Brazilian Commitments to the UN Decade of Action on Nutrition

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OUTLINE

• Overview of the advances and challenges in the double burden of malnutrition in Brazil
  • Stunting and wasting
  • Obesity and NCDs

• Brazilian participation in the Decade of Action on Nutrition
  • Commitments
  • Protagonism
BRAZIL – Trends in health risk factors in the last decade

What risk factors drive the most death and disability combined?

- **2007 ranking**
  1. Malnutrition
  2. Tobacco
  3. Dietary risks
  4. High blood pressure
  5. High body-mass index
  6. Alcohol use
  7. High fasting plasma glucose
  8. High LDL
  9. Air pollution
  10. Occupational risks

- **2017 ranking**
  1. Tobacco
  2. High blood pressure
  3. High body-mass index
  4. Dietary risks
  5. Alcohol use
  6. High fasting plasma glucose
  7. Malnutrition
  8. High LDL
  9. Occupational risks
  10. Air pollution

- **% change 2007-2017**
  - Tobacco: -0.8%
  - High blood pressure: 19.3%
  - High body-mass index: 29.7%
  - Dietary risks: 12.2%
  - Alcohol use: 10.7%
  - High fasting plasma glucose: 26.9%
  - Malnutrition: -36.9%
  - High LDL: 15.3%
  - Occupational risks: 7.3%
  - Air pollution: -4.9%

Sources: Global Burden of Disease
BRAZIL – demographic, health and nutritional transition
Decline in childhood undernutrition

↑ Urbanization
↑ Aging
↓ Infectious diseases
↑ Obesity and NCDs

<table>
<thead>
<tr>
<th>Year</th>
<th>Underweight (%</th>
<th>Stunting (%)</th>
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<tbody>
<tr>
<td>1975</td>
<td>15.9</td>
<td>37.1</td>
</tr>
<tr>
<td>1989</td>
<td>5.6</td>
<td>19.9</td>
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<tr>
<td>1996</td>
<td>4.2</td>
<td>13.4</td>
</tr>
<tr>
<td>2006</td>
<td>1.8</td>
<td>6.7</td>
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Sources: National population surveys (ENDEF, PNSN and PNDS)
Causes of the decline in undernutrition

NATIONAL SURVEYS – 1996-2006

Maternal education 25.7%
Purchase power 21.7%
Access to health care 11.6%
Water and sanitation 4.3%
Other factors 36.7%

The longer the children belonging to Bolsa Familia are followed by primary health services, the lesser are the risks of stunting (up to 50% less) and even overweight (almost 10% less).

Rapid increase in NCDs in the last 10 years

- Overweight has increased 26.3% (42.6% in 2006 to 53.8% in 2016)
- Hypertension has increased 14.2% (22.5% in 2006 to 25.7% in 2016)
- Obesity has increased 60% (11.8% in 2006 to 18.9% in 2016)
- Diabetes has increased 61.8% (5.5% in 2006 to 8.9% in 2016)
Changes in food consumption

Staple foods

Per capita/day 11.8g salt and 16% of calories from free sugars

Industrialized foods (UPF)

Large participation of discretionary salt and sugar

Food out of the households

Inadequacy of micronutrient intake
Changes in food consumption

Variation of the household availability of foods according to the NOVA classification (2002 – 2009)

G1 – In natura and minimally processed foods

G2 – Culinary ingredients

G3- Ultraprocessed foods and products

UN Decade of Action on Nutrition (2016-2025)

Brazilian commitments (MoH)

1. Stop the growth in the adult obesity rate (which currently stands at 20.8%), through intersectoral health and food and nutrition security policies.

2. Reduce by at least 30% consumption of sugar-sweetened beverages among adults.

3. Increase by at least 17.8% the proportion of adults who regularly eat fruits and vegetables.
UN Decade of Action on Nutrition (2016-2025)

Brazilian commitments (Caisan – Interministerial Chamber of Food and Nutrition)

- **Pilar 1** – Sustainable and healthy diet promoting food systems
- **Pilar 2** – Universal coverage of nutrition actions in the health systems
- **Pilar 3** – Social protection and nutritional education
- **Pilar 4** – Commerce and investments for improved nutrition
- **Pilar 5** – Safe and nutrition supporting environments for all ages
- **Pilar 6** – Revision, strengthening and promotion of the governance in nutrition and accountability
The networks are ways to share commitments and also to strengthen national and regional policies, to foster cooperation and to exchange good practices.

1. Network on Food-Based Dietary Guidelines, based on the processing of foods
2. Network on Reducing CVD through Dietary Salt Reduction in the Americas and Caribbean

Also: REALISA – Chile (healthy food environments), school meal programs, food procurement policies and food and nutrition security governance.
Network on Food-Based Dietary Guidelines, based on the processing of foods

• Development of scientific evidence on the impact of the level of food processing on health and on the risk of developing NCDs and obesity
• Participatory methodologies for elaborating dietary guidelines
• Strategies for the dissemination and implementation of dietary guidelines
• Dietary guidelines as tools for inducing sectoral and intersectoral policies.

Exchange of experiences and cooperation between countries
Network on Reducing CVD through Dietary Salt Reduction in the Americas and Caribbean

- Setting and strengthening commitments, exchanging experiences and supporting existing initiatives (as the PAHO TAG for Sodium Reduction in the Americas);
- Parallelly expanding the reach of the multi-country IDRC Project on Sodium Reduction Policies (already involving Argentina, Brazil, Costa Rica, Paraguay and Peru);
- Lines of action: nutritional education, healthy environments, food reformulation (mandatory and voluntary), food labeling, foods out of the household.
- Monitoring and evaluation: determination of sodium intake, dietary sources, food composition, monitoring and impact of policies (implementation, deaths, costs, cost-effectiveness).
Conclusion

• Tackling the double burden of malnutrition:
  ➢ The Decade of Action on Nutrition provides an important setting for commitments and policy action.
  ➢ Social determination: requires multistakeholder and intersectoral approach.
  ➢ Regional and global commit: requires country and inter-agency cooperation.
THANK YOU!