Food and nutrition surveillance in 20 years of the Brazilian National Food and Nutrition Policy

A vigilância alimentar e nutricional em 20 anos da Política Nacional de Alimentação e Nutrição

Vigilancia alimentaria y nutricional en los 20 años de la Política Nacional de Alimentación y Nutrición

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For the Brazilian Ministry of Health [1], the continuous assessment of the food and nutritional profile of the population and its determining factors compose the food and nutrition surveillance, an essential guideline for nutritional care in the Brazilian Unified National Health System (SUS), for organization and management of food and nutrition care in the Health Care Network. This organization begins with the understanding of the food and nutritional status of the population embraced by primary health care (PHC) services and teams [1], combined with information from other sources, such as research, population surveys, and other Health Information Systems (HIS), to support the construction and evaluation of public policies consistent with local needs.

The Food and Nutrition Surveillance System (SISVAN) promotes continuous information on the feeding and nutritional status of the surveyed population. These data are valuable to trace the epidemiological and the nutritional profile of a population and they reflect the effect of actions conducted in certain communities [2]. For many years, these data were collected and systematized by the states with different methods, making it impossible to analyze the food and nutritional status of the population assisted by the SUS. The current computerized system emerged in December 2007, with the incorporation of the growth curves of the World Health Organization (2006/2007) for the assessment of the nutritional status of children and adolescents. Firstly, the official information system allowed for the insertion of anthropometric data for all age cycles, and later of food consumption. This system launch was an opportunity to qualify professionals for data collection, nutritional assessment, registration and promotion of the use of information for decision-making.

The SISVAN generates continuous and useful information for immediate use – information for action – both for managers, in the planning of action, and for professionals, in the reorganization of nutritional care in the health unit. However, it is observed that the information has not been used in its full potential for the planning, management, and assessment of food and nutritional actions in the scope of PHC [3,4] and, consequently, contributes little to the implementation of the Brazilian National Food and Nutrition Policy (PNAN). In this sense, it is evident the need to invest in the qualification of professionals and managers for better use of this system, and to expand the dissemination of information generated by it, clearly, both for the population and councils, and for health professionals and other sectors such as agriculture, social assistance, and education. Materials such as bulletins, maps, public notices can be produced and widely disseminated in the health unit, based on information from

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the local sphere, and/or federal sphere, to sensitize and to inform the population, health professionals, managers, among others.

Another measure that may contribute to the greater use of the information generated by SISVAN is the review of the reports issued by surveillance system. The system needs to move forward in order to enable different analyses, such as knowing the relationship between nutritional status, food consumption, and social determinants of health (race, ethnicity, sex, sexual orientation, income, schooling, traditional peoples and communities, among others).

The article of Santos et al. [5] also addresses the increase trend of SISVAN coverage, although it still presents low percentages. The largest coverage is among pregnant people, children, and adolescents [6], considering the relation between indicators for the evaluation of nutritional status and the financial support to the municipalities, as occurs with the Family Income Program, the School Health Program and Healthy Growth program. If on the one hand the strategy promotes increased coverage, on the other hand it contributes to a perception of the bureaucratic nature of feeding on this system and limits the food and nutrition surveillance to certain age groups and only to the nutritional subsystem. Thus, it would be positive if the indicators associate with financial resources were more comprehensive regarding public, included markers of food consumption, and, also presented as goals not only population coverage, but monitoring the evolution of nutritional issues and consumption of healthy and unhealthy foods.

More recently, the SISVAN was integrated into the e-SUS Primary Care Strategy (e-SUS AB) and into the Family Income Program Health Management System, which occurred from 2016. The integration of the various HIS within PHC is considered as a qualification of information management, essential to increase the quality of care to the population [7]. In practice, this measure reduces the rework of health professionals and increases population coverage, considering that nutritional evaluation constitutes the routine of many PHC care. Also, regarding the integration of systems, the integration with the supplementary health network is a desirable advance in order to increase the representativeness of information in the Brazilian population.

In these 20 years of the PNAN, the publication of educational materials, technical manuals and training and professional qualification courses related to food and nutrition surveillance by the Brazilian Ministry of Health are emphasized, these courses are fundamental to support the organization of the assistance offered to the population. Many of these courses are produced in partnership with educational institutions, expanding the qualification and dissemination of materials. Some of these courses can be highlighted: *Protocol of Feeding and Nutritional Surveillance System – SISVAN in Health Care* [8], 2008, aimed to systematize the evaluation of the nutritional status of the public seeking care in the basic health network; and *Guidelines for the Collection and Analysis of Anthropometric Data in Health Services: Technical Note of the SISVAN* [9], 2011, which provides basic information on anthropometry, aiming at the collection of information necessary for the realization of nutritional surveillance among individuals at different stages of life.

Another significant strategy was the creation of an exclusive financial incentive for the acquisition of anthropometric equipment for the basic health units (UBS), through *Ordinance n. 2,975/2011*. Between 2011 and 2018, 11 other ordinances were published approving municipalities to receive this financial support. The support was accompanied by the guiding manual for the acquisition of anthropometric equipment to guide municipalities regarding the correct description of equipment suitable for the food and nutrition surveillance, such as anthropometers, scales, and measuring tape.

The promotion of research and periodic conduct of population surveys is one of the strategies of feeding and nutritional surveillance. Since the publication of the first version of the PNAN, we have observed the implementation of relevant surveys, such as the *Brazilian National Survey of Demography and Health* (PNDS), the *Brazilian National Household Budget Survey* (POF), which, in some of its editions, presented the modules of food consumption and/or anthropometry, the *Brazilian National Salt Iodization Impact Assessment Survey* (PNAISAL), the *Brazilian National Survey of School Health* (PeNSE), the *Study of Cardiovascular Risks in Adolescents* (ERICA), the *Surveillance of Risk and Protective Factors for Chronic Diseases by Telephone Survey* (VIGITEL), and, recently, the *Brazilian National Survey of Food and Child Nutrition* (ENANI). The analysis of these national surveys allowed us to observe changes in the dietary pattern of the Brazilian population, tendency to reduce malnutrition and to increase obesity.

The surveys enable elucidating the associated factors, characteristics, and consequences of nutritional issues that still affect vast population segments in the various Brazilian regions, and, therefore, allow to subsidize interventions for a better quality of life of the population [2,10,11].

Similarly, advances in scientific research have been noted. A simple search in BIREME database shows that the number of articles found with the descriptor food and nutritional surveillance grows. The effort to foster research related to the food and nutritional surveillance and progressive interest of the national and international scientific community on the theme is evidenced, which expands the contribution of science in the proposition of reflections and solutions to problems related to the food and nutritional surveillance.

Among the challenges for strengthening the food and nutritional surveillance in nutritional care, we point out the importance of encouraging the use of SISVAN reports, population surveys and research, health professionals and public policy-making managers of the SUS, both for planning food and nutrition actions and for evaluating existing programs and actions at the local, municipal, state and federal level. Given the presented, we can affirm that we have experienced important advances related to food and nutritional surveillance in the last 20 years in Brazil. There are still challenges to be overcome for the food and nutritional surveillance to be strengthened as a cornerstone for planning and evaluating public policies focused on improving the food and nutritional situation of the population.

Contributors

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Additional informations

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