

'PNPAS' National Programme for the Promotion of Healthy Eating Portugal

Title in original language:

Programa Nacional para a Promoção da Alimentação Saudável - PNPAS

Which 'life stage (s)' for CVDs prevention targets the intervention?

The National Programme for the Promotion of Healthy Eating (PNPAS) cover all life cycles.

What is the level of implementation of your example of good practice?

The implementation of the PNPAS is on the national level in collaboration with local and regional health administration on the operationalization and supervision of the different strategies and structures. Also, the coordination with educational institutions and municipalities is devised.

To which type of interventions does your example of good practice belong to?

National Policy. The PNPAS is a concerted and cross-cutting set of actions to ensure and encourage access to and consumption of certain types of food with the objective of improving the nutritional status and health of its population.

Short description of the intervention:

The PNAPS is a national policy for healthy eating (national programme), i.e., a concerted and cross-cutting set of actions to ensure and encourage access to and consumption of certain types of food with the objective of improving the nutritional status and health of its population. This programme was designed and coordinated by Directorate-General for Health. The PNPAS has five general goals:

- a) To increase the knowledge about food consumption by Portuguese population, its determinants and consequences.
- b) To modify the availability of certain foods, namely in schools, workplaces and public spaces.
- c) To inform and empower the population in general, especially the most disadvantaged groups, on how to purchase, cook and store healthy foods.
- d) To identify and promote cross-cutting actions to encourage the consumption of good nutritional quality foods in coordination and integrated with other public and private sectors, namely in the areas of agriculture, sports, environment, education, social security and municipalities.
- e) To improve the qualification and mode of action of the different professionals who, through their activity, may influence knowledge, attitudes and behaviours in the food area.

To reach the five general goals, the PNPAS proposes a set of activities distributed over six main areas:

- a) The systematic collection and aggregation of indicators of nutritional status, food consumption and its determinants over the life cycle, the assessment of food insecurity situations, and the assessment, monitoring and dissemination of best practices with the goal of promoting healthy eating habits or eating habits that protect from disease at the national level.
- b) The change in the offer of certain foods (with high sugar, salt and fat content), by controlling their supply and sales in schools, health and social support institutions and in the workplace, and by encouraging a greater availability of other foods like water, fresh fruit and vegetables, and the encouragement to actions of nutritional

reformulation of food products through a coordinated action with the food industry and the catering sector, or also through other activities that may influence food availability, taking into account the latest scientific knowledge and consensus.

c) The increase in food and nutrition literacy, the empowerment of citizens from different socioeconomic and age groups, particularly the most disadvantaged ones, towards healthy choices and eating practices, and the encouragement of best practices on labelling, advertising and marketing of food products.

d) The identification and promotion of cross-sectional actions with other sectors of society, namely agriculture, sports, environment, education, municipalities and social security, should allow, inter alia, promoting the adoption of a Mediterranean eating pattern, likely to encourage the consumption of foods of vegetable origin, seasonal, national, using packaging or means of transport that reduce the emission of pollutants, developing electronic tools that enable planning healthy, easy-to-use and affordable menus with price information for individuals and families, and developing a network at municipal level for monitoring best practices and projects in the area of the promotion of healthy eating for citizens.

e) The improvement of education, qualification and mode of action of different professionals who can influence quality eating habits, namely at the level of the health sector, schools, municipalities, the tourism and catering sector or social security.

f) The improvement of the intervention and coordination methods of professionals and structures dealing with the phenomenon of obesity.

The PNPAS coordinates its strategies with different partners of the sector, from food producers to consumers, represented on its Advisory Board, with the technical support of its Scientific Council and taking into account the different international guidelines at this level, namely those from European Commission, the World Health Organization and the European Food Safety Authority.

The PNPAS considers particularly relevant the collaboration of local and regional health structures in the operation and supervision of the different strategies and structures and also in the coordination with educational institutions and municipalities. The implementation procedures are organized in five areas:

- Projects and partnerships - intersectoral work;
- Information, collecting and monitoring of data about Portuguese context;
- Professionals - Improve qualifications and practices;
- Empowerment of citizenship;
- Changing food availability and modify the environment

The PNPAS has a national scope; is integrated in the activities of Directorate-General of Health, but has a schedule for four years.

Was the design of the intervention appropriate and built upon relevant data, theory, context, evidence, previous practice including pilot studies?

The design of programme was based on international documents namely the Adelaide Statement (1988); the International Conference on Nutrition (Rome, 1992). More recently, and at European level, food and nutrition were considered key elements in the definition of goals, strategies and recommendations found in various documents produced both by the World Health Organization (WHO) and by the European Commission (EC). Examples of this are the “Global strategy on diet, physical activity and health” (WHO, 2004), “WHO European Action Plan for Food and Nutrition Policy 2007-2012” (WHO European Region, 2008), European Charter on counteracting obesity (WHO European Region, 2006), “The Challenge of obesity in the WHO European Region and the strategies for response” (WHO European Region, 2007) and the White Paper on “A Strategy for Europe on Nutrition, Overweight and Obesity related health issues” (Commission of the European Communities, 2007). In these strategic documents, it is possible to observe the need to modify eating and physical activity behaviours in European societies, in the mid- to short-term, especially since despite the efforts made so far, the growth of chronic diseases continues, now affecting more than a third of the European population, and globally it is estimated that 60% of premature deaths are caused by these diseases. In that sense, in 2008 the WHO developed a global action plan for chronic diseases –

WHO 2008-2008 – Action Plan for the Global Strategy for the Prevention and Control of Non Communicable Diseases (WHO, 2008), where inadequate eating was presented as one of the four main risk factors for chronic diseases. Moreover the design of programme was based on recent data of high prevalence of obesity in Portuguese society (about 1 million obese adults and 3.5 million pre-obese) and its association with social features and economic, and socially vulnerable population groups. In this context they seem to be more exposed to situations of disease and insecurity food. The PNPAS take into account obesity as an expression of inadequate food intake and insufficient energy expenditure by the Portuguese population. Particular attention should be paid to this disease, particularly as regards its treatment, due to its specificity, high prevalence in population and ability to influence the onset and course of other chronic non-communicable diseases. For the first time, data on food insecurity began to be systematically collected at national level for the adult population. Although the programme is still in its initial phase, it will allow a better understanding the situation on most vulnerable groups facing the risk situation and will guide the best strategic intervention. Another evidence is the frequent underestimation or underreporting cases of overweight and obesity in information health services systems, which makes difficult the correct diagnosis situation and the specific monitoring of these patients.

Did the design thoroughly describe the practice in terms of purpose, SMART objectives, methods?

Please, see the description of intervention above.

How is this example of good practice funded?

The PNPAS is funded by Ministry of Health.

What are the main aim and the main objectives of your example of good practice?

The PNPAS aims to improve the nutritional status of the population, encouraging physical and economic availability of foods which constitute a healthy eating pattern and creating the conditions for the population to value, enjoy and eat them, integrating them into their daily routines. An adequate food consumption and the consequential improvement of the nutritional status of citizens has a direct impact on the prevention and control of the most prevalent diseases at national level (cardiovascular diseases, cancer, diabetes, obesity...), but should also enable, simultaneously, the economic growth and competitiveness of the country in other sectors such as those related to agriculture, environment, tourism, employment or professional qualification.

The programme allow the provision of foods which promote health and well-being for the entire population, being able to create citizens capable of making informed decisions about healthy foods and cooking practices, encourage the production of foods that are healthy and at the same time are able to boost employment, a balanced spatial planning and local economies, encourage local consumptions and production methods that reduce impacts on the environment, reduce inequities in demand and access to foods that constitute a healthy eating pattern and improve the qualification of those professionals that can influence the food consumption of the population. The PNPAS has into account obesity as an expression of inadequate food intake and insufficient energy expenditure by the Portuguese population. Particular attention should be paid to this disease, particularly as regards its treatment, due to its specificity, high prevalence in population and ability to influence the onset and course of other chronic non-communicable diseases. The PNPAS has five general goals:

- a) To increase the knowledge about food consumption by Portuguese population, its determinants and consequences.
- b) To modify the availability of certain foods, namely in schools, workplaces and public spaces.
- c) To inform and empower the population in general, especially the most disadvantaged groups, on how to purchase, cook and store healthy foods.

d) To identify and promote cross-cutting actions to encourage the consumption of good nutritional quality foods in coordination and integrated with other public and private sectors, namely in the areas of agriculture, sports, environment, education, social security and municipalities.

e) To improve the qualification and mode of action of the different professionals who, through their activity, may influence knowledge, attitudes and behaviours in the food area.

Please give a description of the problem the good practice example want to tackle:

An adequate food consumption and the consequential improvement of the nutritional status of citizens has a direct impact on the prevention and control of the most prevalent diseases at national level (cardiovascular diseases, cancer, diabetes, obesity...), but should also enable, simultaneously, the economic growth and competitiveness of the country in other sectors such as those related to agriculture, environment, tourism, employment or professional qualification. Recently, food and nutrition were considered key elements in the definition of goals, strategies and recommendations. The international documents (WHO, European Union) refers that it's possible to modify eating and physical activity behaviours as a measure to minimize the growth of chronic diseases, now affecting more than a third of the European population, and globally it is estimated that 60% of premature deaths are caused by these diseases.

The PNPAS is intent to contribute to involve different sectors of society in the search for solutions to improve the food supply and consumption. Multisectoral and cross-cutting strategies are needed in all government sectors, the private sector, civil society, professional networks, media and organisations at all levels (national, regional and local). Also, the PNPAS is aimed to contribute to the reduction of asymmetries in the access to good nutritional quality food and to the reduction of diseases influenced by food intake in more vulnerable populations. The PNPAS seek to increase the information and knowledge about obesity and eating behaviour in Portuguese population. It is estimated that, in Portugal, occurs a high prevalence of obesity (about 1 million obese adults and 3.5 million pre-obese) and this problem it's associated with social and economic features, namely in the vulnerable groups.

Is your example of good practice embedded in a broader national/regional/ local policy or action plan?

Yes. The PNPAS is articulated with National Health Plan 2012-2016.

Implementation of your example of good practice is/was:

A continuous implementation during 2012-2016.

Target group(s) (it is possible to specify more than one target group):

The PNPAS is targeted to adult population, but in some actions has a focus in childhood and adolescence or in older people.

During implementation, did specific actions were taken to address the equity dimensions?

Yes. In some activities, the PNPAS has focus in the most vulnerable groups, namely low income and education groups, as well as unemployed people. Also, the PNPAS is aimed to reduce inequities in demand and access to foods that constitute a healthy eating pattern and improve the qualification of those professionals that can influence the food consumption of the population.

In design, did relevant dimensions of equity were adequately taken into consideration and targeted?

Some activities are addressed to focus in vulnerable groups, namely low income, low education level and so one. Moreover, the PNPAS has specific activities for schools, particularly inserted schools in problem areas. The PNPAS addressed low income and education groups, as well as unemployed people. Some activities are addressed to children and adolescents on the brink of social exclusion and poverty.

Did the intervention have a comprehensive approach to health promotion addressing all relevant determinants and using different strategies?

Yes. The PNPAS addressed some social determinants, namely education level and occupational status. The intervention is based upon a setting approach, including schools, workplaces, catering and nutrition industry (bakeries).

Was an effective partnership in place?

The PNPAS coordinates its strategies with different partners of the sector, from food producers to consumers, represented on its Advisory Board, with the technical support of its Scientific Council and taking into account the different international guidelines at this level, namely those from European Commission, the World Health Organization and the European Food Safety Authority. Also, the PNPAS has particular relevant collaboration with local and regional health administration, schools and municipalities.

Was the intervention aligned with a policy plan at the local, national, institutional and international level?

The PNPAS is aligned with National Health Plan 2012-2016 and with international organizations, such as European Commission, the World Health Organization and the European Food Safety Authority. Examples of some documents: "Global strategy on diet, physical activity and health" (WHO, 2004), "WHO European Action Plan for Food and Nutrition Policy 2007-2012" (WHO European Region, 2008), European Charter on counteracting obesity (WHO European Region, 2006), "The Challenge of obesity in the WHO European Region and the strategies for response" (WHO European Region, 2007) and the White Paper on "A Strategy for Europe on Nutrition, Overweight and Obesity related health issues" (Commission of the European Communities, 2007); Action Plan for the Global Strategy for the Prevention and Control of Non Communicable Diseases (WHO, 2008); "First Global Ministerial Conference on Healthy Lifestyles and Non-communicable Disease Control".

Were the intervention's objectives and strategy transparent to the target population and stakeholders involved?

Yes, all target groups in the intervention's know the objectives.

Did the evaluation results achieve the stated goals and objectives?

The PNPAS is in course from 2012 to 2016. In this sense, it has not a final evaluation. However, the monitoring of the 2013 and 2014 shows that the indicators are reaching their targets. The monitoring and some evidence show a need for information about nutritional status, food and nutritional literacy campaigns, specifically to healthcare professional and older populations. Moreover, further regular monitoring of nutritional status and appropriate intervention according to the needs diagnosed has been considered relevant.

Did the intervention a defined and appropriate evaluation framework assessing structure, processes and outcomes?

The PNPAS includes some indicators and targets to monitor progress in the strategies implemented, helping to define best practices for the promotion of healthy eating. Some impact indicators and targets of the proposed strategies are:

- Controlling the prevalence of overweight and obesity in child and school-age population, limiting growth to zero by 2016.
- Increasing by 5% the number of school-age children who eat the recommended amount of fruits and vegetables on a daily basis.

- Increasing by 5% the number of school-age children who eat a proper breakfast on a daily basis.
- Increasing by 5% the number of consumers who use the nutritional label before purchasing food products.
- Increasing by 10% the number of municipalities that regularly receive information about healthy eating.
- Reducing by 10% the average amount of salt present in the main food contributors to salt intake by the population.

These targets are used for public accountability and are released and updated regularly on the web site of Directorate-General of Health in <http://www.geosaude.dgs.pt/websig/v5/portal2/public/index.php?par=geosaude>

Did the intervention have any information /monitoring systems in place to regularly deliver data aligned with evaluation and reporting needs?

The results of the monitoring has been translated in annual reports and the indicators are updated regularly on the web site of Directorate-General of Health in <http://www.geosaude.dgs.pt/websig/v5/portal2/public/index.php?par=geosaude>

Who did the evaluation? The monitoring has developed by an internal directorate, Directorate of Analysis and Information - Directorate-General of Health.

Specifically, what has been measured / evaluated?

Some impact indicators of the proposed strategies are:

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- Increasing by 5% the number of school-age children who eat a proper breakfast on a daily basis.
- Increasing by 5% the number of consumers who use the nutritional label before purchasing food products.
- Increasing by 10% the number of municipalities that regularly receive information about healthy eating.
- Reducing by 10% the average amount of salt present in the main food contributors to salt intake by the population.

What are the main results/conclusions/recommendations from the evaluation (please describe)?

As mentioned above, the PNPAS is in course between 2012-2016. In this sense, it has not a final evaluation. However, the monitoring of the 2013 and 2014 shows that the indicators are reaching their targets. The monitoring and some evidence show a need for information about nutritional status, food and nutritional literacy campaigns, specifically to healthcare professional and older populations. Moreover, further regular monitoring of nutritional status and appropriate intervention according to the needs diagnosed has been considered relevant.

Is the evaluation report available?

The report is online in <http://www.alimentacaosaudavel.dgs.pt/numeros-e-factos/relatorio-anual-pnpas/> Unfortunately, the report is available only in Portuguese language.

Was there a follow-up or is any follow-up evaluation planned in the future?

Yes, the PNPAS has planned annual reports and a final report.

Who implemented the intervention?

The PNPAS implements the interventions with a multidisciplinary approach based in networks of organizations. Specifically, the PNPAS considers relevant the collaboration of local and regional health structures in the operation and supervision of the different strategies and structures and also in the coordination with educational institutions and municipalities. The professionals come from the different backgrounds as such as: Health professionals (nurses; psychologist, nutritionists, general doctors); teachers; social workers; food engineers and so one.

What core activities are/have been?

The PNPAS has been produced diverse material for information and literacy for different target groups (manuals about food); campaigns for media; blog (<http://nutrimento.pt/>); events. The PNPAS develop the book "Smart Food" which won of Nutrition Awards 2013, in the Mobilization Initiative category.

<http://www.alimentacaosaudavel.dgs.pt/en/projects-and-partnerships/projects-at-national-level/>

This book gave rise to a site that promotes interaction with citizens:
<http://www.alimentacaointeligente.dgs.pt/index.html>

Was the intervention designed and implemented in consultation with the target population?

Before the activities have been implemented was made a situation diagnosis.

Did the intervention develop strengths, resources and autonomy in the target population(s)?

Yes. The interventions defined by PNPAS has intended to increase in food and nutrition literacy, the empowerment of citizens from different socioeconomic and age groups, particularly the most disadvantaged ones, towards healthy choices and eating practices, and the encouragement of best practices on labelling, advertising and marketing of food products.

Was the target population/s defined on the basis of needs assessment including strengths and other characteristics?

Yes. The interventions defined by PNPAS are designed with basis on diagnosis analysis.

Is the continuation of the intervention ensured through institutional ownership that guarantees funding and human resources and/or mainstreamed?

Yes. The PNPAS is a national policy, with an annual budget defined by the Government (Ministry of Health).

Did the intervention include an adequate estimation of the human resources, material and budget requirements in clear relation with committed tasks?

Yes. The PNPAS defines annually the activity plan, identifying the resources needed to implement them.

Were sources of funding specified in regards to stability and commitment?

Yes. The PNPAS is funding by Ministry of Health.

Were organisational structures clearly defined and described?

The PNPAS has a governance structure composed by a National Director, an advisory board and a scientific council.

Are there specific knowledge transfer strategies in place (evidence into practice)?

The strategies defined by PNPAS can be applied in the national context and can be adapted to the others countries.

What were, in your opinion, the pre-conditions for success? Were there any facilitating factors?

Multisectoral and cross-cutting strategies with all government sectors, the private sector, civil society, professional networks, media and organisations at all levels (national, regional and local) are very relevant for the success of the PNPAS.

What were, in your opinion, the main lessons to be learned?

We believe that the main lesson are related with capacity to develop multisectoral intervention, involving different Ministries and private sector.

Web page related to the intervention

<http://www.alimentacaosaudavel.dgs.pt/>

<http://www.alimentacaointeligente.dgs.pt/index.html>

<http://nutrimento.pt/>

References to the most important articles or reports on the intervention

<http://www.alimentacaosaudavel.dgs.pt/en/food-and-health/library-and-resources/links-uteis/>

Other relevant documents):

<http://www.alimentacaosaudavel.dgs.pt/en/legislation/>

Contact details for further information

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