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Dr H de Haen
Assistant Director-General
Economic and Social Department
FAO
Rome
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Dear Dr de Haen

RE: "Is Sugar 'Pure, White and Deadly?'" by Mr William D Clay,
Nutrition Programmes Service, Food and Nutrition Division (FAO)

I was sent the attached document, prepared by a member of FAO staff, by one of my MSc graduates who now holds a senior health promotion post in the Fijian Ministry of Health. She was concerned that such a substantial misrepresentation of scientific data should be produced by an FAO staff member and that such a document which bears the imprimatur of FAO was likely to adversely influence health promotion programmes in the Pacific Region. I agree with her on both counts and consider that an explanation is required. In addition there needs to be some attempt made to correct the misrepresentations and their consequences. My personal concern stems from the fact that the substance of this paper is allegedly based on the report of the Expert Consultation on Carbohydrates in Rome earlier this year. I contributed to this Consultation and consider that there has been selective and misleading quotation from this report, along with extrapolations to situations which were not reviewed during the Rome Consultation. I have discussed this matter with several colleagues who also participated in the Consultation and they concur with the views expressed here.

Of particular concern is the suggestion by Mr Clay that undernutrition in developing countries may be linked with low sugar intakes and by implication that an increase in sugar intake might reduce the problems associated with undernutrition. We certainly acknowledge that in some developing countries energy deficit may be a more important contributor to the global problem of malnutrition than inadequate intakes of protein or individual micronutrients, but to suggest that increasing sugar intake is a suitable means of overcoming this problem is absurd. Health promotion and nutrition education programmes would be adversely affected should such a concept be incorporated into government policies.

Another critically important issue is the possible role of sugar in the increasing problem of obesity in developing countries. The Rome Consultation (and indeed every other group that has commented on the development of obesity) endorsed the important role of reduced exercise and high fat intakes in the aetiology of obesity in many affluent societies. However, as far as we are aware the situation is far from clear in developing countries, in some of which obesity is a major public health problem. Fat intake is low. Sugar has not been excluded as a contributing factor. Should a link be established, the role of sugar in diabetes and cardiovascular disease would need to be re-evaluated.

The final paragraph on page 5 of Mr Clay's report reads as if it is the intention of FAO policy to dispel the myths of sugar and bring it into mainstream nutrition as an important dietary requirement. There is no suggestion that this might be inappropriate, particularly in developing countries, that there is no dietary requirement for sugar and that when there

is doubt about the scientific evidence we should not be encouraging developing countries to increase their intakes. The Rome Consultation sponsored by FAO and WHO produced a balanced statement with regard to carbohydrate nutrition. It seems inappropriate for papers to be produced by staff of FAO which involved selective quotation from this document and ighly questionable conclusions. I look forward to hearing your reaction to these comments and to the steps which should be taken to rectify the misleading conclusions which might be drawn.

Yours sincerely

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Professor in Human Nutrition and Medicine

c.c. Dr Graham Clugston, WHO Geneva
Dr T. Cavalli-Sforza, WHO Manila
Dr G Nantel, FAO Rome
Jimaima Shultz, University of South Pacific, Fiji
Miss Prem Nand, Ministry of Health, Fiji