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Nutrition and Quality:

The global burden of chronic diseases and its relation with agriculture

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SUMMARY

Chronic, non-transmissible diseases (CNTD), such as cardiovascular diseases, diabetes mellitus II, obesity, some forms of cancer, and chronic obstructive pulmonary disease, pose great obstacles on development, and are the main cause of death, sickness, and disability in the Americas.

The increase in the incidence of most of these diseases in the last three decades is alarming, and threatens not only with disrupting economies, but also health systems, increasing inequality.

One of the limiting factors in the presently used prevention strategy has been to focus only of people's actions ("blame the victim") and to just direct recommendations to improving individual conduct, paying little or no attention to environmental factors that promote, ease, or induce inadequate practices, or that hinder healthy conducts. Thus, it is crucial to intervene and address the risk factors and problem determinants on multiple levels.

The four main risk factors of this group of CTNDs are: unhealthy feeding, physical inactivity, tobacco use, and alcohol abuse. The first is the subject of this presentation.

These changes in feeding patterns are characterized by: The decrease in breast-feeding, poor feeding during the first years of life, and an increase in the consumption of processed foodstuffs and a reduction in the consumption of natural foods (vegetables, fruits, legume, seeds) which results an increase in energy density and an alarming increase in the ingestion of saturated fats, trans fats, sugars, and sodium, along with a deficit in the consumption of fiber, vitamins, minerals, 3 and 6-omega fatty acids, along with other nutrients essential for life.

There are **three elements** within agrifood systems that have played an important role in these changes: (1) **agricultural policies** that have promoted profitable “megacrops”) (corn, soy), which have affected the small-scale farmer and its local production, and has impacted in a very significant way on human health. These policies have not been based in the nutritional necessities of the population, but rather on commercial criteria, privileging the production of foodstuffs subject to foreign interests and to the great global supply chains. (2) **Globalization of the food chain**, which has induced development countries to export nutritious foodstuffs (fruits, vegetables, local cereals, and high quality meat and marine products) and to import processed foodstuffs that are not nutritious and rich in sugars, fats, and additives, which affect health and nutrition, all under the framework of free trade agreements. This has changed price systems, making unhealthy foodstuffs more accessible specially to populations with lower income and which, added to the expansion of supermarkets, has changed the culture and encourages rapid alimentary transition. Finally, (3) The **marketing of foods and beverages**, which has employed various resources – many of them of rather questionable ethical fiber – to induce consumption patterns that have affected the health and quality of life in the population, especially children and adolescents.

Among the **necessary actions**, the following should be highlighted: (a) the State's obligation to respect, protect, and enforce the right to adequate, healthy nutrition. (b) planning food production as a function of the nutritional necessities of the population, (c) allocate resources to support local farmers and the creation of local and regional markets (d) develop agricultural support programs that focus on the needs of small-scale farmers in non-favored zones, (f) develop non-discriminatory business models, (g) propose ecologic sustainability, avoiding the loss of biological diversity, (h) make socially responsible investments that mitigate the impact of climate change, and (I) prohibit the commercialization and promotion of unhealthy foodstuffs and sugared beverages, which are harmful to the population, in particular children and adolescents.