

World Obesity comments on the draft report of the SDSN – Indicators and monitoring framework for the Sustainable Development Goals (SDG)

Prepared by Hannah Brinsden and Tim Lobstein

About World Obesity

The World Obesity Federation is a not-for-profit organisation representing professional members of the scientific, medical and research communities from over 50 regional and national obesity associations. Through our membership we create a global community of organisations dedicated to studying and solving the problems of obesity. World Obesity is officially recognized as a nongovernmental organisation by the World Health Organization. For more information visit www.worldobesity.org

General comments

We thank the UNSDSN for this opportunity to comment on the proposed monitoring framework for the Sustainable Development Goals. Our comments specifically focus on the indicators proposed for Goal 2 to “end hunger, achieve food security and improved nutrition, and promote sustainable agriculture” and Goal 3 to “Ensure healthy lives and promote well-being for all at all ages”.

Synchronising SDG goal 2 and goal 3

We first wish to highlight the importance of synchronising goals 2 and 3 and for recognising that a number of overlapping upstream causes, such as marketing and promotion of processed foods, influence both undernutrition and obesity and diet-related NCDs. In addressing each of these goals, care needs to be taken that actions for one do not undermine the other. The importance of ensuring that healthy diets are sustainable and that issues such as resource use, biodiversity and food-miles are integrated into food consumption-related targets for healthy diets is also worth noting.

Food-based indicators

The dietary indicators proposed in the document are primarily nutrient based, rather than food based, with the exception of 3.25 on fruit and vegetable consumption. Many developing countries are undergoing a nutrition transition, with family diets shifting from being traditional, largely plant-based diets with potential risks of food insecurity to a diet consisting of ultra-processed foods known to increase risk of diet-related NCDs, such as sugar-sweetened beverages, cookies, confectionery and snack foods, high in salt, sugars, saturated fat and excess calories. Although this may help to mitigate food insecurity, nutrition insecurity prevails. The document fails to sufficiently acknowledge the role that

ultra-processed foods play in ill-health, nor does it attempt to identify the increase in consumption of such products as a risk or hindrance to sustainable development.

It would be therefore appropriate to include additional indicators to reflect this. Suggested indicators include 1) Contribution of ultra-processed food products to overall diet 2) Contribution of food types to saturated fat, sugar and salt consumption 3) Sales of cookies and soft drinks consumed by under-5's. To this end, we support where possible the continuation of the The Global School-based Student Health Survey (GSHS) and the Health Behaviour of School Children Surveys (HBSC), which collect data related to this point. We also recommend that the potential role of household budget surveys is explored for use in global dietary monitoring.

Reference: Barry M Popkin, Linda S Adair, and Shu Wen Ng (2011) Global nutrition transition and the pandemic of obesity in developing countries *Nutrition Reviews*, Vol. 70(1):3–21

Policy-focused indicators

The draft monitoring framework lacks indicators related to the upstream causes of poor health and diet. We recommend the inclusion of further indicators which measure the progress made in implementing policies to tackle the upstream drivers of poor diet and policies to protect traditional diets, including food marketing controls, reformulation, fiscal policies, nutrition standards in schools and other public sector settings, food procurement policies and trade policies.

On this note, we also recommend the development and inclusion of policy coherence proxy indicators to improve governance and policy-making (see reference: Nilsson, Måns, et al. "Understanding policy coherence: analytical framework and examples of sector–environment policy interactions in the EU. *Environmental Policy and Governance* 22.6 (2012): 395-423)

Harmonising agendas

We support efforts to align the SDG indicators with existing frameworks, such as those for the MDGs, and those developed by the WHO, FAO, World Bank and UNICEF. We urge full integration of the WHO NCD and WHO maternal, child and infant nutrition targets to 'halt the rise in obesity', and the necessary actions to achieve this, within the SDG agenda.

Additional indicators

In order to improve the health of the world's population actions to prevent disease and ill-health are vital, alongside treatment and management. The current document mentions prevention just eight times. Action to prevent ill-health can be taken by a range of sectors.

Furthermore, research is required to ensure that innovative, cost-effective, appropriate and effective actions are taken. On this note we suggest the addition of the following two indicators

- Proportion of total health care expenditure on prevention
- Proportion of total health care expenditure on research

Comments on Goal 2: End hunger, achieve food security and improved nutrition, and promote sustainable agriculture

Firstly, we suggest that goal 2 is reworded to be to 'end hunger, achieve *food and nutrition security* and promote sustainable and *nutrition-sensitive* agriculture. This recognises the importance of aligning efforts to increase the quantity of food and nutrients with efforts to improve the nutritional quality of food, while ensuring that one is not done at the expense of the other. We recommend the term nutrition security is widened to take into account actual consumption patterns, and the threats to good nutrition, including lack of education and skills, and commercial incentives to consume products that are not recommended in national food-based dietary guidelines.

Indicator 7 "proportion of population below minimum level of dietary energy consumption"

We agree with the comments made that indicator 7 alone is not a sufficient measure of healthy food consumption and therefore recommend the inclusion of additional indicators to sit alongside this indicator. Furthermore, diet diversity needs to be considered in a wider context, not just in terms of nutrients to promote, but those where excess consumption is a concern. For example, indicators should be included for measuring the 'percent calories from sugars and vegetable oils' (currently complementary indicators for goal 3). This can be calculated from existing data available in the FAO balance sheets.

Indicator 9 "prevalence of stunting and wasting in children under 5 years of age"

As part of indicator 9 to measure stunting and wasting in children we would recommend that child overweight is included (currently part of indicator 25). Responding to the comments in the document regarding whether the measurement should be of under 2's or under 5's, we recommend that surveys are conducted routinely, preferably with annual reporting of stunting at 1 year, 2 years and 5 years. This would allow sufficient measurement of weight concerns related to gestational undernourishment, breast feeding and complementary feeding (under 2's) as well as infant and young child feeding (under 5's).

Goal 2 - Complementary indicators

2.2 – It is important that ‘a minimal acceptable diet’ is linked to appropriate complementary feeding practices, emphasising the need for weaning to be onto family foods, not highly processed, flavoured and sweetened products.

2.5 – It is important to note that while calorie consumption from non-staple crops can reflect diet diversity, it may also involve foods which are not conducive to health. This target needs to be taken in context of 3.23.

Comments on Goal 3. Ensure healthy lives and promote well-being for all at all ages

Indicator 17 - "maternal mortality ratio and rate"

Additional to maternal mortality ratio and rate, we also recommend an indicator for the proportion of women entering pregnancy with a BMI >25 (overweight) and >30 (obese). Raised gestational weight is a known risk factor for health complications in both mother and child. This includes increasing the infant's risk of becoming an overweight child, replicating the obesity crisis from generation to generation. A number of publications support this notion, including O'Reilly JR, Reynolds RM. The risk of maternal obesity to the long-term health of the offspring. *Clin Endocrinol (Oxf)* 2013; 78:9–16

Indicator 23/24 "current use of tobacco product" and "harmful use of alcohol"

We welcome indicators 23 (use of tobacco products) and 24 (use of alcohol). In line with this focus on health risks posed by product consumption we would recommend the addition of a target on the ‘overconsumption of dietary energy, sugars and salt’, currently complementary indicators. This fits closely with the WHO NCD framework.

Indicator 25 "Percentage of population overweight or obese"

We welcome the inclusion of target 25. In response to the comments made in the document we believe that other measures of adiposity, particularly abdominal fat, would be useful additions, using the WHO waist-circumference cut-offs of 88cm and 102cm for men). However, this should not be included at the expense of BMI which remains the measure of choice due to its ease and widespread use.

Goal 3 - Complementary indicators

We would like to make the general recommendation that the complementary indicators listed below, in particular 3.23 and 3.24, are reviewed and considered as main indicators instead of complementary indicators for goal 3. These indicators are relevant for both goals 2 and 3 and are important for assessing nutrition security, and are directly aligned with the WHO targets and monitoring frameworks that are already in place on (1) maternal, infant and child nutrition and (2) the prevention and control of non-communicable diseases. The inclusion of these as main indicators would support the work of WHO globally and at

regional level, such PAHO's salt reduction programme and WHO Europe's Nutrition Action Plan.

- 3.6 Percentage of exclusive breastfeeding for first 6 months
- 3.7 Percentage children born with low birth weight
- 3.23 Fraction of calories from added saturated fats and sugars
- 3.24 Age standardised mean population intake of salt per day
- 3.25 Prevalence of persons consuming less than 5 serving of fruit and vegetables
- 3.26 Percentage change in per capita red meat consumption
- 3.27 Age standardized prevalence in diabetes, hypertension, CVD, respiratory disease
- 3.28 Household Dietary Diversity Score

We would like to make a further recommendation related to indicator 3.6 on exclusive breastfeeding for the first 6 months. In line with concerns raised by the World Health Assembly, we would like to see an additional indicator referring to the inappropriate promotion of complementary foods which are used in the period of weaning an infant from breastfeeding and onto a solid diet. (See Paragraph 1 (4) in http://www.who.int/nutrition/topics/WHA63.23_ycn_en.pdf)

Reference: Sweet L, Jerling J, Van Graan A Field-testing of guidance on the appropriate labelling of processed complementary foods for infants and young children in South Africa. *Maternal and Child Nutrition* 2013, **9** (Suppl. 1), 12–34

Annex 3 - Disaggregation of indicators

We welcome the recommendation for indicators to be disaggregated. We agree that this applies to indicators 7, 9, 17-32 and note that it should also apply to complementary indicators 2.1, 2.5, 2.6 and 3.23-3.28.

Furthermore, in relation to the nutrient and food-related indicators we recommend that these are further disaggregated to reflect distribution of consumption, as well as the average consumption. Examples could include recording the consumption by the top 5% or 10% of consumers (used in the UK National Diet & Nutrition Survey) and the proportion of population that are meeting particular targets.

Annex 4: Cross-cutting issues in the indicator framework

We support efforts to align the goals within the SDG framework under a number of cross-cutting issues. We comment here on issues of food security and nutrition, health, inequalities and sustainable consumption and production.

Food security and nutrition

The relevance of goal 3 to food security and nutrition needs to be emphasised here, in particular indicator 25 on overweight and obesity. We support the link to complementary indicators 3.23-3.28.

Health

We agree with the indicators that have been noted as relevant to health.

Inequalities

Indicators and issues related to goals 2 and 3 need to be included within the theme of inequalities. Inequalities are known to be related to overweight and obesity (goal 3, indicator 25) and stunting and wasting (goal 2, indicator 9). Furthermore inequalities are known to impact on diet quality (complementary indicators 2.1, 2.2, 3.23-3.28). It is important to recognise here that upstream policies are more likely to reduce inequalities compared to nutrition education which may increase inequalities, and as such policy-orientated policies are of particular importance here.

Sustainable consumption and production

Diet quality and nutrient sources are an important consideration in relation to sustainable consumption and production. Additional indicators that are relevant to the theme of sustainable consumption and production include complementary indicators 2.5 and 3.23-3.28.