

Analysis of the Brazilian National Food and Nutrition Policy: 20 years of history

Análise da Política de Alimentação e Nutrição no Brasil: 20 anos de história

Análisis de la Política de Alimentación y Nutrición en Brasil: 20 años de historia

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Given the tumultuous political-institutional process of the last 20 years, it is likely that the analysis of the public policy cycle is the most appropriate to study advances and challenges experienced by the Brazilian National Food and Nutrition Policy (PNAN).

Orthodoxically, we would remain using the most adopted reference by analysts; such conceptual model considers food and nutrition policies within three aspects: food availability, food consumption and the biological use of energy and nutrients, which reflects the very state of nutrition. In figurative language, a trilogy. In reality, food availability is a complex made up of factors and processes. Such a complicated polynomial as the food consumption of groups or the entire population represents another large polynomial, including the biological use of energy and nutrients, which metabolically defines the state of nutrition. The participation of the health sector in this instance may be crucial since actions can be taken on the processes that condition the side effects deficiency diseases or that aggravate their excesses. However, let's follow the original typology of the proposal.

PNAN is the result of a historical process of conformation of health and food and nutrition policies in Brazil, and I will present some of its milestones. The first was the pioneering survey conducted in the 1930s by Josué de Castro with 700 working-class families from Recife, Pernambuco State, and published in a few pages of the Official Gazette of the State. The material of the survey resulted in the book *The Geography of Hunger*, translated into 25 languages, serving for the elaboration of the first basic foods package in Brazil and was also the basis for the institution of the minimum wage in the country. In fact, besides the household food consumption, the survey recorded spending on housing, transportation, clothing, education and health, functioning as a family budget that ended up being a strategy in public policy.

The second milestone was the *Brazilian National Study on Household Expenditure* (ENDEF). Considered one of the world's largest surveys, ENDEF was conducted on a sample of 50,000 families and had great impact on food and nutrition studies, and policies in Brazil. The study concludes that the limiting factor of Brazil's food profile would be the energy "deficit", opposing protein deficiency as the dominant paradigm at the time. More recently, research projects not as ambitious, such as the *Brazilian National Household Budget Survey* (POF), have been used to moderate and update some observations that have been imposed, such as ENDEF's "force of gravity".

The history of formulation and implementation of PNAN include several processes of institutionalization and extinction of instances and arenas focused on the food and nutrition agenda.

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The extinction of the Brazilian National Institute of Food and Nutrition (INAN) in the 1990s is an example, which was “nested” as an institutional niche of the Brazilian Ministry of Health, but with an interinstitutional understanding that accommodated the participation of various ministries and support outside the formal scope of the government, such as the World Health Organization (WHO), Food and Agriculture Organization of the United Nations (FAO), United Nations International Children’s Emergency Fund (UNICEF) and international foundations, such as the Ford Foundation and the experience exchanged with some countries like Chile, Costa Rica and Cuba. Another example was the creation and extinction of the first Food and Nutrition National Council, the second Food and Nutrition Security National Council (CONSEA), recreated in 2003 and then extinct in 2019, stimulated a unique collection of experiences across the continent and even worldwide.

More than memories, PNAN maintains active great doctrinal principles: human rights to food and health, within humanistic, co-participatory, ethical and citizenship bases. Incorporating the principles and norms of Brazilian Unified National Health System (SUS), PNAN is based on the understanding that food is an element of humanization of health practices, respect for diversity, culture and strengthening of the autonomy of individuals.

The path of formulation and implementation of PNAN showed the importance of reviewing guidelines, actions and programs in the light of the epidemiological and nutritional transition underway in the country. Since the most striking change of the transition is the overweight/obesity pandemic “due to food consumption”, it is appropriate to clarify that it constitutes a complex of factors, including sedentary lifestyles, changes in employment and occupation patterns, substitution of primary economic activities such as extractivism and the growth of the economy’s tertiary sector. It is a structural change, with implications in food consumption. The simple social isolation for 8 or 10 months, has already been able to increase or produce significant changes in one’s nutrition ¹.

In reading the article ², it is gratifying to see that Food and Nutrition Surveillance System (SISVAN) is validated as a working instrument, since this is a project initiated decades ago, as one of the most instigating proposals of the health sector for primary health care and can contribute to the organization of nutritional care at the local level. Some potential limitations can be emphasized: the demand for children to be dominantly influenced by clinical reasons or active cases of diseases, which would produce a bias regarding possible impairment of nutritional status. We are talking about immediate or proximal factors, which may be reflected in the weight/height ratio or the weight/age ratio, and as a last instance, in the height/age ratio, as a long-term effect of growth “deficits”.

As for children age under five years, the *Brazilian National Survey of Food and Child Nutrition* (ENANI), a household-based survey representative of the Brazilian population conducted in 2019 ^{3,4}, will be an excellent opportunity to inform about the nutritional transition in this age group.

Regarding PNAN financial support, the budget panel for the period from 2003 to 2018 represents an upward trend, but, by simple accounting reading, probably did not follow the costs executed and the potential demands that the PNAN could have mobilized for the execution of its guidelines and actions if there was a real increase in budget, consistent with the costs of policy implementation. It can be perceived that the spirit of “Minimum State”, as a trademark of neoliberalism, remained in successive mandates, with an odd aggravating in the mandate of Michel Temer, when public funds for health and education were frozen for 20 years. If we analyze the analytical model of policy cycles, the process of planning, implementation, monitoring, and evaluation of the PNAN has been painfully submitted to the principles of a Minimum State in these two decades, given the negative impact of resource scarcity due to the lack of political priority, when compared to the budget of the entire Union, or even, of the Brazilian Ministry of Health itself.

In relation to the structuring of the PNAN, it is worth valuing the definition of guidelines and, as consequences, the actions and the main programs that materialize their effectiveness. The list of scheduled measures, very specifically, the proposals from the year 2000, when Brazil and several other countries (in principle all) made formal commitments to the United Nations are questioned. For example, the millennium goals and objectives represent a demand guided through commitments among nations to achieve minimum stages of overcoming several problems, including health, education, nutrition, social assistance, and the environment. New problems culminated in the agreement of new objectives: the Sustainable Development Goals (SDGs), which constitute broader commitments than the Millennium Goals. Ending poverty is the first objective of the 2030 Agenda. Brazil

has faced a growth in poverty, aggravated by the COVID-19 pandemic. Labor and social security reforms enhance this growth, there are higher unemployment rates combined with the loss of rights, which leads the country to distance itself from the scope of the second objective of the Agenda: to end hunger, to achieve food security and to improve nutrition, and to promote sustainable agriculture. In 2019, the journey of coping with hunger and building the food and nutrition security system and policy, which occurred from 2003 to 2015, was marked by a setback. Meeting the goal of ending all forms of malnutrition by 2025 is also threatened by the growth, even if discreet, of chronic malnutrition. This increase probably reflects the lowering of living conditions in the most impoverished portion of the population ⁵. These conditions, associated with the scenario of increased prevalence of chronic diseases, express the immense challenges that PNAN still faces.

In conclusion, the article by Santos et al. ² contributes to understand the history of PNAN and should be a reference and consultation text for scholars, in charge of the design of policies and programs, managers inside and outside the Brazilian health sector.

Additional information

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