analyze the profile of municipal managers in the state of Tocantins and the management of Food and Nutrition Actions (FNA).

METHODS

This observational, cross-sectional, descriptive, and analytical study was conducted from October 2020 to February 2021. The study unit consisted of municipalities in the state of Tocantins. The General Coordination of Food and Nutrition (CGAN) of the Ministry of Health (MS) performed the sampling process using simple random sampling without replacement. The sample size definition considered a 5% margin of error, with a 95% confidence level. The formula adopted considered the scheme for determining the sample size based on a finite population to estimate population proportions.⁷

The population size (N) was based on the number of 426 PHC Units (UBS) and Family Health Units (USF), as recorded in the National Registry of Health Establishments (CNES), divided into four categories by the municipality's population. Category A referred to the state capital, Palmas; Category B referred to municipalities with a population greater than 150,000; Category C referred to municipalities with a population between 30,000 and 150,000; and Category D, municipalities with a population under 30,000. Thus, Category A considered 32 of the 34 PHC units (UBS/USF) in the capital; Category B, the 20 PHC units (UBS/USF) in one municipality; Category C, 55 of the 63 PHC units (UBS/USF) in five municipalities; and Category D, 173 of the 309 PHC units (UBS/USF) in 102 municipalities. The final sample consisted of 109 municipalities. One manager from each municipality was invited to participate in the survey and complete the questionnaire.

Thus, 109 of the 139 municipalities in the state were selected and invited to conduct a situational diagnosis of the PNAN-related programs and actions, emphasizing the organization of management and care offered to people with overweight/obesity, within the PHC in their municipality.

The diagnosis was nested in the Project to Combat and Control Obesity within the SUS of Tocantins – ECOA/SUS-TO Project, included in the CNPq public call 28/2019, which aimed to understand and evaluate how nutritional care management actions were being developed at the municipal level.

The Ethics and Research Committee of the Federal University of Tocantins approved the project under protocol N° 3.986.991. Municipal managers were asked to sign the Informed Consent Form (TCLE) to complete the information.

The situational diagnosis was subdivided into two components to obtain information from both the management (Health Secretariats) and healthcare (Health Units) spheres. Component I, the subject of this article, addressed the diagnosis of FNA management in the municipal health sector and was to be completed by managers, including the health secretary, primary health care coordinator, or technician responsible for the Food and Nutrition department.

Data were collected through a questionnaire with objective and self-administered questions, prepared by the CGAN, made available to managers in electronic format by sending online access links (Google Forms®). The questionnaire consisted of 81 questions divided into three sections, by thematic area: Section A (n=2) Municipality Identification; Section B (n=10) Respondent Identification (sociodemographic data, position, service seniority, employment relationship type, and participation in the development of the response project); Section C (n=69) Institutional arrangement and municipal governance of the FNA. In this last section, we selected seven questions that reflected critical issues in the studied scenario, such as those related to available food and nutrition actions and goals in management instruments, besides questions about financing.

Data collection started in October 2020 and ended in February 2021. The initial contact with the Municipal Health Secretariats was made via email, with an invitation to participate in the survey. Subsequently,

telephone contact was made with the Health Secretaries to reinforce participation and establish deadlines for submitting completed questionnaires.

As needed, other professionals were permitted to complete the questionnaire – usually the PHC coordinator. The guidance was for a professional from the Municipal Health Secretariat's management team (the Health Secretary, PHC coordinator, or another representative designated by the Secretary) to complete the questionnaire. The project team responsible for the situational assessment contacted these professionals, subsequently sending them the access link and a defined deadline.

As a strategy to ensure the participation of managers in the research, researchers from the ECOA/SUS-TO Project worked with supporters of the Council of Municipal Health Secretaries (COSEMS) to participate in all meetings of the Regional Interagency Commission (CIR) held by health region from November 23 to November 26, 2020, whose agenda addressed the request for responses to the questionnaire sent. The database was organized in Excel® spreadsheets and the variables analyzed were arranged in absolute and relative frequencies.

RESULTS

Ninety of the 109 municipalities selected for the research in the state of Tocantins completed the questionnaire, which corresponds to 82.6% of the municipalities selected to apply the diagnostic instrument.

✓ *Profile of municipal health managers in the state of Tocantins*

The Tocantins scenario revealed that the FNA management is essentially run by women (78.9%), Black or brown (72.2%), health professionals (83.3%), most of whom had less than five seniority years in the department (81.1%) and more than half were non-tenured professionals (55.6%) (Table 1).

We found that only three of the 90 municipalities in the state of Tocantins that responded to the questionnaire had a food and nutrition technical reference in their health management; and only six of the 77.3% of health managers were nutritionists. This means that 97% of the federated entities studied did not have food and nutrition professionals on their management teams (Table 1).

Table 1. Municipal health managers profile in the Tocantins state, 2020 (n=90).

| Variable | n | % |
|---|----|------|
| Fender | | |
| Female | 71 | 78.9 |
| Male | 19 | 21.1 |
| Color of skin/Race | | |
| Mixed/Mixed-race | 65 | 72.2 |
| White | 23 | 25.5 |
| Yellow | 1 | 1,1 |
| I do not wish to declare | 1 | 1,1 |
| Academic background | | |
| Nursing | 55 | 61.1 |
| Nutrition | 6 | 6.7 |
| Others in the health area | 14 | 15.5 |
| Others outside the health area | 15 | 16.6 |
| Current position or function | - | - |
| Primary Health Care Coordinator | 47 | 52.3 |
| Food and Nutrition Reference of Municipal Health Department | 3 | 3.3 |
| Others | 40 | 44.4 |

Table 1. Municipal health managers profile in the Tocantins state, 2020 (n=90).(Cont)

| Variable | n | % |
|---|----|------|
| Time of service in the current position/function | | |
| <1 year | 12 | 13.3 |
| 1 to<5 years | 48 | 53.3 |
| 05 anos or more | 30 | 33.3 |
| Employment relationship | - | - |
| Temporary contract by public health service | 33 | 36.7 |
| Municipal public servant | 40 | 44.4 |
| Indefinite-term contract by public health service | 8 | 8,9 |
| Others | 9 | 10.0 |

✓ *Institutional arrangement and municipal governance of Food and Nutrition Actions*

We observed that almost 70% of the responding municipalities provide for food and nutrition actions and goals in the Municipal Health Plan (MHP); of these, more than 50% of the respondents reported that the FNA are presented in the Management Report.

Considering that a Food and Nutrition technical area is an institutionalized sector in the municipal Health Secretariats responsible for developing actions in intra and intersectoral partnerships to implement the PNAN within the SUS, only 3.3% of the municipalities have a technical reference for the FNA. On the other hand, 81.3% of the sample includes management team members who analyze the health situation in their territories and establish objectives, goals, and indicators for monitoring local Food and Nutrition Surveillance. However, these employees do not necessarily belong to a specific technical area responsible for FNA matters but rather respond to PHC general issues.

We also found that 78.9% of the management teams studied admitted not having presented the food and nutrition situation to the Municipal Health Council (CMS) in the last year. Only 23% of managers stated that the Food and Nutrition Policy or Municipal Food and Nutrition Plan actions were included in the discussions at the 2019 Municipal Health Conference.

Furthermore, only 11 (12.3%) of the 90 municipalities covered by this study receive funding from the Federal Government to invest in strengthening the PNAN; in 61.2% of the municipalities surveyed, the FNA management team does not discuss the department's budgetary management (Table 2).

Table 2. Institutional arrangement of Food and Nutrition Actions, state of Tocantins, 2020 (n=90).

| Variable | n | % |
|--|----|------|
| <i>Are food and nutrition actions and goals included in the Municipal Health Plan?</i> | | |
| Yes | 62 | 68.9 |
| No | 28 | 31.1 |
| <i>Are food and nutrition actions and goals included in the Management Reports?</i> | | |
| Yes | 51 | 56.7 |
| No | 39 | 43.3 |
| <i>Does FNTA participate in the definition of local objectives, goals and indicators for FNA actions?(n=33)</i> | | |
| Yes | 27 | 81.8 |
| No | 6 | 18.2 |
| <i>In the last year, was the local food and nutrition situation presented to the CMS to support the decision-making of this group?</i> | | |
| Yes | 19 | 21.1 |
| No | 71 | 78.9 |

Table 2. Institutional arrangement of Food and Nutrition Actions, state of Tocantins, 2020 (n=90).

| Variable | n | % |
|--|----|------|
| <i>Were the actions of the food and nutrition policy and/or the municipal food and nutrition plan included in the discussions of the Municipal Health Conference held in 2019?</i> | | |
| Yes | 21 | 23.3 |
| No | 69 | 76.7 |
| <i>Does FNTA hold meetings with the Municipal Health Department area responsible for budgetary/financial management about the processes under its responsibility?</i> | | |
| Yes | 35 | 38.8 |
| No | 55 | 61.2 |
| <i>Does the municipality receive financial incentives from the federal government for FFNA?</i> | | |
| Yes | 11 | 12.3 |
| No | 79 | 87.7 |

FNTA: Food and Nutrition Technical Area;FNS: Food and Nutrition Surveillance;MHC: Municipal Health Council;FFNA: Financing of Food and Nutrition Actions.

DISCUSSION

It is significant that 83.3% of the municipal managers studied had health training, as this represents a potential area for implementing the PNAN. Health service management requires the ability to identify health problems, organize support logistics for end-to-end services, and plan, monitor, and evaluate administrative and health surveillance processes, aiming at timely decision-making.⁵

On the other hand, the lack of Food and Nutrition technical departments in the municipal organizational charts is related to a lack of awareness of actions, goals, and resource allocation in this field. Their presence, however, coincides with having formally appointed technical managers, a municipal Food and Nutrition policy, the establishment of goals, and the development of materials. Furthermore, the availability of a nutritionist in the technical department is associated with this sector's greater participation in decision-making processes.⁸

On the other hand, the precarious employment relationship of more than half of the managers (55.6%) weakens the implementation of the policy, as the definition of responsibilities and the commitments assumed by the management team and the group of care workers are affected by the turnover of human resources in the services. The renewal of social stakeholders in the daily life of services and the dynamism of institutional settings can lead to changes in the priorities of hierarchical agendas and daily management agendas.⁹

Ensuring the stability of management teams fosters the tendency towards continuity in the planning, monitoring and evaluation stages due to the commitment assumed and the pre-existing understanding of the limits and day-to-day potential in the municipal backdrop.²

To ensure PNAN implementation, health management requires the organization of institutional arrangements, such as live work in action, in order to legitimize its agendas in the investment prioritization process.⁶

In this process of coordination to prioritize agendas in public management, having stakeholders to defend this specific issue, based, for example, on data from the food and nutrition surveillance situation that can present a diagnosis of the population's food and nutritional situation is essential to institutionalize the FNA.

Food and Nutrition Financing (FNF), a resource to support the organization of nutritional care within the healthcare network, is transferred fund-to-fund by the Ministry of Health to municipalities with more than

150,000 inhabitants; and, when there is revenue, to municipalities with a population between 30,000 and 150,000 inhabitants, under the regime of Ordinance No. 1,738/GM/MS of August 19, 2013. In the state of Tocantins, 87.7% of municipalities reported not receiving financial assistance from the Federal Government for food and nutrition actions.

Managers who receive the FNF work in partnership with the Municipal Health Fund (MHF) to ensure they are informed about the transfers made by the Ministry of Health to support the implementation of the PNAN guidelines in the municipality. Despite this, the management teams of the Tocantins municipalities that receive the FNF (13.3%) reported not having this dialogue practice with the MHF.

The fact that 78.9% of management teams do not submit food and nutrition surveillance data to the CMS, combined with the fact that 87.7% of municipalities do not receive the FNF, tends to weaken the implementation of the guidelines set out in the PNAN.

In this regard, the submission of the food and nutrition surveillance to the CMS is essential, as this regulatory body for social oversight of the SUS is obliged to review and approve the MHP and the Budgets and Annual Management Reports (RAG). To properly perform its function, it requires technical parameters for the required analysis. Without this, food and nutrition issues miss the opportunity to count on popular participation in defending their prioritization on the municipal agenda.¹⁰

Similarly, 76.7% of respondents stated that food and nutrition issues were not discussed at the Municipal Health Conferences in 2019. Considering that Health Conferences are power bodies that gather representatives of health workers, managers, users and service providers to assess the local health situation and formulate proposals to overcome existing problems,¹¹ the lack of these discussions is a threat to the local consolidation of the food and nutrition agenda.

The MHC and the Health Conference are crucial bodies for reorienting management priorities in light of the population's health needs. The data from this study show, therefore, that in Tocantins' municipalities, the FNA may lose space in the public budget due to managers' failure to expand dialogue with organized civil society, thus leaving a gap in the strategic political space for defending the agenda.

Thus, even though FNA are included in the Municipal Health Plan of 68.9% of the municipalities surveyed, there is no guarantee that these actions will be prioritized in day-to-day services due to the lack of a specific budget line item. In 61.2% of the municipalities surveyed, the management team does not even discuss the department's budget management.

Therefore, even though the MHP reveals the management team's normative recognition of the importance of implementing the FNA and food and nutrition surveillance management guidelines, the lack of federal funding has hindered progress on the proposed actions. In this regard, scholars,¹² analyzing the MHPs of Tocantins municipalities, have already highlighted the importance of increasing FNA funding to strengthen this public agenda.

CONCLUSION

The analysis of the profile of health managers in Tocantins municipalities and their influence on the management of PNAN is necessary to evaluate the proposed interventions in order to improve the food and nutritional situation of the population.

In the state of Tocantins, the importance of expanding human resources with stable employment contracts is evident, in order to favor greater retention of worker-managers in institutional spaces and

encourage greater autonomy and accountability regarding the continuing fulfillment of food and nutrition demands.

Furthermore, expanding stable employment relationships favors the systematization of monitoring and evaluation actions to implement the public food and nutrition agenda guidelines.

Another point to be observed by the heads of the municipal Executive for PNAN strengthening is establishing the Food and Nutrition technical sector in the organizational chart of the Health Secretariat and its occupation by professionals who are technically qualified to be responsible for organizing local nutritional care.

Despite the institutionalization of food and nutrition agendas in management instruments, there is still much to be done toward bringing this agenda closer to social control bodies in order to strengthen the process of implementing the guidelines set out in the PNAN and enable increased funding for these actions.

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Contributors

Araújo KL participated in the analysis and interpretation of data, writing and approval of the final version; Dias BF participated in the data tabulation and approval of the final version; Silva KC participated in the review and approval of the final version; Pinto SL participated in the conception, design, review and approval of the final version.

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