

# Analysis of the Chilean health promotion policy “Choose a Healthy Lifestyle”

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## ABSTRACT

**Background:** *Intersectoral health promotion initiatives in Chile to address obesity and non-communicable diseases have had a long history in Chile, but also a high degree of changes in their design, implementation, and financing.* **Aim:** *To analyze the “Choose a Healthy Lifestyle” enacted by Law 20,670 under Sabatier’s “Advocacy Coalition Framework” (ACF), addressing the political discussion and its execution in the subsequent governing coalitions (2011-2022).* **Material and Methods:** *The ACF components are the following: external events, coalitions, policy subsystem (health promotion), and policy brokers. Policy change and learning occurs when a certain level of conflict exists between coalitions. We carried out a bibliographic and literature review, including history of the Law and notes in the media.* **Results:** *We identified two coalitions. The first is pro-individual freedom and aims to solve the problem with education and health promotion. The second one defines the problem as structural and related to social determinants and health inequity. The first coalition launched the “Choose a Healthy Lifestyle” program in 2011 when they were in executive power. After criticism from the opposition and the participation of policy brokers, the Program was institutionalized with an intersectoral vision. The lack of permanent financing affected the continuity of the policy, especially after a change in the governing coalition.* **Conclusions:** *Law 20,670 falls within the ACF. However, policy learning slowed down because the problem involved social aspects, conflict between deep beliefs of both coalitions, and lack of permanent funding, thus affecting the continuity of the policy.*

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**Key words:** Health Promotion; Obesity; Public Policy; Social Determinants of Health.

## Análisis de la política de promoción de salud chilena “Elige Vivir Sano”

**Antecedentes:** *Las iniciativas intersectoriales de promoción de salud en Chile han tenido una larga historia en el país, pero también un alto grado de cambios en su diseño, implementación y financiamiento.* **Objetivos:** *Analizar el “Sistema Elige Vivir Sano” (Ley 20.670) bajo el marco de “Coaliciones de Causa” (ACF), abordando la discusión política y su ejecución durante cambios de coaliciones gobernantes (2011-2022).* **Material y Métodos:** *Los componentes de ACF incluyen eventos externos, coaliciones, subsistema de políticas*

(promoción de salud) e intermediarios de políticas. El cambio y aprendizaje de políticas ocurre cuando existe cierto nivel de conflicto entre coaliciones. Realizamos una revisión de literatura, incluyendo historia de la Ley y notas en los medios de comunicación. **Resultados:** Identificamos dos coaliciones. La primera es pro-libertad individual y pretende resolver el problema con educación y promoción de la salud. La segunda es pro-determinantes sociales y define el problema como estructural. La primera coalición lanzó el programa "Elige Vivir Sano" en 2011 cuando estaban en el poder ejecutivo. Luego de las críticas de la oposición y la participación de intermediarios de políticas, el Programa se institucionalizó con una visión intersectorial. La falta de financiamiento permanente afecta la continuidad de la política, especialmente luego de un cambio en la coalición gobernante. **Conclusiones:** La Ley 20.670 se enmarca dentro de la ACF. Sin embargo, el aprendizaje de políticas se ralentizó porque el problema involucra aspectos sociales, conflicto entre creencias profundas de ambas coaliciones y falta de financiamiento permanente, afectando la continuidad de la política.

**Palabras clave:** Determinantes Sociales de la Salud; Obesidad; Política Públicas; Promoción de la Salud.

When analyzing public policies, it is important to consider that if a complex problem reaches the political agenda, negotiations between different coalitions and actors are possible, enriching policies through consensus or stopping them when there is high-level dissent.

Intersectoral health promotion initiatives in Chile to address obesity and non-communicable diseases (NCDs) are long-standing, but also have undergone a high degree of changes in their design, implementation, and financing, in line with political differences and intervention models.

The "Vida Chile Councils" and the "National Health Promotion Plan"<sup>1</sup> in 1998, were followed by the "Global Strategy Against Obesity, EGO-Chile" in 2006<sup>2</sup> (Figure 1) and then the "Choose Healthy Living System" ("Sistema Elige Vivir Sano") that was approved by Law 20,670 in 2013<sup>3</sup>.

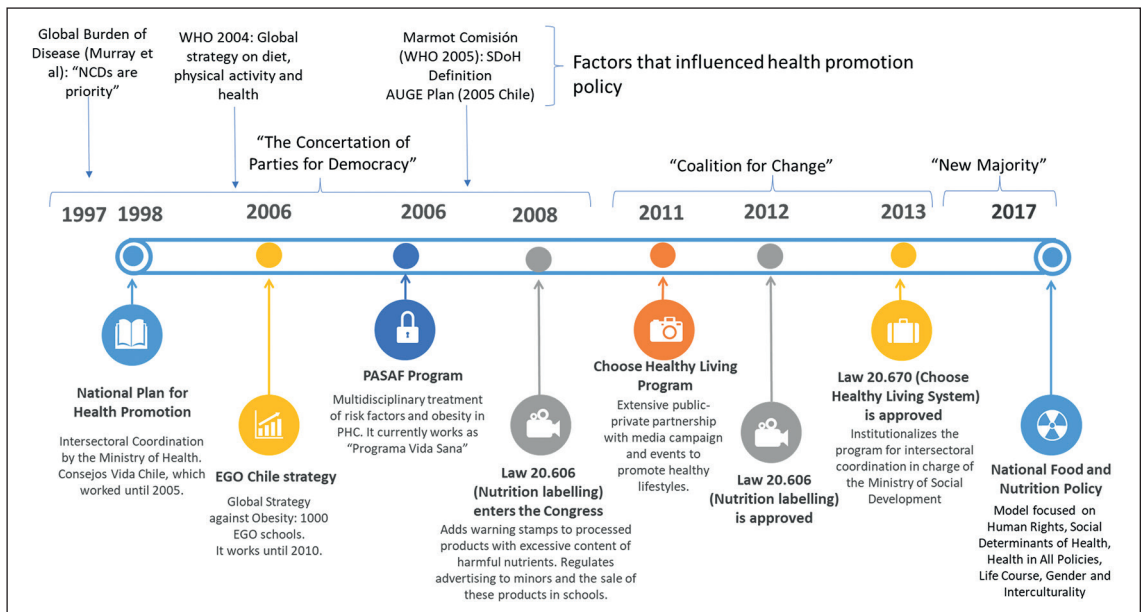
The National Health Promotion Plan (1998) and Vida Chile Councils implemented during Ricardo Lagos' government (centre-left coalition), aspired to address obesity and NCDs through a set of promotion actions and intersectoral coordination of public and private institutions, led by the Ministry of Health. Under this initiative, regional and community councils were created to carry out different activities financed from the central level<sup>1</sup>. These councils functioned until 2005, but the National, Regional and Communal Promotion

Plans are still in force today, despite government and political changes<sup>1,4</sup>.

In 2004, member countries of the World Health Organization (WHO) signed an agreement of a global strategy related to healthy eating and physical activity, alarmed by the high mortality attributable to NCDs<sup>5,6</sup>. In this context, the government of Michelle Bachelet (centre-left coalition) launched a new intersectoral strategy in 2006, the Global Strategy Against Obesity<sup>2</sup>. Under the wings of a structural strategy, the design of a legislative bill on food warning labeling and advertising restrictions began in 2008<sup>7</sup>. This strategy also included a multidisciplinary diet and physical activity program for overweight and obese people in Primary Health Care<sup>8</sup> and a set of actions in schools like healthy food kiosks, active recreation, extracurricular physical activities<sup>4,9,10</sup>. This program disappeared in the following government (centre-right coalition), but the aforementioned bill on food labeling and advertising continued to advance<sup>7</sup>.

Until then no clear results had been achieved in sedentary lifestyle, poor diets, obesity and NCD prevalence<sup>11,12</sup>.

In 2010, Sebastián Piñera assumes the Presidency with a drastic change of the political coalition. After 20 years of the centre-left coalition, a center-right coalition reaches the executive power. This change explains the launch of a new



**Figure 1.** Historical perspectives of health promotion policies in Chile. NCDs: Non-Communicable Diseases WHO: World Health Organization; PASAF: Programa de Alimentación Saludable y Actividad Física; AUGE: Acceso Universal con Garantías en Salud; EGO: Estrategia Global contra la Obesidad.

strategy, the "Choose Healthy Living System" dependent directly of the First Lady Cecilia Morel, which entails a wide presence in the media. This System is inspired by "Let's Move" program previously launched by Michelle Obama in the US, and represents a view of individual responsibility (choice) of lifestyles. This program was characterized by a public-private partnership that organized various events and developed a set of messages to promote health. The concept of choosing has not been exempt of criticism from the opposition coalition and various social and academic actors, who defend WHO model of Social Determinants of Health (SDoH) that proposes structural policies for changing lifestyles<sup>13</sup>. "Choose Healthy Living System" was transformed into Law 20,670 in 2013, that creates the depending of the Ministry of Social Development as an intersectoral policy<sup>3</sup>.

The aim of this article is to analyze the "Choose Healthy Living System" under Sabatier's Advocacy Coalition Framework (ACF), addressing its discussion on the political agenda and its implementation in subsequent government coalitions.

## Methods

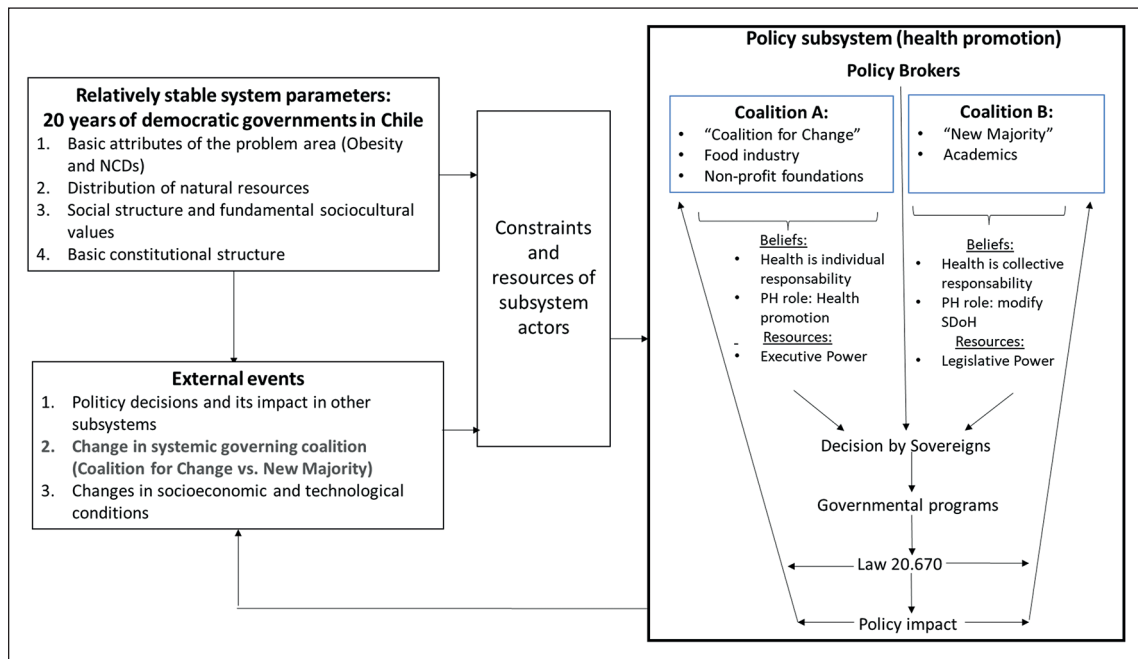
### Framework Definition

The theoretical framework that seems most appropriate to analyze the "Choose Healthy Living System" would be that of ACF, proposed by Sabatier. This framework defines that in order to understand the process that leads to public policy change, the following premises must be fulfilled<sup>14</sup>:

- Understanding the process of policy change and policy-learning requires the perspective of at least a decade.
- It should focus on a policy subsystem, that is, on the interaction between actors from different institutions interested in a policy area.
- Public policy can be conceptualized in a similar way as belief systems, that is, the sets of values and priorities and the causal assumptions of each coalition are intended to be embodied in public policy.

### System and subsystem components

The components of ACF are summarized in Figure 2, adapting it to the case in study. These include relatively stable system parameters that



**Figure 2.** Advocacy coalition framework adapted to the "Choose Healthy Living System" (Law 20,670). Adapted de Sabatier (1988)<sup>14</sup>. NCDs: Non-Communicable Diseases. Coalition A, "Coalition for Change" (prior "Alianza por Chile" and subsequently "Chile Vamos", moderate right wing) includes the following political parties: Unión Demócrata Independiente (UDI), Renovación Nacional (RN), movimiento "Chile Primero", movimiento "Norte Grande" y movimiento "humanista cristiano". Coalition B, "New Majority" (prior "Concertación", moderate left wing) includes the following political parties: Partido Demócrata Cristiano (DC), Partido Socialista de Chile (PS), Partido por la Democracia (PPD), Partido Radical Socialdemócrata (PRSD), Partido Comunista de Chile (PC), Partido Izquierda Ciudadana de Chile (IC) and Movimiento Amplio Social (MAS).

generally do not lead to policy change: 1) the basic attributes of the problem; 2) the basic distribution of natural resources; 3) cultural values and social structure, and 4) basic constitutional structure<sup>14</sup>.

The most important components are those that are dynamic and external to the system, since their unstable nature have a greater influence in generating changes in public policies. Among them, we find changes in socioeconomic and technological conditions (an economic crisis, digital development), a change in the ruling coalition, and finally, policy decisions and their impact on other subsystems. Later revisions have added new components as a path for major policy changes: 1) internal shocks of the subsystem, which redistribute power to the minority coalition beliefs; 2) negotiated agreement: in which a major policy change occurs after decades of debate without the occurrence of external or internal events; and 3) opportunity structures to mediate how stable

parameters of the system affect coalition behavior<sup>15</sup>. It is important to consider that the policy subsystems are partially autonomous and that they depend on the policies of other subsystems.

#### *Policy subsystem and coalitions perspectives*

The definition of ACF proposed by Sabatier is an alternative to the model of institutional actors, which have the authority to make policy changes, but do not allow us to understand the role of actors involved in policy learning. A subsystem is defined as a set of actors, active and latent, involved with a policy problem. An advocacy coalition includes non-institutional actors and individuals such as researchers, academics and leaders of different interest groups who are involved with the problem and who share a set of beliefs. An institutional model does not allow us to understand the changes in position within the same institution, nor does it allow us to consider the influence of specific

individuals who move between one organization and another. Sabatier also proposes considering a group of actors called "policy brokers" defined as those who are interested in achieving consensus, maintaining a low level of political conflict and who defend a comprehensive model to solve the problem, considering individual and structural aspects<sup>14</sup>.

### Data collection

This analysis was carried out based on a bibliographic and literature review, history of the law in the National Congress Library, and review of notes in the media between 2011 and 2022.

### Results

Figure 1 summarizes the health promotion policies enacted before and after the "Choose Healthy Living System". Figure 2 shows the components of the ACF applied in the analysis. Since

1990 there has been a stable democratic institutionality governed by the same political coalition until 2010. Within the values and social structure, a free economic system stands out in a successful democratic transition to date, stable natural resources, a small state with a subsidiary system, basic constitutional norms with a reform to the constitution carried out in the year 2005. From the dynamic factors proposed by Sabatier<sup>14,15</sup>, the change in the governing coalition was a key factor in the case of study. All the actors involved in the problem of obesity and NCDs belong to the health promotion policy subsystem, among the main ones: research centers, scientific and academic societies, health professionals, executive power (Ministry of Health and others), legislative power, politicians, primary care centers, the media, civil society, small producers and traders, the food industry, large supermarkets, and the marketing industry.

Table 1 summarizes for the case of Chile, the actors, transversal beliefs, beliefs related to politics

**Table 1. Actors and beliefs of each advocacy coalition identified in "Choose Healthy Living System" (Law 20,670)**

	<b>Coalition A: pro "Healthy Living"</b>	<b>Coalition B: pro "Social Determinants of Health"</b>
Deep core beliefs (normative)	Economic and individual freedom	Social justice and equity
Near core beliefs (policy)	Health and lifestyle depend on individual choices Approach to social determinants deviates from the focus of health The role of the State is to carry out education and health promotion Public-private partnerships	Health and lifestyles depend on the social determinants of health Reducing economic inequality is key to achieving health and behavioral change The role of the state is to guarantee conditions so that individuals can have healthy lifestyles Private economic actors must be regulated and not participate in public policy
Beliefs related to secondary aspects	Health promotion media campaigns. Sporting events with private financing. Health education and health promotion is a priority. Healthy schools and workplaces.	Health promotion is insufficient. Regulation of the food industry. Taxes on unhealthy foods. Marketing regulation (food, tobacco, alcohol) Improving food and community environments. Participatory social and community programs.
Actors	"Chile Vamos" politicians (moderate right wing) Food industry First Lady 2010-2014 (Cecilia Morel) Chile Foundation Health Ministry 2010-2014 (Jaime Mañalich) Social Development Ministry 2012-2014 (Joaquín Lavín)	"Nueva Mayoría" politicians (moderate left wing) Academics and researchers related to social determinants of health. Ministry of health 2014-2018 Ministry of Social Development 2014-2018

Adapted from Sabatier (1988)<sup>14</sup>.

and beliefs of secondary aspects of each coalition. One coalition includes center-right politicians (coalition A), the food industry and economic elites, who defend individual freedom and has as its main belief that lifestyles depend on individual choices. For this coalition the solution for obesity and NCDs requires educational campaigns and the generation of awareness in the population to achieve changes in diet and physical activity, as the "Choose Healthy Living System" did between 2010 and 2013. The other coalition (coalition B: center-left) strongly believes in the role of the state, and finds the causal root of obesity and NCDs in social injustice and inequities in availability and access to a healthy life. This coalition, closely linked to the WHO SDoH Commission<sup>13,16</sup> privileges structural transformations that address urban environment, socioeconomic and educational level, working conditions and food environments, to modify the lifestyles of the population, considering that the context determine the behaviour<sup>17,18</sup>.

As can be seen in Table 2, the hypotheses proposed by Sabatier are fulfilled for advocacy coalitions and policy learning during the creation and evolution of the "Choose Healthy Living System" (2011-2021). Table 3 describes in detail changes in each one of the government coalitions in relation to the creation and evolution of the "Choose to Live Healthy System" and policy brokers identified in the process.

## Discussion

According to the information reviewed, the "Choose Healthy Living System" suits the Sabatier's advocacy coalitions framework. We observed how a coalition that defends individual freedom and establishes a program based on its beliefs, then incorporates aspects of the opposite coalition (intersectoral and social policy) but also allows the institutionalization of the policy by a Law<sup>3</sup>. It is important to highlight that the lack of permanent financing has generated interruptions and slows down the policy learning process in a policy that must be continuous to achieve results.

In the beginning, the "Choose to Live Healthy Program" was successful regarding the communication field and the development of massive sporting events, allowing it to establish as a permanent state policy that is sustainable over time and

that incorporate social aspects. However, policy results are not measurable in the short term. They require continuity, commitment from civil society and various actors, support from the media, and transgenerational structural and sociocultural changes to have impact, as demonstrated by the North Karelia Project<sup>19-21</sup>. Although no results have been observed in obesity, sedentary lifestyle decreased from 88.7% in 2010 to 86.7% in 2017, which was significant in the group of young adults (30-49 years: from 92.5% to 86.2%)<sup>17</sup>. Although these results are still insufficient, they could have long-term implications for obesity and NCDs.

The "Choose Healthy Living System" has recently completed 10 years as a public policy, which is roughly the minimum time to evaluate a policy under the Sabatier framework<sup>14,22</sup>. During this time, it is possible to observe how initial learning occurs to achieve a consensus and implement a state policy with subsequent changes and execution assumed by each ruling coalition. These differences are evident not only in political management, but also in the discourse of the actors of each coalition with some level of conflict between deep core beliefs, which slows down the policy learning process. One coalition criticizes the vision of individual choice, questioning whether there is absolute freedom to choose in an unequal environment. "Why treat the population and then return it to the living conditions that make it sick?"<sup>16</sup>. On the other side, criticism of the SDoH vision is based on the fact that addressing health issues outside the health spectrum can result in a lack of prioritization because "When everything is important, nothing is important"<sup>23</sup>. However, many of the actors involved in the political subsystem do not belong to any of these coalitions and contribute according to healthy interests and abilities.

An essential aspect of the "Choose Healthy Living System" is that it did not consider a significant increase in fiscal spending. It only considered financing to create the Executive Secretary in the first year and coordinate existing programs from other Ministries. Therefore, it was processed quickly in Congress and approved unanimously since it did not generate an economic conflict affecting interest groups. However, not considering permanent financing is a weakness that leaves this policy susceptible to the freezing of resources in the case of "external events" and thus affects its

**Table 2. Hypotheses proposed in the conceptual framework of cause coalitions proposed by Sabatier and compliance with “Choose Healthy Living System” (Law 20,670)**

	<b>Advocacy Coalition Framework Hypothesis</b>	<b>Application in Law 20,670 (“Choose Healthy Living System”)</b>
Advocacy coalitions	<p>On major controversies within a policy (i.e. when core beliefs are in dispute), the lineup of allies and opponents will tend to be rather stable over periods of a decade or so</p> <p>Actors within the same coalition will have substantial consensus on the core beliefs of the policies, but less on secondary aspects</p> <p>An actor or coalition will give up secondary aspects of his belief system before acknowledging weakness in the policy core</p> <p>The core (attributes) of a government program are unlikely to be significantly revised while the coalition which institute the program remains in power</p> <p>The core attributes of a government program are unlikely to be changed until there is significant disruption to components external to the subsystem</p>	<p>Actors who criticized the “Choose Healthy Living System” program (2011-2013) support Law 20,606 (Nutritional Labeling) and the reformulations with subsequent governments and viceversa</p> <p>Some actors in favor of health promotion and education see as a fundamental secondary aspect the incorporation of food policies within the Ministry of Education (an instrument that is not transversal within the coalition)</p> <p>Creation of the law “Choose Healthy Living System” has an intersectoral vision coordinated by the Ministry of Social Development (core aspect: individual choice and interventions, secondary aspect: intersectoral approach)</p> <p>Law 20,670 is not revised until the governing coalition changes, which is a disruption of an external component to the subsystem (Second Government of Michelle Bachelet). This government had a lower priority for health promotion financing, but is later relaunched when the governing coalition changes again (Second Government of Sebastián Piñera)</p>
Policy learning between coalitions	<p>Learning from politics between belief systems is likely to occur if there is an intermediate level of reported conflict between the two. This requires:</p> <ol style="list-style-type: none"> <li>1) both coalitions have the technical resources to carry out a debate and</li> <li>2) the conflicts are between core attributes of the politics of one coalition and secondary aspects of another or between secondary aspects of both belief systems</li> </ol> <p>Policy learning between belief systems of both coalitions is more likely to occur if a forum exists that is: 1) prestigious enough to force professionals from both coalitions to participate, and 2) dominated by professional norms</p> <p>Problems for which there are quantitative performance indicators are more conducive to policy learning than those with subjective indicators</p> <p>Problems involving natural systems are more conducive to public policy learning than purely social ones because controlled experimentation is more feasible and the critical variables are not active by themselves</p>	<p>Law 20,670 arises from policy learning incorporating secondary aspects of the opposition coalition. This would be that its intersectoral coordination is in charge of the Ministry of Social Development, maintaining the central axis and priorities of the “Choose Healthy Living System” Program. There is a degree of conflict between core or transversal beliefs, which slows down the learning process</p> <p>Scientific societies’ meetings allow discussing the approach to obesity and non-communicable diseases from different perspectives evaluated through scientific research (biomedical, prevention and health promotion, social determinants, food and community environments)</p> <p>Although there are increasing quantitative indicators of obesity, there are no successful policies worldwide to date. Furthermore, diet has a significant measurement error and is interrelated with culture and society. Behavior is a complex area to address, a transdisciplinary perspective is required. Therefore, learning is more difficult</p> <p>The problem of obesity and its determinants addresses social, cultural, economic, and biological aspects. Therefore, policy learning is more complex and requires a transdisciplinary perspective</p>

Hypotheses cited and adapted from Sabatier (1988)<sup>1</sup>.

**Table 3. Change of governing coalitions in the period 2010-2021: creation and evolution of the "Choose Healthy Living System" (Law 20,670)**

Government	Year	Central Facts	Characteristics
First Government of Sebastián Piñera (2010-2014)	2011	"Choose Healthy Living" Program was launched by the first lady, Cecilia Morel	<ol style="list-style-type: none"> <li>1) Private financing of the program from major enterprises (4.4 billion USD)</li> <li>2) Participation of public institutions (Ministries of Health, Agriculture and Education, and the National Institute of Sports) to increase the offer of sporting and multi-sport events</li> <li>3) Media campaign that gave national visibility to promoting healthy lifestyles that had not been achieved before</li> <li>4) Supported by Chile Foundation, who since 2012 has annually carried out the "Healthy Chile" study, which focuses on the role of the food industry in promoting healthy eating habits and the opportunity for innovation</li> </ol>
	2012	Criticisms to the "Choose Healthy Living" Program from academics and opposition politicians	<ol style="list-style-type: none"> <li>1) Lack of transparency regarding the tax exemptions made to companies that donated through the Family Foundation, dependent on the first lady cabinet</li> <li>2) Lack of impact after 2 years of the program</li> <li>3) Lobby exercised by the food industry in the government on banning the sale of ultra-processed foods and fast food in educational establishments</li> <li>4) Identified policy brokers who agree for long-term policy solutions (intersectoral system for health promotion): Congressmen, Government officials and researchers</li> </ol>
	2013	Transversal agreement between coalitions to institutionalize "Choose Healthy Living" in a Law	<ol style="list-style-type: none"> <li>1) The Congress unanimously approved and promulgated in May 2013 the Law 20,670 to "create and regulate the "Choose Healthy Living System" whose administration, coordination, supervision and evaluation of its implementation correspond to the Ministry of Social Development, through the Executive Secretariat of "Choose Healthy Living System"</li> <li>2) The financing of the "Choose Healthy Living System" contemplated US\$ 0,2 million per year, which considered existing programs of several Ministries (Health, Housing and, Social Development, General Secretariat of the Government, and Interior). USD 500,000 for the creation of the Executive Secretary position</li> </ol>
Second Government of Michelle Bachelet (2014-2018)	2014	The " Choose Healthy Living System" is frozen and reviewed	<ol style="list-style-type: none"> <li>1) Minister of Social Development pointed out "like any program, it is subject to review in its components, in its results, and we are evaluating that"</li> <li>2) Former first lady indicated that the lack of prioritization of this policy is due to an ideological bias rather than to an advance or transformation of policies to address obesity</li> </ol>
		The agenda of the "Choose Healthy Living" was resumed and refounded	<ol style="list-style-type: none"> <li>1) Private financing was not allowed and the "Choose Healthy Living" seal lost the media presence observed in the previous Government,</li> <li>2) Refounded as the Choose Healthy Living in Community</li> <li>3) Designation of three consecutive executive directors over a period of four years</li> </ol>
	2016	Policies related to structural changes and healthy environments are implemented	<ol style="list-style-type: none"> <li>1) "JUNAEB counterweight plan" implemented in schools (e.g. salad bar, use of local foods and restriction of free sugar in school meals, active recreation, delivery of physical activity monitor bracelets)</li> <li>2) Law 20,606 on the nutritional composition of food and its advertising takes center stage, including the warning stamps "high in" and prohibits advertising aimed at children under 14 years of age of these products their use and their sale in schools</li> </ol>
	2017	The Ministry of Health launched the National Food and Nutrition Policy	<ol style="list-style-type: none"> <li>1) Aims to establish a reference framework for developing policies related to food and nutrition focused on human rights, social determinants, gender, and food environments</li> </ol>



Second Government of Sebastián Piñera (2018-2022)	2018	"Choose Healthy Living System" was relaunched	<ol style="list-style-type: none"> <li>1) The General Secretary Minister of the Government declared: "Today we revive the commitment with a view of public policy so that all families have the certainty that by choosing the healthiest path they will choose a better life"</li> <li>2) President Piñera also criticized the management of the previous government with the "Choose Healthy Living System"</li> <li>3) New technical guidelines for "Choose Healthy Living seals" related to the axes of the system that must accomplish municipalities, schools, and workplaces</li> </ol>
	2020	Pandemic caused by the SARS-COV2 virus (COVID-19) postpones the relaunched initiatives	<ol style="list-style-type: none"> <li>1) The Ministry of Health, Education, and Social Development resources are used mainly to meet the excess health demand, maintain the remote school curriculum, expand mental health care ("Saludablemente" Program), and provide financial aid to households affected by the COVID-19 crisis</li> </ol>
	2021	Increase in childhood obesity during the pandemic leads to address it from the "Choose Healthy Living System"	<ol style="list-style-type: none"> <li>1) "Choose Healthy Living Time Zone" is launched for the practice of physical activity in periods of confinement</li> <li>2) A mobile App is developed for purchases of fruits and vegetables in free fairs with free delivery</li> <li>3) Healthy food is delivered to communal pots</li> </ol>

continuity and sustainability in the long term. This fact has been the historical problem of policies in the field of health promotion. Some deputies requested to incorporate more funding to include regional teams that would adapt and coordinate the policy in the local context, but it was rejected. Since this System is only a coordinating entity dependent on the Ministry of Social Development, it does not have sufficient power over the other Ministries, which are its real executing arms, thus allowing the modification of environments that promote a healthier lifestyle in the population. When it was in the hands of the First Lady's cabinet, it had greater power.

Obesity and unhealthy lifestyles do not generate clear discontent in society, since various treatments have prevented cardiovascular mortality, so they are not seen as urgent problems to solve. According to Bradshaw, we can define this problem as a normative need raised by health professionals, academics and authorities rather than a need expressed by those affected<sup>24</sup>. Therefore, obesity and NCDs prevention within the agenda do not give political benefit as they are not considered a priority by the population, which prioritizes curative medical care. In addition, they involve social aspects, which slows down the policy learning between coalitions, according to the ACF.

It is important to note that according to Sabatier's framework there can be more than 2 coalitions

of cause within a policy subsystem. Within those related to health promotion, new coalitions related to different visions of the problem could emerge, for example, the "Body Positive" movement and "Fat Feminism". Within this movement, the use of body size or body mass index or an "obese body" as an indicator of health is criticized, alleging the existence of "fatphobia" and discrimination. This type of movement does not yet have a significant political force to affect the subsystem. Still, if it does, it could influence how to approach the problem<sup>25</sup>.

In conclusion, "Choose Healthy Living System" falls within the ACF as the key components were identified through the policy change and learning process. However, learning was slowed down because the problem involves conflicts between deep beliefs of both coalitions, which affects the continuity of the policy.

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