

Measuring progress on diet-related NCDs: the need to address the causes of the causes

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WHO has developed nine voluntary global monitoring targets and 25 indicators to assess progress in the implementation of national strategies to achieve the global political commitment to reduce the probability of dying from non-communicable diseases (NCDs) for people aged 30–70 years, by 25% by 2025.^{1,2} Robert Beaglehole and colleagues (Oct 13, p 1283)³ argue that it is better to focus on two of the population-wide target: tobacco control and dietary salt reduction, and the treatment target, and that the targets should be reported according to socioeconomic status and gender.

We do not believe that these or most of the WHO monitoring framework reach the core of the NCD problem. These targets focus on the individualised causes and could lock interventions within a behavioural risk factor paradigm that has been challenged by evidence on the importance of societal factors.⁴

To address diet-related NCDs, interventions (and targets) must “tackle the systemic problems that generate poor nutrition in all its forms” and reflect how “our food systems are making people sick”.⁵ The accumulating international evidence highlights that there are structural issues that affect the availability, affordability, and acceptability of food, which, along with everyday living conditions, affect what people eat.^{6–8} This is seen through food price speculation, land grabs, and the longer-standing issues of liberalised trade and foreign direct investment.

Despite 2008 being a year of record grain production internationally, the dramatic rise in food prices resulted from deregulation of financial and commodities derivatives markets in the USA in 2000. This sparked a sharp increase in traded volumes on agricultural commodity futures, with index fund speculation increasing by 1900% between 2003 and March, 2008.⁹ Such speculation increased price volatility, affecting the poorest most. Global food prices reached record levels in 2011, with many families coping by eating less and reducing the number and quality of meals per day.¹⁰

Growing national food insecurity is further witnessed by the rise in the number of developing countries that are now food importers (from 74 in 1995–99 to 89 in 2005–09),¹¹ putting them at risk due to price volatility.¹² More recently, food insecurity is threatened by the rise in land grabs—long-term lease or sales agreements for agricultural

land to foreign investors intent on biofuel or food crop production for export markets.^{13,14} The liberalisation of food trade, the escalation of foreign direct investment by (especially) trans-national food corporations, and the rapid spread of supermarkets, in turn, have resulted in an exponential increase in the availability of cheap, energy-dense, nutrient-poor processed foods, even in rural areas.¹⁵ Studies have shown a dramatic change in the food environment, with cheap ultraprocessed foods becoming increasingly dominant.¹⁶

In this global context, a focus on behaviour change without enacting policies to address these structural drivers of the food-related NCD epidemic not only obfuscates the true causes of undernutrition and obesity problems, it also shifts the responsibility to individuals, especially the most vulnerable. Quoting Lenin, Richard Horton¹⁷ identifies the context in which this manifestation of economic globalisation is happening and which those concerned with NCD control need to understand and challenge: “Capitalism has grown into a world system of colonial oppression and of the financial strangulation of the overwhelming majority of the people of the world by a handful of ‘advanced’ countries.” We would add to this: “and by transnational corporations”.

We declare that we have no conflicts of interest.

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