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Strategy for the promotion of healthy eating in Portugal

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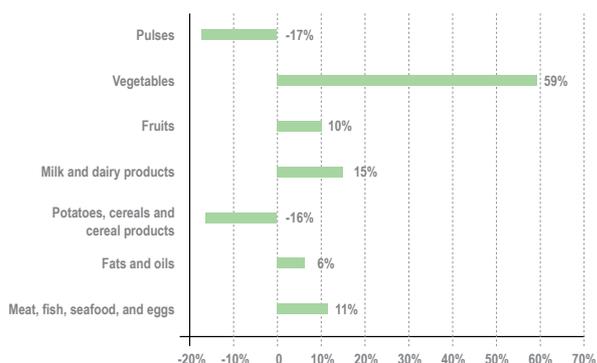
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The National Programme for the Promotion of Healthy Eating (PNPAS), established in 2012, aims to improve the nutritional status of the population and to promote their health, through a coordinated and transversal set of actions intended to guarantee and encourage the availability and the access to a specific type of foods. PNPAS was approved and considered as one of the eight priority health programmes to be developed by the Directorate-General of Health (DGS) according to the Dispatch number 404/2012 of January 3rd, 2012 (1).

The need to implement a national food and nutrition strategy in Portugal is not recent. In fact, a lot of thought has been put towards formulating and implementing a national food and nutrition strategy since the 1970's. In Portugal, public discussion in the field of food and nutrition began in 1976, with the creation of the Centre of Nutrition Studies (CEN) which aimed to gather and organise information regarding food intake and nutritional status of the Portuguese population(2). Later, in 1980, the National Food Council (CNA) was established – and later renamed National Food and Nutrition Council (CNAN) – with the main task of designing and implementing a food and nutrition policy in Portugal (3). Despite these official political commitments at that time, the implementation of a national strategy for food and nutrition did not happen until 2012(4). However, despite the inexistence of a formal food and nutrition policy in Portugal until recently, the interest in designing a national strategy for the promotion of healthy eating was kept alive for the past 4 decades. For that reason, there has been a substantial investment in food and nutrition education. The first national food and nutrition education campaign, named “Knowing how to eat is knowing how to live”, began in the 1970's, and led to the development of the first food guide for the Portuguese population. The political investment in food literacy measures continued in the following decades, with emphasis in the 1990's, namely in schools, with the “Health Promoting Schools” initiative(5). Following the political recognition of obesity as a severe public health issue, the National Programme Against Obesity(6), was launched, in 2005, being replaced by the Platform

against Obesity, in 2007, which was established as a Division in DGS's structure (7). The Platform against Obesity, despite setting very specific goals around obesity, symbolised the first approach in developing a multi-sectoral, nationwide approach for the prevention and control of obesity.

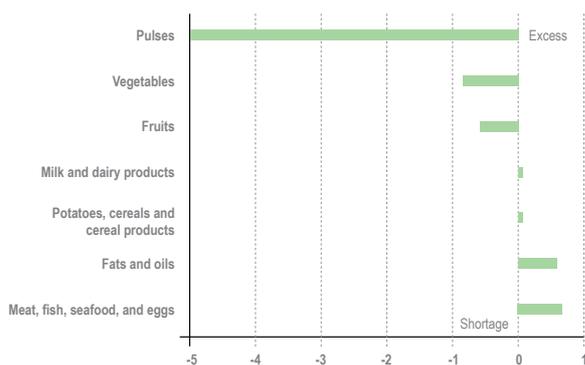
In 2012, due to the complexity of food/nutritional problems in Portugal, there was a need to implement an integrated multi-sectoral strategy in order to promote healthy eating. Despite the fact that data regarding food consumption of the Portuguese population were from 1980, more recent, indirect data regarding food availability (Portuguese Food Balance Sheet 2003-2008, gathered by the National Institute of Statistics (INE)) suggest that, between 2003 and 2008, in comparison with the 1990's, the eating pattern of the Portuguese population has strayed from healthy eating recommendations (Graphic 1)(8). Data regarding food availability suggest an energy intake above needs (average of 3883 kcal available, daily). It also shows that the intake of saturated fats (16%) and of foods from the “Meat, fish and eggs” and “Fats and oils” food groups had increased and was above the recommended by the World Health Organization (WHO). In contrast, there was a decrease in the availability of pulses. When compared with the Portuguese Food Wheel recommendations, the availability of foods from the “Fruits”, “Vegetables”, and “Pulses” groups was below recommendations; on the contrary, availability of foods from the “Meat, fish and eggs” and “Fats and oils” groups was above recommendations, highlighting the shift of the Portuguese eating pattern from the healthy eating recommendations (Graphic 2).



Source: Portuguese Food Balance Sheets 2003-2008, INE 2010.

Graphic:

1 Variation of daily availability per capita (between 1990's and 2003-2008).



Source: Portuguese Food Balance Sheets 2003-2008, INE 2010.

Graphic:

2 Imbalance of food groups' availability against Food Wheel recommendations

While in the 1990's, 6g of vegetables fats were "eaten" for every 4g of animal fats, in 2008, only 5.5g of vegetable fats were "eaten" for every 4.5g of animal fats. This shift in proportion of fats was consistent throughout the period studied (Image 1)⁽⁸⁾.

Dietary imbalances in Portugal have contributed to a high prevalence of obesity and other chronic diseases, such as cardiovascular disease, cancer and diabetes. Data from the last nationwide epidemiological study looking at obesity in adults show that the prevalence of pre-obesity was 53.3% in men and 27.8% in women, while the prevalence of obesity was 11.2% in men and 10.4% in women⁽⁹⁾ (Table 1). Obesity rates in children

and adolescents are also high. It is estimated that 36.2% of male children and 34.8% of female children aged between 2 and 5 years of age have overweight (pre-obesity + obesity)⁽¹⁰⁾. In children aged 6 to 9 years, according to data from COSI (Childhood Obesity Surveillance Initiative) Portugal 2010, 34.0% of boys and 30.3% of girls had overweight, with 15.6% and 13.5% of boys and girls, respectively, being obese (Table 2)⁽¹⁰⁾. In adolescents (11-15 years of age), 35.3% of males and 32.7% of females had excess weight⁽¹⁰⁾.

Table:

1 Nutritional status of adults, in Portugal

	Women	Men
Underweight	2,6	0,3
Normal range	59,2	35,2
Pre-obese	27,8	53,3
Obesity Class I	7,8	10,3
Obesity Class II	1,7	0,6
Obesity Class III	0,9	0,3

Source: SPCNA, 2009.

Table:

2 Nutritional status of children aged 6 to 9 years, in Portugal

	Boys	Girls
Pre-obesity (85thC ≤ BMI < 95thC)	2,6	0,3
Obesity (BMI ≥ 95thC)	59,2	35,2
Overweight (BMI ≥ 85thC)	27,8	53,3

BMI – Body Mass Index; C – Centile;

Source: COSI Portugal 2010 – Childhood Obesity Surveillance Initiative.

Concomitantly with the high prevalence of obesity, chronic diseases – associated with inadequate eating habits – are the leading cause of death in Portugal. In this country, similarly to Europe, it is estimated that 28% of DALY – Disability Adjusted Life Years: number of life years lost due to premature death and number of productivity years lost due to incapacity and early retirement – are caused by the same risk factors as chronic diseases, namely low fruit and vegetable intake and low physical activity levels. This percentage rises to 35% when taking into account pre-obesity and obesity⁽¹²⁾.

In addition to high levels of obesity and dietary imbalances in the Portuguese population, recent concerns with food insecurity have arisen, both quantitatively and qualitatively, as a result of Portugal's current economic and social status. The association between social status and obesity, as well as social inequalities in accessing healthy eating, make the promotion of healthy eating an even greater challenge.

Despite national specificities – that should be taken into account when designing a food strategy – the formulation and implementation of a national food and nutrition strategy cannot be detached from international guidelines, namely those from strategic WHO and European Commission (EC) documents. In this context, the strategies to be implemented in the scope of PNPAS were based on guidelines of several documents: "Global Strategy on Diet, Physical Activity and Health" (WHO, 2004)⁽¹³⁾, "European Charter on Counteracting Obesity" (WHO Europe, 2006)⁽¹⁴⁾, "The Challenge of Obesity in the WHO European Region and the Strategies for Response" (WHO Europe, 2007)⁽¹⁵⁾, "Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020" (WHO, 2013)⁽¹⁶⁾, "Health 2020 – A European policy framework supporting action across government and society for Health and well-being" (WHO, 2012)⁽¹⁷⁾, "WHO European Action Plan for Food and Nutrition Policy 2014-2020" (WHO Europe, 2013)⁽¹⁸⁾, Vienna Declaration on Nutrition and Noncommunicable Diseases in the context of Health 2020 (WHO Europe, 2013)⁽¹⁹⁾, "The Helsinki Statement on the Health in All Policies" – document from the 8th Global Conference on the Health Promotion (WHO, 2013)⁽²⁰⁾, White Paper on "A Strategy for Europe on Nutrition, Overweight and Obesity Related Health Issues" (Commission of the European Communities, 2007)⁽²¹⁾ and White Paper "Together for Health: A Strategic Approach for the EU 2008-2013" (Commission of the European Communities, 2007)⁽²²⁾.

Therefore, and taking the aforementioned guidelines into consideration, the implementation of the national strategy on food and nutrition has abide by the following principles:

1) to understand food intake as being strongly influenced by different State sectors (especially the healthcare sector and

its professionals), private sector and civil society, as well as by social, economic and cultural factors;

2) to implement integrated and intersectoral actions by developing common initiatives based on the "health in all policies" principle;

3) to consider the fight against social inequalities in accessing healthy eating and health as one of the major current challenges;

4) to include human rights, namely the right to food in the implementation of this policy;

5) to understand the promotion of healthy eating as a coordinated set of measures with the aim of empowering citizens to adopt healthy eating habits and to create environments conducive to healthy eating; and

6) to design a medium and long term strategy capable of reaching consensus and possible to evaluate throughout its implementation.

PNPAS was established with the mission to improve the nutritional status of the Portuguese population, by motivating physical and economic availability of foods that make up a healthy eating pattern, and to create such conditions so that the population values, appreciates and eats such foods as a part of their daily routine⁽²³⁾. This plan is based on the assumption that an adequate food intake and the consequent improvement of the citizens' nutritional status will have a direct impact in the prevention and control of the most prevalent diseases nationwide (cardiovascular diseases, cancer, diabetes, obesity) and will simultaneously allow for the growth and economic competitiveness of the country in other sectors, such as those associated with agriculture, environment, tourism, employment and professional qualification. PNPAS has five main goals:

a) to increase knowledge of food intake of the Portuguese population, its determinants and consequences;

b) to modulate the availability of some foods, namely in schools, workplaces and public spaces;

c) to inform and empower citizens, especially those in more disadvantaged groups, for the purchase, cooking and storing of healthy foods;

d) to identify and promote cross-sectional actions that promote the intake of high nutritional quality foods, articulating and integrating other sectors, namely agriculture, sports, environment, education, social security and municipalities, and

e) to improve training and action of different professionals who, due to their activity, can influence knowledge, attitudes and behaviours towards food.

In order to reach these five main goals, PNPAS proposes a set of activities in six major areas:

a) systematic gathering of indicators of nutritional status, food intake and its determinants throughout the life cycle, evaluation of food insecurity situations, and evaluation, monitoring and dissemination of good practice with the aim of promoting nationwide eating habits that are healthy or protective against diseases;

b) modulating the availability of specific foods (high in sugar, salt and fat), managing its supply and sale in schools, healthcare facilities, workplaces, and institutions that provide social support, promoting the availability of other foods, such as water, fresh fruits or vegetables and encouraging nutritional reformulation of food products, through a joint action with the food industry and the catering sector, or through other activities that may influence food availability, taking into account the latest scientific knowledge and consensus;

c) increasing food and nutrition literacy and empowering citizens from different age and socioeconomic groups – especially the most disadvantaged ones – for healthy eating choices and practices, and encouraging good practice on labelling, advertising and marketing of food products;

d) identifying and promoting cross-sectional actions with other sectors of society, namely agriculture, sports, environment, education, municipalities and social security so as to allow, amongst others, to promote the adoption of a Mediterranean eating pattern – which can encourage the intake of seasonal, national, plant foods, that use sustainable packaging and logistics –, to develop electronic tools to help planning healthy menus, that are easy to use, affordable and provide price information for individuals and families, and to develop municipal networks to monitor good practice and projects in the field of health promotion for their citizens;

e) improving training, qualification and action of different professionals that can influence quality dietary habits, namely in healthcare, schools, municipalities, tourism and restaurants, or social security; and

f) improving the intervention and articulation of different professionals and organisations dealing with the obesity phenomenon (23).

The impact of PNPAS strategies will be evaluated directly, through the modulation of knowledge and behavior of the population towards healthy eating and through the change of availability in the “food environment”. The evaluation of the implemented procedures – namely regarding building partnerships with other sectors and the empowerment of professionals dealing with the field of food and nutrition – will also be an important evaluation process to be considered by PNPAS.

In recent years, the efficacy of purely educational measures

has been questioned while evaluating nutrition policies. This has raised the interest in changing the “food environment”, particularly through changes in legislation and taxation of specific foods or ingredients.

Despite positive outcomes, namely the reduction of salt intake in the Portuguese population and apparent stabilisation of obesity rates in some age groups, there is still a lack of evidence showing an association between such outcomes and the implemented strategies.

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Conflict of interests:

The authors report no conflict of interests.

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