Nutrition indicators: Trends and data sources

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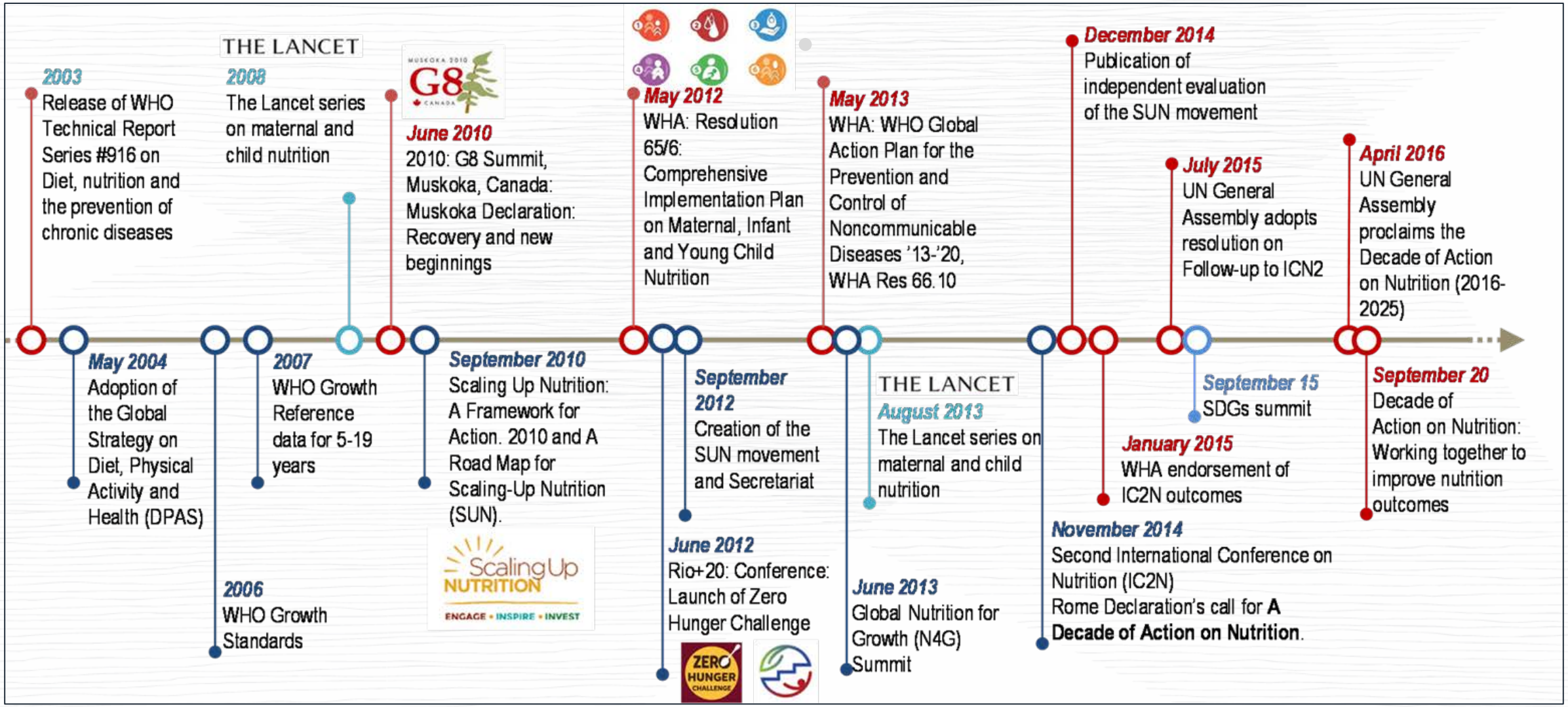
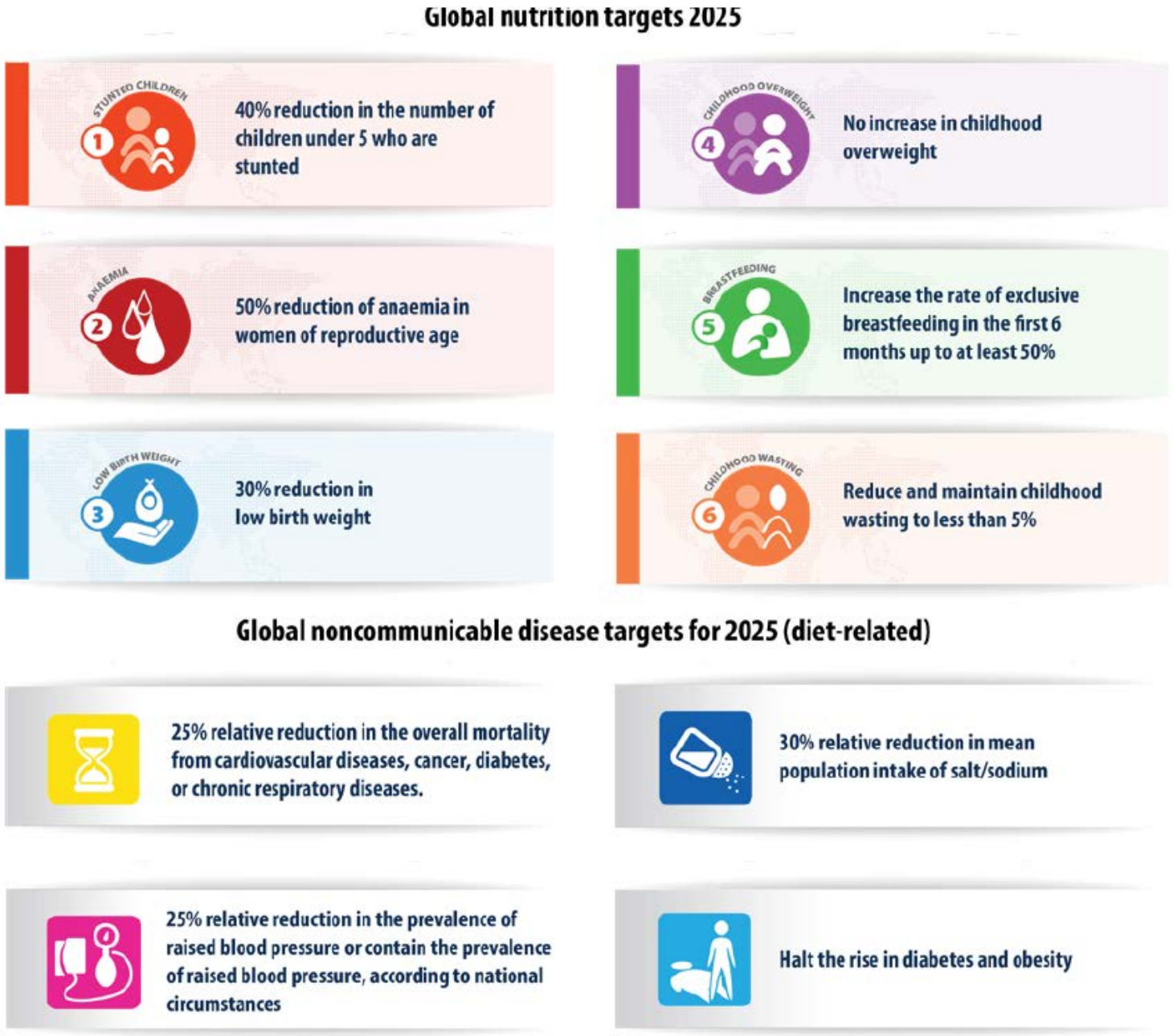
- Nutrition commitments
- Global nutrition targets 2025b and the SDG.
- Current nutrition situation by region
- Nutrition trends by region
- Key messages.

Timeline Global Commitments in Nutrition 2003-2016



WHO global nutrition targets 2025 and global, diet-related, noncommunicable disease targets for 2025



Source:(https://www.who.int/elena/titles/summary_eLENA_interventions_global_targets.pdf?ua=1)

Nutrition is central to the Sustainable Development Goals (SDGs)

Nutrition as a direct goal

SDG2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture

By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round

By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons

End all forms of malnutrition (2.2)

Nutrition as an enabler for health-related goals

SDG3: Ensure healthy lives and promote well-being for all at all ages

By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births

By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births

By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being

Women (3.1) & Children (3.2)

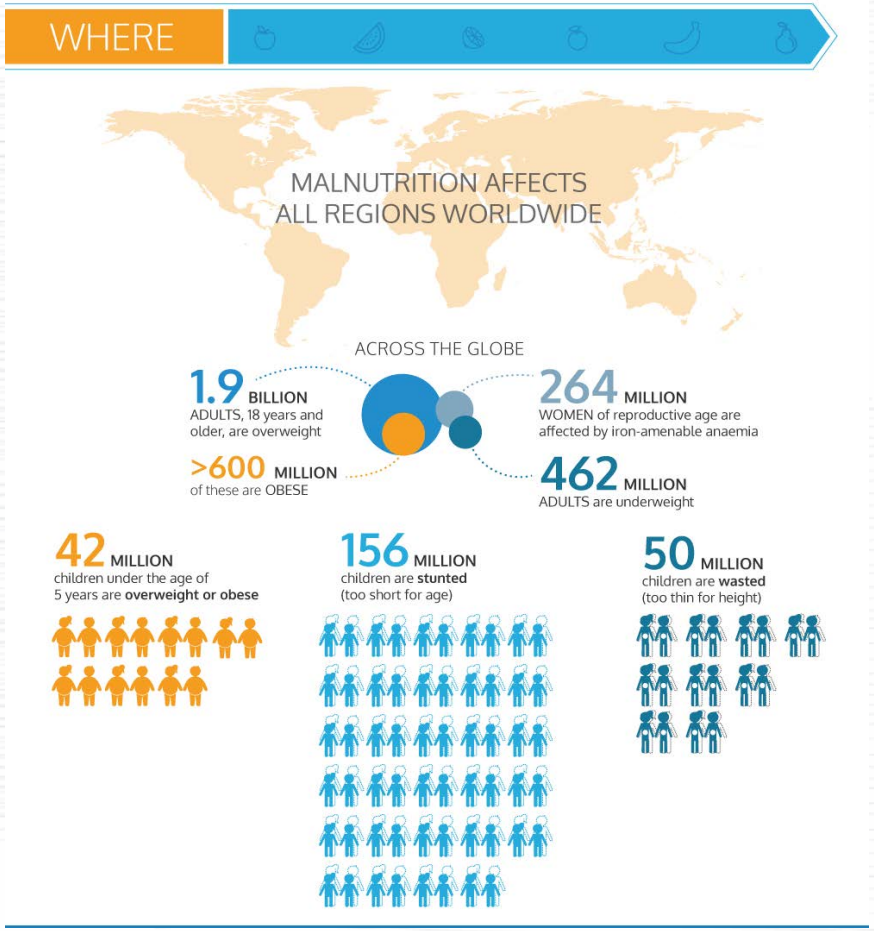
NCDs (3.4)

Communicable diseases (3.3)

Emergencies (3.d)

Nutrition as an enabler for other goals

Malnutrition in all its forms affects us all, everywhere

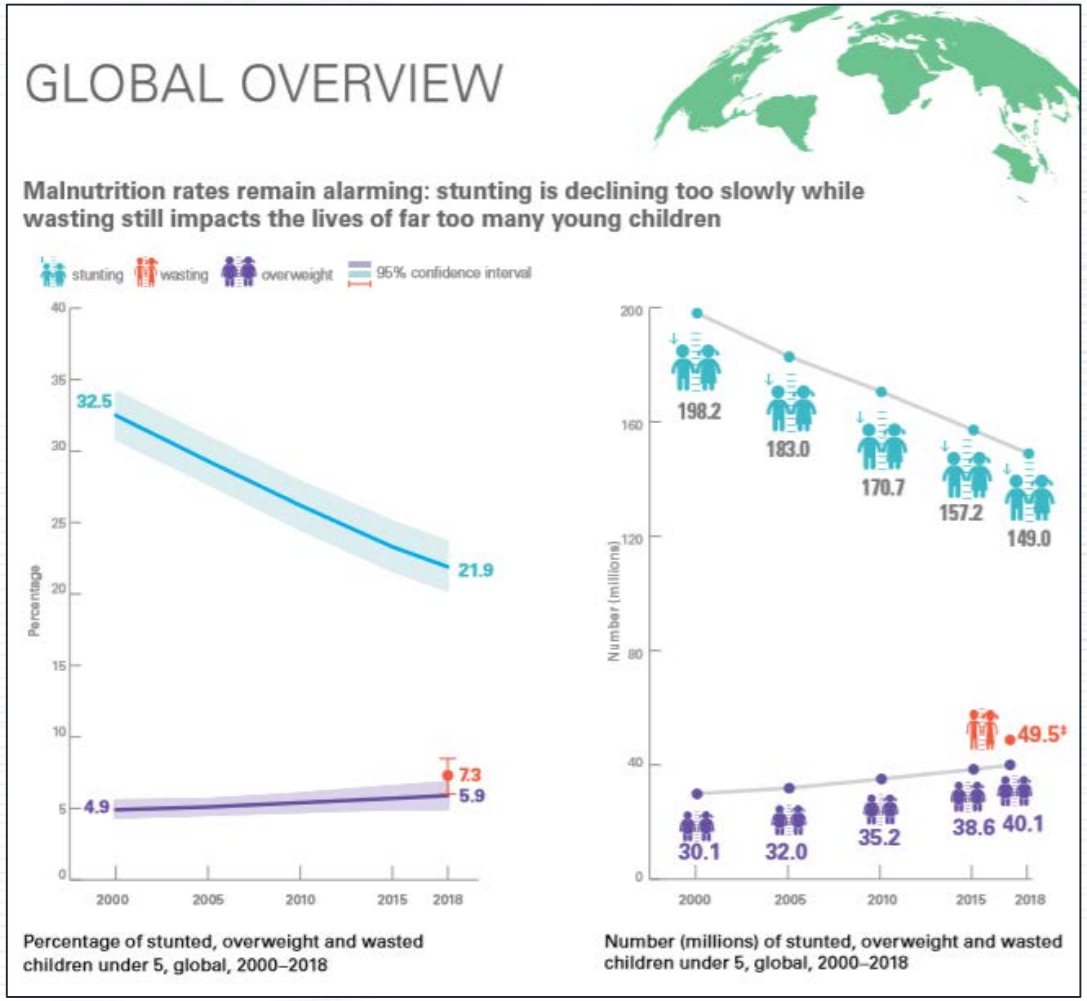


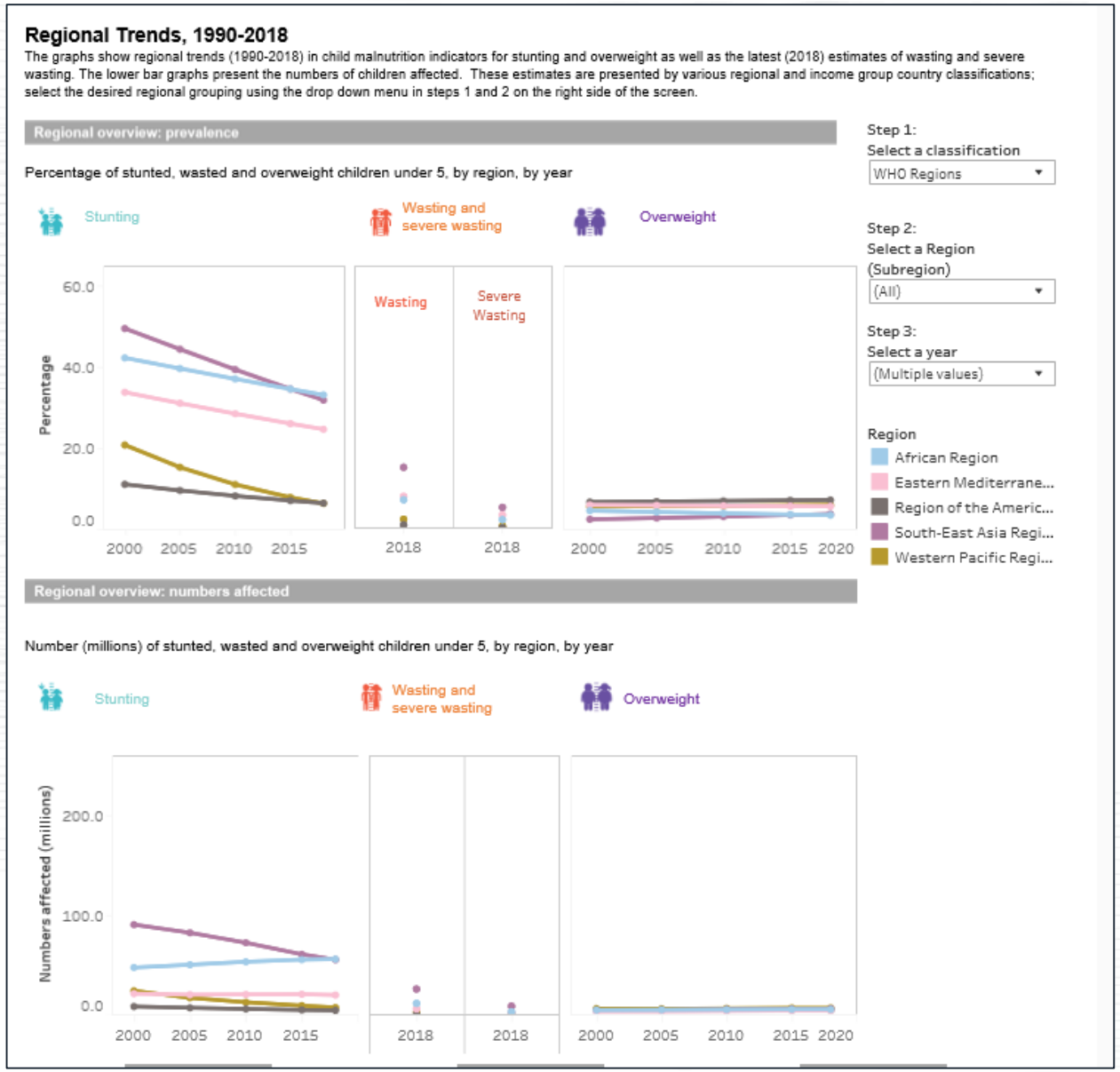
Malnutrition includes stunting, wasting, underweight, micronutrient deficiencies, overweight and obesity, and associated chronic conditions such as diabetes, cardiovascular disease and some cancers.

It is estimated to affect one in three people globally and is linked to morbidity and mortality.

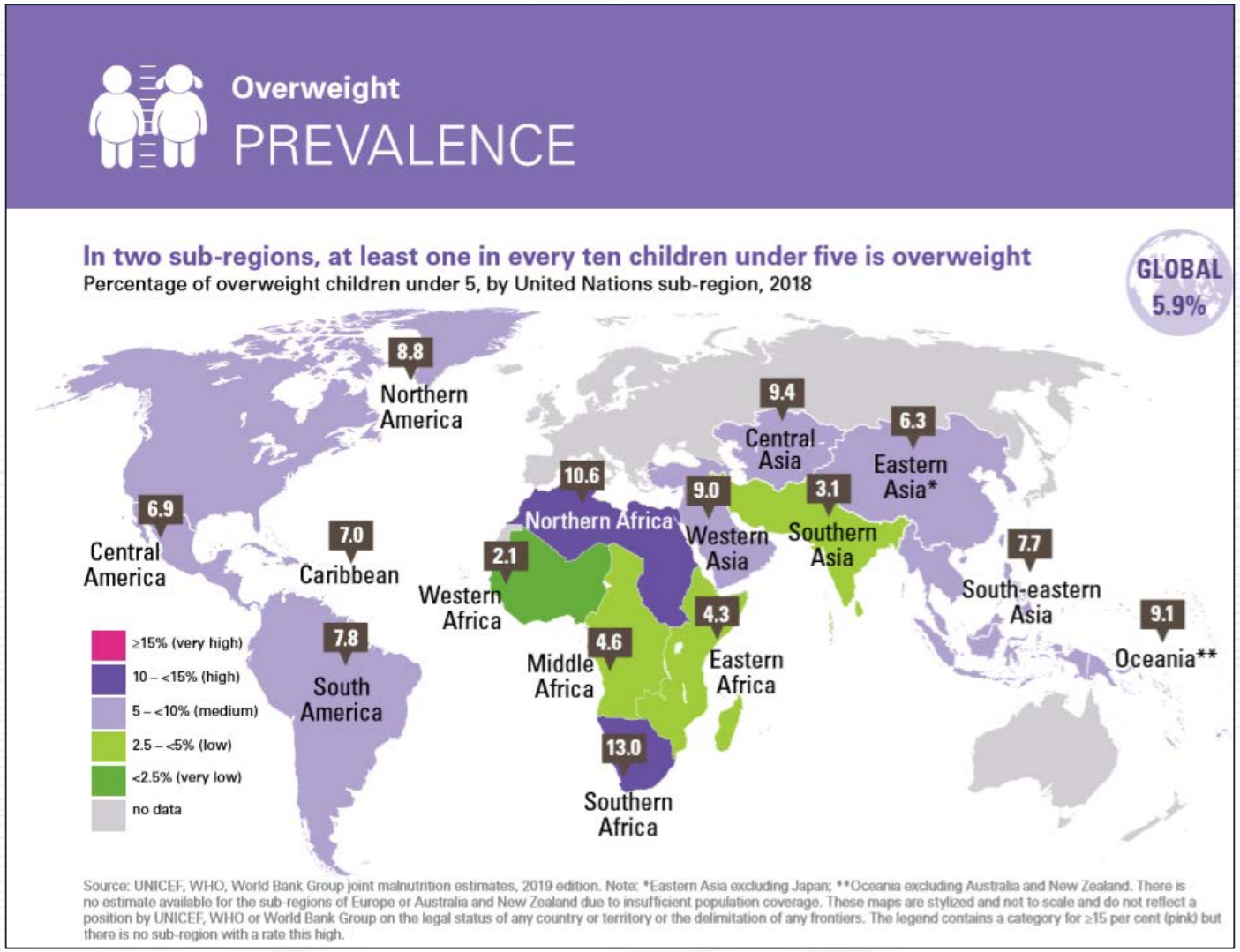
Source:: https://www.who.int/nutrition/double-burden-malnutrition/infographic_print.pdf?ua=1

Nutrition trends





Overweight children



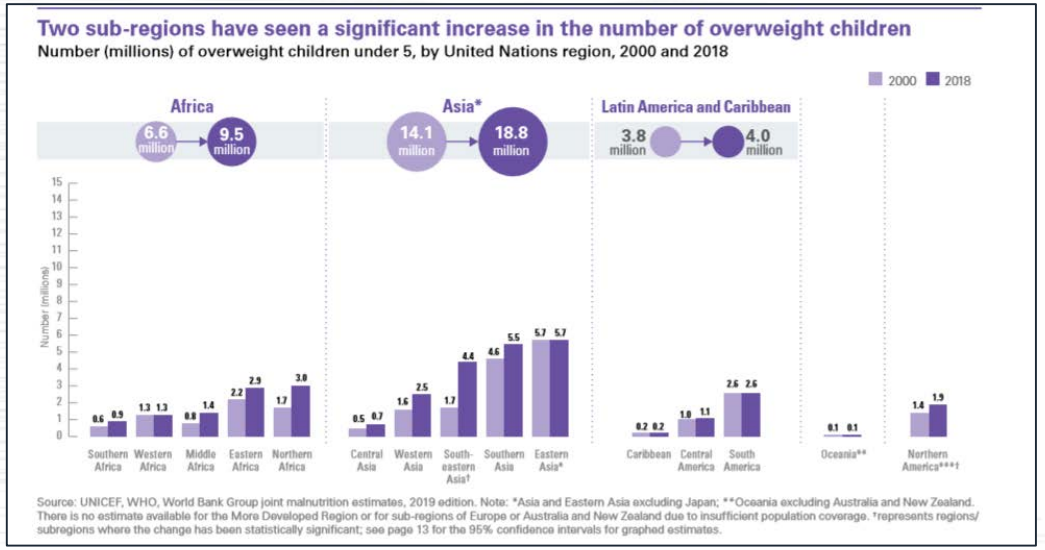
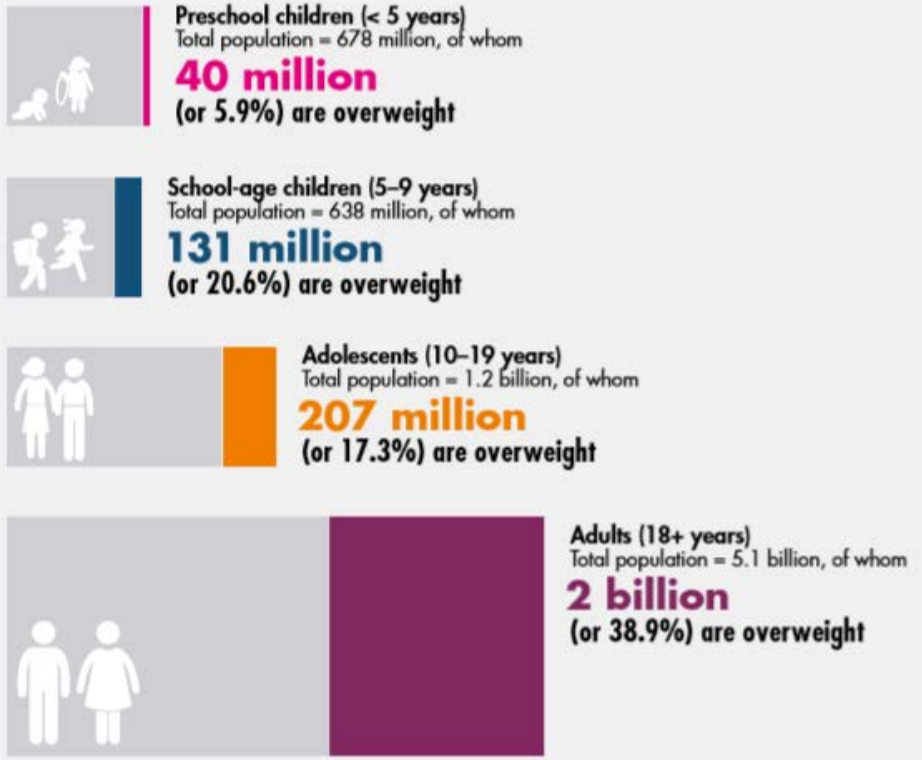
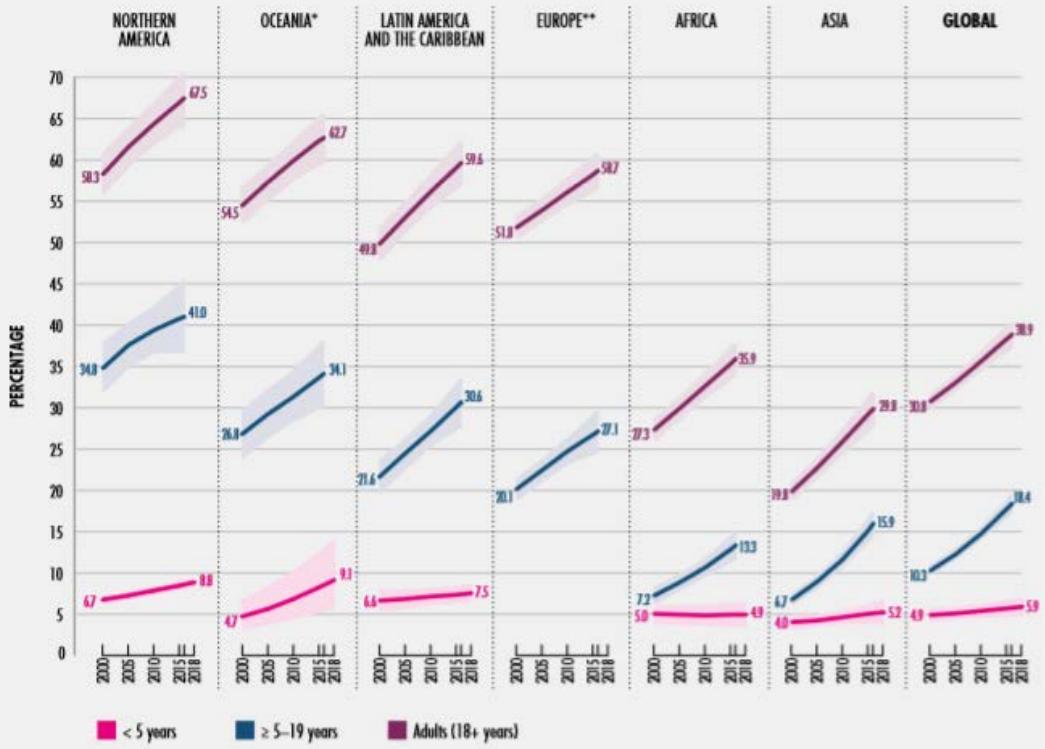


FIGURE 17
OVERWEIGHT PREVALENCE INCREASES OVER THE LIFE COURSE AND IS HIGHEST IN ADULTHOOD



SOURCES: Data for overweight in preschool children are based on UNICEF, WHO and International Bank for Reconstruction and Development/World Bank. 2019. *UNICEF-WHO-The World Bank: Joint child malnutrition estimates – Levels and trends* (March 2019 edition) [online]. https://data.unicef.org/topic/nutrition, www.who.int/nutgrowthdb/estimates, https://data.worldbank.org; data for overweight in school-age children, adolescents and adults are based on NCD Risk Factor Collaboration (NCD-RisC). 2017. Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128.9 million children, adolescents, and adults. *The Lancet*, 390(10113): 2627–2642.

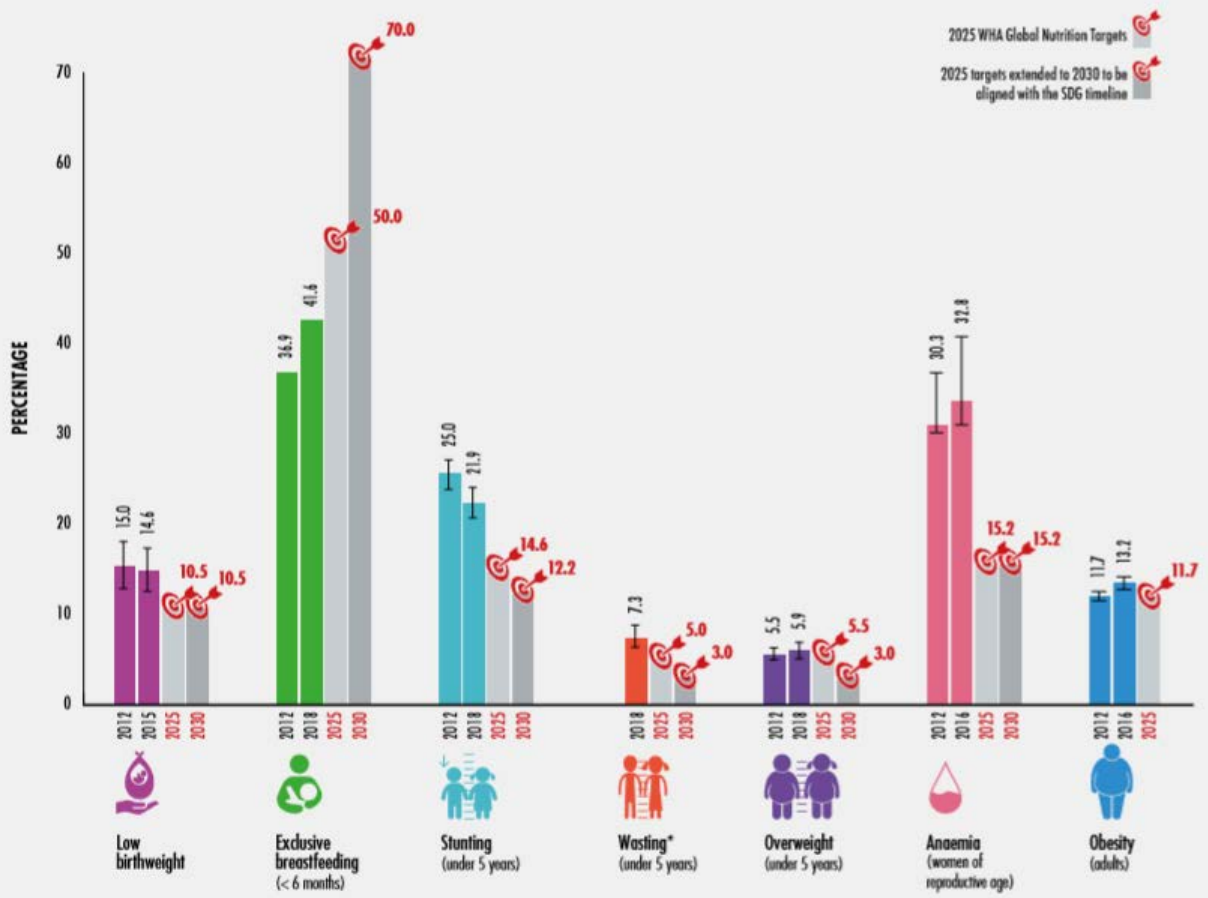
FIGURE 18
ACROSS ALL REGIONS, THE PREVALENCE OF OVERWEIGHT IS INCREASING IN ALL AGE GROUPS, WITH PARTICULARLY STEEP TRENDS AMONG ADULTS AND SCHOOL-AGE CHILDREN, INCLUDING ADOLESCENTS



NOTES: * Estimates for children under five for Oceania exclude Australia and New Zealand. ** Estimates for children under five for Europe are not displayed due to insufficient population coverage. Trends in prevalence of overweight for children under five are based on data between 2000 and 2018. Trends for school-age children and adolescents (5–19 years) and adults are based on data between 2000 and 2016.

SOURCES: Data for overweight in preschool children are based on UNICEF, WHO and International Bank for Reconstruction and Development/World Bank. 2019. *UNICEF-WHO-The World Bank: Joint child malnutrition estimates – Levels and trends* (March 2019 edition) [online]. https://data.unicef.org/topic/nutrition, www.who.int/nutgrowthdb/estimates, https://data.worldbank.org; data for overweight in school-age children, adolescents and adults are based on NCD Risk Factor Collaboration (NCD-RisC). 2017. Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128.9 million children, adolescents, and adults. *The Lancet*, 390(10113): 2627–2642.

FIGURE 15
PROGRESS ON MALNUTRITION IS TOO SLOW TO ACHIEVE THE 2025 AND 2030 GLOBAL NUTRITION TARGETS



NOTES: * Wasting is an acute condition that can change frequently and rapidly over the course of a calendar year. This makes it difficult to generate reliable trends over time with the input data available and, as such, this report provides only the most recent global and regional estimates.

SOURCES: Data for stunting, wasting and overweight are based on UNICEF, WHO and International Bank for Reconstruction and Development/World Bank. 2019. *UNICEF-WHO-The World Bank: Joint child malnutrition estimates – Levels and trends* (March 2019 edition) [online]. https://data.unicef.org/topic/nutrition, www.who.int/nutgrowthdb/estimates, https://data.worldbank.org; data for exclusive breastfeeding are based on UNICEF. 2019. Infant and Young Child Feeding: Exclusive breastfeeding, Predominant breastfeeding. In: *UNICEF Data: Monitoring the Situation of Children and Women* [online]. https://data.unicef.org/topic/nutrition/infant-and-young-child-feeding; data for anaemia are based on WHO. 2017. Global Health Observatory (GHO). In: *World Health Organization* [online]. Geneva, Switzerland. [Cited 2 May 2019] http://apps.who.int/gho/data/node.imr.PREVANEMIA?lang=en; data for adult obesity are based on WHO. 2017. Global Health Observatory (GHO). In: *World Health Organization* [online]. Geneva, Switzerland. [Cited 2 May 2019]. http://apps.who.int/gho/data/node.main.A900A?lang=en; and data for low birthweight are based on UNICEF and WHO. 2019. UNICEF-WHO Low Birthweight Estimates: levels and trends 2000–2015, May 2019. In: *UNICEF data* [online]. New York, USA, UNICEF [Cited 16 May 2019]. https://data.unicef.org/resources/unicef-who-low-birthweight-estimates-levels-and-trends-2000-2015

Healthy diet

Helps protect against malnutrition in all its forms, as well as noncommunicable diseases (NCDs)

World Health Organization

FACT SHEET N°394 UPDATED AUGUST 2018

Healthy diet

KEY FACTS

- A healthy diet helps to protect against malnutrition in all its forms, as well as noncommunicable diseases (NCDs) such as diabetes, heart disease, stroke and cancer.
- Unhealthy diet and lack of physical activity are leading global risks to health.
- Healthy dietary practices start early in life – breastfeeding fosters healthy growth and improves cognitive development, and may have longer term health benefits such as reducing the risk of becoming overweight or obese and developing NCDs later in life.
- Energy intake (calories) should be in balance with energy expenditure. To avoid unhealthy weight gain, total fat should not exceed 30% of total energy intake (1, 2, 3). Intake of saturated fats should be less than 10% of total energy intake, and intake of *trans*-fats less than 1% of total energy intake, with a shift in fat consumption away from saturated fats and *trans*-fats to unsaturated fats (3), and towards the goal of eliminating industrially-produced *trans*-fats (4, 5, 6).
- Limiting intake of free sugars to less than 10% of total energy intake (2, 7) is part of a healthy diet. A further reduction to less than 5% of total energy intake is suggested for additional health benefits (7).
- Keeping salt intake to less than 5 g per day (equivalent to sodium intake of less than 2 g per day) helps to prevent hypertension, and reduces the risk of heart disease and stroke in the adult population (8).
- WHO Member States have agreed to reduce the global population's intake of salt by 30% by 2025; they have also agreed to halt the rise in diabetes and obesity in adults and adolescents as well as in childhood overweight by 2025 (9, 10).

OVERVIEW

Consuming a healthy diet throughout the life-course helps to prevent malnutrition in all its forms as well as a range of noncommunicable diseases (NCDs) and conditions. However, increased production of processed foods, rapid urbanization and changing lifestyles have led to a shift in dietary patterns. People are now consuming more foods high in energy, fats, free sugars and salt/sodium, and many people do not eat enough fruit, vegetables and other dietary fibre such as whole grains.

The exact make-up of a diversified, balanced and healthy diet will vary depending on individual characteristics (e.g. age, gender, lifestyle and degree of physical activity), cultural context, locally available foods and dietary customs. However, the basic principles of what constitutes a healthy diet remain the same.

http://www.who.int/mediacentre/factsheets/fs394/en/

1

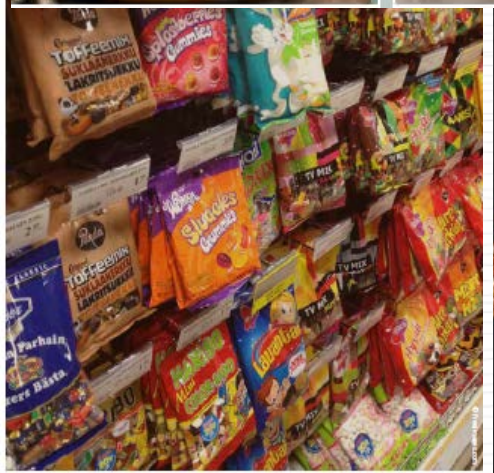
- **Energy intake** (calories) should be in balance with energy expenditure.
- **Total fat** should not exceed 30% of total energy intake to avoid unhealthy weight gain, with a shift in fat consumption away from saturated fats to unsaturated fats, and towards the elimination of industrial trans fats).
- Limiting intake of **free sugars** to less than 10% of total energy intake. A further reduction to less than 5% of total energy intake is suggested for additional health benefits.
- Keeping **salt intake** to less than 5 g per day helps prevent hypertension and reduces the risk of heart disease and stroke in the adult population.


1-3kg VALUE PACK
Weet-Bix
JATZ
Premium
MILO


CHUBBY


Nestlé
ABUELITA
70 años
Carnation
Clavel
Nuez y Almendra
HELADOS
Nestlé
CRUNCH


Chips Ahoy!

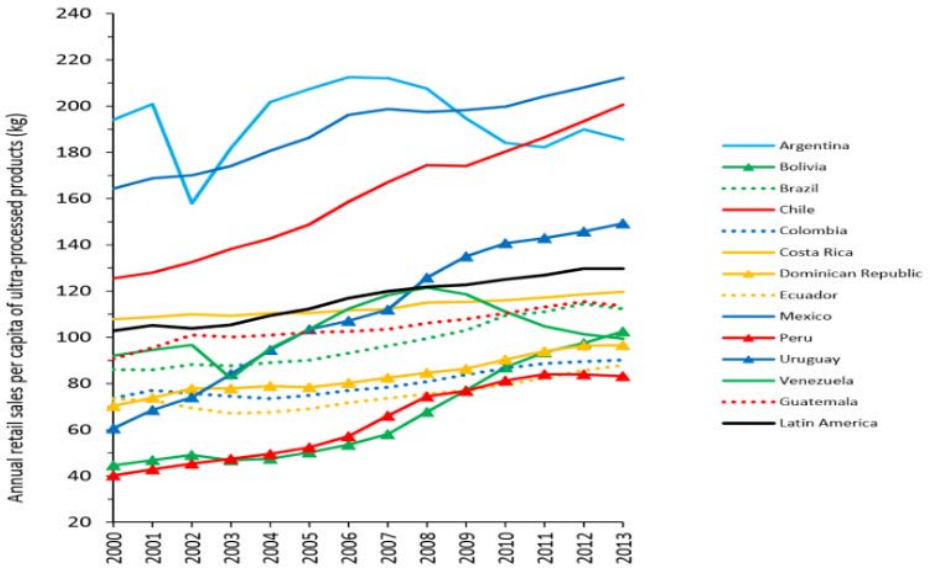

TOFFEEMIX
Skittles
Lakritsrem


SUPER
BIG

Annual retail sales of ultra processed food and annual number of purchases in fast food outlets in 13 Latin America Countries, 2000-2013

Figure 4

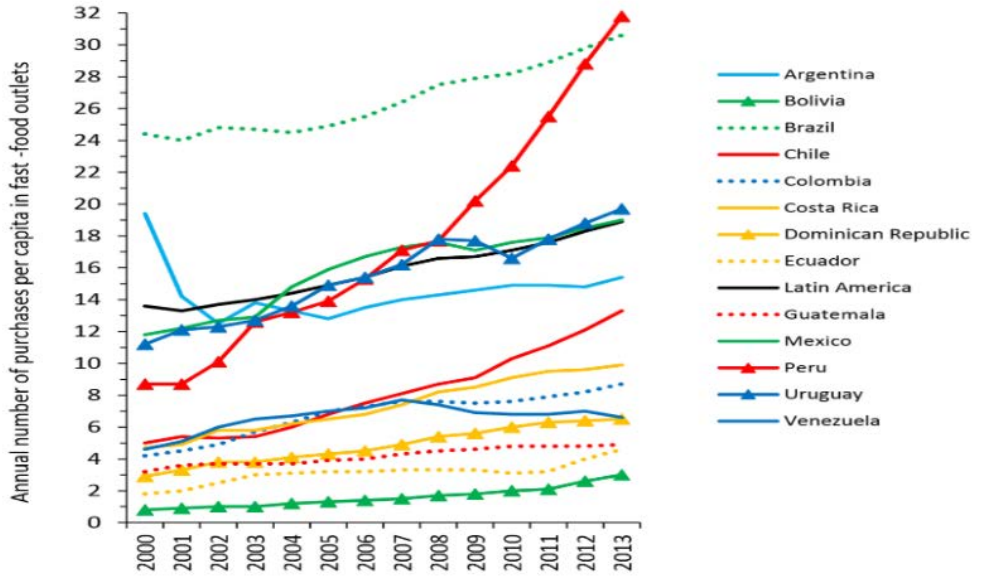
Annual retail sales per capita of ultra-processed food and drink products in 13 Latin American countries, 2000–2013



Ultra-processed products here include carbonated soft drinks, sweet and savory snacks, breakfast cereals, confectionery (candy), ice cream, biscuits (cookies), fruit and vegetable juices, sports and energy drinks, ready-to-drink tea or coffee, spreads, sauces, and ready-meals. Quantity in liters is converted into kilograms. Sales data are from the Euromonitor Passport Database (2014) *(38)*.

Figure 5

Annual number of purchases per capita in fast-food outlets in 13 Latin American countries, 2000–2013



Purchases refers to single, completed purchases (which may include more than one meal).Fast-food outlets are defined as establishments offering limited menus prepared quickly where customers order, pay, and pick up from a counter. Data are from the Euromonitor Passport Database (2014) *(38)*.

Annual retail sales per capita of ultra processed food and drinks products and prevalence of obesity and mean body mass index score.

Figure 14

Annual retail sales per capita of ultra-processed food and drink products and prevalence of obesity (%) in adults in 14 countries in the Americas, 2013

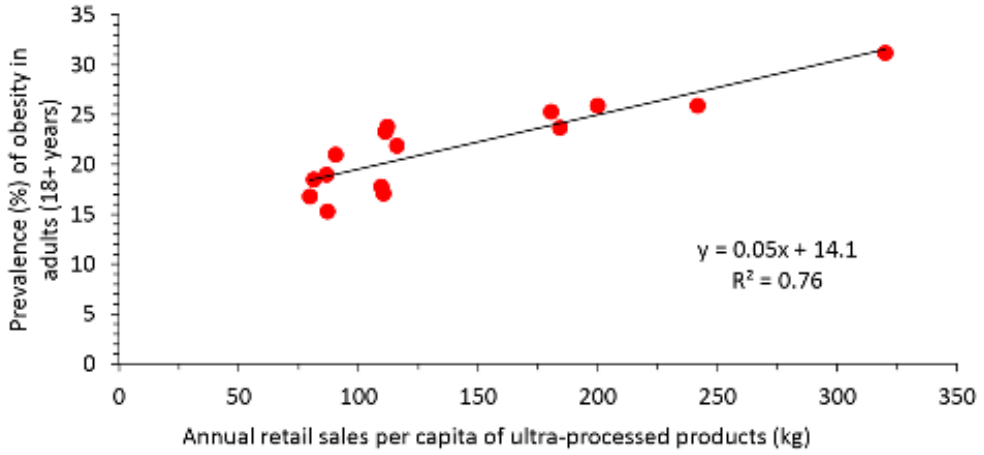


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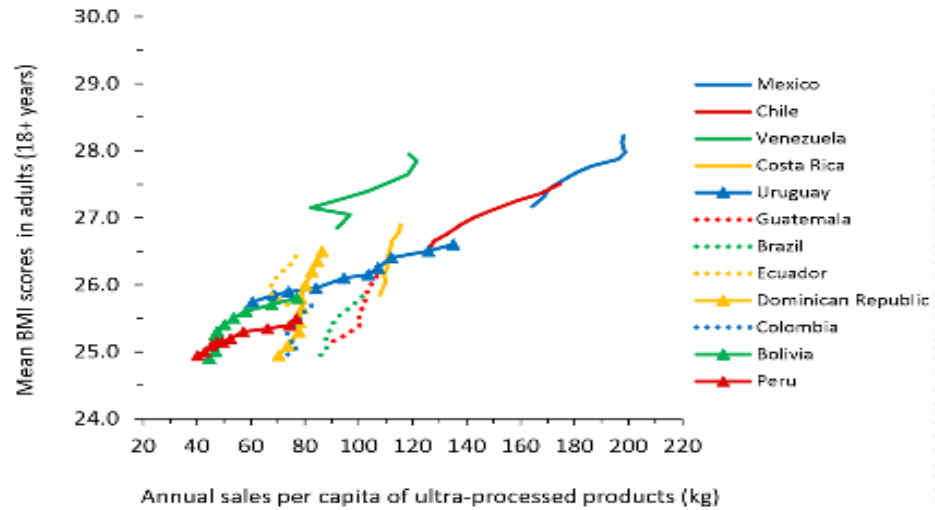
Figure 15

Annual sales per capita of ultra-processed food and drink products and mean body mass index (BMI) scores in 12 Latin American countries, 2000–2009



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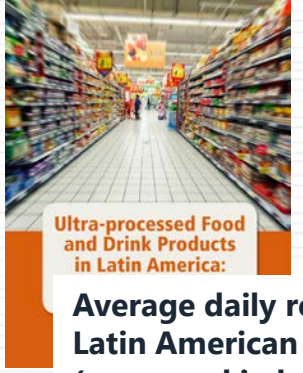
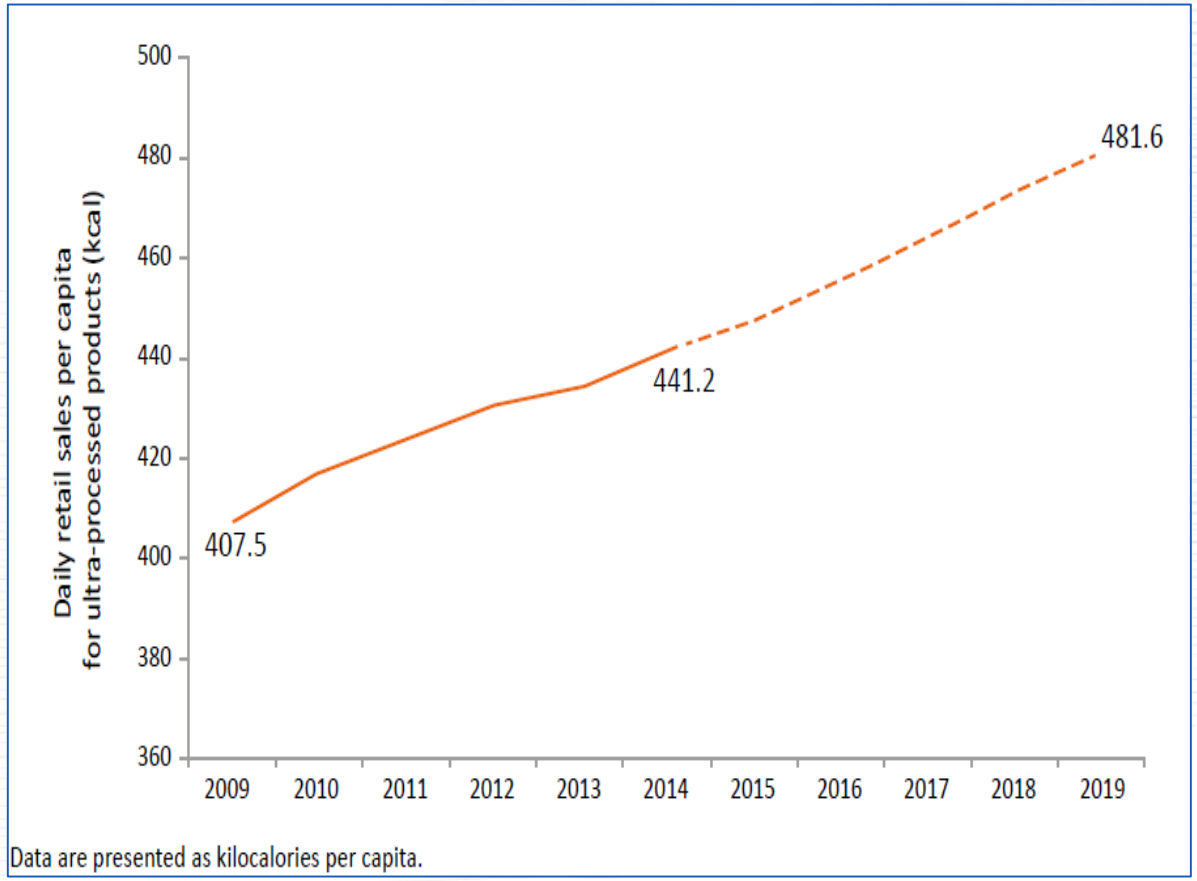


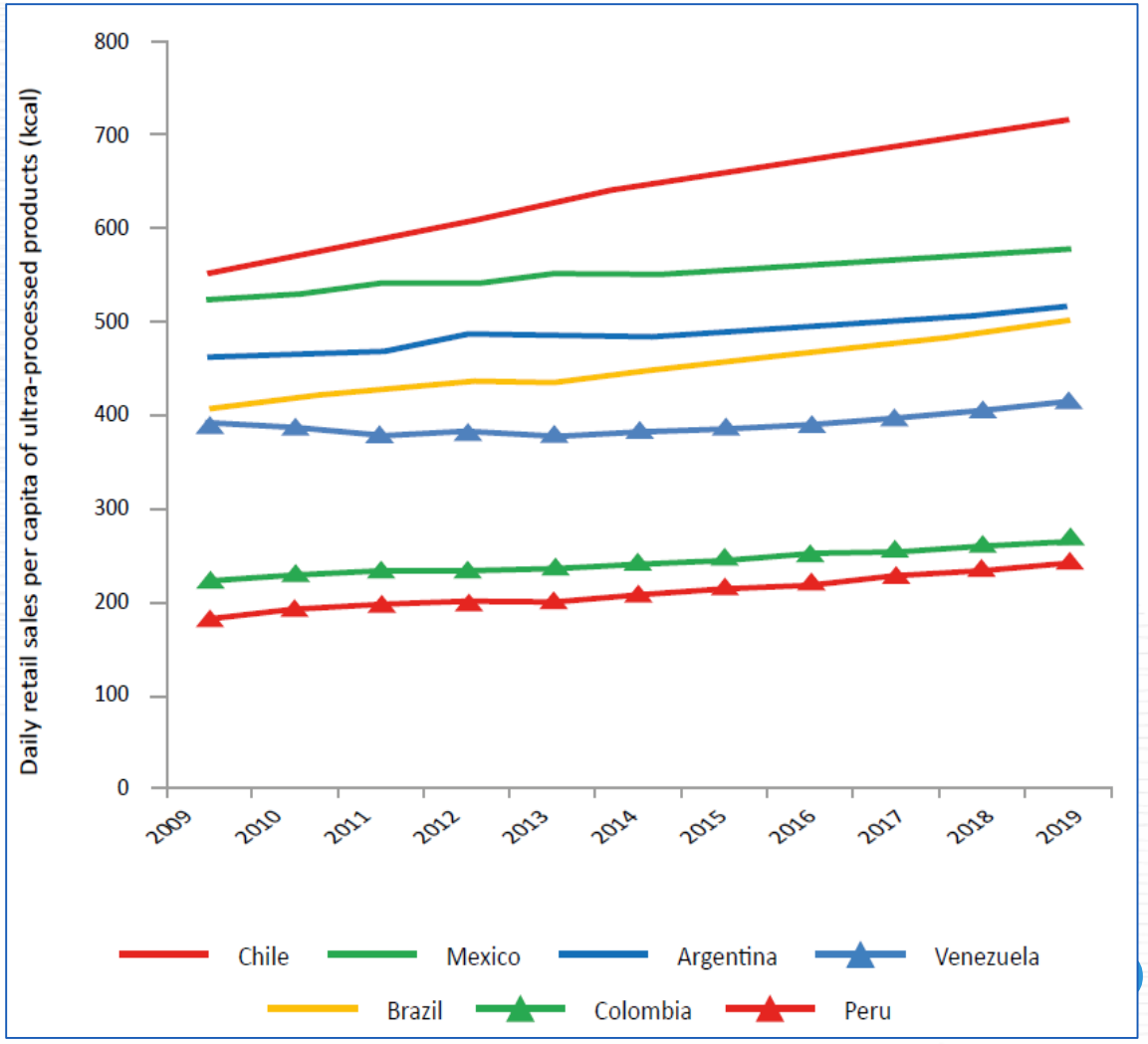
PAHO/WHO

Current trends in average daily retail sales per capita of ultra processed food in seven Latin American countries 2009-2019

Average daily retail sales per capita of ultra-processed products in seven Latin American countries, 2009-2014, and projections for 2015 to 2019 (measured in kcal)



Average daily retail sales per capita of ultra-processed products in seven Latin American countries, 2009-2014, and projections for 2015 to 2019 per country (measured in kcal)



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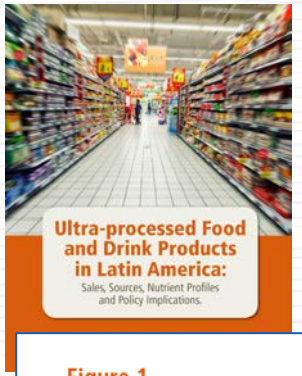
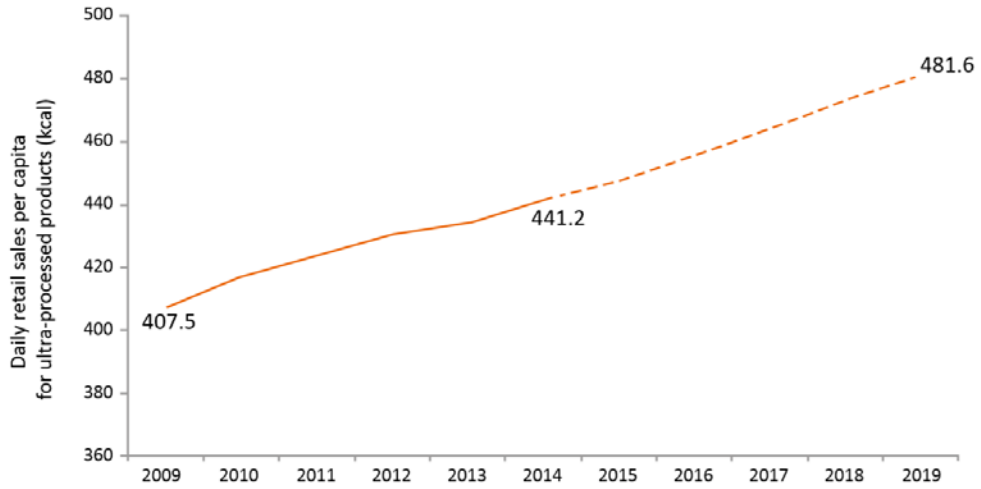


Figure 1

Average daily retail sales per capita of ultra-processed products in seven Latin American countries, 2009-2014, and projections for 2015 to 2019 (measured in kcal)

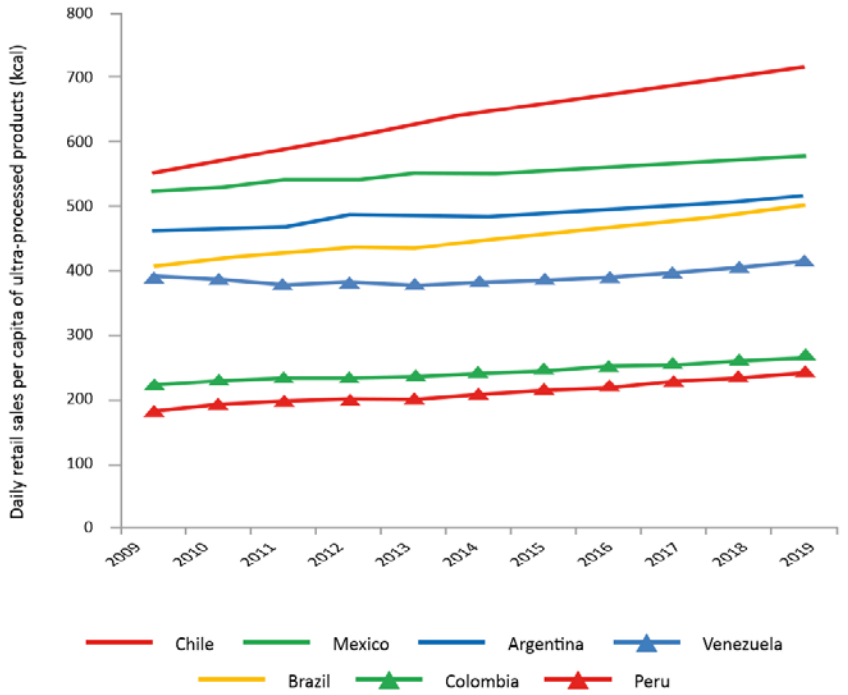


Data are presented as kilocalories per capita.

ii Infant formula sales rose from an average of 50.1 kcal per capita/day in 2009 to 68.4 kcal per capita/day in 2014 and are projected to rise further to 86.7 kcal per capita/day in 2019 *(45)*.

Figure 2

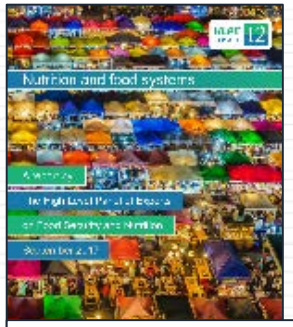
Average daily retail sales per capita of ultra-processed products in seven Latin American countries, 2009-2014 and projections for 2015 to 2019 per country (measured in kcal)

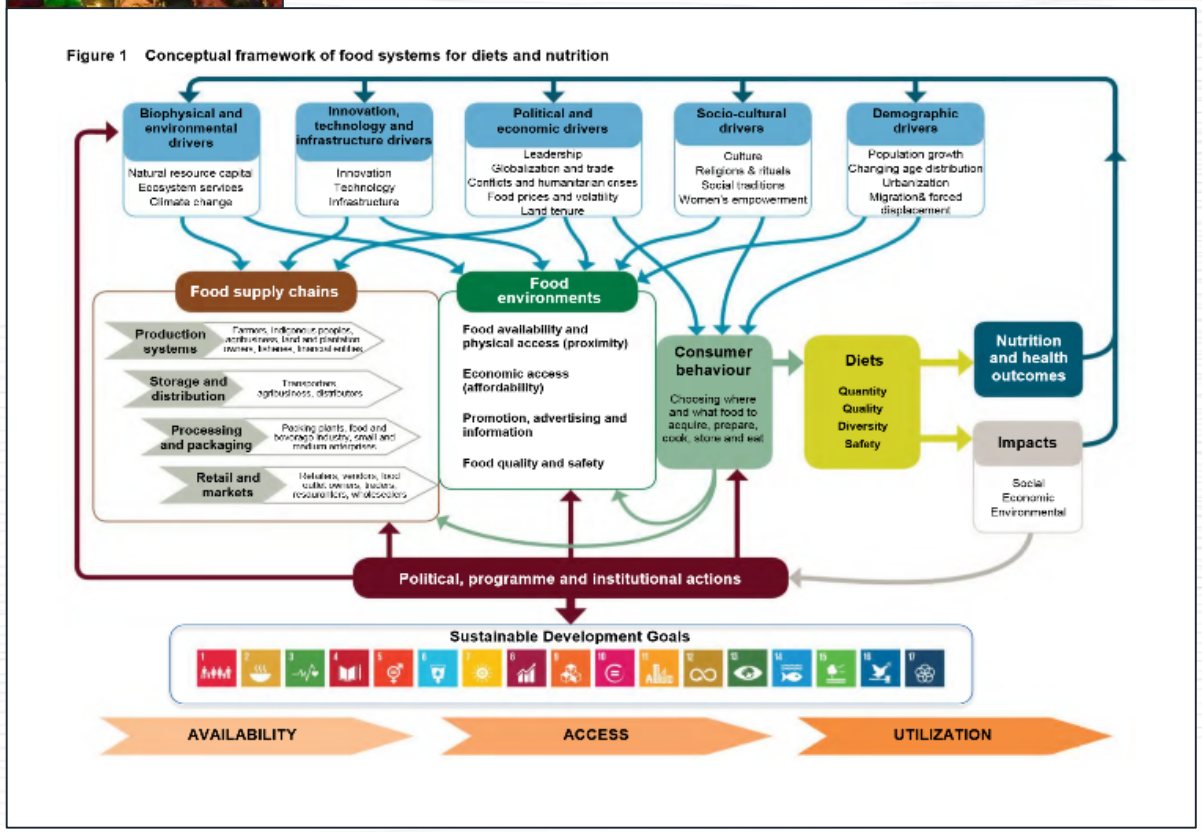


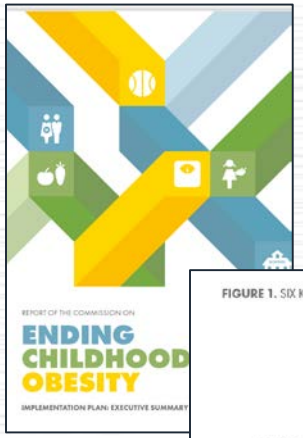
Data are presented as kilocalories per capita.

PAHO

Policy actions







It is imperative to transform the food system

Effective implementations of nutrition actions and nutrition-sensitive interventions

Key messages 1

- Stunting prevalence is going down but a renewed effort is still needed.
- Rapid increase in obesity is alarming, and no region or income group is exempt from this problem.
- The global number of obese people surpassed the number of undernourished people already in 2016.

Key messages 2

- Healthy diets and effective implemented nutrition actions and nutrition-sensitive interventions will help countries to achieve the Global nutrition targets 2025 and the SDG.
- Socio-economic and geographic inequalities in food security and malnutrition need to be addressed.
- Tackling all forms of malnutrition will require multisectoral actions, involving health, food, education, social protection, planning and economic policy sectors.

Key Messages 3

- It is imperative to ensure access not only to sufficient food, but also to nutritious foods that constitute a healthy diet.
- Food environments must be transformed to make nutritious foods more available and affordable.

Thank you!

Ruben Grajeda Toledo
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