Food and nutrition related actions for prevention of noncommunicable diseases

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HEALTH 2020
A European policy framework and strategy for the 21st century
NUTRITION is vital for the success of the SDGs

1. Being poor limits the ability of individuals to access adequate food.
2. Agriculture and food security are cornerstones of nutrition.
3. Up to 45% of deaths in children under 5 are caused by undernutrition.
4. Learning and focusing in school is difficult without a sufficient diet.
5. When women control the family income, children’s health and nutrition improve at a greater rate.
6. Access to safe water and sanitation is an absolute prerequisite for nutrition.
7. Aid allocated to nutrition has high returns. A 1$ investment in nutrition has demonstrated a 16$ return in economic growth.
8. High levels of malnutrition in some countries may result in an 11% loss to GDP.

War and conflict are major underlying factors of nutrition insecurity.
Soil degradation threaten our ability to grow food.
Tackling resource use and degradation is key for sharing resources and improving access to quality food.
Climate change may reduce food production and cause water scarcity.
Aid allocated to nutrition has high returns. A 1$ investment in nutrition has demonstrated a 16$ return in economic growth.
Access to safe water and sanitation is an absolute prerequisite for nutrition.
When women control the family income, children’s health and nutrition improve at a greater rate.
Agriculture and food security are cornerstones of nutrition.
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PREMATURE MORTALITY FROM NCDS – PROGRESS NOT EQUAL

Probability of premature death from four major NCDs by country

Unconditional probability of dying (%)

Both sexes Males Females
2025
Global NCD targets

- Premature mortality from NCDs 25% reduction
- Essential NCD medicines and technologies 80% coverage
- Drug therapy and counseling 50% coverage
- Diabetes/obesity 0% increase
- Raised blood pressure 25% reduction
- Tobacco use 30% reduction
- Salt/sodium intake 30% reduction
- Physical inactivity 10% reduction
- Harmful use of alcohol 10% reduction
Global Monitoring Framework Scoreboard for Europe

Major scope for accelerating achievement
Prevalence of pre-obesity, obesity (not including severe obesity) and severe obesity

Source: Spinelli et al. Obesity Facts. April 2019
Adolescent overweight – persistently high and accelerating

Source: HBSC, Overweight prevalence distribution according to geographical region in 32 countries within WHO European Region, considering both boys and girls aged 11,
Socioeconomic status and non-communicable disease behavioural risk factors in low-income and lower-middle-income countries: a systematic review

Luke Allen, Julianne Williams, Nick Townsend, Brett Waddell, Nick Roberts, Charlie Hunter, Cemal Akdiszamanate

Summary

Background: Non-communicable diseases are the leading global cause of death and disproportionately affect those living in low-income and lower-middle-income countries (LMICs). The association between socioeconomic status and non-communicable disease behavioural risk factors is well established in high-income countries, but it is not clear how behavioural risk factors are distributed within LMICs. We aimed to systematically review evidence on the association between socioeconomic status and key behavioural risk factors (tobacco use, alcohol use, unhealthy diet, and physical inactivity) within LMICs.

Methods: We searched 13 electronic databases, including Embase and MEDLINE, grey literature, and reference lists for primary research published between 1 January 1990 and 1 June 2015. We included studies from LMICs presenting data on multiple measures of socioeconomic status and tobacco use, alcohol use, diet, and physical activity. No age or language restrictions were applied. We excluded studies that did not allow comparison between more or less advantaged groups. We used a pilot version of the Cochrane Effective Practice and Organisation of Care Group data collection checklist to extract relevant data at the household and individual level from the included full-text studies including study type, methods, outcomes, and results. Due to high heterogeneity, we used a narrative approach for data synthesis. We used descriptive statistics to assess whether the prevalence of each risk factor varied significantly between members of different socioeconomic groups. The study protocol is registered with PROSPERO, number CRD42013036564.

Findings: After reviewing 6424 records, 75 studies met our inclusion criteria, representing 215,314 individuals older than 10 years from 39 LMICs. Low socioeconomic groups were found to have a significantly higher prevalence of tobacco and alcohol use than did high socioeconomic groups. These groups also consumed less fruit, vegetables, fish, and fibre than those of high socioeconomic status. High socioeconomic groups were found to be less physically active and consume more fats, salt, and processed food than individuals of low socioeconomic status. While the included studies presented clear patterns for tobacco use and physical activity, heterogeneity between studies limits the certainty of these findings.

Interpretation: Despite significant heterogeneity in exposure and outcome measures, clear evidence shows that the burden of behavioural risk factors is affected by socioeconomic position within LMICs. Governments seeking to meet Sustainable Development Goal 3.4—reducing premature non-communicable disease mortality by a third by 2030—should leverage their development budgets to address the poverty-health nexus in these settings. Our findings also have significance for health workers serving these populations and policy makers tasked with preventing and controlling the rise of non-communicable disease.

Funding: WHO.

Figure 3: Number of studies for each risk factor showing the socioeconomic group with the highest risk
MALNUTRITION AFFECTS ALL REGIONS WORLDWIDE

ACROSS THE GLOBE

1.9 BILLION ADULTS, 18 years and older, are overweight

>600 MILLION of these are OBESE

264 MILLION WOMEN of reproductive age are affected by iron-amenable anaemia

462 MILLION ADULTS are underweight

42 MILLION children under the age of 5 years are overweight or obese

156 MILLION children are stunted (too short for age)

50 MILLION children are wasted (too thin for height)
## Tackling NCDs

### Best buys

#### World Health Organization

**Sustainable Development Goals**

### 'Best buys' and other recommended interventions

<table>
<thead>
<tr>
<th>Intervention</th>
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<tbody>
<tr>
<td>Reduce salt intake through the reformulation of food products to contain less salt and the setting of target levels for the amount of salt in foods and meals.</td>
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<tr>
<td>Reduce salt intake through the establishment of a supportive environment in public institutions such as hospitals, schools, workplaces and nursing homes, to enable lower sodium options to be provided.</td>
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<tr>
<td>Reduce salt intake through a behaviour change communication and mass media campaign.</td>
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<tr>
<td>Reduce salt intake through the implementation of front-of-pack labelling.</td>
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<tr>
<td>Eliminate industrial trans-fats through the development of legislation to ban their use in the food chain.</td>
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<tr>
<td>Reduce sugar consumption through effective taxation on sugar-sweetened beverages.</td>
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<tr>
<td>Promote and support exclusive breastfeeding for the first 6 months of life, including promotion of breastfeeding.</td>
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<tr>
<td>Implement subsidies to increase the intake of fruits and vegetables.</td>
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<tr>
<td>Replace trans-fats and saturated fats with unsaturated fats through reformulation, labelling, fiscal policies or agricultural policies.</td>
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<tr>
<td>Limiting portion and package size to reduce energy intake and the risk of overweight/obesity.</td>
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<tr>
<td>Implement nutrition education and counselling in different settings (for example, in preschools, schools, workplaces and hospitals) to increase the intake of fruits and vegetables.</td>
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<tr>
<td>Implement nutrition labelling to reduce total energy intake (cal), sugars, sodium and fats.</td>
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<tr>
<td>Implement mass media campaign on healthy diets, including social marketing to reduce the intake of total fat, saturated fats, sugars and salt, and promote the intake of fruits and vegetables.</td>
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Unfinished Business

Food Policies
ESSENTIAL NUTRITION ACTIONS
mainstreaming nutrition through the life-course

Global nutrition targets 2025

- 40% reduction in the number of children under 5 who are stunted
- 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: Evidence-based nutrition interventions included in the WHO e-Library of Evidence for Nutrition Actions (eLENA) that may contribute to the achievement of the WHO global nutrition and diet-related NCD targets. Geneva: World Health Organization; 2016 (https://www.who.int/leena/sites/summary_eLENA_interventions_global_targets.pdf?ua=1)
A healthy diet according to WHO

- **Breastfeed** exclusively babies for the first 6 months and continuously breastfeed until two years and beyond.

- **Energy** intake should **balance** energy expenditure.

- Keep **total fat** intake to less than 30% of total energy intake, with a shift in fat consumption away from **saturated fats** to **unsaturated fats**, and towards the elimination of industrial **trans fats**.

- Limit intake of **free sugars** to less than 10% (or even less than 5%) of total energy intake.

- Keep **salt** intake to less than 5 g/day. Eat at least 400g of **fruit and vegetable** a day.
Food Based Dietary Guidelines and implementation

Figure 2: Summary of the most common messages in the guidelines by income level.

Sugar content of leading brand of soda (g/330ml)
(Source: WHO data)

DRIVEN BY UNHEALTHY FOOD ENVIRONMENTS

Sugar content of leading brand of soda (g/330ml)
(Source: WHO data)

- 40+
- 35-39
- 30-34
- 20-24
- Data not available
Commercial foods for infants and young children in the WHO European Region

Ending inappropriate promotion of commercially produced foods and beverages for infants and young children between 6 and 36 months in Europe

A study of the availability, composition and marketing of baby foods in four European countries
FEEDCITIES PROJECT

KEY FINDINGS FOR TURKMENISTAN
Selected markets and food vending sites

Ashgabat

Sarajevo
<table>
<thead>
<tr>
<th>REVIEW</th>
<th>PROMOTE</th>
<th>LEGISLATE</th>
<th>ASSESS</th>
<th>CREATE</th>
<th>ENFORCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>dietary sources of industrially-produced trans fat and the landscape for required policy change</td>
<td>the replacement of industrially-produced trans fat with healthier fats and oils</td>
<td>or enact regulatory actions to eliminate industrially-produced trans fat</td>
<td>and monitor trans fat content in the food supply and changes in trans fat consumption in the population</td>
<td>awareness of the negative health impact of trans fat among policy-makers, producers, suppliers, and the public</td>
<td>compliance with policies and regulations</td>
</tr>
</tbody>
</table>
WHO/Europe Expert meeting on sustainable healthy diets, 31st October and 1st November, Copenhagen
The development of national multisectoral action plans for the prevention and control of noncommunicable diseases: experiences of national-level stakeholders in four countries

Kerstin Wickramasinghe, Elizabeth Wilkinson, Charlie Foster, Beth Palfalvi, Aranuus Hennich, Siim Saaria, Peter J Bent, Peter Oliner, Salim Adiri, Noor Al-Mahmud, and Nick Tonti-Toppin

Global Health Action 2019; page: 115-126

ABSTRACT

Background: In October 2012, the NCD Global Action Plan (GAP) developed a Draft Framework for Action to implement multisectoral action plans (MAPs) for the prevention and control of noncommunicable diseases (NCDs).

Objective: The aim of this project was to draw on the experiences of four LMIC countries that had made good progress in developing their MAPs, to identify best practice and barriers in the development of MAPs.

Methods: Structured interviews were held with key stakeholders in the development of the MAP, from the four focal LMIC countries; Lebanon, Romania, Sudan, and Yemen. These interviews comprised two phases: first, we conducted face-to-face interviews in September 2014; and then followed up follow-up telephone interviews during October 2014. Thematic analysis of transcripts was used to identify several themes, including examples of best practices and challenges that were common to all four focal countries and less likely to be a relevant to many other countries in the development of MAPs.

Results: Best practice in the development of MAPs includes methods to identify and recruit key actors, ways to foster collaboration across sectors in the development and implementation of the action plan and means through which to encourage public support. Challenges identified included ensuring sustainability and monitoring the MAP’s success, and potential priorities for sectors and the perception of health leaders as the responsibility of the health sector. Challenges related to the MAP’s objectives and the perception of the health sector were also discussed in regards to the integration of the noncommunicable disease (NCD) framework for action and the promotion of multisectoral approaches for a number of national issues.

Conclusions: Although the development of multisectoral action plans to tackle NCDs is recommended, the process is a challenging one. Reflections from four countries which have experience in developing such action plans is important in identifying common challenges and as well as recommendations, best practice, that other countries may learn from their experiences.
Social media influencers

Zoella has 12 million subscribers on her main YouTube channel (Picture: MoreZoella/YouTube)
Draft WHO European roadmap for implementation of health literacy initiatives through the life course

The present document outlines the draft WHO European roadmap for implementation of health literacy initiatives through the life course to guide Member States and the WHO Regional Office for Europe in their efforts to enhance health literacy in the WHO European Region. It builds on ongoing health-literacy-oriented regional initiatives and emerging interest among WHO Member States for expanding and/or strengthening health literacy in the Region, and charts possible ways of achieving more closely integrated, purpose-oriented and evidence-based health literacy action.

The document was informed by suggestions gathered from Member States during the second, third and fourth sessions of the Twenty-sixth Standing Committee of the Regional Committee for Europe in December 2018, March 2019 and May 2019, respectively, as well as by technical consultations with experts held in April 2019 and a web-based consultation with Member States in June 2019.

The draft roadmap is submitted to the WHO Regional Committee for Europe for consideration at its 69th session, together with a draft resolution on this topic.
THANK YOU

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