

Progress with the Strategic Action Plan for Tackling Chronic Non-Communicable Diseases in Brazil, 2011-2015

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Abstract

Objective: to describe the actions undertaken by the Strategic Action Plan for Tackling Chronic Non-Communicable Diseases (NCDs) in Brazil, from 2011 to 2015. **Methods:** the actions were identified through sectorial and interministerial meetings, annual forums, as well as document reviews of publications and laws on government websites. **Results:** the actions found were: national surveys and monitoring of mortality and risk factor reduction targets; encouragement of physical activity, adequate nutrition and health promotion through the creation of the Health Gym Program (*Programa Academia da Saúde*); the publication of legislation on tobacco-free environments; free of charge drugs for hypertension, diabetes, and asthma; organization of the emergency service network for cardiovascular diseases; and expanding access to diagnosis and treatment of cancer patients. **Conclusion:** we found progress regarding surveillance, health promotion and comprehensive care; in general, the goals of the Plan are being met.

Key words: Epidemiological Surveillance; Chronic Disease; Risk Factors; Public Policies; Monitoring.

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Introduction

Chronic Non-Communicable Diseases (NCDs) were responsible for 63% of all deaths in 2008, according to the World Health Organization (WHO). The NCDs are the leading cause of mortality worldwide, with a prevalence of premature mortality, especially in low-income populations.¹ In Brazil, NCDs accounted for about 74% of deaths in 2012,² and represents high morbidity burden.

In this context, in September 2011 and July 2014 important High-Level Meetings on this issue took place at the United Nations (UN), with the participation of government representatives from many countries. On those occasions some commitments of the heads of States to deal with this group of diseases were strengthened.^{3,4} As a result, the Global, Regional and National Plans for NCDs were approved.^{1,5,6} Also, some targets were established for reducing the NCDs and their risk factors, aiming at the commitment of Health Systems and the intersectoral coordination to fight the problem.^{7,8}

The Brazilian government presented the Strategic Action Plan for Tackling Chronic Non-Communicable Diseases in Brazil – 2011-2022 at the UN meeting in 2011. The Plan established the management compromise and priority actions and investments needed to tackle and stop NCDs and their risk factors.^{1,7} The plan covered the four main groups of chronic diseases – cardiovascular, cancer, chronic respiratory and diabetes – and their common modifiable risk factors – tobacco use, heavy drinking, physical inactivity and unhealthy diet – and defined three strategic pillars: I. Surveillance, Information, Monitoring and Evaluation; II. Health Promotion; and III. Comprehensive Care.¹ The Plan also set goals and commitments made by Brazil in relation to the NCDs, commissioning its national coordination and monitoring to the Secretariat of Health Surveillance of the Ministry of Health.^{7,8}

The analysis of the actions carried out between 2011 and 2013 was presented in a previous article,⁹ in which important advances were highlighted, especially actions for (i) surveillance and monitoring of the targets, (ii) health promotion and prevention of NCDs, such as tackling the four risk factors in common, and (iii) strengthening of health care systems for NCDs approach. This article presents an overview of the actions undertaken since 2011, adding to them those carried out in 2015.

Periodic monitoring is essential, including the publication of the actions and goals achieved, in order to support the Brazilian Government and civil society in monitoring the Plan and to strengthen the commitment of governments and the community to reduce NCDs and improve the population's health situation. This study is justified because it contributes to the consolidation of the monitoring of actions undertaken by the Ministry of Health and other partners, based on the three pillars of the Strategic Action Plan for Tackling Chronic Non-communicable Diseases in Brazil.

The Brazilian government presented the Strategic Action Plan for Tackling Chronic Non-Communicable Diseases in Brazil – 2011-2022 at the UN meeting in 2011.

The aim of this paper was to describe the actions carried out under the Strategic Action Plan for Tackling Chronic Non-communicable Diseases (NCDs) in Brazil, from 2011 to 2015.

Methods

Two strategies were used to describe the actions: (1) listing and revising the records of the annual meetings and (2) document reviews of publications and laws on the Government websites, in order to complement, when necessary, the presented information.

First, to monitoring the actions of NCDs Plan, intersectoral meetings were held within the Health sector and also interministerial, in order to gather the responsible areas for the various strategies of the Plan and socialize the main actions carried out by each area. These meetings are preparatory and culminate in annual forums for monitoring, where representatives of Ministries, the Brazilian National Health Surveillance Agency (*Anvisa*), the State Health Departments (*SES*) and Municipal Health Departments (*SMS*), educational and research institutions and non-governmental organizations (*NGOs*) meet.

The interministerial meetings were organized by the Executive Secretariat and the Health Surveillance Secretariat, of the Ministry of Health, and involved about 20 ministries, responsible for the development of actions within the Plan, especially the Ministry of Sports (*ME*), Ministry of Agriculture, Livestock and Food

Supply (*MAPA*), Ministry of Culture (*MINC*), Ministry of Education (*MEC*), Ministry of Social Development (*MDS*), Ministry of Labor and Employment (*MTE*), Ministry of Tourism (*MTUR*), Ministry of Science and Technology (*MCTI*), Prosecution Service (*MP*), Ministry of Social Security (*MPS*), Ministry of Defense (*MD*) and Ministry of Foreign Affairs (*MRE*).

After listing the involved organizations, we described the actions taken by the Ministry of Health under the three pillars of the Plan, namely:¹

Pillar I - Surveillance, Information, Monitoring and Evaluation

Pillar II - Health Promotion

Pillar III - Comprehensive Care

Its objectives are presented in Figure 1. In addition, intersectoral actions by other ministries have been described.

Results

After five years of the implementation of the NCDs Plan, great progress has been achieved. Among the initiatives developed under Pillar I, we can highlight the results of the *Vigitel* survey – Surveillance System of Risk and Protective Factors for Chronic Diseases by Telephone Survey – conducted annually since 2006. In 2015, a report was published presenting the following trends for the period 2006-2014: reduction in the number of current smokers and passive smokers at households, and reduction of regular consumption of soft drinks; increased consumption of fruits and vegetables and higher practice of leisure time physical activity; increased mammography coverage; increasing prevalence of overweight and obesity; and increased numbers of individuals with clinical diagnosis for diabetes.¹⁰

The *Vigitel* has also been used to monitor the achievement of the goals of the Plan from its baseline, since 2010.⁷ According to the 2014 survey results, and to 2013 data from the Mortality Information System (*SIM*), a reduction was observed in premature mortality (30-69 years old) due to NCDs, from 392/100 thousand inhabitants (2010) to 359/100 thousand inhabitants (2013), analyzing together the four main groups of NCDs (cardiovascular, cancer, diabetes and chronic respiratory): an average reduction for the period of about 2.5% per year. In the *Vigitel* monitoring from 2010 to 2014, we could notice a reduction in tobacco consumption (23.4%) and heavy drinking (8.8%); an increase in the recommended consumption of fruits and vegetables (23.5%), in physical activity (17.3%) and mammography coverage (5.9%). On the other hand, there was stability in Pap smear tests, and increased obesity (18.5%).^{7,10}

In 2013, the National Health Survey (*PNS*) was carried out, resuming the supplement on health of the National Household Sample Survey (*PNAD*), conducted in 1998, 2003 and 2008, with the proposal to be produced every five years. The *PNS* is a household-based survey that aims at collecting national data on health situation, risk and protection behavior, access to health care, and use and funding health services by the Brazilian population. The anthropometric and blood pressure measurements, and blood and urine collection (in subsample) for laboratory tests were the highlights of the *PNS*.^{11,12}

The National School-based Health Survey (*PeNSE*) is being held every three years, since 2009, with interviews with students from the ninth grade, enrolled in public and private schools. That survey is a partnership between the Brazilian Institute of Geography and Statistics (*IBGE*), the Ministry of Health and the Ministry of Education. The full

Pillars	Objectives
I. Surveillance, Information, Monitoring and Evaluation	i) To promote and support the development and strengthening of integrated surveillance of chronic non-communicable diseases – NCDs – and their modifiable and common risk factors protection to most NCDs, by improving the monitoring instruments of these factors, with emphasis on national and local surveys. ii) To assess and monitor the development of NCDs Plan. ¹
II. Health Promotion	i) To promote intersectoral initiatives in the public and private sectors, aiming to trigger coordinated interventions and actions that promote and encourage the adoption of healthy behaviors and lifestyles. ii) To approach the social and economic conditions in addressing the determinants of NCDs. iii) To provide alternatives for the construction of healthy behaviors. ¹
III. Comprehensive Care	i) To strengthen the response of the Brazilian National Health System (<i>SUS</i>), in order to extend the diverse set of interventions able to provide a comprehensive health approach to prevent and control NCDs.

Source: Brazil, 2011.¹

Figure 1 – Strategic pillars and objectives related to the Strategic Action Plan for Tackling Chronic Non-Communicable Diseases (NCDs), Brazil, 2011-2015

report of PeNSE 2012 was published in 2013;¹³ in 2014, the Brazilian Journal of Epidemiology (*Revista Brasileira de Epidemiologia*) published a thematic issue presenting different analyses of the research data.¹⁴ Also in 2014, a planning and survey review for PeNSE 2015 was carried out, and the data collection was successfully conducted in 2015, and published in 2016. Another recent initiative was the National Survey on Access, Use and Promotion of Rational Drug Use (PNAUM), held in 2013. Respondents answered questions on their chronic diseases, treatments they undergo, what drugs they use and how they get them, the health services used and their lifestyle habits, such as smoking and alcohol consumption. The first results of this research, focused on some NCDs, were presented in September 2014; the other results will be presented in a thematic issue of the Journal of Public Health.¹⁵ More details of the presented researches can be found in Figure 2, in addition to other actions taken on the Pillar I – Surveillance, Information, Monitoring and Evaluation.

Regarding Pillar II – Health Promotion –, one of the prominent programs is the Health Gym Program, which main objective is to build physical spaces for the health promotion actions development, production of care and healthy lifestyles, covering healthy eating activities, physical practices and prevention of NCDs and violence, actions commissioned to health professionals together with the community. The Ministry of Health has been transferring funds to the construction of poles of the Health Gym Program – as well as to fund the actions envisioned for the program – and those classified as similar, according to predefined criteria.¹⁶ Studies to evaluate the effectiveness of programs for the promotion of corporal practices/physical activity in the Brazilian municipalities were also conducted. Preliminary results of the study on the Pernambuco Health Gym Program pointed that the program encourages physical activity, especially among the poorest populations, women and the elderly.¹⁷

In the year of the Soccer World Cup in Brazil, the Program 11 for Health (*11 pela Saúde*) – a partnership between the International Football Federation (*FIFA*), the Brazilian Football Confederation (*CBF*) and the Ministries of Sport, Education and Health – was implemented in public schools of the 12 host cities of the World Cup, for children aged 11 to 12 years old, with the objective of bringing them 11 messages on health and the practice of physical activity (soccer). More information about the actions on promotion of physical activity is shown in Figure 3.

With regard to actions to promote healthy eating, the revision of the 'Dietary Guidelines for the Brazilian population', released in November 2014, containing information, analysis, advice and guidance on the selection, preparation and consumption of food is to be highlighted. That is a clear and objective instrument of food and nutrition education that aims at promoting the health of individuals, families and communities.¹⁹ Besides revising the Guide, the publication 'Brazilian Regional Food' was also revised, with the objective of enriching the Brazilian food, and released in March 2015.²⁰

Still in the context of food, the voluntary agreement with the productive sector, involving the Ministry of Health, the Brazilian Association of Food Industry (*ABIA*), the Brazilian Association of Pasta Industry (*Abima*), the Brazilian Association of Wheat Industry (*Abitrigo*) and the Brazilian Association of Bakery and Confectionery Industry (*ABIP*) set national targets for the reduction of sodium in processed foods in Brazil: this partnership resulted in the signing, on April 7, 2011, of an agreement to salt reduce in the processed food to be consumed by Brazilians in subsequent years.²¹

The daily salt intake in Brazil was 12g in 2008, and the target set was to achieve 5g in 2022, contributing to the reduction of high blood pressure and other NCDs.¹ So far, the first two terms of commitment (TC) signed with the productive sector have been monitored. The proposed target was achieved in 80.8% of the products in the first TC and 99.0% in the second TC. Therefore, the monitoring showed positive and empowering results regarding the strategy to reduce the population's sodium intake, transforming Brazil into a reference country for this agenda in the Americas, along with Argentina and Canada. More information on the food monitored and the results found can be seen in Figure 3, along with other actions related to the promotion of healthy eating.

Concerning legislation, the year 2015 was known by the publication of Decrees No. 8,473, dated 22/06/2015 and No. 8,552, dated 03/11/2015.^{22,23} The first Decree established, within the Federal Public Administration, the minimum percentage of 30% of food purchase from family farms, by agencies and entities of the federal level.²² The second Decree regulated Law No. 11,265, dated 03/01/2006, about the marketing of foods for infants and toddlers, as well as related childcare products.²³

In relation to obesity control, the 'Intersectoral Strategy for Prevention and Obesity Control: Recommendations to States and Municipalities' was published in 2014, bringing

Developed Initiatives
Surveillance System of Risk and Protective Factors for Chronic Diseases by Telephone Survey (<i>Vigitel</i>): conducted every year, since 2006, with adults (aged 18 years old or more) who live in households with landline in a capital city of one of the 26 Brazilian States and the Federal District. It counts with around 54 thousand interviews per year and its main objective is to monitor the frequency and distribution of risk factors and protection for NCDs, besides describing the annual evolution of these indicators. ¹⁰
National Health Survey (<i>PNS</i>): conducted in 2013, with a sample of 81,254 households from 1,600 municipalities. The results were divided in four volumes: (i) chronic diseases, lifestyles (food consumption, alcohol use, physical activities and tobacco use) and perception of physical and mental health; (ii) access and use of health services, Family Health Strategy coverage, health insurance coverage, dental health, road injuries and violence, perception of discrimination in health services, household characteristics, pets in the household (cats and dogs), animals vaccination and dengue; (iii) health situation of under two-year-old children, individuals aged 60 or more, and of disabled people, and women's health, with a special module on prenatal care and on childbirth care, besides presenting results of anthropometry and blood pressure, and (iv) laboratorial data, such as cholesterol level, glycated hemoglobin, creatinine, dengue serology and hemoglobinopathies, and the amount of sodium in the urine – which will enable to estimate the salt intake by the Brazilians. ¹² <i>PNS</i> first volume was published in December 2014, the second and third volumes, in 2015, and the fourth will be published in 2016.
National School-based Health Survey (<i>PeNSE</i>): partnership between the Brazilian Institute of Geography and Statistics (<i>IBGE</i>), the Ministry of Health and the Ministry of Education. The second edition of the research, conducted in 2012, surveyed around 110 thousand students enrolled in the 9th grade of public and private schools, and this sample represented Brazil, its macroregions and capital cities. <i>PeNSE</i> objectives were: (i) to determine the prevalence of behavioral risk factors in the adolescents' population; (ii) to monitor these prevalences trends throughout the time; and (iii) to generate evidence to guide and evaluate interventions. Not only did the survey applied treat the four common factors for NCDs, but also other topics, such as socioeconomic aspects, social and family context, sexual and reproductive health and self-perception of body image. ^{12,13}
National Survey on Access, Use and Promotion of Rational Use of Drugs (<i>PNAUM</i>) in Brazil: ⁴² conducted in a partnership with 11 Higher Education Institutions, it is organized under two approach strategies: population components and services components. For the first component, 41,443 individuals of all ages, residents of urban areas, from the five Brazilian macroregions were interviewed from 23 September 2014 to January 2014, involving a total of 244 municipalities. ¹⁵
Food and Nutrition Surveillance System (<i>Sisvan</i>): conducted in 2014, by crossing data from the unified register (<i>CAD-ÚNICO</i>) of the <i>Bolsa Família</i> Program, it made possible the monitoring of the nutritional development of around 300 thousand children followed by Family Health Strategy teams in relation to the conditions of the program. The longitudinal analysis of the children showed that in a seven-year period, the sub-nutrition has declined – for both weight/age and height/age – as well as the obesity rate. ⁴⁴
Ministry of Health Ordinance No. 23, dated 09/08/2012: ⁴⁰ transfer of funds to health surveillance and promotion in the States, the Federal District and capital cities with over a million inhabitants, with the total amount of BRL 12.8 million, in a single installment, destined to the implementation of State and Municipal Plans for Tackling NCDs. The monitoring conducted in 2014 points that almost all the 55 places that appear in the Ordinance launched their Plans in 2012, and are, nowadays, in different stages of its implementation; some are revising the first Plan. It is important to highlight that the resources of the aforementioned Ordinance may be used in actions of NCDs surveillance and health promotion and many places adopted them in projects and programs with these objectives.
Participation on international forums of the World Health Organization (WHO) and the Pan-American Health Organization (PAHO), which resulted in the approval of the Global targets of NCDs, Global Plan for NCDs and Regional Plan for Tackling NCDs.
Distance learning training on NCDs surveillance, in a partnership with the Federal University of Rio Grande do Sul (<i>UFRGS</i>) and State University of Rio de Janeiro (<i>UERJ</i>). Four editions were conducted from 2010 to 2013, with around 300 enrollments for each edition.
Institutional support from the Department of Science and Technology (<i>Decit</i>) of the Ministry of Health to studies, such as the Longitudinal Study of Adult Health (<i>ELSA</i>), Brazilian Longitudinal Study of Ageing and Well-being (<i>ELSI</i>) and Study of Cardiovascular Risk in Adolescents (<i>ERICA</i>).
Support the monthly defray of 19 Population-based Cancer Records (<i>RCPB</i>) by the Secretariat of Health Surveillance (<i>SVS</i>) of the Brazilian Ministry of Health, which started in 2006, and contributed to the improvement and updating of <i>RCBP</i> databases. In January 2014, the Ministry of Health published the Ordinance No. 183, which regulates financial grants to implementing and maintaining actions and public services that are essential to health surveillance, such as the <i>RCPB</i> . ⁴⁴ The <i>RCPB</i> data are important to support the National Policy for Cancer Prevention and to manage the cancer prevention, diagnose and treatment network.
Improvement of the Information and Cancer Surveillance Systems: implementation, in 2013, of the National System of Cancer Information (<i>Siscan</i>) that is part of the records of the Information System on Cervical Cancer (<i>Sisco</i>) and of the Information System on Breast Cancer (<i>Sismama</i>), and will allow the monitoring of the Law No. 12,732, dated 22/11/2012, that gives a deadline of 60 days between the diagnose and the first treatment for cancer in the Brazilian National Health System (<i>SUS</i>). <i>Siscan</i> is in a WEB platform and is also part of <i>CADSUS</i> .
The portal of the NCDs Plan which is in the Ministry of Health website brings information related to the execution and monitoring of the Plan. ⁴⁵
A study of direct costs in NCDs: analysis of direct costs in NCDs by the federal branch of <i>SUS</i> , conducted by the Department of Health Economy, of the Ministry of Health.
Technical Cooperation with five institutions, coordinated by the Executive Secretariat of the Ministry of Health and the Federal University of Goiás, aiming at estimating the costs of NCDs in Brazil, with an initial focus on diabetes <i>mellitus</i> type 2.
Investigation and improvement in the calculation to correct mortality trends by the NCDs. ⁴⁷
Creation of a database using the records of the High Complexity Procedures Authorization (<i>APAC</i>), allowing to estimate epidemiological prevalences and trends in the services – such as Nephrology – in NCDs management. ^{48,49}
Partnership with the Institute of Health Metrics and Evaluation/University of Washington, to promote the use and evaluation of Brazilian data in the Global Burden of Disease.

Figure 2 – Actions developed related to Pillar I – Surveillance, Information, Evaluation and Monitoring – of the Strategic Action Plan for Tackling Non-communicable Diseases (NCDs). Brazil, 2011 to 2015

together various actions of the Federal Government that aimed at reducing obesity in the country, in order to motivate and support states and municipalities in the implementation of the proposed actions.²⁴

Still regarding Pillar II of the Plan, the advances of Brazil in fighting tobacco use are internationally recognized. In the country, the frequency of smoking has declined significantly from their baseline. The National Survey on Health and Nutrition, held in 1989 showed smoking prevalence of 34.8% in individuals over 18 years old.¹ After that, the 2003 World Health Survey showed a reduction of this prevalence to 22.4% and, according to the National Tobacco Survey (*PETab*), it fell to 18.5% in individuals aged 18 years or older (2008).^{1,25} The PNS showed 14.7% of current tobacco smokers in the country and 12.5% in the capital cities, pointing to a reduction of about 20% of prevalence from 2008 to 2013 for men, women, and for all education levels.²⁵ This success resulted from educational, preventive, legislative and regulatory measures. We can highlight the regulatory actions, such as banning advertisements, promotions and sponsorship of tobacco (except in sale areas), use warning images in tobacco product packages, banning smoking indoors, among others. Brazil has become a global reference for anti-tobacco initiatives, due to the results achieved and regulatory measures taken. The main actions are described in Figure 3.

With regard to alcohol consumption, heavy drinking is responsible for many health problems, such as liver disease, cancer, mental disorders, accidents and violence, bringing high costs to society, resulting in productivity loss, health care expenses, and absenteeism at work, among others.^{1,5} Given the fact that this is a serious situation, the Ministry of Health has promoted intersectoral and interdisciplinary actions. With regard to legislation, the health sector played an advocacy role for the implementation of Law No. 11,705, dated 19/06/2008, an initiative of the Federal Government to ban the commerce of alcoholic beverages in federal highways; and the so-called 'Dry Law' – Law No. 12,760, dated 20/12/2012 – which increased the value of the fine, in addition to authorize the use of evidence, such as videos, testimonials or other means that could prove drunkenness of the driver, in a criminal process.^{26,27}

According to a comparative study of VIGITEL, the prevalence of adults who reported driving after drinking

alcohol fell from 2.0% in 2007 to 1.1% in 2013, with significant drop between 2007 and 2008 and between 2012 and 2013, possibly caused by the implementation of the Dry Law, its reissue and supervision.²⁷ However, in the period between 2010 and 2014, there was no statistically significant change, which reinforces the need of progress in this issue.¹⁰

Still on Pillar II of the Plan, the actions taken in the promotion of active aging and communication activities carried out annually in global days of physical activity and health are to be emphasized, especially with the release of the health promotion campaign entitled 'We should care for health every day', in 2015.²⁸ Finally, after eight years of the National Policy for Health Promotion (*PNPS*), the national and international commitments made by the Brazilian Government led to the need of reviewing and updating the policy, which occurred from 2013 to 2014, culminating in the publication of the updated version of the *PNPS* in the end of 2014, and the printed version was published in 2015.²⁹ Figure 3 presents detailed information on the communication, active aging and the revision of *PNPS*.

Regarding Pillar III – Comprehensive Care – these are the main initiatives and actions carried out in recent years:

- i) redefinition of the Care Network for People with Chronic Diseases and publication of the Primary Care Notes for the care of individuals with chronic disease – obesity;^{30,31}
- ii) National Program on Access and Quality Improvement (*PMAQ*);³²
- iii) Program of Qualification of Primary Health Care Units – *UBS*;
- iv) Plan for Improving Prevention, Diagnosis, and Treatment of Cancer Network, to reduce morbidity and mortality of breast and cervical cancer;
- v) Assistance to Myocardial Infarction (MI), defined in accordance with Ordinance No. 2,994, dated 13/12/2011, which provides actions for assistance to myocardial infarction and defines the Acute Coronary Syndrome Protocol;³³
- vi) Stroke Assistance, regulated by Decree No. 665, dated 12/04/2012;³⁴
- vii) Pharmaceutical Care, established by Ordinance No. 1,555, dated 30/07/2013, and the Popular Pharmacy Program that expanded the access to medicines for the most common diseases among the Brazilian population, especially the NCDs;³⁵ and

Developed Activities
<p>Physical Activity</p> <p>Health Gym Program (<i>Academia da Saúde</i>): created in 2011 through the Ordinance No. 719, dated 7/11/2011, having as its main objective to build physical spaces for developing actions for health promotion, health care production and healthy lifestyle, covering activities of healthy eating, body practices and prevention of chronic non-communicable diseases (NCDs) and of violence, by health professionals, with the community. The Ministry of Health has transferred funds for the construction of 3,790 poles in more than 2,700 Brazilian municipalities and, up to June 2015, 1,244 constructions were concluded; besides the construction resources, the Ministry transferred funds to defray approximately 450 poles of the Health Gym Program, classified as similar.¹⁶</p> <p>Program 11 for Health (<i>11 pela Saúde</i>): implemented in the host cities for the Fifa Football World Cup, with children aged 11 to 12 years old, and having as objective to take messages on health and the practice of physical activities to children in public schools. The proposal of the program was to take 11 messages on health and practice on physical activities (soccer) to children in public schools. The children made tests before and after the intervention, and there was an 18% improvement of right answers on the worked topics, showing better learning.¹⁸</p>
<p>Eating</p> <p>Revision of the 'Dietary Guidelines for the Brazilian Population' and of the document 'Brazilian Regional Food' that, together, bring information and guidelines on the choice, preparation and consumption of food, with emphasis on regional food.^{19,20}</p> <p>Volunteer agreement with the production sector, in which national targets were established for the reduction of sodium percentage in processed food in Brazil.²¹ This agreement contains four terms of commitment (TC), each one related to specific foods and, up to now, the two first TCs have already been monitored. The first TC included instant noodles and loaf breads and rolls; in their monitoring, 287 products analyzed, and 80.8% of the proposed target was achieved. The second TC included cakes and cake mixtures, filled rolls, sweet, salty and stuffed cookies, fries, corn saltines and mayonnaise; their monitoring counted with the analysis of 849 products that achieved 99% of the proposed target. The reduction of the average sodium percentage in all the analyzed categories is noteworthy. Considering the two first TCs, there was an estimative reduction of 5,230 tons of sodium up to 2012 and of 7,652 up to 2014; and with all the proposed terms, 28,562 will have been removed from food to be produced until 2020. The implementation of a Conduct Adjustment Term (TAC) for Fast Food (public civil action) is another regulation initiative that aims to inform the nutrition facts of products commercialized in fast food chains, besides preparing a guide of 'Good Nutrition Practices' for eating out, with the objective to guide food services on how to adequately prepare and offer food in popular restaurants.</p> <p>In April 2012, the manual 'Healthy school cafeterias: promoting healthy eating' was published, as a result of an agreement between the Ministry of Health and the National Federation of Private Schools. This manual defines a set of actions that aim at improving the quality of the food offered at schools. The School Health Program (<i>Programa Saúde na Escola - PSE</i>) is also important. It is an intersectoral policy between the Ministries of Health and Education, created in 2008.⁵⁰ The health and education policies directed to children, adolescents, youngsters and adults of the Brazilian public education are united to promote the full development of these individuals, using the important space of schools for actions of health promotion and prevention and promote a culture of peace. Therefore, the coordination between the school and the primary health care service is essential for the School Health Program. The PSE is present in 4,769 Brazilian municipalities, assisting 24.3 million of scholars. Every year, since 2011, the schools promote events on School Health; in the past years the topics covered in these events were: prevention of obesity among children and adolescents (2011 and 2012); promotion of physical activities (2014) and healthy eating (2015).</p> <p>The food commercials were regulated through a Resolution of the Brazilian National Health Surveillance Agency (<i>Anvisa</i>) – RDC No. 24/2010 –, but it was suspended by the Justice. This discussion was resumed in 2013, especially for children and adolescents, in the Management Committee of National Policy for Health Promotion (<i>PNPS</i>), with the creation of a Work Group (WG) within this Management Committee, and an intern WG in the National Council of Nutrition and Food Security (<i>Consea</i>).</p> <p>In 2014, a resolution of the National Council for Children's and Adolescents' Rights, from the Secretariat of Human Rights of the Presidency affirmed that the marketing that encourages children to consume a specific product or service by using language, effects and presents is abusive.⁵¹</p>
<p>Tobacco use</p> <p>The progress noticed in the reduction of tobacco use was the result of important measures adopted by Brazil in the past years.</p> <p>In 2006, the adherence of Brazil to the Framework Convention on Tobacco Control (Decree No. 5,658/2006), legally attaching Brazil to this treaty, was essential to the process.¹ In 2015, the aforementioned Convention completed 10 years, and the results achieved in this period were analyzed, and, at the same time, a future vision for the next 10 years was built.</p> <p>In the first year of the NCDs Plan, the Law No. 12,546, dated 14/12/2011, which regulates the tobacco-free environments, increases the number of messages on tobacco products packages, defines a minimum price for the commerce and increases taxes on cigarettes to 85%.⁵² This Law was regulated by the Presidency Decree No. 8,262, dated 31/05/2014, which extended the coverage of the tobacco-free environments to partially closed places.⁵³ The Decree also defined the states' and municipalities' health surveillance agencies as the responsible agents for supervising, and applying the sanctions related to violating the Law. Still regarding the tobacco use, the Interministerial Ordinance No. 2,647, dated 04/12/2014, derived from a partnership between the Ministry of Health and the Ministry of Work and Employment, regulated the tobacco shops, place for research on tobacco products and others, that can be adapted for the use of the product, ensuring the isolation conditions, ventilation and other measures to protect the workers.⁵⁴</p> <p>The regulation of the minimum price for the cigarette came under the Decree No. 7,555/2011. Also in 2011, <i>Anvisa</i> prohibited the use of additives in cigarettes; however, this measure was suspended by the Brazilian Supreme Court. In August 2012, <i>Anvisa</i> opened the Laboratory of Tobacco Toxicology to support the supervision measures of the sector. In April 2013, the Ministry of Health published the Ordinance No. 571 on the expansion of treatment for tobacco users in the units of the Brazilian National Health Service (<i>SUS</i>), including the monitoring of access to the medicines.</p> <p>In 2015, important campaigns on tobacco included actions against the hookah, demystifying its harmless characteristic and alerting the population to its risks and harms,⁵⁵ and the campaign of the World No Tobacco Day, whose subject was the elimination of the illegal commercialization of tobacco products⁵⁶ and the objective was to promote the use of the Protocol to Eliminate Illicit Trade in Tobacco Products by all the signatories of the Framework for Tobacco Control.</p>

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Figure 3 – Actions developed related to Pillar II – Health Promotion – of the Strategic Action Plan for Tackling Non-communicable Diseases (NCDs). Brazil, 2011 to 2015

Developed Activities
<p>Alcohol</p> <p>Among the intersectoral actions performed by the Ministry of Health, we can highlight the advocacy of the following actions: (i) implementation of the Measure No. 415/2008, initiative of the Federal Government that prohibits the trade of alcoholic beverages in federal highways; (ii) implementation of Law No. 11,705/2008, known as "Dry Law"; (iii) approval of the Law No. 12,760/2012, that increases the fine value, besides authorizing the use of evidence such as videos, testimonials or other means that can prove, in a criminal procedure, the driver's drunkenness;²⁷ and (iv) approval, in 2015, of the Law Project No. 5502/13, that proposes the prohibition and punishment to establishments and adults that sell alcoholic beverages to under 18-year-old individuals.</p>
<p>Communication</p> <p>One of the continuous actions on communication was the annual celebration of the Global Day for Physical Activity and Health, always held during the first week of April. The objective of these actions is to call the attention of the municipal managers to health promotion, practice of physical activity and healthy eating in order to improve the population's health. Many different slogans were used: 'Practice Health' (<i>Pratique Saúde</i>), in 2007; 'Join the team where health and environment play together' (<i>Entre para o time onde a saúde e o meio ambiente jogam juntos</i>), in 2008, coordinating intersectoral subjects; 'Practicing physical activity is as simple as playing' (<i>Praticar atividade física é tão simples que você faz brincando</i>), in 2009; 'Health and Life Quality' (<i>Saúde e Qualidade de Vida</i>), in 2010; 'Aging with health' (<i>Envelhecendo com Saúde</i>), in 2012; 'Living healthily is a great victory' (<i>Viver com Saúde é uma Grande Vitória</i>), in 2013 and 'Who seeks life quality cannot stand still' (<i>Quem busca qualidade de vida não pode ficar parado</i>), in 2014. The latter called the attention to great sports events and the importance of the physical activity in life quality; among other subjects.</p> <p>In 2011 and 2012, we can also highlight the conduction of communication campaigns led by partners, such as 'The Future Awaits, I wanna get there well' (<i>O Futuro Promete, Eu Quero Chegar Bem Lá</i>), promoted by the Association of Marketing Professionals (ABAP), and the launching of the website and the Project 'Salve Saúde' by the Brazilian Association of Physicians (AMB), directed to health professionals, on chronic diseases, besides other initiatives through partnerships with the Public Health.</p> <p>In 2016, the campaign of health promotion called 'We must take care of health every day' (<i>Da saúde se cuida todos os dias</i>) was launched to encourage the adoption of healthy habits, based on the following topics: I. Encourage healthy eating; II. Fight alcohol abuse; III. Encourage physical activities; IV. Smoking control; V. Encourage traffic safety; VI. Encourage the culture of peace; VII. Encourage the healthy environment; and VIII. Encourage the vaginal labour.²⁸</p>
<p>Active aging</p> <p>Due to the higher life expectancy, the elderly population has been growing rapidly in Brazil, and this demands new and urgent actions to assist this population with quality health services. Some actions of communication and healthy lifestyles were developed – such as the Global Health Day, in 7 April, 2012, with the slogan 'Aging healthily' (<i>Envelhecendo com Saúde</i>) –, the creation of spaces that encourage the practice of physical activities – Health Gyms, for example – the Health all the Time (<i>Saúde Toda Hora</i>) – by qualifying the assistance given in urgency services, for the cases of stroke and infarction –, and the Popular Pharmacy (<i>Farmácia Popular</i>), where free drugs for hypertension and diabetes, specialized drugs for treatments for Alzheimer disease and Parkinson disease, and also adult diapers, among other benefits, are available; and the creation of the Household Care Program called 'Better at Home' (<i>Melhor em casa</i>), through the Ordinance No. 2,029/2011 The 'Better at Home' gives priority to the care for the bedridden elderly and chronic patients, promoting actions for promotion, prevention, diagnosis, treatment, rehabilitation, and palliative treatment carried out in the patient's household: there are more than 54 municipalities registered in the program, and the health professionals are being trained through distance learning courses in Home Care.</p>
<p>National Policy of Health Promotion (PNPS)</p> <p>Between 2013 and 2014, the first edition of the <i>PNPS</i> (2006) was widely reviewed, with the objective of updating the <i>SUS</i> compromise with its implementation. This process occurred in a democratic and participative way, involving managers, workers, counselors, representatives of social movements and professionals from higher education institutions, besides the participation of representatives of external institutions that are committed to actions on health promotion, of the five Brazilian macroregions. The <i>PNPS</i> proposes dialogues with various areas of the health sector, other Government sectors, private and non-governmental sectors, the civil society, building commitment and co-responsibility networks, in order to propose effective actions for the health conditions of the Brazilian population, so their life quality can improve.</p> <p>The revised edition of the National Policy of Health Promotion was published in 2015, with the general objective of promoting equity and better condition and way of living, increasing the potential of individual and collective health and reducing the vulnerability and risks to health due to social, economic, political, cultural, and environmental sectors.²⁹</p>

Figure 3 – Conclusion

viii) Program Better at Home (*Melhor em Casa*), established in 2011, which aims at expanding and improving home care in primary health care, both outpatient and inpatient.³⁶

These actions of Pillar III strengthen *SUS* response capacity and expand the set of interventions that can offer a comprehensive approach to health, for prevention and control of NCDs. Figure 4 provides more details on them.

In addition to the Ministry of Health, several other ministries lead the intersectoral actions listed on NCDs Plan. This collective mobilization is a key to fighting this group of diseases, and the Plan itself emphasizes the importance of crossed-actions and the need to broaden the dialogue on this issue in the different sectors of the Federal Government. The table in Figure 5 details the actions identified by participants in an inter-ministerial meeting, according to the corresponding entity.

Discussion

The NCDs have been top priority in the Brazilian government's agenda. The implementation of the actions mentioned in the Plan for NCDs 2011-2022⁹ has counted with the participation of several areas of the Ministry of Health and other sectors, in cooperation with the Global⁵ and Regional⁶ Plans for Tackling NCDs. Among the monitoring actions, the progress in NCDs and their risk factors surveillance, and the strategic importance of the National Health Survey – PNS –⁵ are noteworthy.

It is important to highlight the actions of Pillars II and III, for health promotion, disease prevention, strengthening of primary health care, coordination of services and emergency networks in order to expand NCDs approach to address the various levels of care, and seek the longitudinal monitoring of patients with these diseases, and under the responsibility of health services and professionals.

The actions to implement the NCDs Plan developed by the Ministry of Health between 2011 and 2015, according to this analysis, have shown promising results and advances. Data of *VIGITEL* 2014, *PNS* and *SIM* point out that most of the targets are in a good rhythm to be completed by 2022, for instance: reduction of premature mortality (30-69 years) due to NCDs; reduction in tobacco consumption and regular

consumption of soft drinks; higher consumption of fruits and vegetables, more physical activity practice and higher mammography coverage. However, the targets not met refer to Pap smear tests, which presented stability, and obesity, which increased among adults, but has not been measured again in children and adolescents.^{9,10}

It is necessary to keep the focus, even on the right track targets, expanding the actions implemented and reviewing strategies in the case of targets that have not yet presented any progress. The actions of the Plan are aligned with the National Policy on Health Promotion,²⁹ the Primary Health Care Policy³⁷ and other policies of the Ministry of Health, as the National Health Plan³⁸ and the Strategic Plan of the Ministry of Health,³⁹ through the Strategic Goal 6 (OE 6), which gives priority to comprehensive care for NCDs and to the elderly.³⁹ All the Secretariats of the Ministry, other areas and regulatory agencies of Health have worked together, with specific tasks and integrated monitoring and are accompanied by the monitoring system of the Executive Secretariat (*e-Car*). The State and Municipal Health Departments launched state and capital cities plans specific to tackling NCDs. In 2012, the Secretariat of Health Surveillance/Ministry of Health held financial transfers for the implementation of state and capital cities plans.⁴⁰

Developed Activities
<p>Care Network for People with Chronic Diseases</p> <p>The longitudinal care of users is an essential activity to improve the response to treatments and the prevention of complications. The Secretariat of Health Care (<i>SAS</i>) of the Ministry of Health established the Care Network for People with Chronic Diseases, aiming at the full care of the users of the National Health System (<i>SUS</i>) who have chronic diseases, in all care aspects, conducting actions for health promotion and protection, prevention of other conditions, diagnosis, treatment, rehabilitation, damage reduction, and health maintenance. There are four priority groups: (1) reno-cardiovascular, that involves kidney diseases, diabetes <i>mellitus</i> and hypertension; (2) obesity; (3) cancer; and (4) chronic respiratory diseases. Some ordinances were published, defining technical criteria of cardiovascular risk, health promotion and obesity care, cancer care, among others; updates on the Primary Health Care Notes are being prepared and distance learning courses for continuous education are being built, aiming at the technical improvement of Primary Health Care teams. In 2014, the 'Primary Health Care Notes – obesity' was published. Also in 2014, the Ordinance No. 483/2014 that redefined the Primary Health Care for People with Chronic Diseases and established the guidelines for organizing the care services was published.^{30,31}</p>
<p>National Program on Access and Quality Improvement (<i>PMAQ</i>)</p> <p>This program of the Department of Primary Health Care/<i>SAS</i>/Ministry of Health aims at involving, mobilizing and qualifying the federal, state, municipal and local managers, teams and users in a process of management cultural change and improvement of the Primary Health Care. With regard to chronic diseases care, the points assessed by <i>PMAQ</i> are: equipment, materials and inputs, drugs, laboratorial tests, register of priority groups, risk stratification, monitoring priority groups, flowcharts and references for chronic diseases, care model for individuals with chronic diseases and working process of the primary health care teams. Around 47% of the primary health care teams had already adopted <i>PMAQ</i> in 2014.³²</p>
<p>Redevelopment Program of Primary Health Care Units</p> <p>The strengthening of Primary Health Care aims at contributing to the continuous change of the health care model in the country, proposing the improvement of the facilities of primary health care units (<i>PHU</i>) in order to make the changes in the practices of the health teams easier. The Program, whose objective is to financially encourage the adequacy of the Brazilian <i>PHU</i> facilities, includes the financing from reforming 5,247 <i>PHU</i>, expanding 5,458 units and building 3,966 new ones.</p>

Continue on next page

Figure 4 – Actions developed related to Pillar III – Comprehensive Care – of the Strategic Action Plan for Tackling Non-communicable Diseases (NCDs). Brazil, 2011 to 2015

Developed Activities
<p>Plan for Strengthening the Prevention, Diagnosis and Treatment of Cancer Network</p> <p>The breast and cervical cancers are the most frequent types of cancer among the Brazilian women (without considering the non-melanoma skin cancer). In March 2011, the Plan for Strengthening the Network for Prevention, Diagnosis and Treatment of Cancer was launched, and aimed at reducing morbidity and mortality due to breast and cervical cancers. Also in 2011, together with these actions, the Brazilian Cervical Cancer Screening Guidelines was published. This document brings standard recommendations on the clinical behavior in assisting women identified with lesions that can lead to cervical cancer. The monitoring age group was expanded, including women between 25 and 64 years old, and guidelines to increase the access to the Pap smear test were also established. These measures resulted in a 1.2% increase in the total of exams performed (from 8,784,388 in 2010 to 8,882,850 in 2011) in 17 Brazilian states. The National Program on Cytology Quality that counts with a Work Group of with the participation of many national entities was also created to propose actions to qualify large cytopathology laboratories, or with processing capacity of more than 150 thousand blades/year. Moreover, 20 Services of Diagnosis Confirmation and Treatment of Precancerous Cervical Lesions are being structured.</p> <p>With regard to actions of prevention and control of breast cancer, the Program of Qualification on Breast Cancer Diagnosis was created. It has invested in the expansion of the mobile mammography service. Eleven Brazilian states presented 36 proposals related to the structure of 50 services of breast diagnosis. The Ordinance No. 140/2014 redefined the criteria and parameters for organizing, planning, monitoring, controlling and evaluating the health services that offer specialized care for oncology, defining the working and human resources conditions.⁵⁷</p> <p>The Ordinance No. 189/2014 created the Reference Service for Diagnosis and Treatment of Precancerous Cervical Lesions, and the Reference Service for Breast Cancer Diagnosis.⁵⁸</p> <p>There was a 19.1% raise in the number of mammography exams carried out in the age group 50-69 years old, from 1,549,616 in 2010 to 1,845,776 in 2011. Vigitel results revealed an expansion in the mammography coverage in capital cities, from 71.1% in 2007 to 77.8% in 2014.</p> <p>The creation of radiotherapy services in 48 hospitals and the expansion of 32 services, totalizing the acquisition of 80 radiotherapy equipment by the Ministry of Health, and the reform of hospitals, are part of the Plan for Radiotherapy Expansion.</p> <p>The Hepatitis B vaccine is part of the children, adolescents and adults vaccination schedule, and is available at the SUS vaccination rooms. The vaccine offer was extended to the age group 30-49 years old. All newborns have to receive the first dose of the vaccine right after birth, especially in the first 12 hours of life. If the pregnant woman has hepatitis B, the newborn must receive immunoglobulin against hepatitis B in the first 12 hours of life, besides the vaccine. The vaccine against the human papilloma virus (HPV) is offered for girls and pre-adolescents aged between 11 and 13 years, in the primary health care units and public and private schools, coordinated by the health units of each region. In 2015, the girls in the age group 9-11 years old were vaccinated.</p>
<p>Myocardial infarction (MI) Care</p> <p>The diseases that kill the most in Brazil are the cardiovascular. For this reason, the Ministry of Health published the Ordinance No. 2,994, dated 13/12/2011, that defines actions for myocardial infarction care and the Protocol of Acute Coronary Syndrome (ACS). The objective of this Ordinance is to ensure that the patient with MI timely receives the infusion therapy, with access to intensive care and complementary treatment.³³</p> <p>Hospital beds of cardiac intensive care units (CICU) in the metropolitan areas with the highest number of hospitalization and deaths due to MI were funded, according to the following parameters: (1) implementation of 1 CICU with 10 beds for every 600 MI/year, in the ten metropolitan areas of the country with the highest frequency of myocardial infarction (over 600 MI/year); and (2) implementation of 2 beds of CICU in the same facility of an intensive health care unit, in the 27 metropolitan areas with a frequency between 100 to 599 MI/year. The differential funding is BRL 800.00/day. The unit is qualified only if it already works in a satisfactory way, joining the network.</p>
<p>Stroke Care</p> <p>The care for patients who suffered a stroke was ruled by the Ordinance No. 665, dated 12/04/2012, that treats about the criteria to qualify the health care facilities as Urgency Care Units for CVA patients within the Brazilian National Health System (SUS). The Ordinance defines the financial funding and approves the Care procedures for CVA patients.³⁴ The Centers of Urgency Care for Patients with CVA are in the CVA Care Network and part of the Urgency and Emergency Care Network. The financial funding accounts for BRL 350.00/day/bed in all the CVA Care Units.</p> <p>Other measures:</p> <p>(i) Telemedicine – the Ministry of Health and the Albert Einstein Hospital have a partnership, through the SUS institutional development supporting program (PROAD) to implement a telemedicine unit in previously selected secondary hospitals, offering consultancy, diagnose and therapeutic support and monitoring, through remote live access, for severe patients. For the period 2012-2014, 14 hospitals were selected, giving priority to the regions North, Northeast, and Midwest of the country.</p> <p>(ii) Technical cooperation with Brazilian partnerships and associations of medical specialties, aiming at promoting qualification and training health professionals that act in the SUS Urgency and Emergency Care Network, strengthening the assistance to severe patients and qualifying the care given.</p>
<p>Pharmaceutical Care</p> <p>The Ordinance No. 1,555, dated 30/07/2013, established that the funding of the basic component of the Pharmaceutical Care is under responsibility of the Union, the states, the Federal District and the municipalities, and established the minimum amount to be destined in the budget of each of the mentioned above for purchasing medicines.³⁵ The resources are transferred directly from the National Health Fund to states and municipalities. In its 2013 budget, the Ministry of Health destined approximately BRL 11 billion to medicines purchase. The medicines are dispensed at SUS units (PHU) and others, and by the Brazilian Popular Pharmacy Program. This latter expanded the access to medicines for the most common diseases among the Brazilian population, especially for the chronic non-communicable diseases (NCDs). The Program has its own chain of Popular Pharmacies and counts with a partnership with private pharmacies and drugstores, called 'There is Popular Pharmacy Here' (<i>Aqui tem Farmácia Popular</i>). The Brazilian Popular Pharmacy Program counts with 528 units, plus 33,854 pharmacies and drugstores registered with the 'There is Popular Pharmacy Here', assisting 4,431 municipalities in the country. Between February 2011 and June 2015, 32,515,155 patients were assisted. In 2011, the Program 'There is Popular Pharmacy Here' started dispensing free drugs for NCDs (hypertension, diabetes, asthma).</p>
<p>Home Care</p> <p>The Program Better at Home (<i>Melhor em Casa</i>) was created by the Ministry of Health in 2011. The Program is an initiative that aims to expanding and qualifying the primary home health care, both inpatient and outpatient, in order to reduce the search for hospital care and/or the period the hospitalized patients stay at the hospital, promoting deinstitutionalization and enhancing the users' autonomy. The Ordinance No. 963, dated 27/05/2013, regulates the Home Care.³⁶</p> <p>Up to June 2015, the Program data pointed that 1,550 teams had been trained in 422 municipalities of the country, reaching a total of 89,843 beneficiaries. A survey conducted in January 2015 showed a satisfaction prevalence of the users equal to 90.5%.</p> <p>Data of the program pointed that 55% of the users of home care services come from primary health care, 24% from hospitalization, 16% from other services, 5% from urgency care and 1% from the oncologic center. The main diagnoses that led to home care were the CVA, followed by dementia, hypertension, and cancers.</p>

Figure 4 – Conclusion

Ministries	Actions performed
Ministry of Social Development (MDS)	Intersectoral strategy to prevent obesity, launched in 2013, includes actions from 20 ministries and is coordinated by the Interministerial Chamber of Nutrition and Food Security (CAISAM). ²⁴ Distance learning course on nutrition and food security within the Bolsa Família Program. Program for Food Acquisition (PAA - <i>Programa de Aquisição de Alimentos</i>), promotes the access to food by families in situation of food insecurity and facilitates the acquisition of food from family farmers, with bidding exception, and competitive prices. ⁵⁹ Institutional purchase, where public institutions can purchase from Family Farmers through public calls. It is a modality of the PAA. ⁵⁹
Ministry of Agrarian Development (MDA)	The National Plan for Agro-ecology and Organic Production (<i>Plano Nacional de Agroecologia e Produção Orgânica - Planapo</i>), created to improve the actions that guide the sustainable rural development, gives the population the opportunity to improve their life quality through the offer and consumption of healthy food and the sustainable use of natural resources. ⁶⁰ The Program of Tobacco Diversification (<i>Programa de diversificação da cultura do tabaco</i>) provides technical assistance to family farmers that want to vary their production, using alternative crops of other products that are economically viable.
Ministry of Education (MEC)	The following Programs: School Health (<i>Saúde na Escola - PSE</i>), More Education (<i>Mais Educação</i>) and Eating at School (<i>Alimentação Escolar - PNAE</i>) contribute to health promotion, diseases prevention, and health care, as well as to the students' growth, development, learning and school performance, acquiring healthy eating habits, through the offer of healthy food at school and actions of nutritional and food education. The PNAE offers daily meals to 43 million students of Basic Education (primary, elementary and high school), aiming at facing the vulnerabilities that hamper the full development of children and adolescents enrolled in public schools.
Ministry of Fishing and Aquaculture (MPA)	To promote the consumption of seafood, through the trade expansion and the consumption of seafood in the institutional market, focusing on its consumption in school meals.
Ministry of Defense	Programs for preventing NCDs among professionals of the Military Forces, through actions of (i) hypertension prevention, (ii) diabetes control, (iii) alcohol abuse prevention, (iv) health promotion and (v) obesity prevention.
Ministry of Justice (MJ)	Actions related to alcohol abuse: (i) campaigns directed to individuals under 18 years old on the negative consequences of alcohol use and to salespeople, to prohibit the sale of alcoholic drinks to individuals under 18; (ii) courses on preventing drug use to teachers of public schools; and (iii) requesting actions that encourage health promotion and protection against drug abuse and violence against youngsters in situations of social vulnerability. Service Call 132, of the Program 'Crack, it is possible to beat it' (<i>Crack, é possível vencer</i>), proposes the prevention of drug use and telephone guidance, including to users who want to leave the addiction, informing about free and confidential rehabilitation places. ⁶¹
Ministry of Foreign Affairs (MRE)	Participation in International Forums to define NCDs targets, such as the United Nations High-level Meeting, held in New York, in 2011, the World Health Assemblies of the World Health Organization, in 2012, 2013 and 2014, held in Geneva, the US High-level Meeting, also in New York, in July 2014, and other Global Forums on NCDs.
Ministry of Environment (MMA)	National Program on Air Quality (<i>Programa Nacional de Controle de Qualidade do Ar</i>) that aims at finding a balance point between the economic growth and the preservation of the environment quality, with the definition of limits of greenhouse gases and emission restrictions. The National Program on Reduction of Pesticides Use (<i>Programa Nacional de Redução do Uso de Agrotóxicos</i>) was approved by the National Committee of Agro-ecology and Organic Production in August 2014, and is being evaluated by the Ministries involved on the subject. The program presents three guidelines: (i) promote the pesticides reduction and the conversion to production systems free of pesticides; (ii) build mechanisms to restrict its usage, production and commercialization, especially regarding highly toxic substances; and (iii) education process on this subject. ⁶²
Ministry of Social Security (MPS)	Social security policies, such as (i) epidemiology-social security relation and (ii) Accident Prevention Factor (<i>FAP</i>). The first refers to the incidence and prevalence of diseases in the International Statistical Classification of Diseases and Related Health Problems (<i>ICD</i>), pointing which diseases and conditions may be consequences of working. The <i>FAP</i> proposes the reduction of the insurance rate, to invest in healthier working environments.
Ministry of Tourism	Program for accessible tourism for people with disabilities and reduced mobility, such as the elderly and obese individuals. Program to promote trips for the best age, making the active aging possible. Promote healthy eating in tourist attractions.
Ministry of Science, Technology and Innovation (MCTI)	Support NCD-related researches, concerning the relation between the beginning of life and the NCDs, to new therapies for NCDs and to innovation on the prevention and treatment of cancer. Partnership with the Ministry of Agriculture, Live Stock and Food Supply (<i>MAPA</i>), for researches on toxicity and agro-ecology.

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Figure 5 – Intersectoral actions of the Ministry of Health with other ministries, developed in coordination with the Strategic Action Plan for Tackling Non-communicable Diseases (NCDs). Brazil, 2011 to 2015

Ministries	Actions performed
Ministry of Cities	Financial resources for urban mobility, favoring the use of public transport and reducing the gases emission, and the implementation of bike racks. Formulation and implementation of the policy of sustainable urban mobility. The Program Bike Brazil (<i>Programa Bicideta Brasil</i>) is about the inclusion of the bicycle in urban commuting, as an element of Sustainable Urban Mobility. The Program Accessible Brazil (<i>Programa Brasil Acessível</i>), in turn, aims at stimulating and supporting the municipal and state governments to fulfill their duties and develop actions that ensure the access to public transport and urban equipment and circulation in public areas for individuals with restricted mobility, as an element of the Sustainable Urban Mobility.
Secretariat of Human Rights	Ordinance that regulates children marketing – The National Council on Children and Adolescents Rights (<i>Conanda</i>), composed by entities from the civil society and ministries of the Federal Government, approved the Resolution No. 163, dated 13/03/2014, that prohibits abusive commercials directed to children, such as printed advertisement, television commercials, radio spots, billboards and websites, packages, promotions, merchandising, actions in concerts and presentations, and in the stores. Moreover, the Resolution treats the broadcast of marketing in day care centers, basic education schools, including the books and uniforms. ⁵¹

Figure 5 – Conclusion

It is important to progress in the actions of integration and articulation of sectors in order to mobilize and make the NCDs a cross-sectional topic for organizing services, and the Health sector, in general. The challenges and limitations related to intersectoral activities that seek to fulfill the Strategic Action Plan for Tackling Chronic Non-communicable Diseases in Brazil, 2011-2022, will be minimized with the joint involvement of civil society, health authorities, universities, Health Councils, NGOs and *SUS* users. The participation of the civil society is vital so this agenda can become a priority. The monitoring of the goals should be broad and transparent, and accompanied by a large discussion involving the data released by the PNS^{11,12} on health status and risk behavior and protection, in order to implement policies for the reduction of these diseases and the consequent improvement of the population's life quality.^{8,9}

NCDs have gained priority and assumed leadership in global agendas. However, many challenges remain for the development of effective policies. We can highlight the need for further advances in regulatory and legal measures, especially related to alcohol and

food, bearing in mind the successful example of such measures to reduce tobacco use.

Partnerships between different sectors are also essential in supporting NCDs prevention actions, not only in attracting financial resources and capacity strengthen, but also in researches and defending prevention and control actions for non-communicable diseases. In the approach of NCDs, besides the necessary organization of Public Health to ensure surveillance, health promotion, prevention and assistance to the patient, it is essential to articulate intersectoral actions and, especially, to engage in reducing inequalities and disparities in health. Finally, the alignment and coordination of public policies for dealing with chronic non-communicable diseases, settled in integrated and cooperative actions is of highly importance^{41,42}

Authors' Contributions

Malta DC, Oliveira TP, Santos MAS, Andrade SSCA, and Silva MMA equally contributed to all parts of the manuscript. The Monitoring Technical Group of NCDs' Plan revised and approved the final version.

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