Milan Urban Food Policy Pact Monitoring Framework

Draft version, July 2018

> **Indicator 15:** Existence of policies/programmes that address sugar, salt and fat consumption in relation to specific target groups (e.g. general public, in hospitals & schools)

MUFPP framework of actions' category: Sustainable diets and nutrition

The indicator measures the existence of laws/regulations/policies/programmes that address sugar, salt and fat consumption in relation to specific target groups (e.g. general public, in hospitals and schools).

Overview table

MUFFP Work stream	Sustainable Diets and Nutrition
MUFFP action	**Develop sustainable dietary guidelines** to inform consumers, city planners (in particular for public food procurement), food service providers, retailers, producers and processors, and promote communication and training campaigns.
What the indicator measures	Existence of laws/regulations/policies/programmes that address sugar, salt and fat consumption in relation to specific target groups (e.g. general public, in hospitals & schools)
Which variables need to be measured / what data are needed	▪ Number and type of laws, regulations, policies and programmes ▪ Level of implementation and enforcement and Information and communication ▪ Number and type of information and communication mechanisms and target groups
Unit of measurement *(i.e. Percentages, averages, number of people, etc.)*	▪ Number (and types) of laws, regulations, policies and programmes ▪ Number and type of information and communication mechanisms and target groups
Unit(s) of Analysis *(i.e people under 5 years old, etc.)*	▪ Laws/Regulations/Policies/ programmes related to sugar, salt and fat consumption
Possible sources of information of such data	-City council -Health departments, education departments, -School boards/ associations -Hospitals

Possible methods/tools for data-collection	▪ Data collection from existing reports ▪ Surveys
Expertise required	Data analysis, survey design and implementation
Resources required/ estimated costs	
Specific observations	
Examples of application	

Rationale/evidence

Non-communicable diseases (NCDs) are increasing at alarming rates globally. The burden of NCDs in developing countries outweighs that of communicable diseases, both in high and low-income countries. There are globally more than 1 billion overweight people and at least 300 million of them are clinically obese. Close to 800 million people are suffering from malnutrition, a slow decline over the past decade. Lifestyle and consumption patterns are key determinants of such diseases and include changes in diets, physical activity and tobacco use. Rapid changes in diets and lifestyles that have occurred with industrialisation, urbanisation, economic development and market globalisation, have accelerated over the past decade. This is having a significant impact on the health and nutritional status of populations, particularly in developing countries and in countries in transition. While standards of living have improved, food availability has expanded and become more diversified, and access to services has increased, there have also been significant negative consequences in terms of inappropriate dietary patterns, decreased physical activities and increased tobacco use. Changes in the world food economy are reflected in shifting dietary patterns, for example, increased consumption of energy-dense diets high in fat, sugar and salt. Because of these changes in dietary and lifestyle patterns, chronic NCDs (including obesity, diabetes mellitus, cardiovascular disease (CVD), hypertension and stroke, and some types of cancer) are becoming increasingly significant causes of disability and premature death in both developing and newly developed countries, placing additional burdens on already overtaxed national health budgets[1].

Glossary/concepts/definitions used

NDCs: A non-communicable disease (NCD) is a medical condition or disease that is not caused by infectious agents (non-infectious or non-transmissible). NCDs can refer to chronic diseases which last for long periods of time and progress slowly. NCDs also known as chronic diseases, tend to be of long duration and are the result of a combination of genetic, physiological, environmental and behaviours factors. The main types of NCDs are cardiovascular diseases (like heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma) and diabetes (http://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases)
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Policy: A course of action adopted by government (business or organisation) to induce certain changes in the decisions and behaviour of actors in that society in order to achieve certain goals.

Programme: A set plan of activities to produce positive outcomes for a specific or targeted population.

Preparations

The team responsible for monitoring this indicator should agree on the type of data disaggregation and categories that will be used and the data collection method.

Sampling

A purposely sampled number of external stakeholders (e.g. health departments, education departments, school boards/ associations, hospitals) could be engaged in a participatory analysis of existing policies and programmes.

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[1] World Health Organization. (2003). Diet, nutrition and the prevention of chronic diseases: Report of a Joint WHO/FAO Expert Consultation. Available from http://apps.who.int/iris/bitstream/10665/42665/1/WHO_TRS_916.pdf?ua=1.

Data Collection and Analysis

During a monitoring/review meeting the following table can be discussed and filled. Specific observations made during the meeting can be added in the final column. Also recommendations for improvement can be added here.

<u>Scoring sheet</u>

Characteristics	Scoring			Total score	Disaggregation of information	Observations/ Recommendations
Presence of policies/programmes that address sugar, salt and fat consumption in relation to specific target groups	**Yes= 1 point**	**No= 0 points**			-Number and type of laws/policies and regulations -Type of target groups addressed	
Level of implementation: is the municipal policy/implementation actually implemented or enforced?	**Yes, completely= 2 points**	**Partially= 1 point**	**No= 0 points**		-Discuss for each of the policies or regulations. -Indicate reasons for partial or non-implementation/enforcement	
Information and communication: Are policies and regulations widely shared within city government and to potential beneficiaries	**Yes, completely= 2 points**	**Partially= 1 point**	**No= 0 points**		-Number and type of information and communication mechanisms and target groups	
Total score:						

Note: If existing, it may be relevant to further critically assess the specific policies or programmes themselves in order to highlight areas for improvement. The critical policy analysis proposed for Indicator 3 (*Presence of a municipal urban food policy or strategy and/or action plans*) may be used and adapted for this purpose.

Data analysis/calculation of the indicator

Based on the scoring and further information provided, participants in the monitoring/review process may identify gaps or areas for strengthening or improvement:
- How can existing policies and programmes be better implemented and communicated?
- What new or revised policies and programmes are proposed?
- What process should be followed to implement these changes? Steps to be taken? Stakeholders to be involved? Critical time-lines? Resources required?

References and links to reports/tools

World Health Organization. (2003). Diet, nutrition and the prevention of chronic diseases: Report of a Joint WHO/FAO Expert Consultation. Available from
http://apps.who.int/iris/bitstream/10665/42665/1/WHO_TRS_916.pdf?ua=1.