



## Speaker Summary Note

**Session:** Latin America and the Caribbean

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**Title:** Identifying Potential Levers for Agriculture From the Public Health Perspective

We all in this session agree that agriculture, health and nutrition are interconnected. Without needing to look at the statistics, we also agree that the problem is of considerable magnitude and relevance across the world. This statement, quite possibly, will be accepted without further challenge. A major difficulty, however, remains to be addressed. That is, to identify what is the problem that we can address together and where we can jointly act upon? What is the single outcome we would all like to achieve?

It is fair to acknowledge that one of the greatest strengths of this gathering relies on the wide range of participants in itself. We all come from different backgrounds, constituencies, management styles and professional cultures. On a day-to-day basis, we are constantly exposed to a variety of multi-sectorial initiatives, programs, targets, and challenges. That is not new. Also it is not new that working interdisciplinary and between sectors is not easy. And above all, governance and political commitment is an asset hard to secure.

Thus, given this diversity, is it perhaps not so farfetched to postulate that we will not agree on a joint identification of the problem we want to address. This is not to say that we will not be able to reach agreement on a joint framing or contextualization of the problem. But, singling out where we can concentrate our energies together will prove rather difficult, or at least not so simple. Then we should ask whether this is the right approach, to concentrate our efforts towards a single outcome, or perhaps it might be better to support each other in separate yet complimentary outcomes. Each strategy will require different approaches.

From a public health perspective, hereby I highlight some of its current challenges, which can well be opportunities to indentify additional levers for agriculture, not only for its practice itself but also looking at common avenues of future interconnected work. I have aggregated these in 3 points, which is not say that they are independent one from another.

**1. Population trends, demography, urbanization—Are we missing the human factor?**

In year 2008 the world's urban population surpassed, for the first time in history, the rural population. An ongoing driver for this ongoing urbanization phenomenon is rural-to-urban migration. This is not new, and our and future generations will have to deal with increased urban poverty, limited public spaces and more overcrowding. On the other hand, when talking about agriculture, at least to me and

perhaps to some policy-makers, the unnecessary dichotomization of two-poles comes to mind: small-scale subsistence rural farming and large-scale industrial-type exportation-oriented agriculture. In the context of more people living in urban areas with limited availability of healthy public spaces, the public health community is turning towards the built environment as a limiting and/or enhancing factor of healthy lifestyle changes. Simple non-medical interventions more related to urban planning or to the urban environment can improve a range of health outcomes, e.g. bike lanes and open public spaces increase the uptake of physical activity, which in turns has benefits across age-groups. And here is where we are missing one potential link: urban farming and/or urban agriculture has been largely overlooked. It is not a new concept, but one who deserves more attention. Firstly, in today's urban societies, the availability of healthy products in families assumes a passive "consumption" role of individuals. Secondly, in the context of rural-to-urban migration, we could expect that most of these migrants—at least in developing countries- are indeed more familiar with cultivating the land, which is not the case for urban-born people. It is a big assumption, but the return is potentially big. Support, subsidize and promote urban farming using shared public spaces to grow and feed locally urban societies using migrant groups as an entry (relatively) easy-to-train asset. The creation of shared public spaces does indeed contribute towards the feeling of "belonging" and improves the social capital, a measurement of integration of individuals with their wider surrounding community. This proposal thus provides an additional pathway for health benefits arising from agriculture-driven activities, including nutrition-related outcomes (better food leading to better nutrition, including the concepts of early-life determinants of adult diseases) and health-related outcomes (ranging from improvements in mental health to cardiovascular risk factors).

## **2. Indicators for monitoring success**

Another challenge in the process of (re)framing this debate across fields is closely related to monitoring. From the public health and development sector, policies and progresses on nutrition-related outcomes has been largely—and narrowly—concentrated on undernutrition. Overweight and obesity are indeed already affecting our populations, and our indicators, for all sectors, need to consider this. Svedberg has proposed an alternative approach to traditional indicators in children, and has even expanded it to include overweight.<sup>1</sup> This approach has been used in some developing countries highlighting the limitations of traditional indicators focusing on single indicators.<sup>2</sup>

## **3. Major operational obstacles for countries at different stages of transition**

The majority of public health professionals may be more familiar with the demographic and epidemiological transitions than the nutritional transition. Paarlberg<sup>3</sup> describes three different scenarios of diet transitions that require different approaches and strategies. The diversity of our region, in addition to rampant inequality, means that two or more of these stages do coexist within each individual country. This complex scenario imposes major operational obstacles or implementation challenges most likely to sore when addressing governance of future actions, plans and policies. Addressing these in advance means that attention needs to take place to properly establish intervention or research priorities, to plan develop capacity building efforts across sectors, to enhance collaboration between sectors, and last but not least, for these sectors to create a strong convincing argument to involved more powerful sectors (Ministry of Economy) as well as to engage other relevant ones (education, women, development, among others).

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<sup>1</sup> [http://conferences.ifpri.org/2020Chinaconference/day3/speakernotes/G2-4\\_PSvedberg\\_notes.pdf](http://conferences.ifpri.org/2020Chinaconference/day3/speakernotes/G2-4_PSvedberg_notes.pdf)

<sup>2</sup> Nandy S, Miranda JJ. Overlooking undernutrition? Using a composite index of anthropometric failure to assess how underweight misses and misleads the assessment of undernutrition in young children. *Soc Sci Med* 2008;66:1963-6.

<sup>3</sup> Paarlberg R. Governing the Dietary Transition: Linking Agriculture, Nutrition, and Health. 2020 Conference Brief 8. Presented at: "Leveraging Agriculture for Improving Nutrition and Health," New Delhi, India, February 10–12, 2011.