Nutrition indicators: Trends and data sources

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Contents

- 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



Release of WHO
Technical Report
Series #916 on
Diet, nutrition and
the prevention of
chronic diseases

THE LANCET

2008

The Lancet series on maternal and child nutrition



June 2010

2010: G8 Summit, Muskoka, Canada: Muskoka Declaration: Recovery and new beginnings







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May 2012

Nutrition

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WHA: Resolution 65/6: Comprehensive Implementation Plan on Maternal, Infant and Young Child



May 2013
WHA: WHO Global
Action Plan for the
Prevention and
Control of
Noncommunicable
Diseases '13-'20,
WHA Res 66.10

December 2014

Publication of independent evaluation of the SUN movement

July 2015

UN General Assembly adopts resolution on Follow-up to ICN2

April 2016

UN General Assembly proclaims the Decade of Action on Nutrition (2016-2025)

May 2004

Adoption of the Global Strategy on Diet, Physical Activity and Health (DPAS)

2007

2006

WHO Growth

Standards

WHO Growth Reference data for 5-19 years

September 2010

Scaling Up Nutrition: A Framework for Action. 2010 and A Road Map for Scaling-Up Nutrition (SUN).

ScalingUp

ENGAGE • INSPIRE • INVEST



Creation of the SUN movement and Secretariat

Rio+20: Conference: Launch of Zero Hunger Challenge



June 2012



THE LANCET August 2013

The Lancet series on maternal and child nutrition

June 2013

Global Nutrition for Growth (N4G) Summit

September 15

SDGs summit

January 2015

WHA endorsement of IC2N outcomes

November 2014

Second International Conference on Nutrition (IC2N)
Rome Declaration's call for A

Decade of Action on Nutrition.

September 20

Decade of
Action on Nutrition:
Working together to
improve nutrition
outcomes



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

Global nutrition targets 2025





No increase in childhood overweight



50% reduction of anaemia in women of reproductive age



Increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%



30% reduction in low birth weight



Reduce and maintain childhood wasting to less than 5%

Global noncommunicable disease targets for 2025 (diet-related)



25% relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases.



30% relative reduction in mean population intake of salt/sodium



25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances



Halt the rise in diabetes and obesity

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



Nutrition as an enabler for health-related goals



Nutrition as an enabler for other goals



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)



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)

Communicable diseases (3.3)

NCDs (3.4)

Emergencies (3.d)



















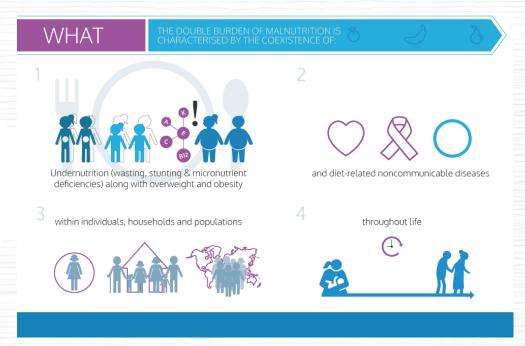




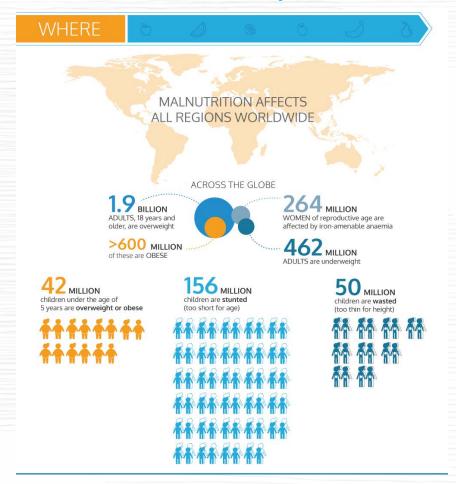




Malnutrition in all its forms affects us all, everywhere

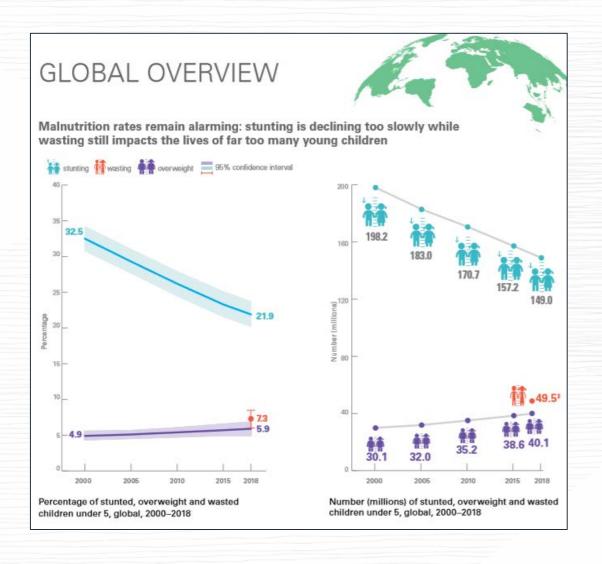


Malnutrition includes stunting, wasting, underweight, micronutrient deficiencies, overweight and obesity, and associated chronic conditions such as diabetes, cardiovascular disease and some cancers.



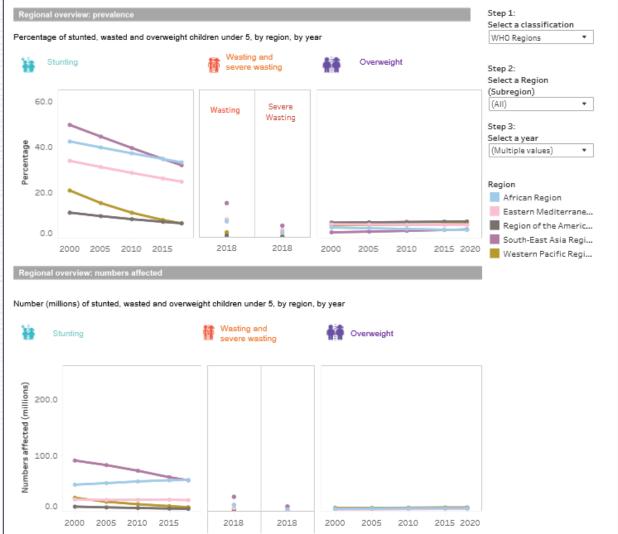
It is estimated to affect one in three people globally and is linked to morbidity and mortality.

Nutrition trends

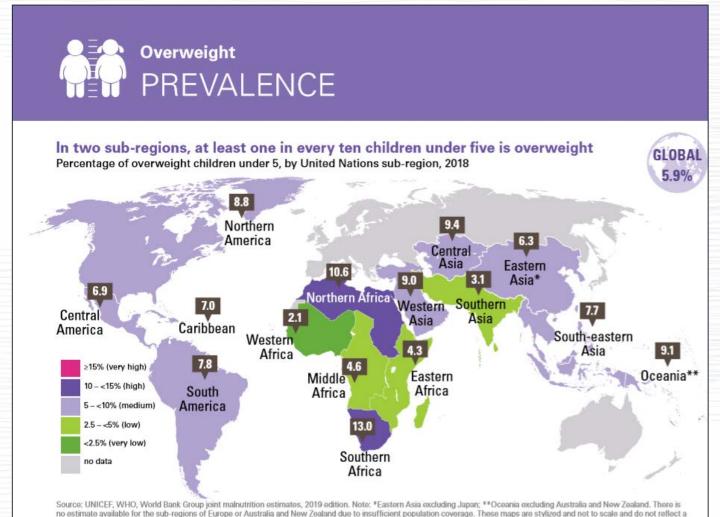


Regional Trends, 1990-2018

The graphs show regional trends (1990-2018) in child malnutrition indicators for stunting and overweight as well as the latest (2018) estimates of wasting and severe wasting. The lower bar graphs present the numbers of children affected. These estimates are presented by various regional and income group country classifications; select the desired regional grouping using the drop down menu in steps 1 and 2 on the right side of the screen.

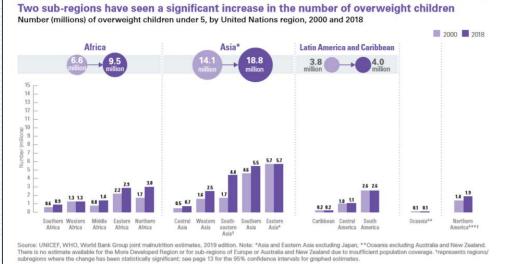


Overweight children



position by UNICEF, WHO or World Bank Group on the legal status of any country or territory or the delimitation of any frontiers. The legend contains a category for ≥15 per cent (pink) but

there is no sub-region with a rate this high.



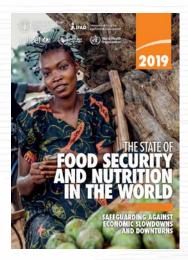


FIGURE 17 OVERWEIGHT PREVALENCE INCREASES OVER THE LIFE COURSE AND IS HIGHEST IN ADULTHOOD



Preschool children (< 5 years) Total population = 678 million, of whom

40 million (or 5.9%) are overweight



School-age children (5–9 years) Total population = 638 million, of whom

131 million (or 20.6%) are overweight



Adolescents (10–19 years)
Total population = 1.2 billion, of whom

207 million (or 17.3%) are overweight



Adults (18+ years)
Total population = 5.1 billion, of whom

2 billion (or 38.9%) are overweight

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 obasity 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.

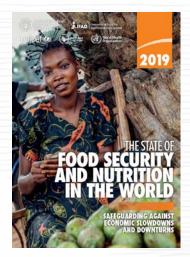
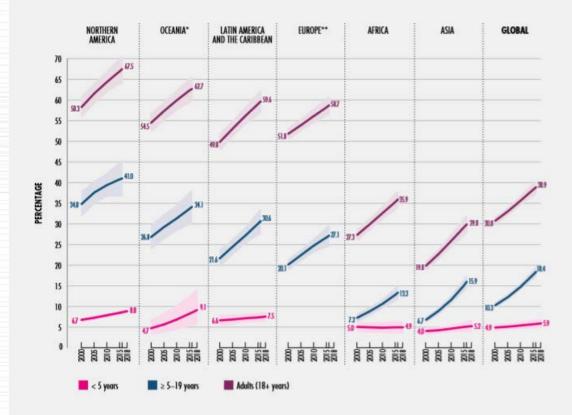


FIGURE 18
ACROSS ALL REGIONS, THE PREVALENCE OF OVERWEIGHT IS INCREASING IN ALL AGE
GROUPS, WITH PARTICULARLY STEEP TRENDS AMONG ADULTS AND SCHOOL-AGE CHILDREN,
INCLUDING ADOLESCENTS



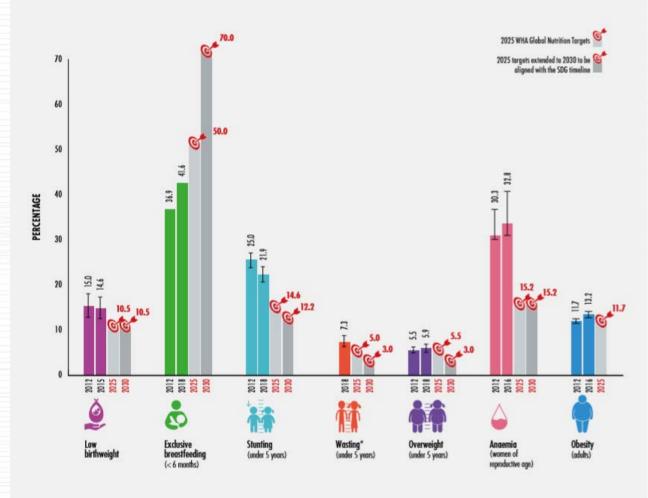
NOTES: * Estimates for children under five for Oceania exclude Australia and New Zealand. ** Estimates for children under five for Europe are not displayed due to insufficient population coverage. Trends in prevalence of overweight for children under five are based on data between 2000 and 2018. Trends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

and adults are based on data between 2010 and 2010.
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 — Levek and trends (March 2019 edition) [online]. https://data.unicef.org/topic/nutrition, www.who.int/nutgrowthdh/estimates, https://data.worldbank.org; data for overweight in school-age children, adolescents and adults are based on MCD 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 anoemia 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)



FACT SHEET N°394

UPDATED AUGUST 2018

Healthy diet

KEY FAC

- A healthy diet helps to protect against malnutrition in all its forms, as well as noncommunicable disease (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 MCDs later in life.
- Energy trake (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 10% of total energy intake, and intake of trans-fats less than 10% of total energy intake, with a shift in fat consumption away from saturated fats and terms fats to unsaturated fats (8) and towards the goal of eliminating industrially-induced terms-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 hait the rise in diabetes and obesity in adults and adelescents as well as in childhood over weight by 2025 ft (II).

OVERVIEW

Consuming a healthy diet throughout the life-course helps to prevent malnutrition in all its forms as well as a range of noncommunicable debases (MCDs) 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, fire sugars and salthodium, and many people do not not enough fruit, vegetables and other distary fibre such as whole gains.

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 loods and dietary customs. However, the basic principles of what constitutes a healthy det remain the same.

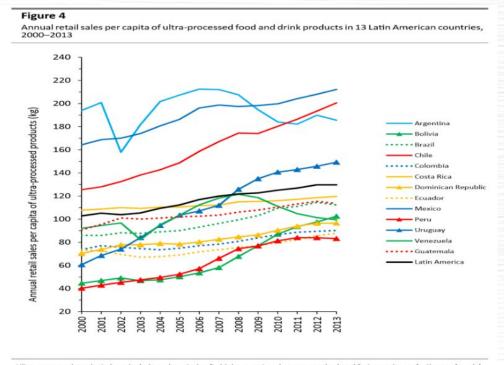
http://www.who.int/mediacentre/factsheets/fs394/en/

- 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.



Ultra-processed boof and driet products in Lates Assertice Troods, report on cheekly, pulsey implications.

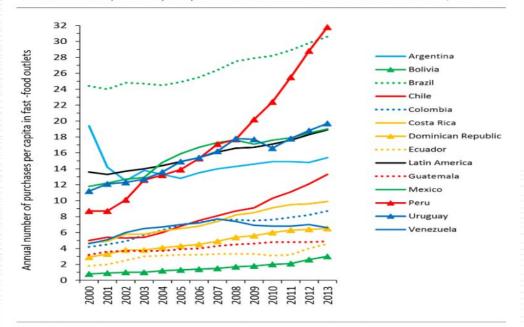
Annual retail sales of ultra processed food and annual number of purchases in fast food outlets in 13 Latin America Countries, 2000-2013



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 turomonitor Passport Database (2014) (38).

Figure 5

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



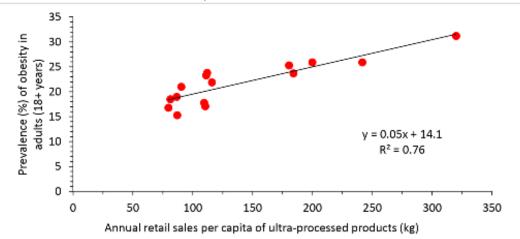
Purchases refers to single, completed purchases (which may include more than one meal). Fast-food outlets are defined as establishments offering limited menus prepared quickly where customers order, pay, and pick up from a counter. Data are from the Euromonitor Passport Database (2014) (38).



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

Figure 14

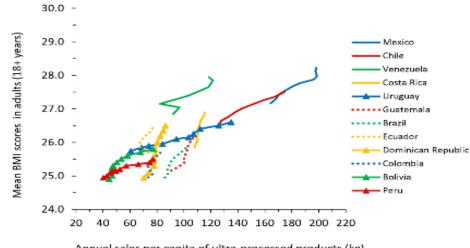
Annual retail sales per capita of ultra-processed food and drink products and prevalence of obesity (%). in adults in 14 countries in the Americas, 2013



Ultra-processed products here include carbonated soft drinks, sweet and savory snacks, breakfast cereals, confectionery (candy), ice cream, biscuits (cookies), fruit and vegetable julces, 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). Obesity data are from the WHO 2014 Global status report on noncommunicable diseases (2).

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



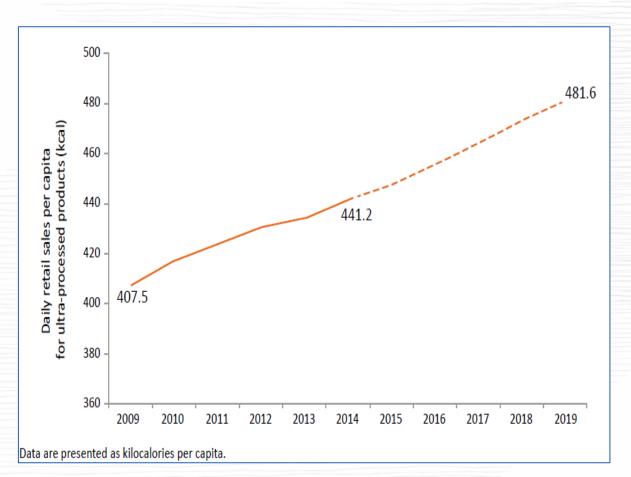
Annual sales per capita of ultra-processed products (kg)

Ultra-processed products here include carbonated soft drinks, sweet and savory snacks, breakfast cereals, confectionery (candy), ce cream, biscuits (cook es), fruit and vegetable juices, sports and energy drinks, ready-to-drink tea or coffee, spreads, sauces, and wady-meals. Quantity in liters is converted into kilograms. Sales data are from the Euromonitor Passport Database (2014) (38). BMI data are from the WHO Global Infobase (42)

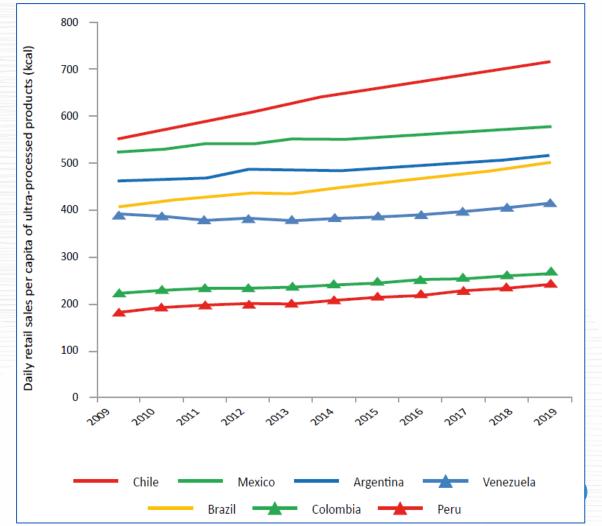


Current trends in average daily retail sales per capita of ultra processed food in seven Latin American countries 2009-2019

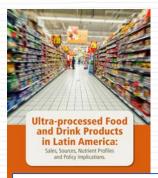
Average daily retail sales per capita of ultra-processed products in seven Latin American countries, 2009-2014, and projections for 2015 to 2019 (measured in kcal)



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)





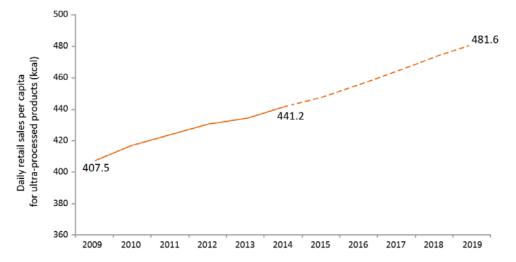


Current trends in average daily retail sales per capita of ultra processed food in seven Latin American countries 2009-2019

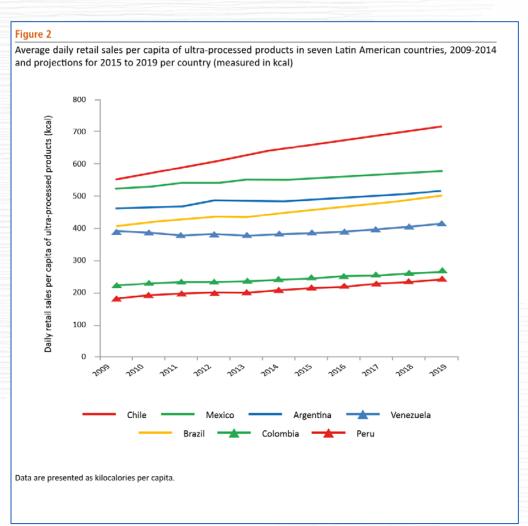
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Figure 1

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)



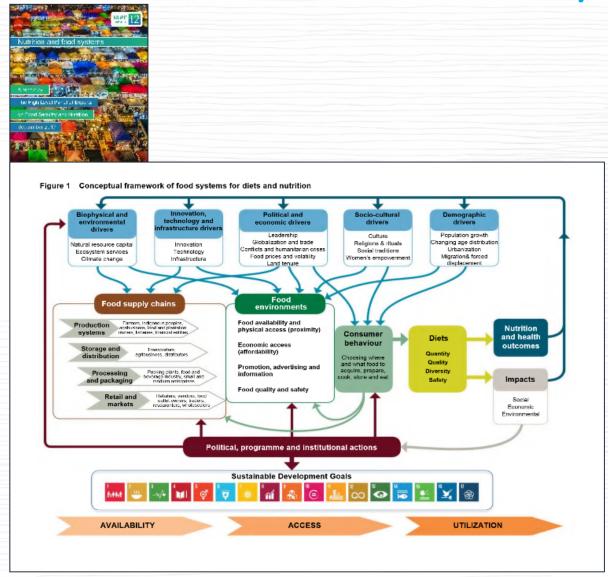
Data are presented as kilocalories per capita.





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).

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 nutritionsensitive 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!

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