Civil Society Report on the Situation of Chronic Non-Communicable Diseases in Brazil

Technical Sheet:
Civil Society Report on the Situation of Chronic Non-Communicable Diseases in Brazil

Coordination: Ana Curi Hallal
Collaboration: Paula Johns, Mônica Andreis, Daniela Guedes

Proofreading: Anna Monteiro

Graphic Design: FW2 Agência Digital

Production:

ACT+
Alliance for Tobacco Control + Health

The NCD Alliance
Putting non-communicable diseases
on the global agenda

August 2014

ACT | Aliança de Controle do Tabagismo
Rua Batataes, 602, cj 31, CEP 01423-010, São Paulo, SP
Tel / Fax +55 11 3284-7778, +55 11 2548-5979
Av. N. Sa. Copacabana, 330/404, CEP 22020-001, Rio de Janeiro, RJ
Tel / Fax +55 21 2255-0520, +55 21 2255-0630
actbr.org.br | act@actbr.org.br
[Facebook] /actbr [Twitter] /actbr

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This work was funded by the NCD Alliance and was made possible by the donation from Medtronic Philanthropy.

1 Executive summary

Chronic Non-Communicable Diseases (NCDs) are the leading causes of death in Brazil. In 2007, they accounted for 72% of deaths in the country.

Brazil has made a commitment regarding Chronic Non-Communicable Diseases, launching its 2011-2022 Strategic Action Plan for Tackling Chronic Non-Communicable Diseases (NCDs) in Brazil. The Plan addresses the four disease groups which have the greatest impact – circulatory diseases, cancers, chronic respiratory diseases and diabetes – and proposes an integrated approach for the four risk factors, namely: smoking, harmful use of alcohol, lack of physical activity and unhealthy diet.

This report aims to assess the implementation of the national plan for tackling NCDs, from the perspective of civil society, focusing on actions proposed along the Health Promotion Axis. This report is part of a project funded by the NCD Alliance towards strengthening civil society initiatives to support tackling NCDs in Brazil, South Africa and the Caribbean. Various sources of information have been used in the preparation of this report, including analysis of documents, review of the literature and interviews with experts.

Among the country's main achievements is the improvement of its health surveillance system, especially the monitoring of risk factors and protective factors for NCDs, and the implementation of effective tobacco control policies, with emphasis on civil society participation in the process. Other programs and actions implemented in the period include the Health Academy [*Academia da Saúde*] Program, the revision of the Dry Law [*Lei Seca*] (Law No. 12.760/2012) and the elaboration of the Food Guide for the Brazilian Population.

Although there are multiple challenges to fully implement the 2011-2022 Strategic Action Plan for Tackling Chronic Non-Communicable Diseases (NCDs) in Brazil, certain key elements can be highlighted:

- Expanding the evaluation of the implementation of guidelines and actions of the national plan, based on the monitoring of targets and indicators in places where social participation is institutionalized in Brazil's Unified Health System (SUS) and social control is ensured and organized at all management levels.
- Increasing coordination with government ministries, departments and agencies and organized civil society to get actions related to public policies for prevention and control of NCDs included on their work agendas.
- Safeguarding public policies for tackling NCDs from commercial interests on the part of economic sectors which profit from the consumption of products responsible for aggravating risk factors.
- Developing and implementing strategies and actions for tackling Chronic Non-Communicable Diseases which are sensitive to the social inequalities of the Brazilian population, contributing to the reduction of health inequities.

2 About us

ACT+ is a non-governmental organization focused on tobacco control and control of Chronic Non-Communicable Diseases, which arose from the work conducted by the Alliance for Tobacco Control (ACT). Founded in 2007, ACT's mission is to monitor the implementation and compliance of the measures recommended by the Framework Convention on Tobacco Control (FCTC) and its protocols, to develop tools for tobacco control in the five regions of the country, and to promote and support a network of organizations committed to tobacco control and related activities.

ACT has created a network of representatives from civil society interested in tobacco control. There are about 800 members, including public and private organizations, nonprofit and non-governmental organizations, professionals, researchers, students and citizens who are involved in developing activities related to areas impacted by smoking.

The experience gained building coalitions combined with advocacy for the development and implementation of public health policies made it possible for ACT to expand its scope of actions to include chronic diseases, at which point the name was changed to ACT+. The organization's goal is to support the prevention and control of Chronic Non-Communicable Diseases in Brazil, advocating for full implementation of the 2011-2022 Strategic Action Plan for Tackling Chronic Non-Communicable Diseases (NCDs) in Brazil. A network of representatives is being created from various sectors of civil society in order to monitor and identify gaps in the implementation of the national plan.

Organizations in the NCD network

ABEAD – Brazilian Association of Alcohol and other Drugs

ABRALE – Brazilian Association of Lymphoma and Leukemia

Abrasco – Brazilian Association of Collective Health

Abrasta – Brazilian Thalassemia Association

ACS – American Cancer Society

ACT+ – Alliance for Tobacco Control + Health

Agita SP

AMB – Brazilian Medical Association – SP

AMUCC – Brazilian Association of Cancer Patients

APROFE – Sickle Cell Anemia Association

APS – Brazilian Health Promotion Association

Asbran – Brazilian Nutrition Association

Cebes – Brazilian Center for Health Studies

CETAB / Fiocruz – Center for the Study of Tobacco and Health

Crefito – Regional Council of Physical and Occupational Therapy – MS [Mato Grosso do Sul State]

Femama – Brazilian Federation of Philanthropic Institutions Supporting Breast Health

Funcor – Heart Foundation

Cancer Foundation

HCor – Heart Hospital

IDEC – Brazilian Consumer Defense Institute

Alana Institute

Health Space Institute

Oncoguia Institute

NCD Alliance

SBC – Brazilian Cardiology Society – SP [São Paulo State]

SBD – Brazilian Diabetes Society – SE [Sergipe State]

SBOC – Brazilian Oncology Society

SBP – Brazilian Pediatrics Society

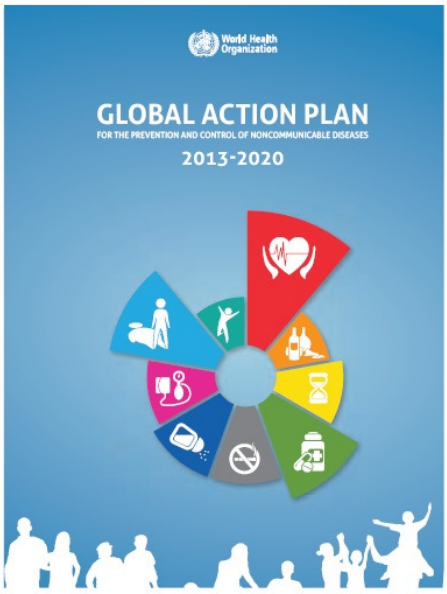
BTA – Brazilian Pulmonology and Tuberculosis Society

Unimed SC – Florianópolis

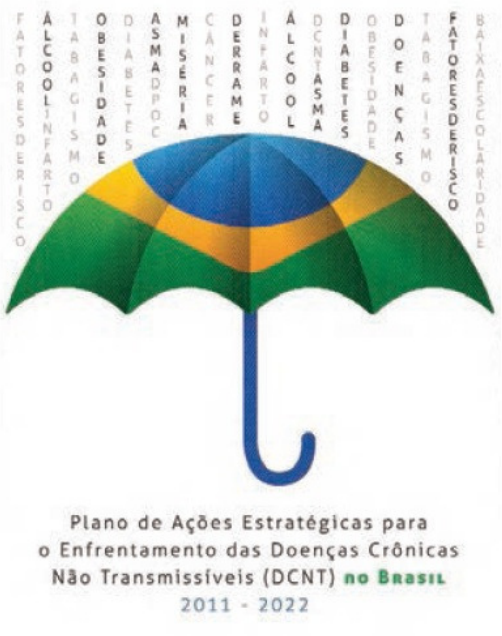
3 Global commitments to actions on Chronic Non-Communicable Diseases

The prevention and control of Chronic Non-Communicable Diseases (NCDs) is a global challenge, leading the United Nations to convene a high-level meeting of the General Assembly in 2011, which resulted in the political commitment of Member Countries, including Brazil, to working together in order to stop the growth of NCDs [1].

The World Health Organization published its 2013-2020 Global Action Plan for Prevention and Control of Chronic Non-Communicable Diseases, with measures to reduce the burden of avoidable mortality, morbidity and disability associated with these diseases. The objective of the plan is for populations to reach the highest standard of health and productivity, at all ages, and for these diseases to no longer be barriers to socioeconomic development. The Global Action Plan offers a menu of strategies which, if implemented together, will contribute to the reduction of premature mortality due to NCDs [2].



Member Countries, including Brazil, have agreed to a reduction target of 25% in premature mortality from NCDs, between the years 2015 and 2025, as well as the NCD Global Monitoring Framework, with nine voluntary targets and 25 monitoring indicators of morbidity and mortality, risk factors and health system responses [2, 3].



Brazil has taken on the commitment regarding NCDs and, under the coordination of the Health Surveillance Department of the Ministry of Health, launched the 2011-2022 Strategic Action Plan for Tackling Chronic Non-Communicable Diseases (NCDs) in Brazil. The plan defines and prioritizes the actions necessary to prepare the country to face and stop the growth of NCDs in the next ten years [4, 5].

The goal of the national plan is to promote the development and implementation of effective, integrated, sustainable and evidence-based public policies for prevention and control of NCDs and their risk factors, as well as strengthening health services for patients with chronic diseases. For this purpose, the Plan addresses the four disease groups having the greatest impact – circulatory diseases, cancers, chronic respiratory diseases and diabetes – and proposes an integrated approach to the four risk factors, namely: smoking, harmful use of alcohol, lack of physical activity and unhealthy diet [4, 5].

The Plan is based on the delineation of three main axes: a) surveillance, information, evaluation and monitoring; b) health promotion; c) integrated care [4, 5].

Axis I	Surveillance, Information, Evaluation and Monitoring	The three essential components are: monitoring of risk factors, monitoring of morbidity and mortality of specific diseases, and health system responses.
Axis II	Prevention and Health Promotion	Aims to facilitate interventions that impact positively on the reduction of these diseases and their risk factors.
Axis III	Integrated Care	Aims to perform actions to strengthen the responsiveness of Brazil's Unified Health System (SUS) and to expand integrated care initiatives for prevention and control of NCDs.

4 National situation of the epidemic of Chronic Non-Communicable Diseases

In Brazil, the demographic transition began in the 1940s, with a rapid decrease in mortality and increase in life expectancy, and subsequent decrease in fertility and birth rates. From the 1960s, a progressive decrease can be observed in younger age groups relative to the increase in the elderly proportion, leading to the process of population aging currently underway in Brazil [6].

Parallel with the rapid demographic transition, there was a change in the pattern of morbidity and mortality of Brazilian people. The changing pattern of mortality, from the earlier predominance of deaths due to infectious and parasitic diseases to a predominance of deaths due to chronic diseases, is characteristic of the process known as epidemiological transition [7]. Although the epidemiological transition underway in Brazil has its own particular characteristics, there is a high prevalence of NCDs in the national scenario [8].

Observing the proportional mortality in recent decades, it can be seen that there has been an increase in deaths due to Chronic Non-Communicable Diseases [7]. In 2007, NCDs accounted for 72% of deaths occurring in the country. In the analysis of disease burden, it has been observed that NCDs, along with psychiatric disorders, are the main causes of disease burden in the country [8].

The study of the temporal trend of the raw mortality rate between 1996 and 2007 shows that there was an increase in mortality due to NCDs in the country, on the order of 5%. However, when observing the trend of the age-standardized mortality rate due to NCDs, a decreasing trend of about 18% can be identified, corresponding to an average reduction of 1.8% per year. The decrease in age-standardized rates was due mainly to the decline in mortality due to chronic respiratory and cardiovascular diseases. However, it is important to note that although there was a decrease in mortality rates for these groups of death causes, there was growth in the specific mortality rate for several types of malignant neoplasms. Regarding mortality due to major types of cancer in Brazil, highlights include the increase in age-standardized mortality rates due to lung, prostate and colorectal cancer in males; as well as due to breast, lung and colorectal cancers in females. The trend of deaths from lung cancer under the age of 60 varies by sex, showing a decrease among men and an increase among women [8].

The prevalence and the growing trend of various risk factors also contribute to understanding the magnitude of the problem of NCDs in Brazil. National estimates indicate

an incidence of adults with low physical activity on the order of 12.1%, while the estimated incidence of obese adults is 16.9% [9]. With regard to alcohol consumption, estimates indicate an increase in regular consumption among adults as well as the habit of binge drinking (4 or 5 units in 2 hours), especially among women [10].

With regard to smoking, scientific research indicates a decreasing incidence among adults. In 1989, the estimated national incidence was 34.8%, and in 2003 it was 22.4%, representing a 35% decrease in the period [11]. According to the results of the Global Adult Tobacco Survey (GATS), performed in 2008, with national coverage, 17.2% of people aged 15 or older were current users of some smoked tobacco product, corresponding to 24.6 million smokers [12]. Trend analysis of smoking indicators in Brazilian capitals based on information from the Surveillance of Risk Factors and Protective Factors for Chronic Diseases through Telephone Survey (VIGITEL) in adults, between 2006 and 2011, showed a reduction in the incidence of smoking and heavy smokers among men and among individuals aged between 35 and 54 [13].

National studies corroborate the scientific evidence, indicating that both mortality due to NCDs and prevalence of risk factors disproportionately affect the poor and less educated. A recent study identified the effect of social inequality on the impact of public tobacco control policies. It was found that the prevalence of tobacco smoking decreased in all educational groups, but the reduction was less pronounced among those with less education. Furthermore, individuals with less education are less likely to stop smoking, are less aware of anti-smoking campaigns and have an increased risk of dying from tobacco-related diseases, namely: lung cancer, ischemic heart disease, cerebrovascular disease and chronic obstructive lung disease. The authors conclude that, although policies for tobacco control in Brazil have been successful in reducing its prevalence, there has been a lack of sufficiently sensitive approaches to the social inequalities of the population, which has contributed to the current concentration of the tobacco epidemic among Brazil's disadvantaged population [14].

This disease group also has a major impact on the economy. According to a study evaluating economic losses associated with NCDs in 23 low- and middle-income countries, including Brazil, there was an estimated loss of about $4.18 billion for the Brazilian economy between 2006 and 2015 due to loss of productivity at work and reduced household income associated with diabetes, heart disease and stroke [15].

Specifically with regard to the treatment of tobacco-related diseases, in 2011 Brazil spent the equivalent of 0.5% of its gross domestic product (GDP) treating people with smoking-related diseases, with four diseases in particular – heart disease, chronic obstructive lung disease, lung cancer and stroke – accounting for 83% of costs. Costs are related to expenditures in both the Unified Health System (SUS) as well as in supplementary health care [16, 17].

5 National response

The Brazilian government formally included the issue on its national agenda when it approved the National Policy for the Promotion of Health (PNPS), in 2006. The National Policy for the Promotion of Health aims to contribute to changing the health care model in order to expand and qualify health promotion actions and build an integrated strategic agenda, by getting various authorities managing the health care system and services involved, and strengthening the following guidelines: integrity, equity, health responsibility, social mobilization and participation, inter-ministerial approach, information, education and communication, and sustainability [18, 19].

The General Coordination of Non-Communicable Diseases and Injuries (CGDANT) of the Health Surveillance Department (SVS) of Brazil's Ministry of Health has continued the

discussion process and coordinated the preparation of the 2011-2022 Strategic Action Plan for Tackling Chronic Non-Communicable Diseases (NCDs) in Brazil [4]. The development and publication of the national plan represented a step forward and contributed to the beginning of the process of institutionalizing this issue in the country. The extensive discussion of the national plan with various government sectors as well as universities and civil society is also worth mentioning.

Organized civil society, including associations of patients with NCDs, was present during the preparatory meetings and many of their suggestions were incorporated into the final document. However, for implementation and evaluation of the national plan, it is still necessary to move forward in terms of governance and an inter-ministerial approach, with effective participation of all government ministries involved.

The prevention and control of Chronic Non-Communicable Diseases, in addition to being a specific national plan, is also part of the Ministry of Health's 2011-2015 strategic plan, with regularly monitored strategic goals, namely: ensuring comprehensive health care for elderly people and people with chronic conditions, encouraging active and healthy aging and strengthening promotion and prevention actions.

The preparation of the Strategic Plan occurred simultaneously and is strategically aligned with the National Health Plan (PNS) and the 2012-2015 Multiyear Plan (PPA). The Health Plan is prepared every four years and its main function is to guide and structure the lines of activities programmed to be delivered to the population in the form of health services and actions, which is a legal responsibility for all federated entities. Meanwhile, the Multiyear Plan is the government instrument that establishes integration between planning and the federal budget for the four-year period.

One of the main achievements of the country in the period has been improving the NCD surveillance system. Brazil currently provides data and estimates regarding morbidity and mortality rates and main risk factors for NCDs, easily accessible in the public domain, allowing researchers and policymakers to understand the magnitude of the problem, its distribution, and the temporal trends in the general population and sub-groups [3].

One highlight is the progress in the monitoring of risk factors and protective factors for NCDs. In 2006, the Surveillance of Risk Factors and Protective Factors for Chronic Diseases through Telephone Survey (VIGITEL) was implemented, which provides for annual telephone interviews in statistical samples of the adult population living in households with landline telephones in the capital cities [20]. Other key sources of information are household- and school-based surveys. The National School Health Survey (PeNSE), performed in 2009 and 2012, and scheduled to be repeated every 3 years, investigated several risk factors and protective factors for the health of teenagers from 26 state capitals and the Federal District [21]. In 2013, the National Health Survey, with national coverage and household-based, was performed in order to gauge the health and lifestyle of the population. In adult residents selected using statistical sampling, measurements were performed for weight, height, waist circumference and blood pressure, as well as blood collection for laboratory tests in order to characterize the lipid profile and blood glucose, and urine samples to obtain data on renal function and salt intake. In accordance with the plan, the results will be published during the current year and the survey will be repeated every 5 years.

Major progress in relation to NCDs was achieved due to the implementation of effective tobacco control policies in Brazil [8, 22]. The tobacco control policy adopted in the country, despite various difficulties, resulted in a significant decrease in prevalence among adults [11]. In recognition of the global problem posed by the proliferation of tobacco use, at the 56th World Health Meeting in 2003 the member countries of the United Nations unanimously adopted the first international public health treaty: the Framework Convention

for Tobacco Control (FCTC). The Framework Convention is a legal instrument in the form of an international treaty, in which the signatory States agree to undertake efforts to confine the epidemic caused by tobacco, recognized as a global problem with serious consequences for public health. The FCTC entered into force on February 27, 2005. In Brazil, the National Congress approved the text of the Framework Convention on Tobacco Control by means of Legislative Decree No. 1,012 on October 28, 2005; and the Brazilian government ratified the Convention on November 3, 2005, coming into force in Brazil on February 1, 2006. In 2003, the National Commission for the Implementation of the Framework Convention for Tobacco Control (CONICQ) was created, formalizing the involvement of other government sectors in tobacco control. CONICQ is responsible for coordinating the implementation of the government's agenda to fulfill the articles of this treaty. The Commission is chaired by the Minister of Health and includes representatives from 18 government bodies and ministries [23, 24].

Over the past decades, major tobacco control measures were implemented in the country, including a ban on advertising, promotion and sponsorship of tobacco brands; health warnings with alternating pictures and messages on cigarette packs; a ban on misleading descriptors; and deployment of free treatment for nicotine addiction in Brazil's Unified Health System (SUS) [23]. In 2011, a law was approved and signed by Brazil's president – Law No. 12,546/2011, regulated by Decree 8,262/2014 – calling for a gradual increase in taxes on tobacco products, establishing that enclosed public environments must be fully free from tobacco smoke and prohibiting the advertising of tobacco in retail outlets [25]. Although enacted on May 31, 2014, after more than two years of waiting and pressure from civil society, the new rules will only come into effect in December of 2014. As of the time of the writing of the present report, ACT's request for a meeting with the Ministry of Health to discuss preparations for implementing this law had not yet been granted.

Credit should be given to the participation of civil society in implementing effective public policies for tobacco control in Brazil. Initially the Human Development Network (REDEH) and later the Alliance for Tobacco Control actively participated in mobilization and support activities for ratification of the Framework Convention for Tobacco Control and its protocols. They also participated in drafting and implementing Law No. 1,3541/2009 in the state of São Paulo, which prohibited the consumption of any smoking products, whether tobacco-derived or not, in areas of collective use, and created smoke-free environments throughout the state, serving as an example and stimulus for advances in other states and municipalities. Several groups representing civil society interested in tobacco control developed advocacy activities in relation to major tobacco control policies, as well as participating in the production and dissemination of opinion surveys, interviews and media campaigns aligned with best practices.

Other programs and actions implemented in the period include the Health Academy [*Academia da Saúde*] Program, the revision of the Dry Law [*Lei Seca*] (Law No. 12,760/2012) and the elaboration of the Food Guide for the Brazilian Population.

The Health Academy Program is another initiative deserving of positive mention, although it still is in need of adjustments, expansion and evaluation, especially after the broadening of its objectives. The main objective of the program is to contribute to promoting health care management and healthy lifestyles among the population by implementing centers providing infrastructure and qualified professionals. Decree No. 2,681/2013, which redefines the Health Academy Program within Brazil's Unified Health System (SUS), states that the program is a Primary Care department and must promote coordination with the entire SUS health care network, as well as other social services provided in the respective region. The activities carried out under the Health Academy Program follow these areas: physical activity and exercise; health care management and healthy lifestyles; promoting healthy eating; complementary and integrative practices; artistic and cultural practices; health education; planning and management; and community mobilization [22, 26, 27].

The approval of the Dry Law [*Lei Seca*] (Law No. 12,760/2012) amended the Brazilian Traffic Code to make it more stringent, increasing fines by a factor of ten and mandating the suspension of driving rights for twelve months as a penalty for driving under the influence of alcohol, as well as providing a more stringent definition of alcohol concentration subject to administrative measures, so that drivers showing any alcohol concentration in their body would be subject to the measures listed in that Law [22, 28]. However, enforcement actions are insufficient, varying greatly among states, weakening the impact of the law.

The revision of the Food Guide for the Brazilian Population document, published in 2006 and revised in 2014, is noteworthy not only for its participatory process, but also because it presents healthy diet options for the Brazilian population in a clear and accessible format, in accordance with the various regions of the country. It also presents the obstacles which might make it difficult for Brazilian people to adopt the guide's recommendations, including: limited availability of reliable information about food, not always sufficient supply of fresh food, the relationship between food cost and quality and the constant exposure of the population, in particular children and adolescents, to the advertising of ultra-processed, ready-to-eat products.

6 Challenges and gaps: The perspective of civil society

Although Brazil has made significant progress with regard to implementation of the 2011-2022 Strategic Action Plan for Tackling Chronic Non-Communicable Diseases (NCDs) in Brazil, several strategies have not progressed as desired.

While the process for evaluating the results of the actions is still ongoing – both in inter-ministerial meetings as well as in meetings with the Technical Group for Monitoring the NCD Plan (composed of representatives from various departments, institutes and government agencies) – and while discussion involving participation of representatives from organized civil society and universities is also still ongoing, it is essential to highlight the need for increased participation of civil society in the process for evaluating the actions.

The effective participation of representatives from civil society in evaluating the implementation of actions at various levels of government, in formally established venues such as health conferences and councils, is fundamental to advance the process of institutionalizing these actions in Brazil's Unified Health System (SUS) and popular participation.

The Councils exist in all levels of the system and are responsible for deciding on health policy priorities, approving the health plan, and budgeting and monitoring the implementation and evaluation of services. Meanwhile, Health Conferences are held regularly every four years to evaluate the health situation and propose items to include on the public agenda. Both the Councils as well as the Health Conferences are composed of an equal number of civil society representatives and government representatives, service providers and health professionals.

Although the national plan for tackling NCDs has been presented as a government priority and it is understood that participation by the various government ministries, departments and agencies is essential for its success, there is still a need to increase coordination between sectors, especially with regard to budgeting, which is still done separately by each government body. Getting this issue included on the agendas of the various ministries, as well as raising awareness of the various councils regarding social policies, is of great importance in order for the country to make progress in addressing this issue.

Another point that remains a challenge is the strategy of the national plan for establishing voluntary agreements with the food industry. These include the agreement between the national government and the food industry to reduce sodium content in processed foods [4, 29]. Voluntary reformulation of processed foods, even if the parties comply with the agreement, can produce negative effects, such as advertising and the dissemination of misinformation that these foods are healthy due to their reduced sodium content. Another downside associated with this strategy is that voluntary reformulation, when applied only to some products and companies, can lead to price differentiation among them, making the

non-reformulated products cheaper, so that they are consumed mostly by the population with lower purchasing power, consequently increasing health inequities.

Brazil has already had a similar experience with the tobacco industry, which developed cigarettes with "low tar content", "light", "ultra-light" and "mild" and exploited a strategy of misleading marketing, creating the false perception that these products were less harmful to health and safer to use, although it is known that consumption of low-tar cigarettes does not reduce the risks of illness and death among consumers. In Brazil, ANVISA Board Resolution No. 46 of 2001 prohibited the use of the terms "light", "mild", "low tar" and similar, in cigarette brands sold in the country [30].

Regarding the harmful use of alcohol, several promising actions proposed at the national level need to be increased, namely: intensifying enforcement actions with regard to alcohol use while driving a vehicle; supporting local initiatives for specific legislation regarding the control of retail alcohol outlets and nightly closing times of bars and other related points of sale; increasing taxes on alcoholic beverages and supporting legislative bills that regulate advertising and marketing of alcoholic beverages.

The regulation of advertising, promotion and sponsorship of products which are risk factors for NCDs is a major challenge that needs to be addressed for the effective progress of the national plan, especially with regard to advertising of alcoholic beverages and ultra-processed foods. A promising initiative is Resolution No. 163 of the National Council of Children and Adolescents' Rights (Conanda), published recently, which considers abusive any advertising or marketing communications targeting children under the age of 12.

It is imperative that in addition to increased regulatory actions, advertising and marketing of alcoholic beverages must include beer in the definition of alcoholic beverage. Currently, according to the classification system recommended by the Ministry of Justice, TV stations can only air programs identified as unsuitable for under-18s after 11 p.m. However, the restrictions are only applied to beverages with alcoholic content exceeding 13% alcohol by volume, which does not include beers.

With regard to tobacco, although Law No. 12,546/2011, regulated by Decree No. 8,262/2014, prohibits advertising tobacco products in retail outlets – an important advance in national legislation – displaying packages in retail outlets is still allowed [25], which is the main means of communicating with young people. Increasingly elaborate and sophisticated, cigarette packages are positioned in places of high visibility in retail outlets, usually near the chewing gum, candy and chocolates. Placing cigarette packaging out of sight in locked cabinets or under counters and adopting standardized packaging will protect children and adolescents from tobacco industry marketing [31]. Standardized packaging means that packages of cigarettes and other tobacco products must be the same in terms of shape, size, opening method, color and typeface, and must be free of design and logos, showing only the standardized name of the brand, Internal Revenue seals and health warnings.

Although the development of the School Health Program has been a breakthrough for the promotion of physical activity, it should be pointed out that there is still a need to expand the program and increase the number of municipalities having implemented centers. Various other actions proposed at the national level in order to promote physical activity need to be improved, including: reshaping urban spaces and making them healthier, with emphasis on implementing the National Program of healthy sidewalks; building and renovating bike paths, parks, plazas and walking trails; deploying the School Health Program in all municipalities; encouraging actions in order to promote health and healthy habits in schools (such as healthy cafeterias); reformulating physical spaces aiming toward the practice of regular physical education classes; and physical activity after school (Second Period program) [4].

Actions that have not progressed as desired include the development of a communication strategy on the topics of promoting health and preventing NCDs and their risk factors. It should be mentioned that one of the actions planned was the inclusion of content related to healthy lifestyles and health promotion in communications for the Brazil 2014 FIFA World Cup [4]. However, what actually occurred was a comprehensive marketing strategy on the part of the alcohol industry, with emphasis on intensification of television commercials linking the World Cup to beer consumption, especially during televised football matches, which have a large audience of children and teenagers. Moreover, Brazil's president signed the General Law of the World Cup, allowing the sale of beer in stadiums during the tournament, which had been banned in the country since 2008.

7 Call to action

This call to action seeks to stimulate renewed efforts by governmental agencies and relevant sectors of society to address the major national challenges with regard to chronic diseases, in accordance with the assessment of organized civil society.

Among the many challenges facing full implementation of the 2011-2022 Strategic Action Plan for Tackling Chronic Non-Communicable Diseases (NCDs) in Brazil, several critical points may be highlighted, as detailed below:

- **Expand the evaluation of the implementation of guidelines and actions of the national plan, based on the monitoring of targets and indicators in spaces where social participation is institutionalized in Brazil's Unified Health System (SUS) and social control is ensured and organized at all levels of management.**

The spaces for participation of organized civil society must be maintained and participation must be expanded in evaluating the implementation of guidelines and actions of the 2011-2022 Strategic Action Plan for Tackling Chronic Non-Communicable Diseases (NCDs) in Brazil. Effective and full participation of civil society in the process of implementing the national plan is critical for institutionalizing and strengthening social control in Brazil's Unified Health System (SUS).

Improvement of the process of social participation in Brazil's Unified Health System (SUS) is necessary, including training health advisors on this issue, since deliberating on health policies is a major achievement of Brazilian society, and must be accompanied by ensuring effective participation in the implementation and evaluation process, in spaces formally established by legislation.

- **Increase coordination with government ministries, departments and agencies as well as with organized civil society for getting actions related to public policies for prevention and control of NCDs included on work agendas.**

Considering the magnitude and complexity of the problem, in order to appropriately address NCDs, it is essential for there to be broad coordination among various sectors and levels of government, as well as expansion of partnerships with scientific societies, academia and organized civil society.

It is necessary to decentralize activities geared towards raising awareness among members of health boards and councils in regard to various social policies in order to get the topic included on work agendas through the use of incentive programs, to enhance the inter-ministerial approach and mobilize the population and the media.

- **Safeguard public policies for tackling NCDs from commercial interests on the part of economic sectors which profit from the consumption of products responsible for aggravating risk factors.**

Interference occurs whenever the industry creates barriers to health policy, preventing its development, or preventing or delaying its full implementation, and also when the industry develops strategies in order to influence various social actors and their interests.

In regards to tobacco, assuming that there is a fundamental and irreconcilable conflict between industry interests and public health, as well as the industry continually interfering with tobacco control policies by means of multiple, sophisticated and constantly upgraded strategies, the Framework Convention for Tobacco Control states that governments must create comprehensive and effective mechanisms in order to protect public policy from tobacco industry interests.

Public policies related to Chronic Non-Communicable Diseases in the country should move forward with the government being aware of the need to protect these policies from industry interests, particularly including regulation of advertising and marketing of alcoholic beverages and ultra-processed foods, especially those intended for the youth audience – while also avoiding voluntary agreements.

Fiscal policy should also proceed without industry interference by raising prices and taxes for tobacco products, alcohol and ultra-processed foods in order to reduce consumption.

- **Develop and implement strategies and actions for dealing with Chronic Non-Communicable Diseases which are sensitive to the social inequalities of the Brazilian population, helping to reduce health inequities.**

In Brazil there are unacceptable social inequalities regarding the health sector. Social inequalities in health are health differences between groups of people that occur due to their socioeconomic status. They are characterized by uneven distribution of risk factors for disease and death and unequal access to health services assets among population groups.

Public policy and health services should consider these inequities and act to reduce vulnerability and exposure to risk factors, as well as increase access to protective factors for Chronic Non-Communicable Diseases in the country.

This evaluation of the national capacity in dealing with NCDs, from the perspective of civil society, in addition to critically evaluating the status of implementation of the proposed actions on the Health Promotion Axis of the 2011-2022 Strategic Action Plan for Tackling Chronic Non-Communicable Diseases (NCDs) in Brazil, is intended as a reference for future evaluations, to encourage organized civil society to participate widely in the deployment and monitoring process of the strategies and actions adopted.

8 References

1. General Assembly. Political declaration of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases. United Nations; 2011. [accessed on June 24, 2014]. Available at http://www.un.org/ga/search/view doc.asp?symbol=A/66/L.1
2. World Health Organization. Global action plan for the prevention and control of non-communicable diseases 2013-2020. World Health Organization, 2013 [accessed on June 24, 2014]. Available at http://www.who.int/nmh/events/ncd_action_plan/en/
3. Malta DC, Silva Junior JB. O plano de ações estratégicas para o enfrentamento das doenças crônicas não transmissíveis no Brasil e a definição das metas globais para o enfrentamento dessas doenças até 2015. Epidemiologia e Serviços de Saúde. 2013; 22(1):151-164.

4. Ministério da Saúde. Plano de ações estratégicas para o enfrentamento das doenças crônicas não transmissíveis (DCNT) no Brasil, 2011-2022. Brasília: Ministério da Saúde; 2011.

5. Malta DC, Morais Neto OL, Silva Junior JB. Apresentação do plano de ações estratégicas para o enfrentamento das doenças crônicas não transmissíveis no Brasil, 2011 a 2022. Epidemiologia e Serviços de Saúde. 2011; 20(4):425-438.

6. Ramos LR, Veras RP, Kalache A. Envelhecimento populacional: uma realidade brasileira. Rev Saúde Pública 1987; 21:211-24.

7. Laurenti R. Transição demográfica e transição epidemiológica. In: Anais do 1o Congresso Brasileiro de Epidemiologia; 1990 Sept 2-6; Campinas, Brasil. Rio de Janeiro: ABRASCO; 1990. p.143-65.

8. Schmidt MI, Duncan BB, Silva GA, Menezes AM, Monteiro CA, Barreto SM, Chor D, Menezes PR. Chronic non-communicable diseases in Brazil: burden and current challenges. Lancet 2011; 377: 1949-61.

9. World Health Organization. Global status report on non-communicable diseases 2010. Geneva: World Health Organization; 2011.

10. Instituto Nacional de Ciência e Tecnologia para Políticas Públicas do Álcool e Outras Drogas. II Levantamento Nacional de Álcool e Drogas. [accessed on June 24, 2014]. Available at http://inpad.org.br/lenad/

11. Monteiro CA, Cavalcante TM, Moura EC, Claro RM, Szwarcwald CL. Population-based evidence of a strong decline in the prevalence of smokers in Brazil (1989-2003). Bulletin of World Health Organization. 2007;85:527-34.

12. Ministério do Planejamento, Orçamento e Gestão. Instituto Brasileiro de Geografia e Estatística – IBGE. Diretoria de Pesquisas. Coordenação de Trabalho e Rendimento. Pesquisa Nacional por Amostra de Domicílios. Tabagismo: 2008. Rio de Janeiro; 2009.

13. Malta DC, Iser BPM, de Sá NNB, Yokota RTC, de Moura L, Claro RM, da Luz MG, Bernal RIT. Tendências temporais no consumo de tabaco nas capitais brasileiras, segundo dados do VIGITEL, 2006 a 2011. Cad. Saúde Pública 2013, 29(4):812-822.

14. Costa e Silva VL, Biz Aline, Waltenberg F, Figueiredo VC, Iglesias R. Impostos sobre o tabaco e políticas para o controle do tabagismo no Brasil, México e Uruguai. Jornada internacional sobre impostos, preços e políticas de controle do tabaco: Brasil, México e Uruguai. 2014.

15. Abegunde DO, Mathers CD, Adam T, Ortegon M, Strong K. The burden and costs of chronic diseases in low-income and middle-income countries. Lancet. 2007; (370):1929-1938.

16. Pinto MT. Carga das doenças tabaco-relacionadas para o Brasil. Relatório Final. Aliança de Controle para o Tabagismo (ACTbr), 2012.

17. Pinto MT, Ugá MAD. Os custos de doenças tabaco-relacionadas para o Sistema Único de Saúde. Cad. Saúde Pública 2010; 26(6); 1234-1245.

18. Brasil. Ministério da Saúde. Secretaria de Vigilância em Saúde. Política nacional de promoção da saúde. – Brasília: Ministério da Saúde, 2006. 60 p.

19. Malta DC, Castro AM. Avanços e desafios na implementação da política nacional de promoção da saúde. B. Téc. Senac 2009:63-69.

20. Moura EC, Morais Neto OL; Malta DC, Moura L, Silva NN, Bernal R, Claro RM, Monteiro CA. Vigilância de fatores de risco para doenças crônicas por inquérito telefônico na capitais dos 26 estados brasileiros e no Distrito Federal. Rev. Bra. Epidemiol. 2008;11: 20:37.

21. Brasil. Ministério da Saúde. A vigilância, o controle e a prevenção das doenças crônicas não-transmissíveis : DCNT no contexto do Sistema Único de Saúde brasileiro. Brasília: Organização Pan-Americana da Saúde, 2005. 80.

22. Malta DC, Dimech CPN, Moura L, Silva Junior JB. Balanço do primeiro ano da implantação do plano de ações estratégicas para o enfrentamento das doenças crônicas não transmissíveis no Brasil, 2011 a 2022. Epidemiologia e Serviços de Saúde. 2013; 22(1):171-178.

23. Iglesias R, Jhab P, Pinto M, da Costa e Silva VL, Godinho J. Controle do tabagismo no Brasil. Washington, DC; 2007. (Documento de Discussão: saúde, nutrição e população).

24. World Health Organization. Framework convention on tobacco control. Geneva; 2003.

25. Brasil. Lei N° 12.546, de 14 de dezembro de 2011 [accessed on June 24, 2014]. Available at http://www.planalto.gov.br/CCIVIL 03/Ato2011-2014/2011/Lei/L12546.htm

26. Ministério da Saúde. Portaria N° 719, de 7 de abril de 2012 [accessed on June 24, 2014]. Available at http://bvsms.saude.gov.br/bvs/saudelegis/gm/2011/prt0719_07_04_2011.html

27. Ministério da Saúde. Portaria N° 2.681, de 7 de novembro de 2013 [accessed on June 24, 2014]. Available at http://bvsms.saude.gov.br/bvs/saudelegis/gm/2013/prt2681_07_11_2013.html

28. Brasil. Lei N° 12.760, de 20 de dezembro de 2012 [accessed on June 24, 2014]. Available at http://www.planalto.gov.br/ccivil 03/ Ato2011-2014/2012/Lei/L12760.htm

29. Nilson EAF, Jaime PC, Resende DO. Iniciativas desenvolvidas no Brasil para a redução do teor de sódio em alimentos processados. Rev Panam Salud Pública 2012; 32(4): 287-922.

30. Agência Nacional de Vigilância Sanitária (Brasil). Resolução N° 46, de 28 de março de 2001. [accessed on June 24, 2014]. Available at http://portal.anvisa.gov.br/wps/wcm/connect/7ce59880474586e39068d43fbc4c6735/ Resolu%C3%A7%C3%A3o+RDC+46 Teores+e+embalagem 28Mar01.pdf?MOD=AJPERES

31. Pantani D, Pinsky I, Monteiro A. Publicidade de tabaco no ponto de venda. São Paulo : Ed. do Autor, 2011.

9 Attachments

Attachment 1

Methodology

For preparing this report and completing the Benchmarking Exercise, various sources of information were used, including analysis of documents, review of the literature on the

subject and interviews with experts working in various sectors of the society, namely: non-governmental organizations, governments and universities.

A group of twelve national experts on tobacco control, alcohol consumption, physical activity and diet were interviewed based on a semi-structured questionnaire and encouraged to critically evaluate the status of implementation of the actions proposed on the Health Promotion Axis of the 2011-2022 Strategic Action Plan for Tackling Chronic Non-Communicable Diseases (NCDs) in Brazil.

Table 1 – Experts interviewed and their institutions

Experts interviewed	Institution
Ana Cecilia Marques	Brazilian Association for the Study of Alcohol and Other Drugs (ABEAD)
Ana Maria Menezes	Federal University of Pelotas (UFPEL)
Carlos Augusto Monteiro	College of Public Health, University of São Paulo (FSP/USP)
Deborah Carvalho Malta	Secretariat of Health Surveillance (CGDANT / SVS / MS)
Fábio Gomes	National Cancer Institute (INCA)
Lenildo Moura	Pan American Health Organization (OPAS)
Leoni Margarida Simm	Brazilian Association of Patients with Cancer (AMUCC)
Paula Johns	Alliance for Tobacco Control (ACT)
Pedro Curi Hallal	Federal University of Pelotas (UFPEL)
Ricardo Oliveira	Rio de Janeiro State University (UERJ)
Ronaldo Laranjeira	Federal University of São Paulo (UNIFESP)
Vera Luiza da Costa e Silva	Center for Studies on Tobacco and Health (CETAB / Fiocruz)

Attachment 2

Increasing the priority of Chronic Non-Communicable Diseases through international cooperation and support

The Benchmarking Exercise aims to evaluate the national capacity for dealing with NCDs, from a civil society perspective. It was developed with the intention of complementing the evaluations of the national government, as well as the monitoring by the WHO. It includes questions about national response capacity that are not reflected in official government reports.

Through a standardized tool, issues were evaluated referring to the following sessions: increasing priority of NCDs through international cooperation and support, strengthening

national capacity, multi-ministerial action and partnerships for NCDs, reducing risk factors and social determinants of NCDs, strengthening and re-orienting the health system in order to treat NCDs, promoting national capacity for research and development on NCDs and monitoring and evaluating progress on NCDs.

Specifically with regard to the section dealing with prioritization of NCDs in the country, it is important to emphasize that prevention and control of Chronic Non-Communicable Diseases, besides being a specific national plan, is part of the 2011-2015 Strategic Plan of the Ministry of Health, with a regularly monitored strategic goal, namely: ensuring comprehensive health care of elderly people and people with chronic conditions, encouraging active and healthy aging and strengthening promotion and prevention actions.

Specifically with regard to the 2011-2022 Strategic Action Plan for Tackling Chronic Non-Communicable Diseases (NCDs) in Brazil, the government, through the Department of Health Surveillance of the Ministry of Health, conducts an annual national seminar for monitoring and evaluation of the national plan. Organized civil society, including non-governmental organizations representing people living with NCDs, participated in the preparation of the plan as well as participating in the annual monitoring meetings and in the Technical Advisory Group on NCDs.

Attachment 3

Main actions and strategies proposed on the Health Promotion Axis (Axis II) of the 2011-2022 Strategic Action Plan for Tackling Chronic Non-Communicable Diseases (NCDs) in Brazil

Lack of physical activity

Brief presentation of actions:

I. Health Academy Program: Building healthy spaces that favor Health Promotion actions and encourage physical activity and exercise, in coordination with Primary Health Care.

II. School Health Program: Deployment in all municipalities, encouraging actions for health promotion and healthy habits in schools (such as healthy cafeterias); reformulating physical spaces aiming towards the practice of regular physical education classes; and physical activity after school (Second Period program).

III. Plazas of the Growth Acceleration Program (PAC): Strengthening the construction of Plazas of the Growth Acceleration Program (PAC) on the Citizen Community Axis, while aiming for coverage of all age groups. These plazas integrate cultural activities and services, sports and recreation activities, education and qualification for the labor market, social assistance services and policies for digital inclusion and preventing violence.

IV. Reformulation of healthy urban spaces: Creation of the National Program for Healthy Sidewalks and construction and renovation of bike paths, parks, plazas and walking trails.

V. Communication campaigns: Creation of campaigns encouraging physical activity and healthy habits, coordinating with major events such as the FIFA World Cup and the Olympic Games.

Unhealthy diet

Brief presentation of actions:

I. Schools: Promoting healthy diet actions in the National School Lunch Program.

II. Increased availability of healthy foods: Partnerships and agreements with civil society (farmers, small associations and others) to increase the production and supply of fresh food, giving access to adequate and healthy food. Support for inter-ministerial initiatives to increase the supply of basic and minimally processed foods in the context of production, supply and consumption.

III. Agreements with industry to reduce salt and sugar: Establishing an agreement with the productive sector and a partnership with civil society, aiming toward preventing NCDs and promoting health, in order to reduce salt and sugar in foods, while seeking advances in the field of healthier eating.

IV. Reduction in prices of healthy foods: Proposing and promoting the adoption of fiscal measures, such as tax cuts and subsidies, aiming to reduce the prices of healthy foods (fruits, vegetables) in order to encourage their consumption.

V. Inter-Ministerial Obesity Plan: Implementation of the Inter-Ministerial Obesity Plan, aimed at reducing obesity in childhood and adolescence.

Smoking and Alcohol

Brief presentation of actions:

I. Adapting national legislation regulating smoking in collective places.

II. Expanding prevention and tobacco cessation actions, with special attention to vulnerable groups (young people, women, people of lower income and education, indigenous people, and residents of *quilombos* [hinterland settlements founded by people of African origin]).

III. Strengthening the implementation of pricing policy and tax increases for products derived from tobacco and alcohol, with the goal of reducing consumption, as recommended by the World Health Organization (WHO).

IV. Supporting intensified enforcement actions regarding the sale of alcoholic beverages to minors.

V. Strengthening in the School Health Program (PSE) of educational activities aimed at prevention and reduction of alcohol and tobacco use.

VI. Supporting local initiatives of specific legislation to control alcohol retail outlets and nightly closing times of bars and other related points of sale.

Aging

Brief presentation of actions:

I. Implementing a comprehensive care model for active aging, favoring actions of health promotion, prevention and comprehensive care.

II. Encouraging elderly people to practice regular physical activity in the Health Academy Program.

III. Training teams of Primary Health Care professionals for serving, receiving and caring for elderly people and people with chronic conditions.

IV. Encouraging the expansion of autonomy and independence in self-care and the rational use of medicines.

V. Creating programs for training of community caregivers of elderly people and people with chronic conditions.

VI. Supporting the strategy of promoting active aging in supplementary health care.

Strategies

Strategy 1: Ensuring the commitment of the Ministries and Departments related to actions for promoting health and preventing NCDs

Actions:

1. Establishing and strengthening partnerships with Ministries and Departments (Health, Education, Cities, Sports, Agrarian Development, Social Development, Environment, Agriculture (Embrapa), Labor, Planning and the Special Secretariat for Human Rights) to address the social and environmental determinants of NCDs and promote healthy behaviors.
2. Formulating and implementing the Inter-Ministerial Plan for Prevention and Control of Obesity, together with the sectors represented in the Inter-Ministerial Chamber for Food and Nutritional Security (Caisan).
3. Promoting physical activity and exercise for elderly people through a partnership between the Ministry of Health, Ministry of Sports and the Special Secretariat for Human Rights.
4. Promoting physical activity and exercise for children and youth, in partnership with the Ministry of Education and Culture and the Ministry of Health, in compliance with the guidelines of the Law of Guidelines and Bases, which specifies the holding of two physical education classes per week in schools; expanding, in partnership with the Ministry of Sports, the Ministry of Education and Culture and the Ministry of Health, actions involving sports, physical activity and exercise after school through the Second Period program.
5. Developing, in conjunction with the Ministry of Education and Culture, actions of the health promotion component of the School Health Program, focused on healthy diet, the practice of sports and physical activity and exercise, and prevention of alcohol, drugs and tobacco use.
6. Coordinating actions to promote nutrition and healthy lifestyles directed toward families who are beneficiaries of the Family Allowance [*Bolsa Família*] Program, in the monitoring of the families' conditions.
7. Expanding spaces and equipment for sports and leisure, such as Youth Plazas, Sports and Culture Plazas and Health Academies, as healthy and sustainable environments that promote the practice of sports, physical activity and exercise and healthy activities throughout the course of life.
8. Formalizing mechanisms for Inter-ministerial Management Support of the Strategic Action Plan of NCDs and stimulus to health promotion.
9. Strengthening local food culture in order to promote health through partnerships with the Culture Points of the Ministry of Culture.

10. Potentiating the actions of the Culture and Health Network, under an agreement between the Ministry of Sports and the Ministry of Culture, to expand and improve health promotion processes and dialogues between health networks and cultural facilities.
11. Potentiating the sports, leisure and health partnership, with an agreement between the Ministry of Sports and the Ministry of Health, in the health promotion processes, via sports and physical activities and exercise.

Strategy 2: Performing advocacy actions for promoting health and preventing Chronic Non-Communicable Diseases.

Actions:

1. Raising awareness among members of National, State and Municipal Health Councils to get the topic of health promotion included on national, state and municipal agendas.
2. Coordinating partnerships with scientific and professional societies and with organized civil society in order to develop actions promoting health and preventing NCDs.
3. Encouraging opinion leaders and social network participants to spread the word about preventing NCDs and promoting healthy living.
4. Strengthening social control in order to protect health policies related to improving healthy diet (National Policy for the Promotion of Health, National Food and Nutrition Policy and National School Food and Nutrition Policy) and tobacco control.
5. Supporting a legislative bill at the federal level seeking a total ban on smoking in enclosed collective spaces and other topics related to tobacco control.
6. Raising awareness at various councils on various social policies regarding the issue of promoting health (Consea, Conanda, National Council of Culture, National Council of Women's Rights, Environmental Council and others).
7. Supporting initiatives for self-regulation of food advertising actions.
8. Mobilizing and sensitizing social sectors and the media about the importance of active aging and social inclusion of elderly people.
9. Encouraging participation of organized civil society in the implementation of the FCTC in Brazil.
10. Supporting the participation of organized civil society acting in the public interest in support of regulating advertising for food, tobacco and alcohol.
11. Coordinating, with the National Congress, support for legislation promoting health and healthy habits.
12. Supporting the approval of laws in the National Congress aimed at regulating advertising for children's food.

Strategy 3: Establishing agreement with the productive sector and partnership with civil society for preventing NCDs and promoting health, in compliance with Clause 5.3 of the Framework Convention for Tobacco Control (Decree No. 5,658/2006) and its guidelines.

Actions:

1. Establishing agreements with industry and setting goals for reformulating of processed foods, such as reduction of sodium, fats and sugars.

2. Implementing actions to promote health in the workplace in the productive sector, through establishing partnerships for building healthy environments.
3. Disseminating and monitoring agreements and partnerships with the private sector and civil society to achieve national targets proposed for cutting salt, trans fat, sugar and others.
4. Establishing agreements with the productive sector in order to implement physical activity programs such as the Health Academy and others.
5. Strengthening programs for a healthy diet in the workplace.
6. Establishing partnerships with the S System, Petrobras, labor federations and other actions to strengthen the promotion of health in the workplace.
7. Establishing partnerships and agreements with civil society (farmers, small associations and others) in order to increase the production and supply of fresh food.
8. Encouraging the development of programs to promote health and prevent NCDs in the supplementary health care sector.
9. Working together with social sectors to develop a code of ethics and conduct in the public-private relationship to the actions of promoting health and preventing NCDs.

Strategy 4: Creating a communication strategy with the topics of promoting health and preventing NCDs and their risk factors and promoting healthy lifestyles.

Actions:

1. Developing social marketing strategies in order to promote healthy lifestyles at the national and local level, in coordination with Secom/PR, Ascom and Nucom/MS and other partnerships.
2. Planning, at the inter-ministerial level, educational campaigns and continuing education for promoting health and preventing NCDs throughout the national territory and monitoring their effectiveness.
3. Training the communications consultancies of the Ministries and regulatory agencies on disseminating information about healthy lifestyles at mega sports events.
4. Implementing the Health Communications Plan for disseminating information on practices of promoting health and preventing NCDs, diversifying its media and target audiences.
5. Disseminating health promotion programs on the web, in local and spontaneous media, on the radio, on public television and on open TV channels.
6. Promoting research to support programs for special groups most vulnerable to NCDs.
7. Developing and implementing methods and strategies for education and communication of risks regarding disorders resulting from human exposure to environmental contaminants, especially pesticides.
8. Getting content relating to healthy lifestyles and health promotion included in the World Cup and Olympic Games communications themes.
9. Implementing campaigns for raising awareness of professionals, Sisan agents and the population for preparation and consumption of regional food, social biodiversity, agro-ecology and foods with higher nutritional value.

Strategy 5: Implementing actions to promote health and physical activity and exercise and healthy lifestyles for the population, in partnership with the Ministry of Sports (Health Academy Program, Healthy Living, and others).

Actions:

1. Financing the implementation and adaptation of physical facilities for the Health Academy Program, with proper provision for using these spaces, including with professional guidance.
2. Financing the maintenance of the Health Academy Program.
3. Coordinating, with other government departments, the implementation of a guidance program for physical activity and exercise in existing or newly constructed public leisure spaces.
4. Training human resources and improving logistics for the Health Academy Program.
5. Producing a communication and education campaign in order to promote health through physical activity and exercise.
6. Encouraging actions for integrative practices in the Health Academy Program, City Sports and Leisure, Youth Plazas and Sports and Culture Plazas.
7. Creating strategies to promote healthy living by encouraging physical activity and exercise, linked to preparations for the World Cup and the Olympic Games.

Strategy 6: Encouraging the construction of environmentally sustainable and healthy urban spaces.

Actions:

1. Coordinating with the Ministries of Cities, Education, Sports and Defense on constructing the National Plan for Healthy and Active Transport, from the perspective of public and traffic safety, street lighting, mobility and accessibility.
2. Coordinating, with BNDES and the Ministry of Cities, the resources needed for implementation of a National Program for Healthy Sidewalks and construction or renovation of bike paths, parks, plazas and walking trails, integrated to policies implemented by the Ministry of Sports.
3. Suggesting, in the Master Plan of the Cities, the provision of structures that ensure organization and security for protecting private equipment such as bike racks, to encourage the use of active transport, in leisure and commuting to work.
4. Proposing to the Ministry of Cities the opening of bidding processes for construction of structures that promote the practice of sport, leisure and physical activity in municipalities with utilization policies for those spaces.
5. Expanding spaces and equipment for sports and leisure, such as Youth Plazas, Sport and Culture Plazas and Health Academies, as healthy and sustainable environments that promote physical activity and exercise and health practices throughout the course of life.
6. Coordinating the construction of plazas under the Growth Acceleration Program (PAC) as a device integrating cultural activities and services, sports and recreation, education and qualification for the labor market, social assistance services, health policies, violence prevention, and digital inclusion, providing coverage to all age groups.

Strategy 7: Expanding and strengthening actions for healthy diets.

Actions:

1. Implementing dietary guidelines to foster healthy choices related to food in all cycles of life.
2. Supporting the implementation of nutritional parameters of the Worker Food Program, focusing on a healthy diet and prevention of NCDs in the workplace.
3. Promoting the acquisition of healthy foods for the National School Lunch Program, in order to respect biological differences between age groups and dietary conditions requiring specialized attention.
4. Promoting activities for training and continuing education of health professionals, particularly in primary health care, with a focus on promoting a healthy diet.
5. Developing technical guidance for the purchase of food from family farms, in accordance with Clause 14 of Law No. 11,947/2009 – School Food Services.
6. Promoting actions for food and nutrition education and a healthy food environment in schools, in the context of the School Health Program.
7. Developing and implementing nutrition education and nutrition programs, linking various sectors of society.
8. Strengthening the promotion of a healthy diet in childhood, through the expansion of networks in order to promote a healthy diet aimed at children under the age of two (Brazil Breastfeeding Network and the National Strategy for Healthy Complementary Diet).
9. Strengthening the Educanvisa project as a strategy for promoting a healthy diet.
10. Developing a Guide to Nutritional Best Practices when Eating Out, in order to guide small businesses and services on proper preparation and presentation of meals sold on the street.
11. Encouraging consumption of healthy foods including fruits and vegetables.
12. Organizing and promoting family farming, in order to increase the production and supply of food (fish and sea vegetables) for a healthy diet.
13. Stimulating the production of food from clean bases (organic, agro-ecological, etc.), in conjunction with programs facilitating production of healthy foods from the Ministry of Agrarian Development.
14. Creating a protocol of food and nutrition education actions for families receiving benefits from social assistance programs, integrating public networks and facilities and institutions that are part of Sisvan.

Strategy 8: Regulatory actions for promoting health

Actions:

1. Proposing a revision of Decree Law No. 986/1,969 dealing with the defense and protection of individual and collective health, with regard to food, from the point of production to consumption.
2. Reviewing and improving the labeling of packaged foods, in accordance with criteria for clarity and visibility, to facilitate understanding by consumers.

3. Proposing and promoting the adoption of fiscal measures, such as tax cuts and subsidies, aiming to reduce the prices of healthy foods (fruits, vegetables) in order to encourage their consumption.
4. Strengthening advertising regulation of foods for children.
5. Strengthening advertising regulation of food and non-alcoholic beverages.
6. Supporting specific regulation for the inclusion of warnings about health risks in any type of advertising for the promotion of processed foods.
7. Monitoring the implementation of regulations on food advertising.
8. Supporting the regulation of advertising chemicals, including warnings about health risks, exposure control and achieving a ban on asbestos.
9. Strengthening inter-ministerial mechanisms to support food advertising regulation initiatives targeted by lawsuits.
10. Stimulating the regulation of food supplies and meals for the public and private sector, such as university restaurants, government offices, and other work environments, in order to ensure achievement of healthy diet recommendations.
11. Promoting inter-ministerial initiatives in order to regulate and control quality and safety of fishery resources for human consumption.
12. Proposing fiscal measures such as tax cuts and subsidies in order to reduce the price of healthy foods (fish and sea vegetables) to stimulate their consumption.

Strategy 9: Continuing to work on actions for implementation of the Framework Convention for Tobacco Control – FCTC Decree No. 5,658/2006.

Actions:

1. Strengthening the inter-ministerial governance mechanism of the National Policy for Tobacco Control (National Commission for Implementation of the Framework Convention for Tobacco Control – CONICQ) and ministerial governance for implementation of actions of the FCTC on the health agenda, in accordance with Clause 19 and fulfilling the guidelines of Clause 5.3.
2. Adjusting national legislation that regulates smoking in collective places, in line with the directive of the FCTC establishing a ban on smoking in enclosed public spaces, as well as legislation regarding products derived from tobacco (advertising, labeling and other).
3. Expanding prevention and tobacco cessation actions in the whole population, with special attention to vulnerable groups (young people, women, people of lower income and education, indigenous people, and residents of *quilombos* [hinterland settlements founded by people of African origin]).
4. Strengthening the implementation of pricing policy and tax increases on products derived from tobacco and alcohol, with the goal of reducing their consumption.
5. Strengthening inter-ministerial mechanisms to fight the illegal market of tobacco-derived products and ratifying the protocol on the elimination of the illicit market of tobacco-derived products.
6. Strengthening the regulation of tobacco-derived products.
7. Strengthening the integration of the health sector and other governmental sectors with the National Program for Diversification in Tobacco Growing Areas (Ministry of Agrarian Development), aiming to increase the coverage of this program.

8. Monitoring, evaluating and developing research in order to support the implementation of the FCTC in Brazil.
9. Participating in international cooperation mechanisms related to the implementation of the FCTC in Brazil.
10. Monitoring the strategies of the tobacco industry aimed at restricting the adoption of FCTC measures, including at the judiciary level.
11. Strengthening actions on health promotion along with the schools through partnership with the Ministry of Health / Ministry of Education and Culture (School Health Program).

Strategy 10: Coordinating actions in order to prevent and control obesity.

Actions:

1. Promoting food and nutrition surveillance by conducting research and/or population surveys on the prevalence of overweight, obesity and associated factors.
2. Encouraging the habit of physical activity and exercise in daily life and throughout the course of life.
3. Supporting inter-ministerial initiatives to increase the supply of basic and minimally processed foods in the context of their production, supply and consumption.
4. Supporting inter-ministerial initiatives for social communication, education and advocacy for adoption of healthy lifestyles.
5. Supporting inter-ministerial initiatives to promote healthy lifestyles in the territories, considering urban spaces (such as school, workplace, public facilities for meals and nutrition, physical activity and health and social assistance networks) and rural areas (such as conservation areas and national parks).
6. Designing and implementing models of comprehensive health care for overweight / obese patients within the health network, particularly in primary care.
7. Promoting inter-ministerial initiatives in order to regulate and control food quality and safety.
8. Proposing and promoting inter-ministerial initiatives in order to adopt fiscal measures such as taxes, subsidies and simplified taxation, in order to encourage consumption of healthy foods such as fruits and vegetables.

Strategy 11: Strengthening actions promoting health and preventing harmful use of alcohol.

Actions:

1. Supporting intensified enforcement actions on illegal commerce involving the sale of alcoholic beverages to minors.
2. Supporting the intensification of enforcement actions regarding alcohol use while driving a vehicle.
3. Coordinating with other national and inter-federative government sectors on rehabilitation and reintegration of alcohol-dependent users into society, through income generation and access to healthy housing.
4. Supporting local initiatives to reduce harm caused by alcohol consumption, such as free distribution of water in bars and nightclubs.

5. Strengthening, in the School Health Program, educational activities aimed at prevention and reduction of alcohol use.
6. Coordinating the Social Assistance care network (CRAS, CREAS) and support teams for the care of alcohol-dependent users.
7. Supporting local initiatives of specific legislation to control alcohol retail outlets and nightly closing times of bars and other related points of sale.
8. Supporting legislative bills that regulate advertising and marketing of alcoholic beverages.
9. Supporting increased taxes on alcoholic beverages.
10. Monitoring regulatory actions for advertising and marketing of alcoholic beverages.
11. Expanding access, qualifying and diversifying treatment for drinkers and alcohol-dependent users and their families, with emphasis on vulnerable populations such as teenagers, young adults, people with low education, low income, indigenous people, and residents of *quilombos* [hinterland settlements founded by people of African origin].

Strategy 12: Implementing a model of comprehensive care for active aging.

Actions:

1. Strengthening actions for promoting active and healthy aging in Primary Health Care.
2. Supporting strategies promoting active aging in the supplementary health care area.
3. Adapting service delivery points of the health care network to improve accessibility and reception for elderly people.
4. Expanding and ensuring quality access to assistive technology and services for elderly people and people with chronic conditions.
5. Promoting the expansion of the degree of autonomy and independence for self-care and rational use of drugs among elderly people.
6. Organizing lines of care for frail elderly people and people with priority chronic conditions, expanding quality access.
7. Expanding continuing education of health professionals for serving, receiving and caring for elderly people and people with chronic conditions.
8. Strengthening and expanding the training of community caregivers for the elderly and people with chronic conditions.