

Kelly Brownell:

Hello, and welcome to Policy 360. I am Kelly Brownell, the Dean of the Sanford School of Public Policy at Duke University. Today, it is my great pleasure to welcome Francesco Branca of the World Health Organization.

Francesco focused on medicine, specifically diabetology and metabolic diseases, while at college. He then got a PhD in Nutrition, and ultimately became a senior scientist at the Italian Food and Nutrition Research Institute. His studies looked at the effects of food and nutrients on human health at different stages of the life cycle. He also designed, managed and evaluated public health nutrition programs.

Currently, Francesco is the Director of the Department of Nutrition for Health and Development at the World Health Organization in Geneva, Switzerland, and is a major figure in nutrition policy and global health. Welcome, Francesco.

Francesco Branca:

Thank you very much. And good morning.

Kelly Brownell:

Can you describe some of the major nutrition issues you and your colleagues are addressing that the World Health Organization? We'll refer to it as WHO from now on.

Francesco Branca:

Sure. Well, we've been looking at the epidemiology of different nutrition-related diseases. So, clearly we are looking at it from the point of view of the health impact. And we've noticed that while in the '90s, the undernutrition was the main cause, one of the main risk factors, for the global burden of diseases, and therefore we focused on the reduction of underweight as a main focus. In the last 20 years, we've seen a dramatic shift, and now unhealthy diet is the number one factor for the global burden of disease.

But still, we have not forgotten that number three is actually still maternal and child malnutrition. And number six is now obesity. So, we have in the top six causes for disability and death in the world nutrition-related conditions. It's an enormous challenge.

We've tried to identify which ones could be the determinants, the main determinants, and we've somehow identified, and this was considered by the World Health Assembly a few years ago, six areas where nutrition needs to improve. So, we have what we called the WHA Six Global Nutrition Targets on the reduction of stunting, the reduction of wasting, the reduction of low birth weight, the reduction of maternal anemia. And then, we have the newcomer, we have childhood overweight as a target.

And this compounds with an important sixth target, which is the improvement of breastfeeding. So, we have in essence, a positive target. We don't only focus on the negative aspects, but we focus on the positive aspects of what having a good start in life with nutrition can lead you. This six global targets have to be read together with the non-communicable disease global targets, and two of them are actually related also to diet. And one is the excess sodium in the diet, and the other one is, again, the overweight and obesity, but this time in adolescent and adult.

So, we're definitely focusing on this complex situation of multiple challenges of malnutrition. And this has been acknowledged even in the sustainable development goals that calls for addressing this multiple forms of malnutrition.

Kelly Brownell:

Several terms you mentioned may not be familiar to some of the people who are listening: stunting and wasting. Can you explain what are meant by those?

Francesco Branca:

These are the two forms of malnutrition in children under five. Stunting is failure to thrive. You have small children that are small because they are born very small. In fact, particularly in Southeast Asia, you have this form that starts from malnutrition in utero, or this can be due to poor development in the first few months of life because of inadequate feeding, inadequate breastfeeding, but also because of the concurrent presence of infectious diseases, particularly diarrheal diseases and acute upper tract respiratory infections.

So, you see this progressively happening in the first two years of life, and children with stunting have a higher risk of getting diseases, and they have a higher risk of a growing with some form of disability, and actually some handicap compared to their peers in terms of capacity to work. But also sometimes intellectual capacity, brain development is also affected. Stunting is really a syndrome with multiple forms.

The interesting thing is that now we're seeing that this children who developed stunting in the first few years of life actually have a higher risk of getting chronic diseases later in life, because they've been adapted to a different environment, food environment. So, they get more easily high blood pressure, they get more easily diabetes, obesity and diabetes. It's an interesting form of biological combination of the two forms of malnutrition.

The wasting is sort of what we are more accustomed to see in famine situations, but it's in reality, very common in particularly in Southeast Asia. You have a child who has low weight for height, is very thin and very susceptible, again, to infections and to mortality. We have about 16 million children in the world who have severe acute malnutrition, but we have a lot more that have moderate acute malnutrition, and going to slums in the outskirts of Indian cities, where children due to insufficient food, infections, neglect have a problem of poor weight for height.

Kelly Brownell:

But you mentioned that breastfeeding is a major emphasis for the World Health Organization. Why is breastfeeding so important?

Francesco Branca:

If we had adequate breastfeeding for all children in the world, we will save 820,000 deaths in the first five years of life. That's really amazing. So, breastfeeding is a life-saving intervention. It's the most cost-effective intervention we have in nutrition.

It's very important to have a good start in life with breastfeeding. It not only provides the best nutrients, but it also somehow teaches a way to eat and it helps the society, and it's a great way to establish a relationship with the mother. So, the caring practices start with adequate breastfeeding.

WHO recommends exclusive breastfeeding in the first six months of life, but also recommends continued breastfeeding at least until age two or beyond. So, breastfeeding, we have seen is associated with reduced mortality and morbidity for respiratory infections, for diarrhea, but it's also related to better IQ. And the longer children are breastfed, the lower the risk of getting chronic diseases, such as diabetes and obesity.

There are many reasons to breastfeed a child, and nothing can replace breast milk, even the best designed breast milk substitute lack, for example, the immune protection that the antibodies that will confer that protection from diseases that a child need in his first few years of life, let alone the mode of feeding that infant formula is. So, we're unfortunately seeing that only 37% of children in the world are exclusively breastfed for six months.

And one of the targets of the assembly is to bring this up to 50%. It's a challenge. It's a challenge in a world that is changing, where mothers go to work, and particularly in countries where the adequate child protection doesn't exist, where there's no maternity protection, where women cannot breastfeed on their workplace, and they have to go immediately back to work. So, it is a big challenge, but it's something that definitely we need to prioritize in our public policies.

Kelly Brownell:

Another issue that I know that WHO has addressed is sugar, and there are some guidelines from WHO now about sugar in the diet. Why is sugar a particular concern?

Francesco Branca:

WHO is looking at healthy diets and looking at what nutrients, and more and more what foods, are associated to an optimal health. So, we've been systematically looking at different nutrients, and now we have a very solid system to look at the association between nutrients and health. We have good science that we are able to analyze and combine through systematic reviews and through grading of the quality of the evidence. Since we have established a system, five years ago, we've started looking again at all the nutrients. Sugar is just number three in the row, but it's not finished. We started with sodium, and potassium, and then free sugars.

The consumption of free sugars are associated to increased weight gain. So, the more free sugars you have in a diet, the greater the weight gain, and this happens at all ages. We've had demonstration of this both in adults and in children and both ways. If you increase your free sugars intake, you gain weight.

Kelly Brownell:

By free sugars, you're referring to the sugar added to products rather than naturally in them?

Francesco Branca:

I mean actually all sugars which are the monosaccharide and disaccharide chemical, the simple sugars. So yes, the ones that are added, but also some of the ones that are naturally present, for example, in fruit juices and in jams. Not the sugars of milk and fruit. We've noticed that there's no association of the consumption of those sugars in milk and fruit with this changes in weight gain. The majority is added sugar, but sometimes we also have the sugar, for example, in honey, that's also free sugar, so we have to watch that too.

Kelly Brownell:

Okay. You have spoken, I know and others have as well, about the dual burden of obesity and hunger and malnutrition. What does that term mean and how does it play out around the world?

Francesco Branca:

It means that we have, at the same time, the presence of undernutrition, whether it's stunting or wasting, sometimes with associated forms of vitamin and mineral deficiencies, and the overweight and the nutrition-related non-communicable diseases.

And it's not that we have a world with two conditions; we have a country with the same conditions. We have regions, and sometimes families, with these two conditions simultaneously, and even in the same individual. So, as I was saying before, a child was born small and has been malnourished early in life, when he grows up, he or she grows up, and is exposed to a food environment which is not supportive to a healthy diet and healthy weight gain, he will become, or she will become, overweight. That happens more and more.

In fact, we've seen that the risk of chronic diseases is much higher in areas where we have seen this malnutrition at early life: South Africa, India, incredible combination of this dual burden. It's not only a coexistence in terms of frequency of these conditions, but it's a biological connection to have. And I think that's an important concept to know.

Kelly Brownell:

Thank you. So, you're here at Duke to participate in a discussion on the future of food policy. What do you see as the chief issues that need to be addressed around the world with respect to food?

Francesco Branca:

I very much welcome this initiative. It comes at an incredible time. We've just had the approval of the sustainable development goals by the General Assembly of the United Nations last September, that for the first time really mentioned nutrition. It mentions in the context of hunger, but it says that we want to reduce all forms of malnutrition, and it says that we should be looking carefully at the nutritional needs at all stages of the life course. And it says we want to change the food supply to make it safe, but also nutritionally appropriate.

I think this is an important time. And on the 1st of April, the United Nations General Assembly also launched a Decade of Action on Nutrition, building on the outcome of a conference on nutrition joined by FAO and WHO in 2014, the Second International Conference of Nutrition, which really has an incredible menu of policy options in different sectors.

I think the new things, what we understand is that, first of all, we need to have a food system which is supportive for nutrition. So, it's not about people having to make choices and going against the tide. I mean, they have to be helped. And the food supply has to be adequate in public institutions, but also wherever you go: in the markets, in catering establishment, anywhere.

But also it says that we need to look at food throughout the value chain. So, from the production to the offer to the consumers, information to the consumers on labels, marketing products. These all have to be aligned. I think that it's interesting to discuss with people working in other sectors and different stages of the food system, to understand how we can achieve that policy coherence. That's the only way to make this happen.

People have been talking about a food revolution, and it can be hard to believe, but I think we should believe in it, and I think we are at a time where it might happen. We might see, really, with all this commitment and understanding of the issues and a global understanding of the issue, we might see change. And that's why I'm happy that Duke is taking the lead on this.

Kelly Brownell:

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Well, thank you very much, Francesco, for joining us today and for sharing your expertise and wisdom. I'm very grateful.

Francesco Branca:

Thank you very much.

Kelly Brownell:

I've been speaking today with Francesco Branca. Francesco is Director of the Department of Nutrition for Health and Development for the World Health Organization, headquartered in Geneva, Switzerland. This conversation is part of a special series on Policy 360, the Future of Food Policy. Until next time, I'm Kelly Brownell.