WN *Update*

***World Nutrition* Volume 5, Number 3, March 2014**

Journal of the World Public Health Nutrition Association
Published monthly at www.wphna.org/worldnutrition/

Editor's note



For *Updates* on sugar, including news of the tough new World Health Organization targets, and an official UK identification of sugar as addictive, see below, on pages 218-223

Commission on Global Governance for Health
Nutrition is a political issue

Access February Update on the World Economic Forum and inequity here
Access February 2014 Global Governance for Health report on health inequity here
Access February 2014 The Lancet editorial on health inequity report here
Access this issue Claudio Schuftan on the People's Health Movement here



The text of the Oslo-Lancet Commission report The Political Origins of Health Inequity are a foundation for equitable and democratic world health policies. But its recommendations disappoint

The Update team reports:

The London-based journal *The Lancet* is enhancing its reputation as one of the world's most influential champion of social medicine – medicine writ large.

Box 1

Commission members

Commission on Global Governance for Health members responsible for the *Political Origins of Health Inequity* report, pictured above at the Commission's final meeting, are as follows. Top row, Nokosana Moyo (Zimbabwe), Desmond McNeill (Norway), Paulo Buss (Brazil). Second row, Gorik Ooms (Belgium), Sigrun Møgedal (Norway), Michael Marmot (UK), Julio Frenk (Mexico). Third row, Rita Giacaman (Palestine), (Norway), Ayanda Ntsaluba (South Africa), Jennifer Leaning (US), John Gyapong (Ghana). Front row, Bience Gawanas (Namibia), Virasakdi Chongsuvivatwong (Thailand), Joahodhara Dasgupta (vice-chair, India), Ole Petter Ottersen (chair, Norway), Sakiko Fukuda-Parr (Japan).

Richard Horton, *The Lancet* editor, here outlines the principles of social medicine (1). 'First, health is a fundamental right. Second, health is socially determined. Third, health can only be achieved through universal (non-discriminatory) policies. Fourth, health can only be achieved through social participation at all levels'. The latest manifestation is the Oslo University – *Lancet* report *The Political Origins of Health Inequity* (2), whose text is a foundation for the revival of equitable and democratic world health policies.

The report is the responsibility of the Commission on Global Governance for Health, members listed above in Box 1, convened and chaired by the Rector of Oslo University Ole Petter Ottersen, as commissioned by *The Lancet*. Most of the Commission's members are in the picture above, taken at its final meeting. Background papers and case studies were commissioned from the People's Health Movement – and see *Claudio Schuftan on the PHM* also in *Update* this issue.

The text of the report is radical in the exact sense of the term. It goes to the root of world health affairs. Applied to public health and nutrition its analysis can be summarised as follows. The world's dominant political and economic ideology drives the policies and actions of the most powerful international and national governments and institutions. These include low priority given to social welfare and public goods, compared with private enterprise and corporate profit. One outcome is the state of public health which, in a world now dominated by an ideology that frees private corporations, is disintegrating. One aspect of this is the state of population nutrition. Epidemic diseases are symptoms of sick societies. Obesity and diabetes are now uncontrolled pandemics, and poverty, insecurity and inequity continue to cause outrageous levels of deficiencies and infections, especially among children.

Many parts of the world are exceptions to this bleak outlook. Almost all of these are countries whose governments continue to do what they can to resist the currently dominant ideology, and work to preserve and protect long-established institutions and customs. These include publicly funded universal primary health care, and food systems and supplies and thus dietary patterns based on fresh and minimally processed food and on meals. A salient passage in the Commission report is

Box 2

People's Health Movement contribution

The Commission's report is informed by background papers and case studies commissioned from the People's Health Movement. This is acknowledged in the report as follows: 'We offer a special thanks to the People's Health Movement, which contributed with six background papers via an editorial group consisting of Bridget Lloyd, David Sanders, Amit Sengupta, Hani Serag. The authors of these background papers were Susana Barria, Alexis Benos, Anne-Emanuelle Birn, Chiara Bodini, Eugene Cairncross, Sharon Friel, Sophia Kisting, Elias Kondilis, David Legge, Mariette Liefferink, Baijayanta Mukhopadhyay, Lexi Bambas Nolen, Jagjit Plahe, Farah M Shroff , Angelo Stefanini, Anne-Marie Thow, Pol De Vos, David van Wyk, Aed Yaghi'.

> The conditions of hunger and obesity within a country are subject to various local, national, and global political processes. As Amartya Sen argued three decades ago (3), nutritional status is not determined solely by the availability of food, but also by political factors such as democracy and political empowerment. The politics that generate and distribute political power and resources at local, national, and global levels shape how people live, what they eat, and, ultimately, their health. The global double burden of overnutrition and undernutrition is thus one of serious inequity.

Correspondingly, the model for public health nutrition is not clinical nutrition, modelled on what is now the dominant type of medicine concerned with the treatment of disease or potential disease in individuals or communities and populations. While valuable, this approach cannot address epidemic diseases, other than those whose vectors are microbes. As the Commission report says:

> The biomedical approach cures disease, but it alone cannot address the root causes of health inequity…The deep causes of health inequity cannot be diagnosed and remedied with technical solutions, or by the health sector alone. The causes of health inequity are tied to fairness in the distribution of power and resources rather than to biological variance. Yet, most international health investments tend to focus on specific diseases or interventions…Construing socially and politically created health inequities as problems of technocratic or medical management depoliticises social and political ills, and can pave the way for magic-bullet solutions that often deal with symptoms rather than causes.

Public health nutrition properly understood is a branch of public health, aptly termed 'social medicine'. This engages with general public policies, including those not explicitly concerned with health. These need to derive from political and economic ideologies that favour public goods in the public interest. Social medicine is not antagonistic to private enterprise. But it insists that a first duty of governments at all levels is to legislate in the public interest. But as the Commission report recognises, these are dark times. Epidemics are symptoms of sick societies. The conditions and the institutions of public health are systematically sabotaged by the prevailing so-called 'market' ideology (4). Elected governments have ceded prime duties to protect public goods to transnational corporations whose chief executives are responsible to the money markets and powerful shareholders, and continue to enable and encourage the privatisation of public goods.



The Commission recognises that social movements are essential and central in any participatory democracy. A picture of a La Via Campesina demonstration appears in the Commission report

The language of the Commission report is generally rather mild, but its analysis indicates the scale of the global crisis created by casino capitalism, most of all in the global South:

> Transnational companies wield tremendous economic power, which they can deploy to further their interests in global governance processes and global markets…These industries dwarf most national economies… Although governments have the authority to regulate any private actor operating on their soil,… transnational corporations… can change jurisdictions with relative ease to avoid or deter regulation – in other words, they seem to be beyond any one state's control…
>
> The deepening penetration of food markets in middle-income countries by multinational food corporations has been associated with increasing intakes of unhealthy commodities such as soft drinks and processed foods, contributing to rising rates of non-communicable diseases… As global supermarkets now rapidly expand in Latin America, Asia, and Africa, it becomes increasingly difficult for smaller food producers to gain access to the world food market. Domination by a few powerful actors with increasing bargaining power could result in an undifferentiated global food market in which consumer welfare is measured by price rather than by nutritional value or health effect…. A range of global-level factors [affect] food security, including agricultural trade agreements, price volatility, financial speculation, replacement of domestic food crops with export crops, and marketing of unhealthy foods by large corporations.

Criticisms of the Commission report so far are concerned not so much with its analysis, as with its recommendations. These include setting up (capital letters theirs) a UN Multistakeholder Platform on Global Governance for Health. This apparently would amount to a vast 'public-private partnership' in which the transnational corporations would be invited to solve the problem they are causing. Critics point out that this approach was rejected in a recent *Lancet* paper specifically on food and nutrition (5).

References

1 Horton R. Four principles of social medicine. *The Lancet*, 20 July 2013. http://www.thelancet.com/pdfs/journals/lancet/PIIS0140673613615731.pdf.

2 Ottersen O, Dasgupta J, Blouin C, Buss P, Chongsurvivat V, Frenk J *et al.* *The political origins of health inequities.* Report of the *Lancet*-University of Oslo Commission on Global Governance for Health. *The Lancet* 2014; **383**: 630-667. 11 February 2014. http://dx.doi.org/10.1016/S0140-6736(13)62407-1. *Access pdf here*

3 Sen A. *Poverty and Famines. An Essay on Entitlement and Deprivation.* Oxford: Oxford University Press, 1981.

4 Garrett L. *Betrayal of Trust. The Collapse of Global Public Health*. New York: Hyperion, 2000.

5 Moodie R, Stuckler D, Monteiro C, Sheron N, Neal B, Thamerangsi T *et al.* Profits and pandemics: Prevention of harmful effects of tobacco, alcohol and ultra-processed food and drink industries. 12 February 2013 http://dx.doi.org/10.1016/S0140-6736(12)62089-3. *Access pdf here*

Anon. Commission for Global Governance for Health. Nutrition is a political issue. [Update]. World Nutrition March 2014, 5, 3, 211-215

Brazilian dietary guidelines

At last! A national guide based on meals!



In front above are Carlos Monteiro with Patricia Jaime of Brazil's Ministry of Health, colleagues from the Pan American Health Organization, and the teams that drafted and advised on the Guia

Jean-Claude Moubarac reports:

The new official national Brazilian guidelines are now in their final stage of public consultation. Commissioned by the federal Ministry of Health, they have been drafted by a team at the University of São Paulo led by Carlos Monteiro. In the

picture above taken outside the USP School of Public Health, he is in the front row, together with Patricia Jaime of the Ministry of Health, and also colleagues from the Pan American Health Organization. In the picture also are members of the team responsible for drafting the report, and professionals from throughout Brazil who have been part of the consultative process. I have been proud to be a team member during my time at USP and yes, I am in the picture – back row, second from right.

I am now back in my home land of Canada, and here, with a few edits, is the piece I wrote on the guidelines for the *fabulously successful website* of Canadian physician, obesity expert and public health activist Yoni Freedhoff, who introduces what I wrote as follows:

> A few weeks ago Brazil announced the launch of their new national dietary guidelines. Unlike those from North America, Brazil's focuses on the real issue at hand - we've stopped cooking. At least half of our average food dollar is now being spent on foods purchased outside the home and of the foods we bring in, the amount of processed foods have doubled since just the 1980s.
>
> So how did Brazil do it? How did Brazil, rather than join North America in issuing a misguided, nutrient focused, and food industry friendly dietary guideline, put out an actually useful and thoughtful food guide? Here to explain is Jean-Claude Moubarac who himself was involved in Brazil's guidelines' creation.

So here below is what I wrote, primarily for a North American readership. But Yoni Freedhoff's blogs are read all round the world, and I hope what follows works for *WN* [*Ed: Yes it does, and many thanks Jean-Claude!*]

A focus on food and the enjoyment of meals

On 10 February the federal Ministry of Health of Brazil issued the final draft of a new guide not only to food and nutrition, but also to the enjoyment of healthy meals. The guide has been approved at this stage by the Minister of Health. *It is now out for public consultation.*

Announcing the guide on her blog with its 112,000 followers, *Food Politics* author and New York University professor Marion Nestle says: 'Now if only our Dietary Guidelines Advisory Committee would take note and do the same. Would you like us to have sensible, unambiguous food-based guidelines like these?'

The guide is designed to prevent and protect against all forms of malnutrition. These include undernutrition, already in sharp decline in Brazil. Its main focus is the same as any guide issued in North America, to prevent and control overweight and obesity, and chronic diseases such as diabetes, all now sharply increasing in Latin America.

This Brazilian guide goes further. It is not just concerned with avoiding obesity and disease. It is also designed to encourage positive good health and well-being among

all Brazilians. It takes into account the latest scientific evidence. It is written in a style attractive to everybody interested in their own health and that of their family and community. It is also designed for use by policy-makers, educators, and all those responsible for food supplies. And as another innovation, it takes as a starting point, what the Brazilian people from all social classes actually eat every day.

All the advice in the guide has been summed up in three 'golden rules'. These are universal. Everybody in the world will benefit from following them:

- Make fresh and minimally processed foods the basis of your diet
- Use oils, fats, sugar and salt in moderation when preparing dishes and meals
- Limit consumption of ready-to eat food and drink products.

Most countries are now faced with rapidly rising rates of obesity and related chronic diseases. The Brazilian guide is a whole new look at food and nutrition. It takes a broad and comprehensive view of health, including the social, cultural, economic amd environmental dimensions of food systems and supplies and so of dietary patterns. In particular it examines the central role of different types of processing on the quality of diets.

Patricia Jaime, Ministry of Health coordinator of Food and Nutrition, the pivotal point of contact in Brazil for the guide, makes a statement that resonates in other countries and all over the world. She says:

> We need to protect and preserve the Brazilian tradition of enjoyment of meals as a central part of family, social and workplace life. The planning of meals, exchange of recipes with friends, and involvement of the whole family in preparing food to enjoy together, are all part of a healthy life.
>
> Of course it is true that making meals at home takes time. But this is time we can share with our loved ones, including children. Freshly prepared meals are still cheaper than ready-to-consume snack and drink products. Also, protecting personal and family good health and well-being will save time and money spent on health care.

Public health and nutrition professionals in Canada agree that new ways of thinking are needed to face and deal with the obesity and diabetes crises. Our food system is saturated with ready-to-consume ultra-processed food products that are intrinsically unhealthy. We often hear that today people have little or no time to cook 'real' food and to share meals. Maybe this is true. Or maybe it's a question of what we most value in life and to what we choose to give the highest priorities. So here is a whole new idea. Maybe our inspiration to appreciate the value of freshly prepared meals will come from Brazil, and the global South.

Moubarac J-C. Brazilian dietary guidelines. At last! A national guide based on meals! [Update]. World Nutrition March 2014, 5, 3, 215-217



Sugar

The case against sugar gets stronger

Editor's note

In this section of *Update*, we continue to summarise news about added sugars and syrups. On 4 May the UK chief medical officer of health told a parliamentary committee that sugar is likely to be identified as addictive, and warned that a UK sugar tax is a possible outcome. On 5 May the World Health Organization expert NUGAG report on sugar with tough new targets was published on the WHO website for consultation. New findings from the US Centers for Disease Control suggest a causal link between diets high in added sugars and syrups and heart disease, And the new official US nutrition labels are giving more prominence to sugar.

We also continue to publish our own research and investigation. In two boxed texts, we first note the pioneer investigators who saw causal connections between diets high in added sugars and systemic disease; and second summarise some curious connections between members of an official UK expert committee investigating sugar, and conflicted industry.

Access September 2012 Editorial on addiction here
Access April 2013 Update Michael Moss on addiction here
Access January 2014 Update on sugar here
Access February 2014 Update on sugar here

The Update team reports:



For many years popular books have identified sugar as dangerous or even toxic, as seen here. But now journals like New Scientist and the British Medical Journal are making the case against sugar

Sugar addictive, warns UK health chief

A very senior UK official has broken ranks and made statements in the public interest that go against current UK government attitude and policies. 'Research will find that sugar is addictive'. This statement was made by Sally Davies, the most senior UK government's public health advisor, on 4 March. She made it in evidence presented to a UK select committee of members of parliament. She based the

statement on existing research on humans and on animals carried out in the US by the team led by official US addiction investigator Nora Volkow, *already outlined in WN.* She added that it may be necessary to introduce a tax on sugar as one way to control and reduce rates of obesity. She also said that today's children may on average not live as long as their parents. She does not believe that food and drink manufacturers will re-size their products, to offer smaller portions of food products containing high levels of sugar, salt and fat, without strong government action.

WHO sets more explicit limits for sugars

The World Health Organization proposes to get tougher on sugars. In January we reported news concerning the World Health Organization expert advisory NUGAG group, whose report on sugar has now been completed. On 5 March the report in a completed form was released for consultation until 31 March. This consultative period will be followed by further examination by a 'guidelines review committee' the names of whose members have not been released. At this stage the report includes a quantified guideline for sugar consumption, or to be more precise intake of added sugars and syrups, expressed as 'less than' 10 per cent of total dietary energy. This reinforces previous WHO reports published in 1990 and then 2003 that also set a figure of less than 10 per cent, largely because of conclusive evidence on dental caries, and also sugar's contribution to obesity. But the document now out for consultation also goes further. To quote:

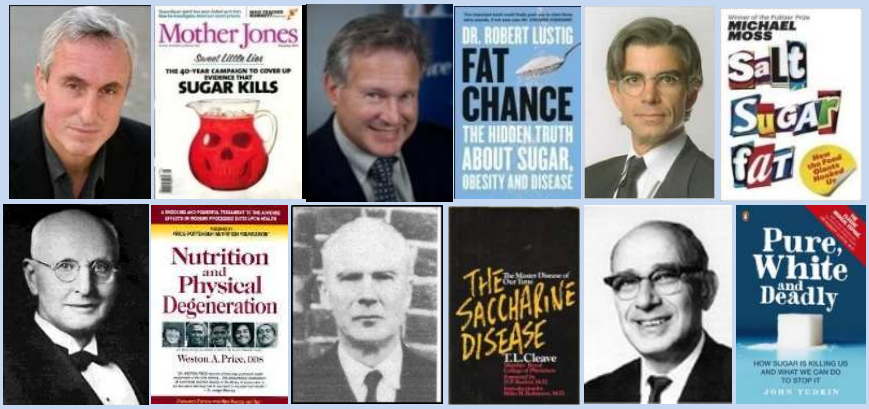
> WHO's current recommendation… is that sugars should make up less than 10% of total energy intake per day. The new draft guideline also proposes that sugars should be less than 10% of total energy intake per day. It further suggests that a reduction to below 5% of total energy intake per day would have additional benefits. Five per cent of total energy intake is equivalent to around 25 grams (around 6 teaspoons) of sugar per day for an adult of normal Body Mass Index (BMI).

Curiously though, the much tougher figure of less than 5 per cent, while taking into account the contribution of sugared ultra-processed products to what is now an uncontrolled pandemic of obesity, still stresses only the impact of added sugars on weight gain and on dental caries, despite what is now impressive evidence on the impact of high consumption of added sugars and syrups on diabetes, mounting evidence on diabetes and cardiovascular disease, and the consistent evidence that sugared ultra-processed foods and drinks are addictive, as indicated by the English chief medical officer of health (see story above), and the metabolic syndrome.

WHO director-general Margaret Chan is known to be appalled by the obesity pandemic, and has condemned the methods of Big Food and Big Soda, that as she says 'include front groups, lobbies, promises of self-regulation, lawsuits, and industry-funded research that confuses the evidence and keeps the public in doubt'.

Box 1

Sugar: some of the attackers



Attacks on sugar (top row) are led in the US by Gary Taubes, Robert Lustig, Michael Moss, drawing on (bottom row) Weston Price, TL Cleave, John Yudkin, at the time largely ignored



The charge against sugar is most vehement in the US. Three current advocates are shown above. In his book *Good Calories, Bad Calories,* Gary Taubes (top row left) includes accounts of suppression of evidence against sugar, and he has developed his themes in journalism with provocative headlines (next picture). Robert Lustig (top, middle) is an endocrinologist who attacks sugar relentlessly. The 90 minute video of his University of California talk on *Sugar: the Bitter Truth*, first released in 2009, by late February 2014 had been accessed over 4.4 million times. Michael Moss (top, right), a Pulitzer Prize-winning New York Times journalist, spent three years on his book *Salt, Sugar Fat.* This reveals that food manufacturing industry executives have for many years known of the dangers of sugar and have known that sugars and syrups added to ultra-processed products are addictive.

Such revelations have brought to light work published last century that warned against sugar. Three examples follow. The US dentist Weston Price (1870-1948, bottom row, left) after travelling the world, concluded in *Nutrition and Physical Degeneration* (1939), that when whole food is replaced by industrial food supplies containing a lot of sugar, various diseases, including malformations of facial structure, become rampant. Based in part on experience as a British wartime surgeon-captain, TL Cleave (1906-1983), bottom, middle) concluded that many conditions including coronary heart disease are aspects of a general 'master' disease, in *The Saccharine Disease* (1974). The British physiologist John Yudkin (1910-1995, bottom right), was one of the first two UK professors of nutrition. On publication of his *Pure, White and Deadly* (1972, republished in 2012), whicH sees sugar as driving diabetes, coronary heart disease and other conditions, his reputation was shredded by the sugar industry and also by nutrition scientists determined to establish fat and saturated fat as the dietary 'villains'.

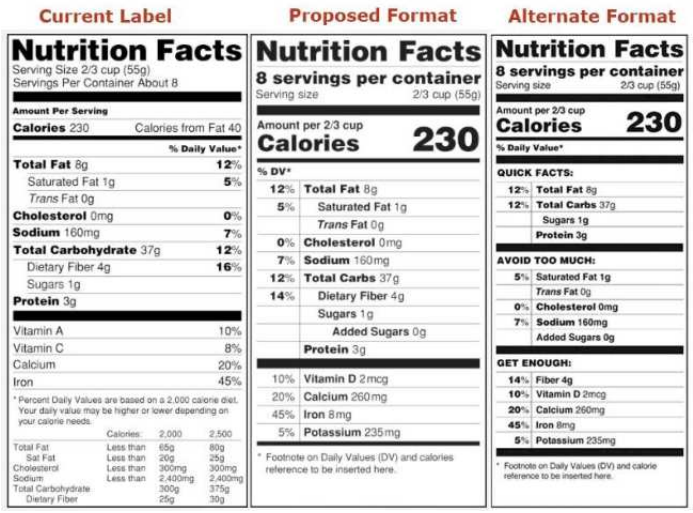
Books and other work that indict sugar have become part of the 'wholefood' movement. They have impressed influential people already inclined to believe as a matter of common sense that sugars and syrups, as conspicuously contained in ultra-processed products like breakfast cereals and soft drinks, are a key cause of obesity starting in childhood. Currently no leading public health nutritionist publicly backs the views of Robert Lustig. This may now change. Any general shift of view will not be based on systematic reviews of investigations into sugar, a relatively neglected area defended by studies funded for half a century by the sugar industry). The tide is being turned by revulsion against the appalling and scandalous rates of obesity and diabetes including among children, and frustration with existing official explanations, policies and actions that are implausible and ineffective.

Sugars may be a cause of heart disease

Evidence continues to accumulate on sugars and a cluster of diseases. The mood of senior scientists and policy-makers is changing. This, according to the *Journal of the American Medical Association* (JAMA), is a paradigm shift. 'Overconsumption of added sugars has long been associated with an increased risk of cardiovascular disease. However, under the old paradigm, it was assumed to be a marker for unhealthy diet or obesity. The new paradigm views sugar overconsumption as an independent risk factor in cardiovascular diease, as well as many other chronic diseases, including diabetes mellitus, liver cirrhosis, and dementia – all linked to metabolic perturbations involving dyslipidemia, hypertension, and insulin resistance'.

The editorial accompanies a study from the US Centers for Disease Control and Prevention. This presents new epidemiological and biological evidence that high intakes of sugars and syrups increase the risk of cardiovascular disease. It concludes: 'Our results support current recommendations to limit the intake of calories from added sugars in US diets'. Doubtless in other diets also.

New US labels stress calories, sugars



On 27 February Michelle Obama launched proposals for a new official US nutrition label. The current label, basically unchanged for 20 years, is on the left. The proposed label is centre. This emphasises realistic servings-portions and calories, and also includes added sugars. The alternative on the right indicates what to consume less of and more of. Sharp eyes will notice that there is no percentage of so called 'daily value' for sugars. This is because the US does not recognize World Health Organization limits (see story above) and has none of its own. The new labels will take about 3 years to introduce and will cost industry around $US 2 billion.

Box 2

The curious case of the carbohydrate committee



In the UK, official recommendations on nutrition and health are prepared and endorsed by expert committees whose members, appointed by civil servants, are collectively 'safe'.



The WHO NUGAG group has completed its report on sugar (see above). Meanwhile a UK government advisory expert panel is labouring on a similar report. But there is trouble. *The Sunday Times* (3) has revealed that Ian Macdonald (centre above), chair of the panel whose recommendations on sugar have not yet been agreed after 6 years and 20 meetings, is personally paid as an advisor to Coca-Cola. He also receives research funding from Mars, and leads his university's 'strategic relationship' with ice-cream maker Unilever. Quizzed on television (4) he said 'I understand people saying "You are so close to those companies you should not have anything to do with gathering the evidence for UK policy". I just disagree'.

Ian Macdonald, a distinguished scientist and a former president of the UK Nutrition Society, should not be singled out. There is a context. All governments since the 1939-45 war have supported current food manufacturing policies and practices. Civil servants are expected to work with industry associates and collaborative scientists, The chances of any official advisory committee taking a position that unpleasantly surprises affected industry, are meant to be nil. With sugar, a hot topic, Ian Macdonald's eight-person panel is examining carbohydrates, so the dice are loaded against clear specific findings on sugar, and the panel is judging evidence some of which is from studies funded by the sugar industry.

The panel reports to the overall Scientific Advisory Committee on Nutrition, seven of whose members are shown above. From left to right these are a former Nutrition Society president Ann Prentice (chair) whose research has been funded by Coca-Cola, Kellogg, and Nestlé; Gill Fine, vice-chair of the industry-controlled British Nutrition Foundation (5); Ian Macdonald; David Mela of Unilever, also on the carbohydrate panel; Monique Raats, whose has had some funding from the industry-controlled European Food Information Council; and Ian Young and Julie Lovegrove, also on the carbohydrate committee, who have been funded by Sugar Nutrition UK.

Identifying individuals masks the main point. Most food or nutrition scientists in the UK probably have links of some sort with conflicted industry, and the system by which research science is funded and careers advanced makes this close to inevitable (4). As in the US, in the UK scientists are judged by their ability to bring in external and private funding, which often comes from commercially interested parties. It is also normal for civil servants to appoint scientists who collaborate with industry, to advisory committees. Harry Keen and John Durnin, the chair and vice-chair of the government's previous panel on sugars, which reported in 1989, were both funded by the sugar industry and spoke at sugar industry events in defence of sugar. They were 'known quantities'.

Those who thrive in this system and do the state some service on official committees, may eventually become appointed as Officer or Commander of the Most Excellent Order of the British Empire (OBE or CBE) or in special cases become a knight or dame, honours bestowed by the monarch. This all helps to explain the state of public health in the UK.

References

1 Schmidt L. New unsweetened truths about sugar. [Invited commentary] *Journal of the American Medical Association*, 3 February 2014.

2 Yang Q, Zheng Z, Gregg E *et al* Added sugar intake and cardiovascular diseases mortality among US adults. *Journal of the American Medical Association* 3 February 2014.

3 Ungoed-Thomas J, Mansey K. Sugar watchdog works for Coca-Cola. *Sunday Times,* 19 January 2014.

4 Channel 4 *Dispatches.* Government scientific advisors funded by food and drinks industry. 20 January 2014. http://www.channel4.com/info/press/news/govt-scientific-advisors-funded-by-food-and-drinks-industry

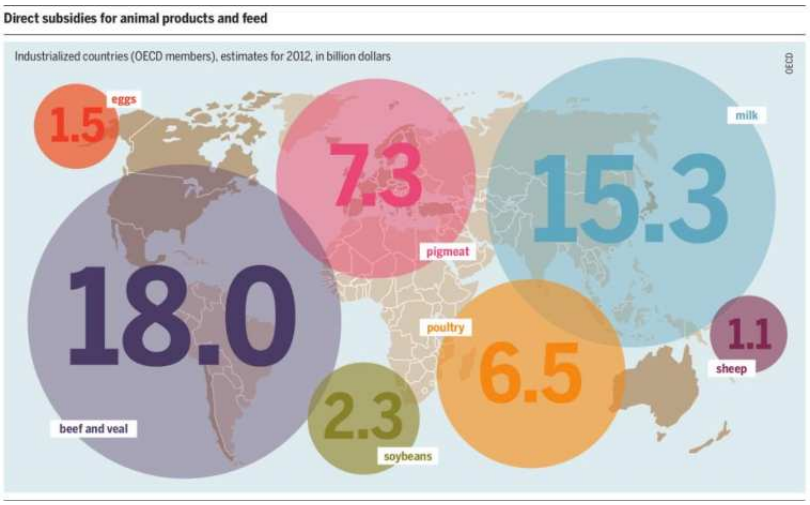
5 Chamberlain P. Independence of nutritional information? *British Medical Journal* 22 March 2010. doi: http://dx.doi.org/10.1136/bmj.c1438.

6

*Anon. Sugar. The case against added sugars gets stronger [Update]. World Nutrition March 2014, **5**, 3, 218-223*

Meat. Subsidies
The price and cost of animal food

Access 2006 FAO Livestock's Long Shadow here
Access 2007 The Lancet McMichael et al on livestock production policy here
Access June-July Colin Tudge on real farming here
Access August-September Colin Tudge on real farming here
Access January 2014 Meat Atlas here



This graphic from the Meat Atlas shows the annual subsidies for animal, animal product and feed production in industrialised countries, calculated for 2012. The numbers are in $US billions.

The Update team reports:

There never has been, is not, and never will be, free trade in food. The graphic above, from *Meat Atlas,* co-published in Europe by the Heinrich Böll Institute and

Friends of the Earth (1) *and available here,* gives an example. The numbers in circles are the amounts of public money in OECD countries given in 2012 to subsidise the production of meat, animal products and animal feed. The total, in order of amount, for beef and veal, milk, pork, poultry, soybeans, eggs and lamb, comes to $US 52 billions in one year.

This does not necessarily mean that meat and animal products are cheaper in the shops. The purpose of these colossal subsidies is to support producers, which was originally supposed to mean farmers who actually work the land, but in fact mainly means big agribusiness corporations, as explained by Colin Tudge in two *WN* commentaries in summer 2013, *accessible here* and *here* (2,3).

As explained in *Meat Atlas* (1): 'A package of subsidies may consist of many different components. The European Union offers subsidies for fodder crops and supports up to 40 percent of the cost of investing in new animal housing. A crisis fund, set up in 2013, can be used to support factory farms, for example to support the export of meat and milk powder. Further burdens are heaped onto national taxpayers. They pay for the costs of transport infrastructure, such as ports needed to handle the feed trade. In many countries, meat is subject to a reduced level of value added tax. In addition, low wages in abattoirs make it possible to produce meat cheaply. From a political point of view, low wages can be seen as subsidies because companies can pay so little only if the state does not impose a statutory minimum wage'.

That's in the global North. In the South 'Few poor countries can subsidise their farmers in this way. Instead, they tend to support them through laws that permit the exploitation of people and the environment. To remain the cheapest suppliers of feed or meat in the world market, governments allow workers to toil in slave-like conditions and for little pay, they lease government land to large-scale producers at cheap rates, and they fail to act against loggers who clear areas of land for ranchers to occupy'.

The purpose of price control

Taxes and subsidies have been used to protect food security and to ensure that staples like bread are available and affordable throughout history. Uprisings such as those that led to the French Revolution and the recent North African revolutions, began with riots caused by sharp rises and fluctuations in the price of bread.

As it has turned out, humans rarely are short of protein, and after weaning certainly do not need protein from animal sources. In that respect nutrition science was wrong, and has contributed to the distortion of food systems in the global South. The *Meat Atlas* is mainly concerned with the established fact that the industrial production of meat and animal products is much too high, yet is projected to rise faster than population increases in many countries in the South. Sufficient reasons

for this conclusion are the prodigal use of energy by industrial livestock production and its impact on soil and water quality and on climate change (4,5).

Current subsidies harm public health

The *Meat Atlas* also points out that the value to corporations and the cost to consumers of meat and animal products are subsided in other, hidden ways. Thus: 'Meat producing companies are expanding. The profits of these companies are not just a result of their own efforts. They are also built on the environmental damage caused by factory farming and the use of livestock feed – costs that the companies do not have to pay. In addition, they receive subsidies from the state. These subsidies are often distributed true to the motto: the bigger the company, the higher the subsidy. No consolidated economic and ecological accounting has yet been done, but we can discern its broad outlines'.

The report concludes: 'When an animal product is purchased, three prices have to be paid: one by the consumer, one by the taxpayer and one by nature. The consumer uses the first price to judge the item's value. The other two prices represent hidden subsidies to the people who produce and merchandise it'.

Law, regulation, taxation and subsidy are all central driving forces of food systems and supplies, worldwide. The problem is that these effective methods are being used in ways that generally are harmful to public health, the public interest, and public goods. Legislators who declare themselves hostile or indifferent to the use of law including taxation to product public health, need to be reminded that they are responsible for and preside over a system of price support of a type of industrial agriculture whose products, at current volumes, are harmful to population health and to the planet and biosphere.

References

1 Heinrich Böll Foundation, Friends of the Earth. *Meat Atlas. Facts and Figures About the Animals we Eat.* HBF-FoE, January 2014. *Access pdf here.*

2 Tudge C with Moubarac J-C. World Agriculture. Living off the land. [*Commentary*]. *World Nutrition* June 2013, **4**, 6, 361-390. *Access pdf here*

3 Tudge C. World Agriculture. Living well off the land [*Commentary*]. *World Nutrition* August-September 2013, **4**, 7, 514-548. *Access pdf here*

4 Food and Agriculture Organization of the United Nations. *Livestock's Long Shadow. Environmental Issues and Options*. Rome: FAO, 2006. *Access pdf here*

5 McMichael AJ, Powles J, Butler CD, Uauy R. Food, livestock production, energy, climate change, and health. Energy and health series 5. *The Lancet,* 13 September 2007. DOI:10.1016/S0140-6736(07)61256-2. *Access pdf here*

*Anon. Meat. Subsidies. The price and the cost of animal food [Update]. World Nutrition March 2014, **5**, 3, 223-225*



Big Food Watch network member

Claudio Schuftan. People's Health Movement



Editor's note

In this issue of *WN* we profile another member of the *Big Food Watch* network, with an example of their commitment. For *BFW*, Claudio Schuftan represents the People's Health Movement, of which he is a founder. He is a Chilean and German national, and a US citizen. He is a paediatrician committed to universal primary health care and to human rights. He has extensive field experience in Africa, Asia and Latin America, and lives in Vietnam. He is a regular *WN* contributor, in this issue in *Feedback* on the Bill and Melinda Gates Foundation.

I come from the South, but not from the tropics. In my country of Chile, our singers such as Violeta Parra and poets such as Pablo Neruda also celebrate food and drink, and the universal pleasure of enjoying meals in company with family and friends.

My ancestry is Ashkenazi Jewish – from Central-Eastern Europe. I grew up in a kosher household, but do not hold to these precepts now, except that I do not eat pork or shellfish. Now here is a set of dietary precepts that are based on healthy unprocessed and minimally processed foods – not that these are the only outstanding features of kosher, which is much more complicated, but this for another day. The penetration of ultra-processed market forces is rather minimal in kosher diets. As with other diets followed for religious, cultural or ethical reasons, kosher food is purchased, prepared and consumed mindfully, fatty, salty and sugary though it may be. Does this have to do with my commitment to the *Big Food Watch,* and more broadly to the People's Health Movement? Not really. Kosher is not the answer!

My immediate commitment is to activism outside and inside the corridors and chambers where the post-2015 world development policies and programmes are now being discussed and decided. We in *Big Food Watch* need to influence that agenda in the public interest. It is all too easy to feel gloom and despair, learning about the vast power of the Big Food corporations. Here I have a word of advice. By ourselves, as public health and nutrition professionals, we have little influence. It is through alliances with public interest organisations, and social movements such as The Slow Food Movement, La Via Campesina, the International Baby Food Action Network, and indeed the People's Health Movement, that we will amplify our voices. Our duty now is to organise and mobilise.

Big Food Watchers

How to move society



Knowledge-policy-action was the guiding phrase of the Rio2012 conference, and here are some of the participants. The theme is action, and networking and good fellowship as suggested in this picture

Here I write about the People's Health Movement, and about my own experience as a PHM co-founder and active member. In doing so I would like to move from 'I' to 'we'. Success in any great endeavour depends on people working – and thinking, acting, and enjoying – together. In this day and age now so influenced by the big mistake of individualism, the need to be, work and act together is often forgotten. The future is not with Presidents (note capital letter). It is with the people, and should be with politicians only insofar as they are openly elected by informed and empowered citizens. Isn't this what democracy is meant to be all about?

So let me start as one of the group in the picture above, brought together in a common cause, taken at the *Rio2012* conference masterminded by Inês Rugani and put on by the national Brazilian public health organisation Abrasco and by the World Public Health Nutrition Association. There I am in the front row, far left. (No jokes please!). The conference stood for – and stands for – moving from knowledge to policy and then crucially to action, in the interest of public health and public goods.

With apologies to Tim, Simon, Gary, Vivica, Modi and Ina, I'll mention some of the colleagues, friends and comrades in the picture – all *WN* contributors. Top left is Urban Jonsson, former chief of nutrition for UNICEF, who lives in Tanzania. Next is Walter Willett of the Harvard School of Public Health, maybe the most powerful nutrition scientist in the US. Others might say that Marion Nestle of New York University, next to him, whose *Food Politics* blog now has 112,000 followers, is even more influential. Next is Enrique Jacoby of the Pan American Health Organization, who is devoted to Latin American traditional food systems. Then in the centre is

Philip James, founder of the International Obesity Task Force. Next are Barbara Burlingame, champion of traditional food systems within the UN Food and Agriculture Organization, and Boyd Swinburn, who like Walter and Marion and Philip, and Barry Popkin in the front row next to me, is a professor with deep commitment to public health and public goods. Front row centre wearing the badge is Patti Rundall, a founder of the International Baby Food Action Network, which like PHM is a social movement.

My purpose here is to show and say that these people, individually impressive, came together to *Rio2012* in support of a common cause. This puts public health in the grand sense of the concept first, with nutrition as a crucial element.

In this context the People's Health Movement is influential worldwide, because we are organised and respected. Here are two examples. The first item in this Update section of WN is about the Lancet-Oslo Commission on Global Governance for Health and its report on *The Political Origins of Health Inequity* Here is PHM, in the *Lancet* acknowledgements. 'We offer a special thanks to the People's Health Movement, which contributed with six background papers… The authors of these backgrond papers were Susana Barria, Alexis Benos, Anne-Emanuelle Birn, Chiara Bodini, Eugene Cairncross, Sharon Friel, Sophia Kisting, Elias Kondilis, David Legge, Mariette Liefferink, Baijayanta Mukhopadhyay, Lexi Bambas Nolen, Jagjit Plahe, Farah M Shroff, Angelo Stefanini, Anne-Marie Thow, Pol De Vos, David van Wyk, and Aed Yaghi'. Remember these names! *Link to one of our case studies here.*

My second example comes from 2011, and the World Health Organization conference in Rio held to follow up its *Social Determinants of Health* initiative, to whose report PHM also supplied case studies and background papers. We also reacted with a more vigorous political declaration. The graphic below gives an idea of the determinants of health, and you may be able to see that the first item 'under the water' is 'health services'. This includes treatment for clinically evident disease. But mainly it means the need for universal comprehensive primary health care readily available for all communities in all societies, and normally free on demand, paid for with public money, as a human right.



Before and during the Rio conference the large PHM delegation lobbied WHO member state delegates to help shape the political declaration that was the conference outcome. We were not able to secure a striking declaration, but this is the nature of global declarations in which UN agencies and national governments are engaged: so often watered down, vague, non-binding. So we wrote and circulated our alternative declaration. Our moment of glory came when PHM founding member David Sanders from the University of the West Cape was added to a final plenary panel. He exposed how unfair trade creates rapidly widening health and nutrition inequalities between rich and poor countries especially in Africa. His statements resonated and gained roars of applause. The video of his statement *can be accessed here.*

PHM is a social movement

I am one of the 25 or so who founded PHM in a process that went from early 1999 to mid 2001, before and after our first People's Health Assembly held in Bangladesh in 2000. So what is PHM? There are various types of non-government organisation, or civil society organisation. NGO and CSO are vague terms, and all the more so now that transnational corporations audaciously point out that they are non-governmental and that they care for consumers. NGOs that are or should be committed to the public interest include scientific, health and other professional bodies, consumer defence organisations, aid and development organisations, and social movements. PHM is a social movement, as are the World Alliance for Breastfeeding Action, the Slow Food Movement, and La Via Campesina.

So what is PHM for? *Our name expresses our purpose.* We work towards the revitalisation of primary health care, as described in the 1978 World Health Organization *Alma-Ata Declaration.* We also address the basic and underlying social, economic, political and environmental determinants of well-being, health and disease, and in particular the widening gaps between rich and poor within and between nations, mostly due to the unfair political and economic structures which lock so many people into poverty and poor health. We oppose the privatisation of health services, and we advocate public health care services paid for with public money. We regularly and effectively lobby WHO, and we run a Health For All campaign to safeguard the right to health. Our network has networks, thriving groups in many countries and all continents.

Let me share my experience of having helped to launch and run our social movement, and the energy and sense of purpose, and deep satisfaction, this has brought and brings me. PHM is all about people working together, and I have been part of making this work with a clear vision and mission for a better future for everybody. And you know what? It works!

If I could, I would transport you back to the year 2000, so that you could experience the exhilaration we all felt in our first Assembly in Bangladesh, originated in hope and belief, that turned out to bring together close to 1,500 participants from over 80 countries, most of them from small grassroots organisations. They were active,

outspoken and vocal in declaring 'we are not going to take it any more'. Meaning, that they all were – and are – ready, willing and able to confront the neglect primary health care delivery systems have suffered as part of so called 'structural adjustment policies'; or else that they had given up on the state to fix the health system and had taken community health into their own hands.

The Health For All vision

Everybody at this first Bangladesh Assembly had something important to share. That's why they had found a way to be there. The atmosphere was charged with an incredible energy; a sense of planetary camaraderie. The Assembly included testimonies about the corruption and destruction of basic primary health care, and about how governments and international agencies had, for all practical purposes, sidelined and then privatised the *Health for All by the Year 2000* vision and mission. Participants met, shared their success stories, discussed their best practices and lessons learned, revealed new and innovative social mobilisation methods, declared their commitment to network across borders, and began to believe anew.

The collective and interactive dialogue in our first Assembly led to the creation and endorsement of our manifesto, the *People's Charter for Health*. One of its missions is to join forces with community health-oriented organisations the world over, to lobby and put pressure on governments and international organisations, and to collaborate with like-minded bodies. This indeed is now a large part of what we do.

At the Assembly, participants reviewed their problems and difficulties, shared their experiences and plans, discussed injustice, the human right to health, ecologically-sustainable development and peace. All these are at the heart of the Charter's vision for a better world – a world in which people guide the decisions that shape their lives. The Charter, now translated into over 40 languages, is the common tool of a worldwide citizens' movement committed to making the Alma Ata vision a reality. Halfdan Mahler, who as WHO director-general from 1973 to 1988 inspired Health for All and the Alma Ata Declaration, attended the Assembly as a spiritual pilgrimage, and was in turn inspired by our gathering of primary health care activists.

He has remained one of our best friends, and is a special philosopher and guide. Our first Assembly was not an end, but a new beginning, which has now continued for 14 years. It is also important to stress that our first commitment is to collaboration. All the time PHM fosters grass-roots leadership and health and human rights issue-based coalitions, and we are always pushing the United Nations and national governments to act. They know this and respect us. Every year we are present in force at the WHO World Health Assembly, this year being held on 19-24 May, and this year we are also actively preparing for participation in the second International Congress on Nutrition convened by the UN Food and Agriculture Organization on 19-21 November. Our sights are on the post-2015 development agenda, and one issue is the real meaning of 'development'.



Participants and facilitators in the People's Health Movement University in Sri Lanka in 2008. Yes, I am there, proud to be doing my bit, third row, sort-of in the middle, wearing a black shirt.

Here above is another picture of a People's Health Movement gathering. This was held in Sri Lanka and was one of the so far over 20 international people's health universities held in all continents since 2005. In them we train future leaders in the political economy of health. Yes, we like formal pictures too! *But do please visit our website,* to see so many of us in action, and also to see what most concerns us. Better, find our videos. Best, come and join us.

The PHM networks with health, human rights, professional, and development organisations, as well as other social movements. This increases energy. I have indicated our constructive relationship with WHO. Also, our members include distinguished public health and nutrition academics. PHM and the World Public Health Nutrition Association have members in common; and a good number of the contributions to *WN* show that knowledge and policy need to move into action.

Here I hope I have given an idea of what the People's Health Movement and other social movements are, why they are needed, and how we and they working to build a more democratic human society.

*Schuftan C. Big Food Watch member profile, and How to move society. [Update]. World Nutrition March 2014, **5**, 3, 226-231*

How to respond

Updates are short communications designed to add new information to *WN* commentaries and other contributions. They are invited from all readers. We pay special attention to issues in less resourced countries and settings. Updates can be to *WN* commentaries and other contributions published at any time. Usual length for main text of *Updates* is between 500 and 1,500 words but they can be shorter of longer. Any references should usually be limited to up to 10 but more are acceptable for longer pieces. *Updates* are edited for length and style, may be developed, and once edited are sent to authors for approval. Address contributions for publication to wn.updates@gmail.com