

Kelly Brownell:

Come to Policy 360. My name is Kelly Brownell. I'm the Dean of the Sanford School of Public Policy at Duke University. I'm delighted to welcome Francesco Branca for the second of two podcasts. I did a more extensive introduction of Francesco on the first podcast, but I'll make a brief introduction here. He's serving as the director of the Department of Nutrition for Health and Development for the World Health Organization in Geneva, Switzerland. Francesco, thank you for helping us with this second podcast.

Francesco Branca:

...to be here again.

Kelly Brownell:

So in the first podcast you talked about the world problems of hunger, world problems of obesity, malnutrition. How important is it that we get these things right? What sort of consequences does the world face if we don't address these things in bold and aggressive ways?

Francesco Branca:

We face a dire consequences not only in terms of health. In terms of health, it's actually quite dramatic. I mean, we're starting to see that the next generation is going to live less than our generation. I mean, it's unprecedented. So it's going to affect in a very concrete way our lives. The cost of the diseases are unbearable. So actually, this is a major handicap for development, but not only in terms of health systems being unable to cope. We are struggling in the high-income countries. When this happens in countries that are actually struggling to have a functional health systems, this is a disaster. We have seen how sometimes a noncommunicable disease can mean a catastrophic expenditure.

So basically, a family goes bankrupt because of that and it's something we can prevent. It's absolutely absurd. But I would say that a country can go bankrupt because of noncommunicable diseases, countries who have to rely on the human capital for development will be blocked by that. I think this is actually what is sometimes driving the attention of policymakers. They realize this is not going to be sustainable. I mean, this is competition. Then I would say that we have a common agenda. I mean, STDs are very interesting because they are an agenda for the planet, for the people and for prosperity. So we said, "Okay, getting poor nutrition is a problem for the people, because of our health." It's a problem for our prosperity because of the human capital, but it's also a problem for our environment in the way that we eat often is also negatively affecting our planet. One of the main sources of the greenhouse gas emissions is actually livestock production. So also what we eat is going to affect the planet, not only what the planet and the climate change are going to affect the possibility to produce food.

Kelly Brownell:

So you mentioned noncommunicable diseases, and this may not be a term that some people recognize. But would you make the distinction between communicable diseases and noncommunicable diseases and what the transition has been in the world?

Francesco Branca:

Yeah, I mean, people have been dying in the past for diseases that are transmitted by bacteria, viruses, and we're still living in a world where HIV, AIDS is a very dramatic condition that affects a lot of people.

We still see majority of children dying of a pneumonia or diarrhea. These are communicable diseases. They are transmitted by a vector. The noncommunicable diseases are the ones that are mainly due to our lifestyle factors. We in WHO say that there are four main noncommunicable diseases. We have cardiovascular disease, we have cancer, we have lung disease, pulmonary disease, and we have diabetes. These four diseases share four common risk factors, tobacco smoking, unhealthy diet, alcohol consumption, and poor physical activity. So this lifestyle is actually affecting people's health and people die much earlier. So we have what we call the premature mortality as a result of these diseases.

Kelly Brownell:

So these diseases are problems as you've mentioned in every country in the world. Do countries see these diseases and these lifestyle patterns as important? Are they taking action to help address these?

Francesco Branca:

Well, increasingly so. We had a concern that this could be perceived only as a high-income country problem. But WHO has called the attention to of the world to these diseases, particularly something that is affecting the poor countries of the world and the poor people. We've seen that the forecast, the projection indicate that the largest number of new cases of noncommunicable diseases will actually be in the lower income countries that are making a transition, changing their lifestyle very quickly, but they're also not equipped with the efficient health systems so the impact is much more dramatic.

Kelly Brownell:

Do you see any countries in the world where you feel progress has been made or that where they're doing especially innovative things?

Francesco Branca:

There's certainly a lot of progress in certain risk factors. For example, tobacco smoking has been seen really as a great epidemic and there are strong policy tools such as the Framework Convention on Tobacco Control that have been signed up by many, many countries and there's strong legislation that is reducing the exposure to this toxic factor. In the area of diet and nutrition, I think this is a bit more challenging because it's somehow been a bit more difficult to realize what could be seen as something positive and something that we would actually like to have in greater amounts, such as food could actually be dangerous. But the food offer has been evolving and what we have often on our tables is high availability of fat, sugar, sodium that is actually associated with poor health.

So is somebody doing better in the improvement of that? Well, traditionally, we have at some part of the world with healthier dietary patterns, and I think the science of nutrition has been developed in the '50s because of the incredible difference in mortality in heart disease between the United States and areas of the Mediterranean, such as Greece or Italy. So that type of diet, which is a diet which has a higher amount of fruit and vegetables, which has relatively scarce consumption of animal source food, higher proportion of complex carbohydrates, it's actually little processed, a little bit of sodium because they had to use it to preserve food, but that type of dietary pattern is associated to better health.

So there are areas in the world that still maintain some good dietary patterns. But I would say overall the trend has been negative. So we've been evolving towards the worst diet. Have some countries being able to stop that? Yes. We have had some traditional examples. So we have in Northern Europe, for example, in Finland, where the diet was extremely risky with a high intake of saturated fat, for example, high intake of sodium it was associated to extremely high rates of heart disease.

Now, the heart disease rate of Finland is actually very close to that of Italy because they've actually been able to have policies to reduce to change the composition of food and removed, for example, the saturated fat from milk, or because they've been developing legislation that were discouraging producers to include too much sodium in their products. So they've been able to reduce sodium intake and bring down blood pressure. So yeah, there are some examples. Not many, frankly, not many. We have more example of the negative trend, particularly in countries in middle income. Countries that are changing their income find that immediately the food sector expands. Unfortunately, you have certain elements of the food sector, which are easily kept in supermarket with long shelf life, which is a processed food. That is what is unfortunately associated with worst diet.

Kelly Brownell:

Well, it's nice to hear some examples of progress and let's hope that many more of those occur. Thank you very much for joining.

Francesco Branca:

My pleasure.

Kelly Brownell:

So we've been speaking with Francesco Branca, director of the Department of Nutrition for Health and Development for the World Health Organization. This conversation is part of a special series on Policy 360, the future of food policy. Until next time. I'm Kelly Brownell.