WN *Update*

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WN *Sick Societies. Childhood obesity*

ECHO is fading

Access September 2014 Update on creation of ECHO here
Access March 2015 ECHO interim report here
Access March 2015 People's Health Movement comments on ECHO here
Access May 2015 Update on ECHO interim report here
Access May 2015 MDG Health Alliance Leith Greenslade Child health financing here
Access June 2015 IBFAN comments on ECHO interim report here

The Update team reports



WHO Commission to End Childhood Obesity (ECHO). From left: Head of ECHO secretariat Tim Armstrong; ECHO co-chairs Peter Gluckman, Sania Nishtar; commissioner Betty King

The World Health Organization *Commission to End Childhood Obesity* (ECHO), which WHO director-general Margaret Chan sees as part of her legacy, was welcomed in *WN* in 2014. We quoted Margaret Chan:

> Social scientists, public health specialists, clinical scientists and economists will join together to synthesise the best available evidence into a coherent plan. Actors responsible for food production, manufacturing, marketing and retail; maternal health and nutrition; child health, education and health literacy; physical activity; and public policy will also be engaged in the task

We ended by saying, of the people pictured above and their colleagues:

> We give every good wish to Peter Gluckman, his co-chair Sania Nishtar, the ECHO commissioners…and others engaged at a critical time in the history of the World Health Organization, and in the epoch of sick societies in which we and our children live now.

But a year later ECHO seems to be fading away. One issue is its apparent inability to face and address conflicts of interest between public health and private profit. *Its interim report* has been made available for consultation. *In March* and then *in May* *WN* carried radical criticism of ECHO from the People's Health Movement. Another trenchant critique has been sent by the International Baby Food Action Network. Their answer to 'Are there issues of strategies that have been overlooked?' is 'Yes, there are many'. One is on the issue of safeguards on conflicts of interest, notably in relation to transnational corporations, whose ultra-processed food and drink products, when consumed regularly, are agreed by practically all independent groups to be a main cause of obesity and also diabetes, both now uncontrolled pandemics.

> Minimal reference is given to the need for governments and UN bodies to have strong conflicts of interest safeguards in place to ensure that policy-setting is as free as possible from commercial influence so that appropriate and effective regulations can be adopted

The 'private sector'

Another response exposes the secretive relationship between many powerful governments and 'the private sector', which in practice is code for transnational corporations that make, promote and sell ultra-processed products, and their allied and representative organisations:

> The report acknowledges that 'Governments have prime responsibility for establishing good governance and supporting measures for appropriate regulatory, statutory and policy frameworks' but then goes on to say 'an opportunity exists for constructive engagement with the private sector, while avoiding conflict of interest and ensuring appropriate safeguards, in implementing and supporting healthy lifestyle policies'.

On the evidence of such 'engagement' so far, this will thwart agreements to specify statutory regulations. These need to include pricing policies to check and reverse what is now the very rapid penetration of ultra-processed food and drink products into the 'emerging markets' of Asia, Africa, and Latin America.

The IBFAN critique is polite, and offers to help, but shows exasperation with the ambiguous language and general low quality of the document as drafted:

> Para 26 makes the unsubstantiated and meaningless claim that 'Addressing the challenge of childhood obesity through integrated actions across different sectors and levels of society including government, the private sector and civil society will prove more effective than any stand-alone measure'. What does this mean in practice?

One obvious problem with the ECHO report, and other documents issued on behalf of ECHO, is lack of resources, experience and competence. People most closely involved have other responsibilities, or are stretched, and some are 'learning on the job'. Another problem is the number and scatter of people involved. There are 59 members of the ECHO commission and of its 'ad hoc' working groups. They have variable experience of working on international committees. Some have expert

knowledge of the social, economic, political, environmental or biological determinants of obesity or of the determinants of good health and protection against overweight and obesity. Others do not. Some seek to impose their own agenda.

Who calls the shots

World Health Organization 'watchers' from various public interest organisations and social movements see deeper reasons for the weak ECHO documents.

Thus, objections have been raised to the apparent actual or potential conflicts of interest of some ECHO members. Conflicts are not only corporate or financial. An example is the selection of Betty King (pictured above) as an ECHO commissioner. A distinguished diplomat, she is former US permanent representative to the UN European office in Geneva. Her apparent role within ECHO is to uphold corporate interests and those of the USA as the largest single funder of WHO.

A deeper concern, and a clue to the ECHO ambiguity, is the commitment of WHO and the whole UN system, desperate to gain financial support from outside member states, to so-called 'public-private partnerships' in which the 'private partners' are usually transnational corporations and their associated and representative organisations. This has now become a big operation within the UN system. The UN secretary-general has an office for financing the health millennium development goals with 'private sector' money. One of its representatives, no doubt stating an agreed position, said in May *in a note on child health financing* that the answer to the problem of conflicts of interest is that there isn't a problem, but an opportunity:

> With most countries pursuing development through the expansion of markets, the private sector has become the major force for economic growth and job creation almost everywhere… Improvements in the health status of the populations that live in the countries with the greatest health challenges increasingly depend on the actions of the private sector… The old mindset – that organizations that pursue financial profits are not welcome at the development table because they have a 'conflict of interest' – is the biggest barrier. In reality all sectors – public, private, and non-government organizations – face specific conflicts of interests when trying to achieve a public policy goal.

Much depends of course on the nature and interests of 'private partners' at the policy-making table. But inclusion of representatives of transnational corporations whose profits depend on ultra-processed products is a blatant conflict of interests. This would thwart any chance of slowing and even reversing increases in rates of obesity and diabetes, in particular in the global South, by binding regulations of the type known to check or reverse rates of smoking and alcohol abuse. As long as such 'private partners' infiltrate in development of public health policy, bad will get worse. The 'private sector' as identified above, *has no place in public health policy formulation*. ECHO, and WHO, now need to get serious and see and agree this.

The *Update* team. ECHO is fading. *[Sick societies. Childhood obesity] [Update]. World Nutrition July-August 2015,* ***6,*** *7-8, 558-560*



WN *Nepal. Langtang*
Rebirth. The people speak

Access 5 May 2015 New York Times on Langtang here
Access May 2015 Ashok Bhurtyal Visions here
Access June 2015 Ashok Bhurtyal, Dushala Adhikari et al on Langtang here



People of Langtang Jangmu Chuzang, Dindu Jangba and Dawa Tsering, and Tsering Sangpo. How will Langtang be reborn? What ways of life will be best? Four opinions from the people

Update team note

World Nutrition is a journal of ideas and also of action. Many of our editorial team and family are participants in international, national and local policies and programmes. Here team member Ashok Bhurtyal and colleagues report on their work dedicated to the rebirth of Langtang, a village in the foothills of the Himalayas, which was obliterated by the earthquake in late April. The re-creation of the village raises many questions, such as, how can food and nutrition systems and supplies be best sustained for the good of the people in Nepal, and in rural areas of all countries especially in the global South?

Kathmandu. Ashok Bhurtyal, with Dushala Adhikari. Hans Nilsson, Martin Tondel, Lena Lindahl, Durga Prasad Pahari, Radhika Upadhyay, Aruna Uprety and Amod Kumar Poudyal, reports:

In the June issue of *WN* we reported on the devastation of the village of Langtang north of Kathmandu, which was obliterated by a colossal avalanche of ice and rock as well as snow caused by the first earthquake at the end of April. Langtang, its people and their ways of life are dear to us, and it is where above all we learned about the true place of food and nutrition systems within local environments.

The Langtang survivors are settled temporarily in the Phuntsok Choeling (Yellow) monastery in Sitapaila, Kathmandu, and have started their long journey towards reconstructing their village and living there. In mid-June, a group of shepherds and others went back to Langtang to continue searching for remains of their beloved ones buried under the avalanche. Many remain in the monastery, negotiating with government authorities on the future of their village. We interviewed some of them on what they envision.



Jangmu Chuzang, age 48. Farmer
She has lived all her life in Langtang

What are your personal viewpoints about the reconstruction of Langtang?

I want to return to Langtang and find a safe place. The section of the Langtang valley in Kyangjin appears safe and also has space for yak herding. I would like to continue agriculture and produce cereals and vegetables which the hoteliers can buy from us. Tourists will enjoy meals made from local agricultural products.

We should build small single-storey houses with three rooms, one each for cooking, prayers, and sleeping, made of cement concrete.

What foods can be grown locally?

We can grow all vegetables (leafy vegetables, carrot, cauliflower, cabbage – all vegetables except chilli). We can also grow potato, buckwheat and barley. We can grow all the foods we need locally, except for rice, oil and sugar.



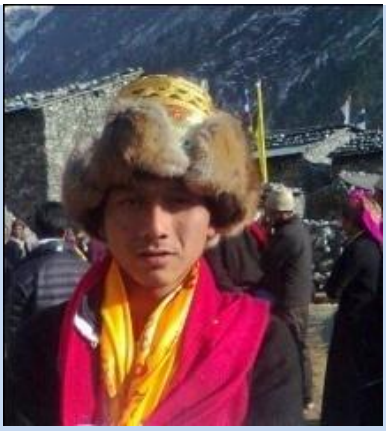
Dindu Jangba, age 40, one of the most prosperous villagers. Hotel owner
He has lived all his life in Langtang

What do you wish would be the best way to revive livelihoods in Langtang?

The most important thing is shelter. Without a shelter, we cannot think of other things. I think it is better to build small houses using cement concrete and pillars as they will be stronger than others. Preservation of the traditional design of houses is also important. It would be good if all houses are similar because this will not create disparity between the rich and poor. We need support from non-government organisations and from private sources to build such houses.

How do you think tourism has affected Langtang in the past 2-3 decades?
Overall living conditions have improved. For example, all people now wear shoes (earlier they wore *docha* – handmade shoes of wool and leather). All children are sponsored by tourists to study in boarding schools. We have enough food to eat.

On the other hand there has been a decline in unity and co-operation among the villagers, certainly since my father's time. Such change is a product of increasing wealth and a sense of envy and competition. This has had a negative impact on traditional dress and culture as well. We need to revive our unity and co-operation.



Dawa Tsering, age 27. Community health worker and hotel manager
He has lived all his life in Langtang

What changes have you seen in the health and nutrition of the Langtang people? What should be the future direction to improve health and nutrition when rebuilding Langtang?

There have been a lot of changes in health and nutrition. Earlier, the availability of health workers was not regular, but now they are regularly available. Now we know more about the nutritional value of food. Earlier, we used to eat whatever was available. Now we know what to eat and when.

But with the disaster, the health centre is destroyed, all the health workers were killed, and all the equipment is gone. We will need to re-establish the health care system as we return to the village.

Yes, we must rebuild houses appropriately. We also need to think what to do after then. Yes, we need to revive tourism. For this we need to protect our forests and wildlife, which are also damaged by the disaster, and ensure facilities and security for the tourists.

Growing local foods is important for nutritional as well as cultural purposes. We need to identify suitable places for farming, because much of the farmlands are now buried by the avalanche. Further, we can grow foods only in summer. So there is need to buy foods from outside as well.



Tsering Sangpo, age 29. Monk
Came to Kathmandu age 8, then India age 16, returned to Kathmandu in 2001
Works in the Manjushri Di-Chen Buddhist centre, Pharping, Kathmandu
Frequently visits Langtang

Looking from within and outside, what changes have you seen in Langtang during your lifetime?
Because of tourism, living conditions have improved. The structure of houses have changed from traditional to modern. Langtang has risen to the middle class. But this disaster has brought most of the people in Langtang to almost the same economic level.

What is your dream for Langtang?
We need to reconstruct houses with a combination of modern technology and traditional architecture. We must protect the language and traditional culture.

Authors' footnote. This is a snapshot of the views of four of the people who know Langtang best. We believe that reconstruction, re-creation and rebirth must start with and be shaped by the people themselves. Many Langtang survivors remain deeply distressed. We will report further in WN.

Bhurtyal A, Adhikari D, Nilsson H, et al. Rebirth. The people speak. [Nepal. Langtang] [Update]. World Nutrition July-August 2015, ***6,*** *7-8, 561-564*

Hydrogenation. Trans fats. Dietary cholesterol
Fred Kummerow's double victory

Access February 2012 Inspiration Geoffrey Cannon on Fred Kummerow here
Access February 2014 Feedback Fred Kummerow on trans fats here
Access March 2014 Feedback Fred Kummerow on indicting the FDA here
Access May 2014 video interview with Fred Kummerow here
Access October 2014 video interview with Fred Kummerow here
Access January-February 2015 Idea Fred Kummerow on his long life diet here
Access April 2015 Update on DGAC and dietary cholesterol here



Geoffrey Cannon writes:

Fred Kummerow is one of the great public health heroes of our times. We at *WN* are proud that he is a regular contributor, as shown in the links above to his recent work for us. He is a lipid biochemist at the University of Illinois, Urbana-Champaign. Starting in the late 1950s he identified *trans* fats generated by the partial hydrogenation process, then present in high concentrations in margarines and many other fatty ultra-processed products, as toxic.

He also stated, constantly repeated, and still emphases, as a result of analyses done by his team in his laboratory, that dietary cholesterol, present in many fresh and minimally processed animal foods and products, is innocuous. For decades his findings were ignored, rejected or sidelined. But now he is vindicated, twice over. First, the US government advisory Dietary Guidelines committee has stated that dietary cholesterol officially demonised for over half a century, is after all 'not a nutrient of concern for overconsumption'.

Trans fats 'not safe' – official

Second, on 15 June the US Food and Drug Administration (FDA) finally ruled that *trans* fats are not 'generally recognised as safe'. *WN* contributor Walter Willett, chair of the department of nutrition at Harvard University's school of public health, whose conclusive epidemiological work on *trans* fats was inspired by Fred Kummerow, says

> This is great news, and it's soundly supported by the evidence. There is no one in his right mind who could claim that trans fats are generally regarded as safe. This was really the biggest food processing disaster ever. The human toll has got to be in the millions.

Box 1
Fred Kummerow takes on the US government

26 May. Adapted from a report in Food Business News by Jeff Gelski

Urbana, Illinois. On 15 June the Food and Drug Administration made a final decision on the Generally Recognised As Safe (GRAS) status of partially hydrogenated oils (PHOs). The GRAS status is withdrawn.

The FDA in the 8 November 2013, issue of the *Federal Register* tentatively determined that PHOs, the primary dietary source of industrially-produced trans fatty acids, or *trans* fat, are not GRAS for any use in food based on current scientific evidence establishing the health risks associated with the consumption of *trans* fat, and therefore that PHOs are food additives. Once finalised, the rule would mean food manufacturers no longer would be permitted to sell food products containing PHOs, either directly or as ingredients in another food product, without prior FDA approval for use as a food additive.

Fred Kummerow sues the FDA

The tentative determination in 2013 came after Fred Kummerow, professor emeritus at the University of Illinois at Urbana, filed a lawsuit against the FDA in the Illinois court on 9 August 2013. He sought an order compelling the FDA to respond to his petition to ban *trans* fat and to ban partially hydrogenated oils unless a complete administrative review found new evidence for their safety.

On 22 May the FDA filed its intention to ban trans fats in the court in Urbana, Illinois, in response to Fred Kummerow's lawsuit, which was issued there. Now the FDA has issued its final ruling that *trans* fats generated by partial hydrogenation of oils are not 'generally recognised as safe'. It gives producers three years to reformulate products as necessary.

Fred Kummerow does not keep quiet. He is a public health champion who believes in and practices direct action, in the tradition of Rudolf Virchow and John Snow. Early last year we told the story of his pressure on the FDA, culminating in his lawsuit against the heads of the FDA and the US Department of Health and Human Services, requiring them to ban the partial hydrogenation process and thus free the US food supply from industrial *trans* fats. He has succeeded. Fred Kummerow, who continues to work, write and explain his findings, celebrates his 101st birthday this coming October.

Diana Yates, in an interview with Fred Kummerow, reports:
Comparative biosciences professor Fred Kummerow, now 100 years old, first reported a link between dietary *trans* fats and heart disease in 1957. Trained in lipid biochemistry, he later determined the mechanisms by which *trans* fats contribute to atherosclerosis in patients with heart disease.

In 2009, he petitioned the Food and Drug Administration to ban *trans* fats from the US food supply. Four years later the FDA had not responded to his petition. So he filed a lawsuit to force the agency to make a determination on his petition. Three months after the lawsuit was filed, the FDA announced a 'tentative determination'

that *trans* fatty acids 'are not generally recognized as safe (GRAS) for any use in food'. Now the FDA has at last revoked the GRAS status of *trans* fats.

What key findings led you to the conclusion that trans fats in food cause heart disease in humans?

I had read a contribution to the *Lancet* in 1956 by Hugh Sinclair of Oxford University, an authority on different types of fatty acid. He suggested that there is a relationship between the consumption of hydrogenated fats and the increased incidence of atherosclerosis. In collaboration with a local hospital, I was able to obtain and examine the arteries of people who had died of heart disease, and I found *trans* fats in this tissue. This led to my study on rats that developed atherosclerosis in their arteries after being fed *trans* fats. When *trans* fats were removed from the rats' diet, the atherosclerosis disappeared from their arteries.

How long have you advocated for elimination of trans fats from the diet?
Since 1968. At that time I was on a subcommittee of the American Heart Association and found out how much *trans* fat was in the margarines and shortening that were available from the grocery stores. By pressuring the oil industry, we were able to get the *trans* fat content in these products lowered from an average of 43 percent to 27 percent. Heart disease in the US also started to decline after 1968.

Why do you think health authorities were so slow to recognize the dangers?

The industry told the health authorities that *trans* fats were not dangerous. The industry liked the properties that *trans* fats bring to their products. *Trans* fats add a pleasant texture, and extend the shelf life of their products that the public liked.

In your earlier career, you were a professor of food science and human nutrition at Illinois. Speaking from that area of expertise, how difficult do you think it will be for the food industry to eliminate trans fats from their products?

The industry wants us to believe that it is difficult to remove *trans* fats from their products. There are already products available to replace *trans* fats, however. The industry is working on their formulas so that the texture and taste remain the same. Some manufacturers have already changed their products, and those products are on grocery store shelves now.

When you first petitioned the FDA to ban trans fat, did you expect success?

Yes, because I had the science to prove that it was harmful to people and caused atherosclerosis. For more information about *trans* fats, diet and nutrition please read my book *Cholesterol is not the Culprit. A Guide to Preventing Heart Disease.* *It can be downloaded here*

Cannon G, Yates D. Fred Kummerow's double victory. Hydrogenation. Trans fats, Dietary cholesterol. [Update]. World Nutrition July-August 2015, ***6,*** *7-8, 565-567*



WN *Sick societies*

Taxing soda works

Access December 2013 Big Food Watch Fabio Gomes on Mexican junk food taxes here
Access May 2014 Big Food Watch Fabio Gomes Letter to Mexican President here
Access July 2014 Big Food Watch on the Mexican Alliance for Healthy Food here
Access December 2014 Big Food Watch on diabesity in Mexico here
Access March 2015 Sick Societies on the soda tax in Mexico here



Public interest organisations and public health professionals in Mexico are now at war with the junk food and soda industry. This campaign advertisement from the Mexican Alliance for Healthy Food is one of a series demonising junk food including soda (soft drinks) as a principal cause of rocketing rates of childhood and early life obesity and diabetes. A new study, likely to be furiously contested by Big Soda, shows that the Mexican tax on soft drinks is working and should now be increased

Mexico City, New York, Washington. The Update team reports:

In North America, including Mexico, Big Soda is in big trouble. Public health organisations and professionals are into direct action of types that Greenpeace use to shape public policies and actions on the environment. They are demonising sugar as it is used and consumed in ultra-processed products, and most of all soft drinks (soda) – which in the US are now the average biggest single source of calories.

In October *WN* family member *Marion Nestle* publishes *her new book* *Soda Politics. Taking on Big Soda – and Winning.* Together with Walter Willett and Michael Pollan – also both warriors against ultra-processed products – Marion influences consumers and citizens, and city, state and the federal US government. The Washington DC-based Center for Science in the Public Interest (CSPI) in late June released their *'Changing the Tune'* savage 'anti-advertisement' video, attacking the legendary Coca-Cola 'We want to teach the world to sing' campaign. The CSPI singers are 'real people' – diabetics sure that their disease has been caused by a soda habit. CSPI's

witty 'Sugar bears' video, designed to appeal to children and parents, has been viewed by many legislators in the US – CSPI's Michael Jacobson, a vehement campaigner for taxes on junk food and drink, has made sure of that.

The Mexican sugar tax is effective

In earlier *Updates,* accessible above, we reported on the modest 10 per cent tax on soda now imposed by the Mexican government. Any statutory regulation of ultra-processed products, including soft drinks, is furiously contested by the transnational corporations formally allied as Big Food. This is because as with cigarettes and alcoholic drinks, taxation does work, and all the more so when governments do their duty and enact programmes of legislation designed to restrict access, hike prices, and in particular protect children, all in the public interest.

Latest news from Mexico is that the 10 per cent 'soda tax' is working. In June, John Hopkins School of Public Health released its report Advocating for Sugar-Sweetened Beverage Taxation: A Case Study of Mexico. The public interest group *El Poder del Consumidor* has just announced a report whose authors include *WN* contributors Juan Rivera and Barry Popkin:

> *A new study* by the Mexican National Institute of Public Health and the University of North Carolina evaluated the impacts of Mexico's national tax,… a groundbreaking effort to begin to address Mexico's obesity epidemic**… S**oda purchases decreased despite the aggressive tactics use by the beverage industry such as the 'Share a Coke' marketing campaign… The results of this study [show] that regulations based on international recommendations and scientific evidence are essential to counter the current obesity and diabetes epidemic**….** The study revealed an average reduction of 6% in the purchase of taxed sugar-sweetened beverages during 2014. This reduction increased over the course of the year to reach 12% by December 2014.

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Fiorella Espinosa of *El Poder del Consumidor* comments:

> In Mexico complications from diabetes can lead to bankruptcy… A person who lives with complications from diabetes spends an average equivalent to $US $4,750 a year on treatment while earning an average annual salary equivalent to $US 4,500 – obviously unsustainable.

The campaigners are now pressing for a 20 per cent tax. All this is quite likely to contribute to further drops in soda consumption, in the US and perhaps Canada also, as well as Mexico. But there is reason to believe that the 'market' for soda in North America is saturated, and that Big Soda has lost interest in expanding these 'markets'. Certainly, Big Food in general is now far more interested in deeper penetration of the vulnerable 'markets' of Asia, Africa and South America. Whether governments in those continents do their duty, and start to enact strong legislative programmes in the public interest, remains to be seen.

The Update team. Taxing soda works. [Sick Societies]
*World Nutrition July-August 2015, **6,** 7-8,568-569*




WN *The Food System*

Steve Case on healthy food and meals

Access December 2012 The Food System position paper here
Access September 2014 Geoffrey Cannon on Michael Pollan here
Access November 2014 Brazilian food guide here
Access December 2014 Patricia Jaime on Brazilian food guide here



Billionaire Steve Case with Albert Hood of Sparefoot Storage in Austin, Texas. Steve Case is chairman of Revolution, co-founder of AOL, chairman of Up Global and the Case Foundation

Steve Case writes:

It is gratifying to see so many passionate entrepreneurs now focused on disrupting the food industry. What and how much we eat has a significant impact on our lives. So more innovation is needed to give people better tools to make better choices, and to serve up healthier and more convenient options. And that needs to start in schools. Healthier school lunches will help improve learning, and instil better habits. The notion that we are what we eat was first stated two centuries ago. It is time we embraced that idea, and took steps to ensure a brighter future for food.

The US food industry is a $US 5 trillion sector in need of innovative startups to challenge the way food is produced, distributed and consumed. Big Food has put profits over health, pushing processed food over real food for the past half century.

We also need to make sure our kids eat better meals in schools, with healthier choices that are still tasty and filling. The idea of our children sitting in lunch rooms drinking powdered shakes is about as dystopian as continuing to feed them overly

processed junk foods. But rather, it reflects a Babylonian belief of some in Silicon Valley that even the most basic, fundamental aspect of human life is a mere earthly constraint to be left behind.

Do we need healthier food and a cheaper way of sourcing and distributing that food? Absolutely. This means authentic, natural foods, locally sourced, sustainably grown, brought fresh to our tables. Put another way: The future of food is food.

The food sector is hot

As an investor, I am always looking for large, addressable markets ripe for disruption. And it always struck me that while many products and services are widely used, some even used by most people, there is probably only one industry on Planet Earth that touches everyone: Food.

There are 'foodpreneurs' who are attacking the fast-food industry by creating their fast casual concepts that emphasise healthy options. There are online ordering and delivery companies making access to food simpler. There are companies working to bring healthy, tasty meals to schools. The food sector has gotten hot, with venture funding pouring in to back these and other innovative startups.

Food isn't just a source of energy, or a business opportunity. It's much more than that. Food is social, and the social element of breaking bread with family and friends remains fundamental. Our lives are busy, but are we so arrogant to think that our obsession with building the latest app justifies ignoring our loved ones? We should be putting our digital devices down more, not our forks. Some traditions are timeless and will prove themselves justifiably resistant to change.

When we were busy building America Online (AOL) yes, we skipped a few meals and ate too much take-out. But we always found time to eat. And we thrived. Or let's take Google. Google's culture thrives on collaboration, which includes a buzzing and healthy in-house dining experience for everyone to mingle and relax. I doubt Google would dream of firing their chefs and replacing their buffet with powdered drinks.

Editorial note




The Food System department of *WN* includes coverage of the NOVA classification of food according to the nature and purpose of food processing, and of the new official Brazilian food guide using the NOVA system. It also includes, as here and the next *Update* on José Graziano's view of healthy food, contributions that emphasise the value of freshly prepared meals, food culture and conviviality, and food systems that respect genuinely sustainable agriculture, local economies and the environment.

The meaning of meals

Some of the best ideas I have ever been part of, have come over a shared meal. I remember having sushi with Steve Jobs when he was outlining his vision for the iPod, and being moved by a conversation I had with Nelson Mandela in his home after lunch about the rise of Africa. And not a week goes by when I'm not inspired by an up-and-coming entrepreneur, sharing his or her vision for a better world as we break bread.

Sure, there will be some that prefer more time in front of a computer over more time with loved ones. Indeed, one advocate of powder over food recently told *The New York Times*, 'I think engineers are ready to throw in the towel on the illusion that we're having this family dinner … Let's do away with all the marketing facade and get the calories as quickly as we can.'

That is sad. That is not what Silicon Valley disruption is about. What are we innovating for, who are we building the future for, if we don't value human connection? In my opinion, Michael Pollan had it right when he urged us all to eat 'real food,' avoid 'edible food-like substances', and 'don't eat anything your great-grandmother wouldn't recognise as food.' Sometimes revolutions take us forward by taking us back.

Full disclosure: I've put my money where my mouth is and invested heavily in companies like Revolution Foods and Sweetgreen aiming to do just that.

Box 1

Steve Case on school lunches

Extracted and edited from Food Safety News, 10 June 2015

After making a $30-million investment in a school lunch company, technology entrepreneur Steve Case has told *Time* magazine that the market can solve the problem that now has Washington politically flummoxed. He says the school lunch programme is a $16-billion industry for the private sector.

'I'm not running into anybody, on the Republican side or the Democrat side, who's saying, "We believe in unhealthy meals" ' said Case, the co-founder of AOL. 'The debate on the House side has been some people saying these new requirements are too difficult for schools to meet. It's too hard to provide healthy options at affordable prices that kids will love, and so we should relax the standards essentially to give them more time to transition'.

Case says the market can solve those problems and that Revolution Foods, the company he just agreed to help finance, 'is demonstrating that'. Oakland, CA-based Revolution Foods is in the business of providing 'healthful, affordable, fresh' meals to schools in New York, New Jersey, Pennsylvania, Connecticut, Colorado and Louisiana. The company is now serving 1 million meals per week to 200,000 students at 1,000 schools in those six states.

Case S. Steve Case on healthy food and meals [The Food System] [Update]. World Nutrition July-August 2015, ***6,*** *7-8, 570-572*



***WN** The Food System*

José Graziano on healthy diets

Access June 2013 FAO and Slow Food Movement here



Jose Graziano (right, with then Brazilian president Luis Inácio Lula da Silva, the architect of the Brazlian food security, Fome Zero (Zero Hunger) programme, is now UN FAO director-general

José Graziano da Silva writes:

In the last half-century, people's ways of life have changed dramatically. Life expectancy has risen almost everywhere, but so have chronic non-communicable diseases such as cardiovascular diseases, cancer, respiratory diseases, and diabetes – causing more and more deaths in all corners of the world.

The chronic disease catastrophe

Margaret Chan, director-general of the World Health Organization, has called the worldwide rise of these diseases a 'slow-motion catastrophe'. They now disproportionally affect low- and middle-income countries, where nearly three-quarters of deaths from these chronic – 28 million per year – occur. Much can be attributed to unhealthy diets. WHO estimates that 2.7 million deaths every year are attributable to diets low in fruits and vegetables. Globally, unhealthy diets are estimated to cause about 19 percent of gastrointestinal cancer, 31 percent of ischaemic heart disease, and 11 percent of strokes, thus making diet-related chronic diseases one of the leading preventable causes of death worldwide.

In other words, diet determines health. Bad diets can lead to disease, healthy diets can contribute to good health. Generally, a healthy diet must provide the right nutrients in the right balance and with sufficient diversity, limiting the intake of free sugars to less than 10 percent of total energy requirements, and keeping salt intake to less than 5 grams per day. A healthy diet must be affordable, based on locally available foodstuffs, and meet cultural preferences. For over 20 years, FAO, together with WHO, has worked with governments on national Food-Based Dietary Guidelines: short, science-based, with tips on healthy eating, in accordance with local values, customs and tradition.

Examples of healthy diets

Healthy meals do not always taste or look the same. Thus the Mediterranean and Japanese diets are very healthy and completely different. The Mediterranean diet revolves around the consumption of legumes, cereals, fruits and vegetables, olive oil, fish, and moderate consumption of dairy products (mostly cheese and yogurt). It emphasises unprocessed, plant-based foods, such as fruits and vegetables, in addition to beans, nuts, cereals and other seeds; olive oil is the main source of (unsaturated) fat.

Japanese cuisine emphasises at least seven ingredients: fish as a major source of protein; vegetables including *daikon* radish and sea vegetables; rice; soya (tofu, miso, soya sauce); noodles; fruit; and tea (preferably green). It is often associated with sushi (raw fish with rice), and sashimi (fresh raw seafood).

The Japanese and Mediterranean diets use a great variety of ingredients; they are rich in plant foods including vegetables and fruit, legumes and fibres; they are modest in red meat; and they use many natural herbs and spices instead of salt to flavour food. Both diets are linked to peoples and cultures as much as to their natural environment. Both are UNESCO World's Intangible Cultural Heritages.

The health benefits of the Japanese and Mediterranean diets are promising. Japanese enjoy one of the longest average life-spans in the world – 87 years for women and 80 for men. In Mediterranean countries such as Italy and Spain, women have a life expectancy of 85 years. The figure for Italian men is 80 years, the same as their Japanese counterparts. All of them are above the average of high-income countries, which is 82 years for women and 76 years for men.

Medical research also indicates that that the Japanese diet leads to the lowest prevalence in the world of obesity – only 2.9% for Japanese women – and other chronic diseases like osteoporosis, heart ailments and some cancers. The Mediterranean diet, if followed for a number of years, is known to reduce the risk of developing heart disease, cancer, hypertension, Type 2 diabetes, Parkinson's and Alzheimer's disease.

Long life and well-being

Adhering to a healthy diet helps you to not only to live longer, but also to have a better quality of life. Conversely, a bad diet causes malnutrition and can expose you to a range of chronic diseases. Many countries now suffer at the same time from undernourishment, and obesity and diet-related diseases. FAO's chief concern is to eradicate hunger in this world, but food security and nutrition are inseparable. Food and nutrition security is a basic human right.

An edited version of an address given on 5 May 2015

Graziano J. Update team. Jose Graziano on healthy diets. [Nutrition. UN FAO] [Update]. World Nutrition July-August 2015, ***6,*** *7-8, 573-574*



Blog Watch. Obesity. Canada

Yoni Freedhoff's challenge

Access September 2014 Blog Watch on Yoni Freedhoff here

Yoni Freedhoff reports:

This is an edited extract from an address given by WN editorial family member Yoni Freedhoff to the Canadian Senate on 10 June. Access his admirable blog here

My name is Yoni Freedhoff. I have dedicated my professional career to the study and treatment of obesity. Nine years ago I had the similar opportunity to speak with the House of Commons' Standing Committee on Health, then working on a report very much like the one you've been tasked to produce. Their report's recommendations did call for action. We are still talking about obesity in Canada, but action is a rarity.

The nature of floods

Some cling to the notion that obesity is a problem of personal responsibility, suggesting that somehow, over the course of the past 60 years, that not just Canada but the world as a whole, has suffered an epidemic loss of willpower. They suggest that because on paper obesity can be prevented by the judicious use of forks and feet, that governments need not be involved in its prevention. Yet this flood of diet and weight related illness is poised to cripple Canada's health care system. But to date, we've focused on education, on public health messaging campaigns, and on calls to action designed to spur conscious, individual change.

Floods aren't well treated by way of isolated, individual change, just as swimming lessons, no matter how thoughtful, well-designed, or societally embraced, won't stem rising tides, and even the strongest swimmers get tired. That doesn't mean people shouldn't learn how to swim or that we shouldn't encourage them to do so, but when there's a flood it's a government's responsibility to build levees, and when it comes to this flood, I'm not sure Canada's bothered to fill even a single sandbag.

Detractors argue, 'one sandbag won't cure or prevent obesity'. They are correct. Not only will single sandbags not stop floods, but also the nature of flooding is such that it is impossible to predict which of a levee's sandbags will prove to be the most important ones. But that truth doesn't mean we shouldn't be filling sandbags.

There is no shortage of potential sandbags. The rise of obesity has been consequent to dozens, if not hundreds of changes made to our environment such that now, the default for the majority of the population is weight gain. People don't choose to gain weight. Weight gain happens consequent to a world that requires each of us, if we want to eat healthfully, to actually go out of our way to do so. It's a world where

- Packages of ultra-processed food products laden with hyperpalatibility's 'bet you can't eat just one' unholy trinity of salt, sugar and fat are legally allowed to brag about the fact that they also happen to contain Vitamin D, or Omega-3s, or whole grains, on the fronts of their packaging.
- What our children are taught in schools that they shouldn't be regularly eating, is regularly provided to them in the same schools' cafeterias and vending machines.
- The food industry is allowed to market to children.
- Our Food Guide is non-evidence based and if followed, might well lead a person to gain weight.
- Food product nutrition fact panels are so confusing and unwieldy that our government has launched not one, but now two campaigns designed to help Canadians understand how to use them.

Good food rules

We need to re-engineer our food environment such that healthful becomes the default choice. Though there is no consensus as to which sandbags will have the greatest impact, or which should be filled first, the ones I believe would be both beneficial and within the purvey of the federal government would include:

- Revising Canada's Food Guide and mandating its regular reassessment
- Joining the rest of the G8 nations and establishing a national school food program that includes the integration of curriculum designed to teach children about nutrition, food and healthful cooking.
- Banning the marketing of all food to children.
- Mandating the provision of contextualised calories on menu boards of chain restaurants, coffee shops, movie theatres, and so on
- Effecting nutrition fact panel reform so as to utilise realistic and standardised serving sizes, decrease confusion and ambiguity, identify added sugars, and include whole package caloric information.
- Effecting front-of-package health claim reform so as to disallow the use of nutrient based health claims and promotions.
- Adopting a rigorous, engaging, and evidence-based national front of package nutrition guidance label.
- Taxing sugar-sweetened drinks.
- Subsidising fresh fruits and vegetables.

No one sandbag will stop a flood. But the longer we spend discussing but not filling sandbags, the worse this flood will become and the more havoc it will wreak. While it's always a great time for discussion and debate, we need action, as the longer we continue to wait to actually do something, the greater the threat to Canadians' health and to health care as we know it.

Update team. Yoni Freedhoff's challenge. [Obesity. Canada] [Update]. World Nutrition July-August 2015, ***6,*** *7-8, 575-576*

***WN** Development*

Visions for this century (7)

Access November 2014 Visions for this century (1) here
Access December 2014 Visions for this century (2) here
Access January-February 2015 Visions for this century (3) here
Access March 2015 Visions for this century (4) here
Access April 2015 Visions for this century (5) here
Access May 2015 Visions for this century (6) here
Access June 2015 Visions for this century (7) here

Brooke Aksnes writes:

In the last seven issues, *WN* editorial family members write about the state of the world now, and their visions for the future. See above. We are now publishing Visions in our *Update* section, with comments as letters in our *Feedback* section

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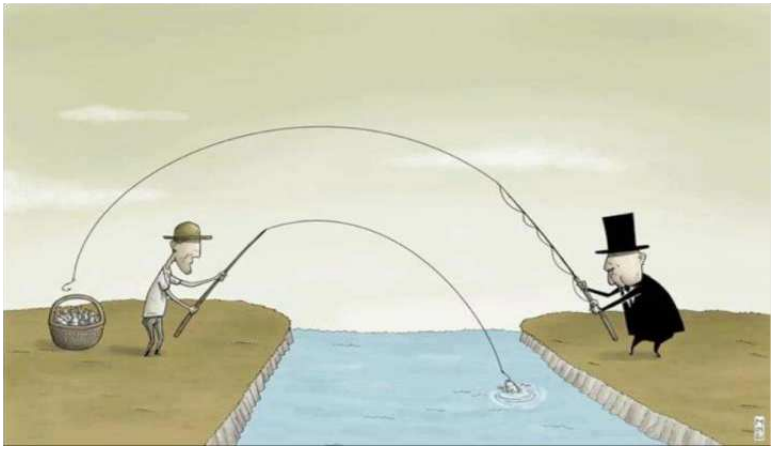
George Kent



In theory, wealthy countries support and nourish impoverished countries. In fact, not so. This cartoon illustrates typical reality. The poor do the work to produce food much of which is acquired by the rich

What mainly determines population well-being, health, disease?

Like most people who read the literature, I got the idea that well-being, health and disease were mainly technical problems. I got the impression that the problems are

mainly due to deficiencies in the supply of things such as food, land, water, doctors, knowledge. What was missing was supplies and 'interventions' by smart people.

However, after studying the issues, I found no good reason for widespread child malnutrition and mortality. I came to realise that there is not one child who is born into a poor world. Viewed globally, there is plenty of land, water, and sunshine. The main deficiency that matters is the deficiency of caring. What mainly determines health is the degree to which people care about one another's well-being.

What mainly determines good nutritional status in populations?

There is hunger in the world mainly because of widespread exploitation under which many people are not able fully to enjoy the fruits of their own labour. In market-based food systems, locally, nationally, and globally, the poor feed the rich. Food flows toward money, not need. Good-hearted people often encourage more charitable giving to the poor, but a better answer would be to take less from them.

In stable well-functioning communities not exploited by insiders or outsiders, people are likely to have well-functioning food systems and good nutritional status. This is true even if they don't have much money. But when food systems shift from being driven mainly by the objective of producing basic food to producing wealth for investors, the system shifts to production of less healthy or unhealthy products, on farms and in factories. This shift from myriad pre-industrial food systems towards one global industrial food system brings with it increasing production of unnecessary and unhealthy foods, and non-foods such as fuel and flowers.

How useful are the current nutrition sciences?

Useful in relation what purposes? For those whose main interest is in dissecting carrots to identify their nutritional values and how they vary under different environmental conditions, the science must appear to be useful. But for those who are interested in larger questions such as improving people's health and ending widespread hunger, other tools are needed. In many universities, nutrition science is mainly about optimising diets for livestock production in order to maximise the incomes of the owners of the livestock. Caring for the nutritional health of people, especially people without money, is not high on the agenda. Some universities do train dietitians who will advise individuals and cafeterias, but few prepare specialists to consider the policy dimensions of large-scale nutrition concerns. Where are the university classes on hunger?

Are enough governments and official agencies making real progress?

There are two questions here. Has there been real progress? To what extent should governments and official agencies get credit for it? There has been good progress with for instance the Millennium Development Goals. However, there is little evidence that these gains were due to any specific actions taken by government

agencies. To illustrate, child mortality rates have been declining steadily in most countries in recent decades. Many agencies have been quick to claim credit. But in most cases there was no acceleration of the decline with the launch of the Millennium Development programme. The charts don't show a Millennium Development 'bump'. It looks like improvements would have happened anyway.

The child survival programme of USAID (United States Agency for International Development) used to point out that child survival rates improved in many of the countries in which they operated. They did not mention that the rates generally improved just as quickly where they did not operate.

Are current dietary guidelines and nutrition education programmes effective?

Their effectiveness is limited because they focus on persuading consumers to change their choices while doing little to alter food systems and supplies. More should be done to make healthy choices the easy choices. Nutrition educators tend to overestimate the importance of health considerations as a factor explaining people's food choices. For many people, taste, convenience, cost, and body feel (as in energy drinks) are more important. Also, social pressures weigh heavily. People are likely to eat what the people around them eat.

What types of civil society groups are most responsive to the biggest issues?

Instead of focusing only on issue-oriented groups, it is better to pay attention to the character of local communities and the ways in which they influence our lives every day. Why is it that in some communities people are well-nourished while in other comparable communities they are not? There are studies of positive deviance among individuals. Positive deviance among communities should be studied as well.

Name up to three inspiring leaders likely to be active in 2030, with reasons

I put my hopes in young people of the sort identified by and now contributing to *World Nutrition*, the people heard in these pages who have broken free of the narrow confines of conventional nutrition science.

Identify up to three of your greatest fears, with reasons

First, I fear that those who have diverse views of how to address the major malnutrition issues of our times will never talk to each other, and will not formulate serious plans for addressing those problems. Second, I fear that a serious plan for addressing hunger in the world will never be made – I define a 'serious plan' as one for which the intended outcome can really be expected to be achieved. Third, I fear that discussions about how to end widespread hunger, which is here and now, will go on being eclipsed by discussions of how 'we' will feed the earth's population in the distant future. Many of these discussions are driven by corporate people

looking for new ways to add to their wealth. There is too little caring for people who do not get enough good food now.

Identify up to three of your greatest hopes, with reasons

I hope that we all give more attention to how people can live together well at the local level, in strong communities. If ways are found to live together that are so excellent that others emulate these arrangements, the hunger problem will be solved. from the bottom. I hope that the United Nations Committee on World Food Security will recognise that more attention should be given to the food security of infants, especially in the face of *plans by manufacturers* massively to increase the consumption of infant formula worldwide.

Make any other relevant remarks as you may wish

I recently spent two weeks in India, which has more than 20 per cent of the child malnutrition and mortality in the world. Its large-scale children's programmes, Mid-Day Meals and Integrated Child Development Service, always underfunded, have now had their budgets cut severely by the central government. These children's right to food, spelled out in national law, has in effect been discarded.

However, as shown in Brazil and other countries, there is good potential for improving infants' well-being by expanding the operations of milk banks. These banks make breastmilk more readily available to infants whose mothers do not breastfeed them. Nationally and internationally, many agencies are exploring ways to promote more effective use of milk banks. Milk banking offers real hope. It should be scaled up to serve not only infants in hospitals, but also other children out in the community.

*Kent G. Development. Visions for this century: 8 [Update]. World Nutrition July-August 2015, **6**, 7-8, 577-580*

How to respond

Updates are short communications designed to add new information to *WN* commentaries and other contributions. They are invited from all readers. 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 or 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