

Critical and locally constructed perspectives in planetary health: Lessons from the Brazilian School Feeding Program's cassava acquisition

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Background: In 2013, FAO identified cassava as a crop of the 21st century that responds to the challenge of healthier diets and climate change. However, the EAT-Lancet reference recommended restricting tubers or starchy vegetables, such as cassava, for more sustainable diets. In Brazil, cassava plays a fundamental historical, social, environmental, cultural, and nutritional role. We evaluated the acquisition of cassava and its products by the Brazilian School Feeding Program (PNAE).

Methods: PNAE purchases from 2019, of a random sample of 26 Brazilian cities, one of each national state, were analyzed considering quantity, frequency, cost, and type of production (by family farmers or conventional) of cassava and its products, in comparison with other tubers.

Findings: In 2019, 6684 kg of cassava was purchased, 77% produced by family farmers. Of 2862 purchases, the frequency of acquisition of cassava was 3.3% (n=102), 1.7% of cassava, and 1.6% of cassava products. About 2.5% of the program budget was invested in cassava and its products. Cassava was the most frequently purchased among the tubers, corresponding to 31% of them, followed by potatoes and sweet potatoes. The highest frequency of purchases was observed among the cities of Northeast Brazil, whereas the lowest ones were in the cities in the Southeast and South regions.

Interpretation: Cassava is native from the Amazon region, domesticated by Indigenous people. Currently it is a staple food cultivated by smallholders farmers in most of Brazil and in other countries in the global south. It is a tuber root frequently acquired in PNAE, especially in the Northeast region, and provided predominantly by family farmers. Being accessible and affordable food, grown and consumed locally, cassava is of enormous importance for food security and sustainability in Brazil. Thus, the shared challenges to achieving better planetary health must be built locally.