

CASE STUDY AND LESSONS LEARNT

Bringing government sectors together to address noncommunicable diseases: Portugal's interministerial healthy eating strategy

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ABSTRACT

Background: Unhealthy eating habits are among the main risk factors associated with the loss of healthy life years in the Portuguese population. Excessive consumption of fat, sugar and salt is the main factor contributing to mortality. In fact, eight out of ten deaths in European countries are caused by noncommunicable diseases.

Implementation: To tackle the complex challenges brought about by noncommunicable diseases, a Health in All Policies approach was implemented. The role of behavioural determinants in morbidity and premature mortality led the Portuguese Government to recognize the promotion of healthy eating as a priority by involving several ministries.

Results: The Integrated Strategy for the Promotion of Healthy Eating (2017–2020) devised by the Portuguese Government identifies a broad set of health

promotion and disease prevention measures. Furthermore, it provides the framework for several other initiatives that have already been implemented or are being implemented at the moment.

Conclusion: The current Portuguese Government has shown political commitment to implementing the Integrated Strategy for the Promotion of Healthy Eating and significant achievements are evident merely a few months into its implementation. However, if Portugal is to maintain the current speed of implementing this strategy, future governments must ensure continued commitment with equal clear-sighted long-term national policies. Unless future problems are anticipated and planned for, overwhelming health care challenges may threaten entire societies.

Keywords: NCDs, PUBLIC HEALTH, PORTUGAL, HEALTHY EATING, INNOVATION

BACKGROUND: HEALTH CHALLENGES IN PORTUGAL

Like other developed countries, Portugal is experiencing profound changes in its demographic and epidemiologic profile. This brings about challenges for society and health care systems.

Ageing societies impact the health of populations by increasing the prevalence of noncommunicable diseases (NCDs) and the number of people suffering from multiple diseases and requiring increasingly complex care.

NCDs are responsible for 80% of mortality cases in European countries and diseases of the cardiovascular system account

for the largest share of premature deaths (1, 2). This European trend, also evident in Portugal (1–3), will worsen unless health promotion and disease prevention measures are put in place.

Unhealthy dietary habits are among the modifiable risk factors for NCDs (4). The most recent National Food, Nutrition and Physical Activity Survey [*Inquérito Alimentar Nacional e de Atividade Física – IAN-AF*] (5) identified several key points. In the Portuguese population, 52.7% do not abide by the recommendation from the World Health Organization (WHO) of eating more than 400 grams of fruits and vegetables per day; 15.4% have an average daily intake of free sugars of over 10% of their total energy intake and 17% (and 40.6% teenagers) report daily consumption of soft drinks, including nectars. Moreover, high consumption of salt is another public health problem in Portugal. The country has an average salt intake of 10.7 grams per day, more than two times higher than the WHO recommendation.

Given the correlation between eating habits and NCDs, which establishes the epidemiological pattern (6, 7), these data raise concern. Taken together, these factors contribute to the loss of healthy life years, which the Global Burden of Disease Study estimates at 15.4% (8).

Excessive consumption of fat, sugar and salt, associated with high levels of physical inactivity, underpins obesity (9, 10). According to IAN-AF (5), it is estimated that 5.9 million Portuguese are overweight (more than 50% of the population), and this prevalence increases to 8 out of every 10 among the elderly. Furthermore, analysis of social inequalities in obesity prevalence indicates that less educated individuals have a higher prevalence of overweight and abdominal obesity.

Several studies alert to a high prevalence of childhood obesity in Portugal. In particular, the Childhood Obesity Surveillance Initiative (COSI) (11) highlights the fact that 30.7% of Portuguese children are overweight and within that group 11.7% are obese. According to the Organisation for Economic Cooperation and Development (OECD), the prevalence of childhood obesity in Portugal is above the average for all member countries (12).

Most risk factors associated with diseases causing premature death and loss of quality of life can be modified and avoided. Focusing on health promotion and disease prevention is a priority. Healthier populations are essential for a more productive, sustainable and economically competitive society. Social and environmental determinants should be highly prioritized (8).

Both NCDs and their consequences are largely preventable. The literature shows that past experiences in tackling risk factors and collaborating with different sectors are essential to improving health, both in terms of NCDs and other health problems (13).

This paper aims to discuss the Portuguese Government's unified approach to tackling the burden of NCDs by addressing unhealthy eating as one of the major risk factors.

HEALTH IN ALL POLICIES

According to the WHO, “Health in All Policies is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity”. Thus, Health in All Policies (HiAP) improves accountability of policy-makers with respect to the impact of policies on health. It also emphasizes the consequences of public policies for health systems, determinants of health and well-being. It also contributes to sustainable development (14).

The HiAP approach recognizes that current major health challenges such as NCDs are linked to social determinants and are incredibly complex. Social health determinants refer to the social circumstances in which people are born, grow up, live, work and age, as well as other macro phenomena affecting these circumstances (economic and development policies, political systems, social norms, etc.) (15).

Complex and intertwined problems benefit from an HiAP approach (i.e. ageing population, rising health care costs, chronic illness epidemic, growing inequality and health inequities, shrinking resources, and others).

HiAP can be useful in promoting efficiency through collaboration across sectors. It helps identify issues faced by different entities and fosters discussion on how to solve challenging problems by sharing resources and reducing redundancies. This gains particular relevance when confronted with the realities of governments at every level, especially with declining revenues and shrinking budgets. Several initiatives studied in the literature are examples of a long tradition of successful intersectoral public health collaboration. These are the building blocks of HiAP (16).

Among the guiding principles of successful HiAP approaches are the promotion of health equity and sustainability, supporting intersectoral collaboration and engaging stakeholders from different areas. The creation of new government structures for

the operationalization and implementation of such approaches is a key success factor (16).

WHO resolution WHA67.12 prompts ministries of health to “champion health and the promotion of health equity as a priority and take efficient action on social, economic and environmental determinants of health” (15). Despite differences in terms of administration and/or political structure, in striving for HiAP, all ministries of health and similar bodies must work on common health determinants. These include supporting the creation of additional scientific knowledge, studying societal changes to identify and prioritize emerging health issues, monitoring the impact of other sectors on health, engaging in a dialogue with society as a whole and across governments to establish appropriate mechanisms and structures, facilitating negotiations between stakeholders from different (including nongovernmental) sectors, and monitoring and evaluating the implementation of policies.

FROM CONCEPT TO ACTION: THE INTEGRATED STRATEGY FOR THE PROMOTION OF HEALTHY EATING

Health must be embedded in the mind-set and general policy imperatives feeding into overarching societal goals. HiAP requires government commitment and mandate. The commitment on collaborative and participatory (horizontal) approaches to governance and policy-making recognizes that, while other sectors can serve the goals of health, the health sector can significantly contribute to the goals of other sectors. This is essential in creating more efficient governments and calling upon public officials to abandon obsolete tools and techniques in favour of rational and analytical approaches (17).

The context of nutritional epidemiology of Portugal underscores the need for decisive steps to promote healthy eating habits. In recent years several actions were taken as part of the National Programme for the Promotion of Healthy Eating (18). Even though this vertical programme produced positive outcomes, they were not significant enough to shift the current NCD epidemiology. A broader, more intensive and intersectoral approach was needed for more effective health outcomes. HiAP was considered the best avenue for addressing these challenges.

Historically, promotion of healthy eating conflicted with the interests of other governmental sectors, such as agriculture,

economy and industry. Thus, if countries are to prioritize the health status of their citizens over other interests, government sectors must find common ground.

PROCESS: THE INTEGRATED STRATEGY FOR THE PROMOTION OF HEALTHY EATING

The Portuguese Government (19) has recognized the policy of promoting healthy eating as a priority. Therefore, the Portuguese Finance, Internal Affairs, Education, Health, Economy, Agriculture and Ocean Ministries agreed to join forces and expertise by committing to common health goals in the area of nutrition. The high complexity of managing traditionally opposing interests from different sectors and the need for political commitment to tackle overarching societal and health challenges are why this is the first time any such initiative has been feasible in the last two decades. Figure 1 presents the process leading to the publication of Order No. 11418/2017 of the Portuguese Official National Gazette.

On 15 September 2016, by Deliberation No. 334/2016, the Portuguese Council of Ministers recommended the creation of an interministerial working group composed of representatives of the country's Ministries of Finance, Internal Affairs, Education, Health, Economy, Agriculture and Ocean for the purpose of developing a national strategy for the promotion of healthy eating (20).

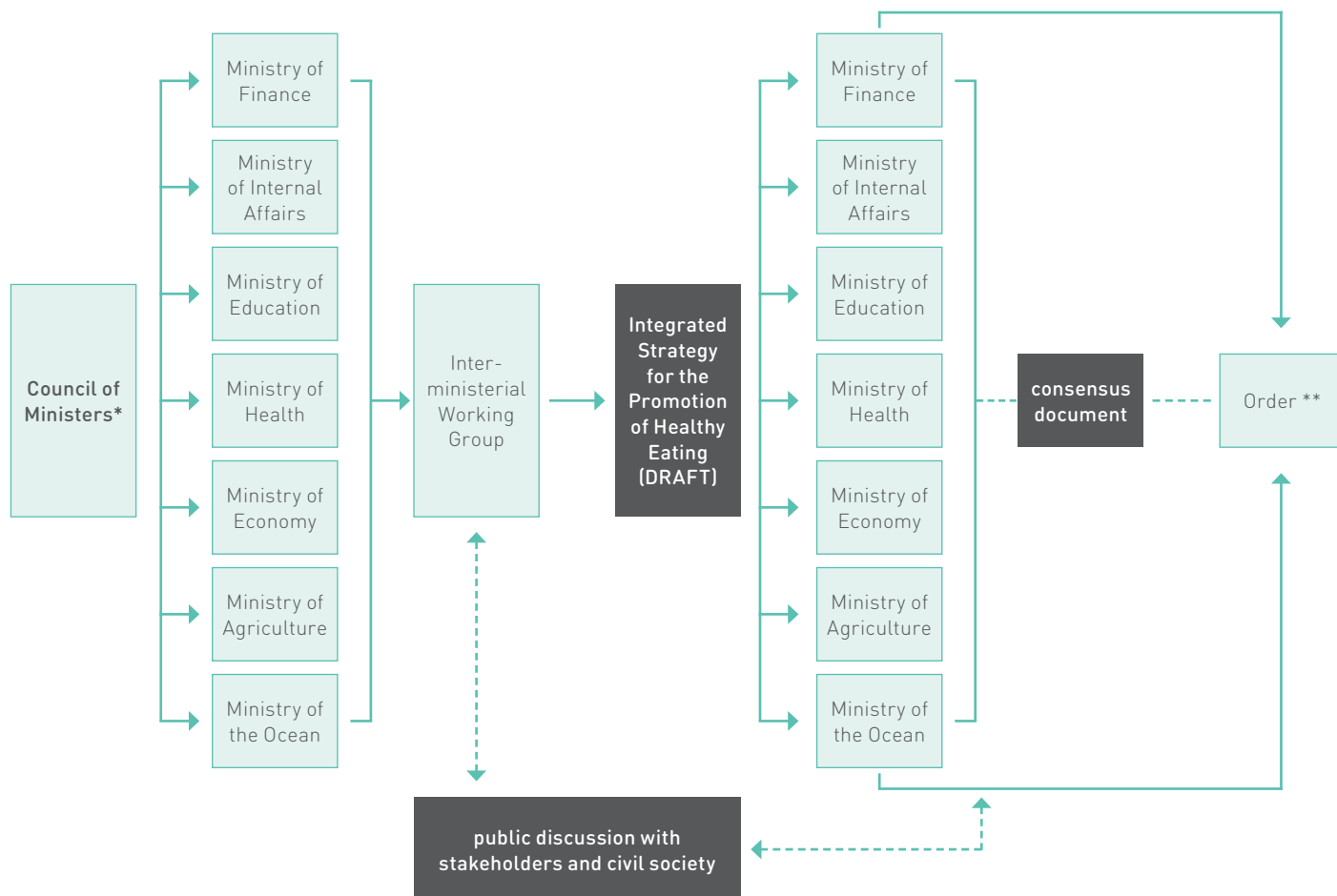
Following the deliberation from the Council of Ministers, until the end of November 2016, the participating Ministries devoted a significant amount of time to selecting their representatives, identifying their main objectives and priorities, determining the overall negotiation strategy and, finally, establishing the working group.

On 5 December 2016, the first meeting, held at the headquarters of the Ministry of Health, focused on outlining the work to be done, identifying food products to be monitored, defining the monitoring process, establishing the objectives to be achieved and clarifying the role of the public entities involved.

All the meetings tackled four overarching objectives:

1. change the availability of food products with a high salt, sugar and fat content;

FIG. 1. PROCESS LEADING TO THE PUBLICATION OF ORDER NO. 11418/2017



* Council of Ministers Deliberation n° 334/2016, 15/09/2016

** Order n°11418/2017, 29/12/2017

2. improve the quality of available information on the risks associated with the consumption of salt, sugar and fats;
3. identify and promote intersectoral and integrated measures to reduce salt, sugar and fat consumption, namely in the agriculture, economy and education sectors;
4. improve the qualifications of and methods used by professionals who are in a position to influence consumers' eating and buying behaviours.

All the meetings were coordinated by a representative of the Health Ministry. In addition to representatives of the above-mentioned ministries, the group also took into consideration input from national associations representing the food and distribution industry and consumers. All the logistical and administrative processes required for the meetings were ensured by the Secretary-General of the Health Ministry.

The interministerial working group held 10 meetings between December 2016 and July 2017 to devise a strategy that would help prevent and control NCDs through healthy eating.

Approximately six months after its first meeting, the group delivered the final draft of an integrated healthy eating strategy to Members of Government. Upon reviewing the document, the Government submitted it for public consultation on 1 August 2017 to broaden the scope of external contributions by civil society. Several nongovernmental organizations, health authorities and civil society members offered their comments and recommendations. Sixteen position reports were submitted and forwarded to the interministerial working group for assessment in terms of their relevance and viability. An initial strategy proposal was then reviewed and adapted to include all accepted contributions. In October 2017, a final consensual reviewed version of the strategy was once again sent to the Government.

The consensus document became the basis for drafting an official order in a process led by the Health Ministry and initiated after the submission of the consensual version of the strategy.

The Integrated Strategy for the Promotion of Healthy Eating (EIPAS) [*Estratégia Integrada para a Promoção da Alimentação Saudável – EIPAS*] was published on 29 December 2017, after several months of work between representatives of various sectors of Government (21).

The effect of behavioural determinants on morbidity and premature mortality as well as the impact of NCDs on national economies frame the need for this strategy (5, 7, 10).

EIPAS: STRUCTURE

Following the WHO recommendations, EIPAS is structured into four different strategic axes (21).

AXIS 1: CHANGE THE ENVIRONMENT WHERE PEOPLE CHOOSE AND BUY FOOD

The aim is to make healthier choices easier for consumers by changing the available offer and promoting the improvement of food composition, particularly its salt, sugar and *trans* fatty acid content. Table 1 presents an overview of all measures planned as part of Axis 1 of EIPAS.

TABLE 1. OVERVIEW OF MEASURES PLANNED AS PART OF AXIS 1 OF EIPAS

Axis 1: Change the environment where people choose and buy food	
Measure 1	Monitoring the salt content in bread and breakfast cereals, meat and meat products, ready-to-eat meals, chips and other snacks, sauces, ready-made soups, cheeses and canned fish and restaurant-prepared meals.
Measure 2	Monitoring the sugar content in non-alcoholic beverages, dairy products, biscuits and sweet desserts, pastries, breakfast cereals, ready-to-eat meals, sauces, ice cream and canned fruit.
Measure 3	Monitoring the <i>trans</i> fatty acid content in biscuits, pastries, chips, breakfast cereals, chocolate spreads and margarines.
Measure 4	Promoting the adequacy of nutrient profiles for certain categories of foods.
a)	Low-salt foods should not contain more than 0.3 grams of salt per 100 grams or millilitres of finished product.
b)	In soups and prepared meals, the salt content should not exceed the reference value of 0.2 grams of salt per 100 grams of finished product.
c)	Low-sugar foods should not contain more than 5 grams of sugar per 100 grams of finished product (for solids), or 2.5 grams of sugar per 100 millilitres (for liquids).

d)	Both for fats intended for production of other food products and for the finished product, <i>trans</i> fatty acid content should not exceed 2 grams per 100 grams of fat.
Measure 5	Based on the WHO Recommendations, proposing goals for the reformulation of food products in collaboration with the production and distribution industries.
a)	Lowering the per capita daily salt intake to 5 grams by 2020.
b)	Lowering the per capita daily sugar intake to 50 grams and 25 grams for children by 2020.
c)	Lowering the intake of <i>trans</i> fatty acids to as close to zero as possible by 2020.
Measure 6	Expanding Order No. 7516-A/2016 of 6 June 2016, promoting the provision of healthy food in automatic vending machines, to all State Administration services and agencies.
Measure 7	Proposing the installation of free water dispensers or distributing water from the public network in all State Administration services and agencies, as well as all other services under public management.
Measure 8	Offering water, fruits and/or vegetables, preferably in line with seasonal availability and production proximity, at all public events organised by State Administration services and agencies.
Measure 9	Further expanding existing guidelines for the provision of food, originally conceived by the Ministry of Education, to all levels of education and teaching, including higher education.
Measure 10	Developing and implementing guidelines for the provision of food in social welfare institutions, in particular those providing services for the elderly.
Measure 11	Promoting public purchasing of food products from short food supply chains as well as integrated and organic production methods.
Measure 12	Promoting the use of iodized salt at canteens and cafeterias beyond those located in schools.
Measure 13	Encouraging fruit and vegetable consumption in schools, increasing the number of beneficiaries of the School Distribution Scheme.
Measure 14	Encouraging the consumption of food categories directly related to the prevention of NCDs, namely fresh fruits and vegetables.
Measure 15	Encouraging the removal of salt dispensers from tables in mass catering establishments by proposing that they only be provided when requested by the customer.
Measure 16	Promoting and broadening the scope of best practices related to the guidelines for tenders contracting school meal services.
Measure 17	Encouraging the agriculture and food industry to reduce food portion sizes and pre-packaged drinks.
Measure 18	Encouraging the availability of menus adapted to the most prevalent pathologies.
Measure 19	Expanding policies limiting the volume and supply of individual sugar packets to all entities involved in refining and distributing sugar.
Measure 20	Encouraging restaurants to refrain from providing "free refill" soft drinks.

Source: Order No. 11418/2017 of the Portuguese Official National Gazette

AXIS 2: IMPROVE THE QUALITY AND ACCESSIBILITY OF THE INFORMATION AVAILABLE TO CONSUMERS

Because information regarding food products is not always credible and impartial, these measures focus on facilitating access to easily understandable, quality information. Table 2 presents an overview of all measures planned as part of Axis 2 of EIPAS.

TABLE 2. OVERVIEW OF MEASURES PLANNED AS PART OF AXIS 2 OF EIPAS

Axis 2: Improve the quality and accessibility of information available to consumers	
Measure 1	Encouraging the use of additional nutritional information models on food labels to facilitate consumer choices.
Measure 2	Encouraging the inclusion of <i>trans</i> fatty acid content on nutrition labels on food product packaging.
Measure 3	Encouraging the adoption of measures that limit advertising of food products containing excessive salt, sugar and fat to children.
Measure 4	Encouraging the limitation of marketing and promotion of food products containing excessive salt, sugar and fat during sporting, cultural, recreational and other events involving minors.
Measure 5	Encouraging the use of digital media to disseminate quality messages on healthy eating.
Measure 6	Promoting the involvement of local authorities in providing information on healthy eating.
Measure 7	Developing literacy initiatives on healthy eating at points of sale, in collaboration with the agriculture and food industry.
Measure 8	Promoting the insertion of short messages on healthy eating into all periodical publications produced by the participating Ministries.
Measure 9	Developing a platform for the promotion and monitoring of all measures within EIPAS.
Measure 10	Promoting the incorporation of healthy eating initiatives into local authorities' programmes for the promotion of public health, physical activity and healthy ageing.
Measure 11	Promoting a communication campaign on healthy eating, including information on nutrition labels.

Source: Order No. 11418/2017 of the Portuguese Official National Gazette.

AXIS 3: PROMOTE AND DEVELOP LITERACY AND AUTONOMY FOR THE EXERCISE OF HEALTHIER CONSUMER CHOICES

Since NCDs are more prevalent among less educated individuals and those with less economic power, these measures focus on empowering citizens with different levels of literacy to make healthier choices. Table 3 presents an overview of all measures planned as part of Axis 3 of EIPAS.

TABLE 3 OVERVIEW OF MEASURES PLANNED AS PART OF AXIS 3 OF EIPAS

Axis 3: Promote and develop literacy and autonomy for the exercise of healthier consumer choices	
Measure 1	Promoting food literacy among pregnant women and parents and educating them about the importance of dietary habits in the first 1 000 days of a child's life.
Measure 2	Promoting food education strategies in schools through the promotion of the Mediterranean diet, food preparation and through better knowledge about the food production cycle.
Measure 3	Improving training of social workers who are responsible for managing food distribution programmes for low-income and less educated populations.
Measure 4	Improving training of tourism and catering professionals, in particular on the dangers of diets with excessive salt, sugar and <i>trans</i> fatty acids.
Measure 5	Promoting initiatives encouraging knowledge about the Mediterranean Food Chart.
Measure 6	Promoting initiatives encouraging local production and consumption.
Measure 7	Developing initiatives to complement the distribution of milk, fruits and vegetables in schools, reinforcing the School Distribution Scheme.
Measure 8	Promoting the training of canteen and cafeteria staff on healthy eating for local authorities.
Measure 9	Increasing public awareness of and knowledge about the Mediterranean diet.
Measure 10	Increasing training of canteen and cafeteria staff on incorporating fish, fruits and vegetables into meals.
Measure 11	Promoting communication campaigns to raise public awareness on the risk of excessive salt and sugar consumption.
Measure 12	Promoting initiatives that encourage healthy eating among university students.
Measure 13	Training health professionals on the importance of educating parents about the benefits of breastfeeding.
Measure 14	Training health professionals, teachers and parents on how to cultivate a preference for healthier foods in minors.

Source: Order No. 11418/2017 of the Portuguese Official National Gazette.

AXIS 4: PROMOTE INNOVATION AND ENTREPRENEURSHIP ON ENCOURAGING HEALTHY EATING

Innovation and technological developments can help change attitudes and behaviours towards healthy eating and further develop public awareness of and knowledge about this public health issue. It is therefore essential to take advantage of Portugal's economic and business ecosystem. Table 4 presents an overview of all measures planned as part of Axis 4 of EIPAS.

TABLE 4 OVERVIEW OF MEASURES PLANNED AS PART OF AXIS 4 OF EIPAS

Axis 4: Promote innovation and entrepreneurship on encouraging healthy eating	
Measure 1	Building an information website on fish and its nutritional value, recommending its inclusion in school meals.
Measure 2	Promoting the use of digital media in public institutions (i.e. waiting rooms, service counters) to encourage healthy eating.
Measure 3	Proposing alignment between national priorities in terms of promoting healthy eating and funding opportunities for state-funded laboratories.
Measure 4	Proposing the development of innovative and sustainable monitoring systems for analysing food intake.
Measure 5	Developing a digital platform allowing free and universal access to nutritional information on food to promote entrepreneurship.
Source: Order No. 11418/2017 of the Portuguese Official National Gazette	

EIPAS: FOLLOW-UP

While the original working group was created for the sole purpose of developing an integrated national strategy for the promotion of healthy eating, the Portuguese Government decided to expand its responsibilities. Building on the successful collaborative work that led to the publication of EIPAS, the duties of this group, which brought together representatives of several sectors and all ministries within the Portuguese Government, were expanded to include follow-up and implementation. The group's monthly meetings are coordinated by the Ministry of Health (21).

EIPAS: PRELIMINARY ACHIEVEMENTS

As previously mentioned, EIPAS was published on 29 December 2017. Nevertheless, several measures had already been implemented and/or were ongoing – most of them aligned with the first axis of EIPAS. We highlight the following:

- 1) Prohibition on the sale of products containing high levels of sugar, salt and fat, particularly *trans* fatty acids, in vending machines at all institutions of the Portuguese National Health Service (NHS), by Order No. 7516-A/2016 of 6 June 2016. In parallel, the provisioning of water, fruit and vegetables was promoted.
- 2) Introduction of a Special Consumption Tax on all sweetened beverages, such as soft drinks, energy drinks, flavoured or sweetened waters, syrups and powdered juice concentrates (22) (National Budget for 2017 - Law No. 42/2016 of 28 December 2016). The taxation was structured into two tiers (22):
 - a. drinks with a sugar content of less than 80 grams per litre of finished product – taxed at €8.22 per hectolitre;
 - b. drinks with a sugar content of 80 grams or more per litre of finished product– taxed at €16.46 per hectolitre;
 - c. applied to the final mixture of juice concentrates;
- 3) Creation of a working group that defined the strategy for the provisioning of nutritionally balanced meals in all hospitals of the NHS, including vegetarian options (Order No. 5479/2017 of 23 June 2017);
- 4) Signing of a collaboration agreement (16 October 2017) with the bread and baking industry, which will reduce the maximum salt content in bread from 1.4 grams to 1 gram per 100 grams of finished product by 2021. This target will be implemented by 2019 in schools and universities. In view of the positive response from the industry, new legislation aligned with the above-mentioned agreement is being drafted;
- 5) Prohibition on the sale of products containing high levels of sugar, salt and fat, with a focus on *trans* fatty acids, in all bars, cafeterias and buffets in all institutions of the Portuguese NHS (Order No. 11391/2017 of 28 December 2017). It ensured the provision of free water in all these institutions and encouraged the incorporation of fruits and vegetables into the menus;
- 6) Signing of a collaboration agreement (23 February 2018) with all four major national television stations, who agreed to broadcast health promotion and disease prevention communication campaigns as part of their

- social responsibility efforts (18 channels broadcasting more than 9 hours of campaigns per year combined);
- 7) Signing of a collaboration agreement (20 July 2018) with public transport (bus, underground, train) companies to disseminate health promotion and disease prevention communication campaigns;
 - 8) Appointment of a working group to evaluate the impact of the Special Consumption Tax levied on sweetened beverages, which produced a report on 30 June 2018, suggesting introduction of new intermediary taxation tiers (Joint Order No. 2774/2018 of 19 March 2018 of the Ministry of Health and Ministry of Economy);
 - 9) Working with sweetened beverage manufacturers and retailers to determine the maximum permitted volume of family-size sweetened beverages, which will further promote healthier food preferences and discourage consumption of products that are high in sugar.

RESULTS AND ACCOUNTABILITY

Similarly to what was previously stated, the responsibilities of the EIPAS working group were further expanded to measure the results and ensure accountability of the entities involved. Thus, the working group ensures continued collection of data on all ongoing or implemented policies regarding EIPAS. Building on this data, the working group issues a six-monthly public report, as determined by all the Ministries in its official order of implementation. The first report will be issued by 30 July 2018. This process is also coordinated by the Health Ministry.

CONCLUSION

Historically, health policy-makers have focused mostly on the area of disease treatment and, to a lesser extent, on rehabilitation. Health promotion and disease prevention have repeatedly been overlooked and account for less than 1% of Portugal's NHS budget.

Furthermore, policies emphasizing disease treatment and investing in health care infrastructures have a greater communication impact and awareness in the short term. Traditionally, politicians have favoured this approach for electoral reasons. Shifting mentalities from a disease-centred approach to a health-centred approach is a challenge in itself.

Effective promotion of healthy eating habits often involves going against the interests of the food and distribution industries. This requires the ability to negotiate with all interested parties to reach a consensus on the targets and time frames for implementing changes, namely product reformulation. The food and distribution industries can, in fact, be effective partners in this intersectoral strategy.

While the present Portuguese Government has demonstrated its commitment to implementing EIPAS, maintaining the current speed, effectiveness and efficacy of the EIPAS implementation may prove to be a challenge. The more politicized a country's health care system, the less likely it is to be effective because short-term political goals will override long-term considerations (23).

In order to prevent this phenomenon, which tends to prioritize treatment over prevention, future governments must remain equally committed to clear-sighted long-term national policies. Unless future problems are anticipated and planned for, overwhelming health care challenges may threaten entire societies.

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