

Interfaces between food health surveillance and the Brazilian National Food and Nutrition Policy

Interfaces entre a vigilância sanitária de alimentos e a Política Nacional de Alimentação e Nutrição

Interfaces entre la vigilancia de la salud alimentaria y la Política Nacional de Alimentación y Nutrición

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Safety food control is a constitutional competence of the Brazilian Unified National Health System (SUS), exercised by health surveillance actions. Law n. 8,080/1990 ¹, which institutes the SUS, defines sanitary surveillance as “a set of actions capable of eliminating, reducing or preventing health risks and intervening in sanitary problems arising from the environment, the production, and circulation of goods and the provision of services of interest to health”.

Thus, every food consumed in Brazil and its ingredients are controlled to a greater or lesser degree by health surveillance. It also controls the services that produce them, from the small bakery on a simple neighborhood to the large transnational companies installed in the country. Packaging materials and utensils are also regulated and inspected. And, food advertising is also under control and inspection ².

The scope of the Brazilian Health Surveillance System (SNVS) is also considerable. As it is an integral part of SUS, practically all Brazilian states and municipalities have a health surveillance structure to carry out this list of actions, under the coordination of the Brazilian Health Regulatory Agency (ANVISA).

With such an ambitious task and such a wide reach, health surveillance has a prominent role in the Brazilian National Food and Nutrition Policy (PNAN) ³, being a key element for the prevention and control of diseases related to food and nutrition. The policy has a specific chapter to deal with the control and regulation of food, aspects that are addressed based on an integral perspective, so that the health risks and nutritional risks arising from a scenario of increased supply and variety of ultra-processed foods are discussed together.

And it is at this point that some obstacles in the dialogue between PNAN and the health surveillance are seen. The publication of the *Food Guide for the Brazilian Population* ⁴ in 2014, a significant milestone for the consolidation of the policy in the country, contributed to expose some inconsistencies related to the understanding of health risk adopted by the food health surveillance in some of its activities, indicating relevant aspects that need to be reconsidered.

The use of food additives and the approval process by ANVISA illustrates this situation. The food guide presents an emphatic recommendation for the population to avoid consuming ultra-processed foods, characterized by a high degree of processing and wide use of food additives. Since the publication of the guide and the NOVA classification ⁵, which describes food groups according to the levels

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of processing and treatment to which they are submitted, robust scientific evidence has demonstrated the health risk related to the consumption of ultra-processed products ⁶.

However, the health regulation does not consider the classification used by the Guide in its actions, and so far, Anvisa has not promoted a broad and participatory debate on the possibilities of its use. Thus, although the approval of the use of food additives is based on the risk assessment methodology adopted internationally by other regulatory bodies and by the *Codex Alimentarius* ⁷, it is impossible to ignore that the method adopted disregards relevant aspects from the point of view of risk to health, such as not to assess the impact of greater availability of ultra-processed foods on the health of the population.

It cannot be ignored that the wider the use of food additives, the greater the amount of ultra-processed products. Foods that could be available in less processed versions, such as dairy and meat products, are elevated to the ultra-processed category due to the use of food additives by the food industries, all approved by ANVISA. Thus, a major challenge for sanitary surveillance is to consider in the approval process of these substances, in addition to the traditional identification of toxicological hazards, issues that assess how the claimed use can increase the amount of ultra-processed products on the market and contribute to a decline in minimally or unprocessed food supply and culinary preparations.

Designing mechanisms to monitor the health effects of already approved additives, based on findings from observational scientific studies free of conflicts of interest, can also be a relevant strategy to ensure greater safety in the use of these substances after they enter the market. An example that illustrates the need to adopt this strategy is the uncertainty about the influence of sweeteners already approved by various regulatory authorities on health indicators, such as body weight ⁸.

Another aspect that deserves to be discussed is how the process of deregulation of the identity and quality standards of foods may have contributed to the greater availability of ultra-processed foods in the country. A large part of the technical regulations of product standards currently in force were published by ANVISA in 2005 and do not cover quality requirements for various product categories. Thus, the food industry has come to have greater freedom to replace fresh or minimally processed ingredients with food additives and other more processed components, simulating the colors, aromas and textures originally conferred by less processed ingredients and enabling larger scale production and cost reduction.

From this perspective, it is also important to consider that a large part of the food identity and quality standards is not under the responsibility of the health sector. The regulation of minimally processed foods of animal and vegetable origin and relevant beverages for the Brazilian population (such as meat, rice and beans) are under the scope of the Brazilian Ministry of Agriculture, Livestock and Supply (MAPA). Thus, strategies must be evaluated and implemented to align, as much as possible, the interests of the agricultural sector with the comprehensive approach to health control proposed by PNAN.

The Technical Note prepared in September 2020 by MAPA (*Technical Note n. 42/2020*) ⁹, which states that “*the NOVA classification is confusing, inconsistent and hinders the implementation of adequate guidelines to promote adequate and adequate and healthy nutrition for the Brazilian population*”, which criticizes the concept of ultra-processed food and asks the Brazilian Ministry of Health to revise the food guide, is an indication that this task may not be so simple. Fortunately, motivated by pressure from the organized society and the scientific community, the note was not sent to the Brazilian Ministry of Health ¹⁰. But this fact has become emblematic and illustrates the need to discuss and create strategies to integrate the various sectors responsible for food control in the discussion and implementation of the PNAN.

In addition to these issues, there are still several other issues that need to be advanced. Ensuring adequate compliance with the Brazilian Standard for the Marketing of Food for Infants and Early Childhood Children (NBCAL) is crucial for improving breastfeeding and complementary feeding indicators in Brazil. Advancing in the control of the profile of some nutrients related to chronic non-communicable diseases (NCDs), such as sugar and sodium, is another important point. And designing mechanisms to control the advertising of ultra-processed foods as well, although the performance of ANVISA in this matter has been weakened after the judicialization ¹¹ of the attempt to regulate food advertising aimed at children ¹².

Even with all these challenges, the great contributions of health surveillance in the implementation of PNAN that have taken place in recent years cannot be underestimated. Examples of relevant actions are the regulation of salt iodination ¹³, the fortification of wheat and corn flour with iron and folic acid ¹⁴, the ban on industrial trans fat in foods ¹⁵ and the new rules on nutritional labeling, which brought considerable advances (although not unanimous), such as the implementation of frontal nutrition labeling ^{16,17}.

About this last experience, even though frontal nutritional labeling was instituted with a warning model about the presence of sugar, saturated fat and sodium in the shape of a magnifying glass, Anvisa's choice to adopt a different model from that submitted to Public Consultation and scientifically tested ^{18,19} generated criticism from organized civil society ²⁰.

Finally, for the integration between health surveillance and the PNAN to become more feasible and strengthened, it is important to educate and train public health professionals and managers in this complex field of action. Fostering the production of scientific knowledge in the area is also fundamental. The food industry works tirelessly to master the language and working mechanisms of sanitary surveillance, aiming to expand its participation in public debates promoted by ANVISA, such as Public Consultations and Hearings. Thus, health managers, the scientific community and civil society also need to appropriate the theme and play the leading role that is theirs. In addition, the Agency must make an ever-increasing effort to include and ensure effective social participation in its initiatives. Only then, sanitary surveillance and public health policies, including the PNAN, will act synergistically, promoting an improvement in the health of the population and ensuring greater food and nutritional security in the country.

Additional information

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