Interagency and Expert Group on SDG Indicators (IAEG-SDGs)

2025 Comprehensive Review Proposal Submission Form

SUBMITTER INFORMATION

Please enter information about the focal point of this submission.

Full name:	
Agency/organization name:	Bundesamt für Statistik Switzerland
Email address:	

Please list other contacts and other agencies/organizations (if any) associated with the submission below

Full name	Agency/organization name	Email address
	Instituto Brasileiro de Geografia e Estatistica (IGBE), Brazil	
	National Statistical Office, Malawi	
	Bangladesh Bureau of Statistics (NSO), Bangladesh	
	Food and Agriculture Organization of the United Nations (FAO)	
	United Nations Children's Fund (UNICEF)	
	World Health Organization (WHO)	
	World Food Programme (WFP)	
	International Fund for Agricultural Development (IFAD)	

1. This is a proposal for a(n):

□ REPLACEMENT: to replace an existing indicator for an SDG target with a different indicator. □ REVISION/ADJUSTMENT: to revise or adjust an existing indicator for an SDG target.

ADDITION: to add an additional indicator for an SDG target.

 $\Box {\sf DELETION}$: to delete an existing indicator for an SDG target.

2. Please enter the SDG Target this proposal is for (please enter the SDG target number. For example, 11.c):

Target 2.2

3. b. For "ADDITION" proposals, please enter the name of the indicator you are proposing to add:

Prevalence of minimum dietary diversity, by population group (children aged 6-23.9 months and non-pregnant women aged 15 to 49 years) (proportion)

OVERVIEW OF PROPOSAL

4. Background and rationale for the proposal (please provide a summary of the rationale for the proposal)

Healthy diets are fundamental to SDG 2 and are a prerequisite for achieving many other SDGs, yet diets are not captured specifically by any indicator in the current SDG framework.¹

Hunger and food insecurity are monitored by the Prevalence of Undernourishment (PoU) and the Food Insecurity Experience Scale (FIES), respectively (Target 2.1), and nutritional status is monitored through child stunting, wasting, and overweight and anaemia among women (Target 2.2). While these concepts are deeply interlinked with diets, they are not synonymous, nor are they interchangeable in terms of what they measure and reflect.

Food insecurity can affect diets in many different ways, increasing risk of undernutrition in one context and overweight in another.² Furthermore, sufficient calories accessible for consumption, measured through PoU, does not provide evidence on the accessibility of nutrients nor individual consumption, therefore providing no insights into the quality of diets, nor the distribution of food and equity of access.

Unhealthy diets are the leading cause of poor health and non-communicable disease worldwide,³ and diversity is a fundamental pillar of a healthy diet. No single food or food group provides the multitude of nutrients and other bioactive compounds necessary for optimal nutrition, growth and long-term health. Eating a wide variety of foods therefore increases the likelihood that a diet will

 ¹ FAO. 2023. Tracking progress on food and agriculture-related SDG indicators 2023. Rome. <u>https://doi.org/10.4060/cc7088en</u>
² FAO, IFAD, UNICEF, WFP and WHO. 2020. The State of Food Security and Nutrition in the World 2020. Transforming food systems for affordable healthy diets. Rome, FAO. <u>https://doi.org/10.4060/ca9692en</u>

³ GBD 2017 Diet Collaborators. Health effects of dietary risks in 195 countries, 1990-2017: a systematic analysis for the Global Burden of Disease Study 2017. Lancet. 2019 May 11;393(10184):1958-1972. doi: 10.1016/S0140-6736(19)30041-8.

provide all the nutrients required by a person.⁴ Diets that lack diversity increase the risk of micronutrient deficiencies, particularly among children and women, which can compromise health and physical and cognitive development.⁵ Dietary diversity is therefore a long-standing public health principle widely advocated in food-based dietary guidelines,⁶ the World Health Organization's (WHO) '<u>Healthy Diet</u>' fact sheet, FAO and WHO's guiding principles for '<u>Sustainable healthy diets</u>', and UNICEF's <u>Conceptual Framework on Maternal and Child Nutrition</u>.

Measurement of the "prevalence of minimum dietary diversity" is well established and collected through the Minimum Dietary Diversity for Children (MDD-C) and Minimum Dietary Diversity for Women (MDD-W) questionnaires. The MDD-C and MDD-W indicators are already used as part of monitoring and evaluation to inform policy and programs in many countries. The questionnaires are simple, quick to enumerate (taking less than 10 minutes each), easy to interpret and have been successfully integrated into large-scale multi-topic surveys with relative ease and low cost. MDD-C and MDD-W are sensitive to short-to-medium term progress on diet and have been designed and validated for infants and young children and women, two nutritionally vulnerable groups.

Integrating the "prevalence of minimum dietary diversity" into the SDG indicator framework would fill a critical gap, help interpret progress or stagnation on other SDG targets, inform global development priorities, and allow countries to benchmark their progress on healthy diets. Furthermore, it would elevate the importance of healthy diets as a central ambition for food systems transformation, and improve the chances of securing a place for diet monitoring in the post-SDG era.

5. Please indicate how and when the methodology has become an international standard and who is the governing body that approves it *(except for proposals to only delete an indicator)*.

The "prevalence of minimum dietary diversity among children aged 6 to 23 months" (MDD-C) was first released as part of the WHO-UNICEF infant and young child feeding indicator guidance in 2008,⁷ with operational guidance released in 2010.⁸ MDD-C was developed through an inter-agency expert working group and validated to predict micronutrient density adequacy of non-breast milk fluids and foods using existing quantitative dietary data from multiple countries.⁹ Updated operational guidance was released in 2021¹⁰ by the WHO-UNICEF Technical Expert Advisory group on nutrition Monitoring (TEAM) following a technical expert consultation reviewing over a decade of experience collecting and using MDD-C. UNICEF has developed tools to calculate and perform further analysis related to the indicator.

The "prevalence of minimum dietary diversity among non-pregnant women aged 15 to 49 years" (MDD-W) was developed in 2015, with official guidance by FAO released the same year.¹¹ MDD-W

⁴ Verger EO, Le Port A, Borderon A, Bourbon G, Moursi M, Savy M, Mariotti F, Martin-Prevel Y. Dietary Diversity Indicators and Their Associations with Dietary Adequacy and Health Outcomes: A Systematic Scoping Review. Adv Nutr. 2021 Oct 1;12(5):1659-1672. doi: 10.1093/advances/nmab009.

⁵ Prado EL, Dewey KG. Nutrition and brain development in early life. Nutr Rev. 2014;72(4):267–84. doi:10.1111/nure.12102.

⁶ Herforth A, Arimond M, Álvarez-Sánchez C, Coates J, Christianson K, Muehlhoff E. A Global Review of Food-Based Dietary Guidelines. Adv Nutr. 2019 Jul 1;10(4):590-605. doi: 10.1093/advances/nmy130.

 ⁷ Indicators for Assessing Infant and Young Child Feeding Practices - Part 1 (Definitions). Geneva: World Health Organization; 2008.
⁸Indicators for Assessing Infant and Young Child Feeding Practices - Part 1 (Measurement). Geneva: World Health Organization; 2010.
⁹ Working Group on Infant and Young Child Feeding Indicators. Developing and Validating Simple Indicators of Dietary Quality and Energy Intake of Infants and Young Children in Developing Countries: Summary of findings from analysis of 10 data sets. Report
¹⁰Indicators for assessing infant and young child feeding practices: definitions and measurement methods. Geneva: World Health Organization and the United Nations Children's Fund (UNICEF), 2021. Licence: CC BYNC-SA 3.0 IGO; https://creativecommons.org/licenses/by-nc-sa/3.0/igo

¹¹ FAO and FHI 360. 2016. Minimum Dietary Diversity for Women: A Guide for Measurement. Rome: FAO.

has been validated to signal better intakes of 11 micronutrients at the population level in multiple countries.¹² Moreover, the data collection methodology used for the MDD-W indicator — a non-quantitative, list-based 24-hour dietary recall — has been validated against objective observations of dietary intake¹³ and quantitative 24-hour recalls in multiple countries.¹⁴ FAO periodically reviews and updates the global guidance; the latest guide was updated and released in 2021.¹⁵ FAO has also published several other <u>capacity building materials</u>, including additional guiding materials and an elearning course, to improve measurement and interpretation of MDD-W and expand its use worldwide.

6. Link(s) to available data and/or to where data can be located to demonstrate the 40% coverage threshold

The estimates for MDD-C are mainly derived from household surveys with a questionnaire administered to the caregiver of children aged 0 to 23 months. Major household survey programs like the Multiple Indicator Cluster Surveys (MICS), the Demographic and Health Surveys (DHS) Program, as well as national nutrition surveys have been collecting data aligned with the global standard indicator for over a decade. The <u>UNICEF global nutrition databases</u> currently have MDD-C estimates from more than 250 surveys in 110 countries and is updated every year. MDD-C data has been collected for over 50% of UN Member States since 2015, covering 78% of the global population.

MDD-C has also been included in global efforts including the WHO Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition ¹⁶ and the UNICEF-WHO Global Nutrition Monitoring Framework, to which all governments have committed to report against regularly. It is also a corporate monitoring indicator of <u>UNICEF</u>.

Nationally representative statistics on MDD-W have been collected through the DHS in ten UN Member States, with 14 more surveys planned for 2024. Microdata are available on the <u>DHS</u> <u>Program</u> website, and statistics are available from final DHS country reports. Furthermore, nationally representative statistics on MDD-W have also been collected through the Gallup World Poll in 85 UN Member States from 2021-2024, with a further 7 surveys planned by the end of 2024. Gallup World Poll statistics are available on the <u>Global Diet Quality Project</u> website. By 2024, MDD-W was collected for 44% of UN Member States, covering over 84% of the global population.

In addition, MDD-W is collected in national nutrition surveys and health surveys and by several international organizations through their monitoring and evaluation frameworks, including the World Food Programme (WFP) and International Fund for Agricultural Development (IFAD) and the African Union's Comprehensive Africa Agriculture Development Programme (<u>CAADP</u>). Several countries are also using in their measures of development assistance, such as BMZ/GIZ and USAID.

7. In case the current data coverage is below 50%, is there a plan for how the data coverage will be expanded? Please elaborate on it.

 ¹² Women's Dietary Diversity Project (WDDP) Study Group. Development of a Dichotomous Indicator for Population-Level Assessment of Dietary Diversity in Women of Reproductive Age. Curr Dev Nutr. 2017 Nov 2;1(12):cdn.117.001701. doi: 10.3945/cdn.117.001701.
¹³ Hanley-Cook GT, Tung JYA, Sattamini IF, Marinda PA, Thong K, Zerfu D, Kolsteren PW, Tuazon MAG, Lachat CK. Minimum Dietary Diversity for Women of Reproductive Age (MDD-W) Data Collection: Validity of the List-Based and Open Recall Methods as Compared to Weighed Food Record. Nutrients. 2020 Jul 9;12(7):2039. doi: 10.3390/nu12072039.

¹⁴ Uyar BTM, Talsma EF, Herforth AW, Trijsburg LE, Vogliano C, Pastori G, Bekele TH, Huong LT, Brouwer ID. The DQQ is a Valid Tool to Collect Population-Level Food Group Consumption Data: A Study Among Women in Ethiopia, Vietnam, and Solomon Islands. J Nutr. 2023 Jan;153(1):340-351. doi: 10.1016/j.tjnut.2022.12.01

¹⁵ FAO. 2021. Minimum dietary diversity for women. Rome. <u>https://doi.org/10.4060/cb3434en</u>

¹⁶ WHA 65/1 https://apps.who.int/gb/ebwha/pdf_files/WHA65-REC1/A65_REC1-en.pdf#page=34

MDD-C estimates are already available for 110 countries, hence for over 50% of UN Member States since 2015, and cover 78% of the global population.

Regarding MDD-W, by the end of 2024, MDD-W data will have been collected for 92 countries, representing 47% of UN Member States and covering 86% of the global population. The Global Diet Quality Project aims to collect MDD-W data through the Gallup World Poll for 140 countries in subsequent years. The modules for data collection through DHS and national population-based surveys create substantial opportunity for further scaling.

8. Conclusion/other comments (please enter any other information about the proposal):

The current indicator framework for Target 2.2 disregards a prerequisite for ending malnutrition in all its forms: healthy diets. The absence of an indicator on dietary diversity (a key component of healthy diets) means that the importance of healthy diets to achieving the 2030 Agenda is overlooked, and evidence informed actions to improve nutrition and health through diets are severely hampered.

Although it is recognized that Target 2.2 already has an above-average number of indicators, the addition of MDD-C and MDD-W would represent minimal additional burden to countries, having been designed for easy collection, interpretation, and integration into existing data collection efforts.

Introducing the "prevalence of minimum dietary diversity" into the indicator framework would help close an important data gap in this final stretch of the SDGs and help to complete the picture on progress towards SDG2. Finally, including an indicator on populations' diets can help inform the actions needed not just to deliver Zero Hunger, but to ensure the good nutrition, health and development of populations on which all SDGs rely.

9. Metadata file (except for proposals to only delete an indicator)

 \boxtimes I/We have attached the appropriate metadata file to this proposal.

10. Acknowledgement

☑ I/We have read and understand the information regarding the guiding principles, criteria and requirements for the 2025 Comprehensive Review proposals listed above.